**Case Study Collaborative Questionnaire**

What is your email address?

What is your practice location?

What is your occupation?

What is the client's age?

What is the client's gender?

What is your client's race/ethnicity?

Has the client previously used Complimentary Alternative Medicine?

Please tell us about your client's health history:

Is your client currently under a provider's care?

Has your client received a diagnosis from a licensed healthcare provider?

Is your client on any medication?

Does your client take any supplements?

What is your client's condition? Please be specific

What treatment did you provide your client?

What technique did you use?

Is this technique possible at home?

What products are being used?

Describe the intervention being used

Was the essential oil diluted?

What was the dosage?

What was the duration?

Do you believe your client actually used the oils?

Was there a follow-up?

How long after the appointment?

Overall change in the primary complaint?

 Significantly improved? Somewhat improved? Significantly worse? Somewhat worse? No change?

How did you measure success?

Does the client believe that the protocol was a success? How do you know?

What positive experiences have you learned throughout this process?

Reflect on any progress made in your own learning and state any difficulties you encountered. What would you have done differently?

Please list your references: