

Perceptions of Herbal Remedies among California
Polytechnic University, San Luis Obispo Students

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Introduction:

Many practitioners now recognize that herbal remedies can be an effective and natural alternative to the standard American, western biomedicine. The objective of our research project is to discover the perceptions about herbal remedies as alternative medicine among Cal Poly students. Specifically we ask, why are they chosen and how students gauge their effectiveness. We seek to see if students have experimented with these herbal remedies, why they chose this route for wellness, and how they value the use of herbal alternative. If we are successful in this project, we will have a greater understanding of how young educated adults perceive this growing field in medicine.

Background:

Complementary and alternative medicine (CAM) is a diverse group of treatments and medicines that are not a part of Western biomedical practices. CAM can be used in conjunction with other treatments or medications, or in place of traditional biomedical practice. The use of complementary and alternative medicines has been steadily growing, with 38.3% of the adult population in the United States using some form of CAM, a 2.3% increase since 2002. Of those utilizing CAM therapies, 17.7% used natural products, the most widely used category among all CAMs (Barnes, Bloom, and Nahin). The National Center for Complementary and Alternative Medicine defines natural products as non-vitamin, non-mineral products. Although the use of herbs is considered a CAM, specifically in North America Native Americans have used these same herbal remedies for many years. The library of medicinal herb use among Native American communities is large, with 2,147 species recorded as used medicinally by Native American tribes (Moerman). This expanse of plants and their variety of uses is broad, thus we seek to identify native plants that have been found to cure common ailments among our target population, college students.

College students around the country share a similar lifestyle that involves many commitments, responsibilities, and deadlines. As a result many students would agree that stress and lack of sleep are an inherent fact of life during their college years. These factors may lead to a lowered immune system, which can cause more frequent illnesses (Rawson, Bloomer, and Kendall). Stress, lack of sleep and illness can obviously cause poor academic performance, which may in turn lead to more stress and lack of sleep. A positive feedback loop emerges that may result in severe health problems for college students. Due to these health problems many students turn to health care professionals for pharmaceutical remedies. The use of native herbs and plants has re-emerged as a mode of treatment that provides benefits that are just as relevant today as they were centuries ago when used by Native American tribes.

There is evidence suggesting that psychological stress can reduce the efficiency of the immune system, which increases the chances of sickness and inability to fight off pathogens (O'Leary). According to the National Center for Complementary and Alternative Medicine, stress is defined as the "physical and emotional reaction that people experience as they encounter changes in life" ("Stress"). Some of the main reasons we have stress-inducers are the social circumstances we deal with in everyday life (Wiley and Allen). A wide range of therapeutic benefits are offered by medication from herbal plants that are found in North America, which lies outside the standard biomedical approach to stress treatment.

Valeriana officinalis is a pink flower that is part of the Valerian root, which is used to help calm nerves and may be essential for someone who is feeling like their stress is getting out of control (Miller). This native North American plant can also be used to treat individuals with insomnia ("Natural Supplements"). *Panax quinquefolius* is the source of American Ginseng. The genus name Panax is derived from the Greek term panacea, which means "all healing" ("American Ginseng"). The general term ginseng refers to the collective name for many plants

within the same family; among them are the American Ginseng, Siberian Ginseng, Chinese Ginseng, and the Korean Ginseng. All of them act as a stress reducer and assist in giving the mind and body an energized feeling (Lyle). Ginseng contains a substance called adaptogen which helps decrease the effects of the feelings of stress (“American Ginseng”). Another plant that can help calm the nerves is commonly referred to as Skullcap. *Scutellaria laterifoli* is found predominately along the east coast of the United States and has a bluish hue with blossoms that resemble a human skull. The blue flowers contain high levels of potassium and phosphorus, which have been shown to cause a calming effect (Miller).

In addition to experiencing high levels of stress, the college student population is one that is especially susceptible to sleep problems. Insomnia is often defined as any trouble with natural sleeping patterns and can include difficulty falling asleep, waking frequently during the night, or not receiving the restorative benefits of sleep. These symptoms can be caused by a number of things that are common among college students, such as stress, anxiety or fear (Starbuck). Poor sleep quality is also linked to other health problems including increased tension, irritability, depression, confusion, and an overall lowered satisfaction with life (Buboltz, et al). It is not a far stretch to predict that these symptoms derived from poor sleep also significantly reduce a student’s academic performance. Students with poor sleeping habits are less psychologically adapted to deal with anxiety causing situations than students who receive better quality sleep (Alapin et al). In one study, 73% of college students reported that they had occasional sleep problems and were found to have an overall lower level of sleep quality than a non-student adult population (Buboltz, et al). Lack of adequate sleep can result in poor health, including a weak immune system, increased levels of pain in the body and exacerbated overall tension (Starbuck). The herbs hops, valerian, chamomile, and passionflower have been known to help individuals get a restful, restorative, and deep sleep.

Hops or *Humulus lupulus* is used both internally and externally as a mild sedative to remove restlessness and pain, and promote sleep (Hutchens). When taken internally it is most often made into teas, which can be combined with chamomile flowers to increase a soothing effect and induce sleep (Hutchens). When it is not ingested and is used externally, dried hops fruit is stuffed into a pillow, and inhalation of the aroma assists in encouraging a good night's sleep (Starbuck). Passionflower or *Passionflora incarnata* has been employed in the past for its medicinal properties in re-establishing a calm state of mind and dealing with insomnia. It is available for consumption in several ways, including smoking, drying the leaves and making it into a tea, and using it as a tincture (Attele, et al). When ingested as a tea, the passionflower specifically aids with sleep disorders by helping treat general anxiety and acting as a sedative (Retzlaff). When smoked, this plant behaves as a calming agent and tranquilizer, aiding facilitation of sleep (Miller). *Valeriana officinalis*, as mentioned previously, not only reduces levels of perceived stress but aids in sleep as well. It is one of the 25 top-selling herbs in the United States and is used medicinally as a sleep aid and muscle relaxant (Attele, et al). The rhizomes and roots of this plant are often made into supplemental forms such as capsules, pills, tinctures and teas ("Valerian"). The use of valerian, the commonly used name for *Valeriana officinalis*, as an anxiolytic drug produces hypnotic and sleep-inducing effects. In a clinical study they found that subjects who took 400mg of the extract before going to bed reported an overall improved sleep quality. The subjects experienced a shorter transition time from full wakefulness to sleep and reduced occurrences of waking throughout the night. This plant is able to produce these effects by causing central nervous system depression and muscle relaxation, which decreases the heart rate and slows breathing, ultimately resulting in sedation (Attele, et al). Finally, wild chamomile, or *Matricaria discoidea*, is a well-known aromatic herb that is commonly found in commercial teas to help aid in sleep. Its flowers have oils with antispasmodic and

relaxing properties that also act as an anti-inflammatory to assist in relieving aches and pains, thus producing more restful sleep (Starbuck).

When a population has high levels of stress and lack of sleep, an increased prevalence of health problems in that group of people is commonly found (Rawson, et al). The occurrence of illness is high among the college student population and when a virus circulates around campus, stressed students will be more susceptible to getting sick than if they were not stressed or received proper sleep (Irwin et al). The typical college student will often reach for an over-the-counter solution to cure a cold or flu, though the use of herbs is becoming an increasingly popular practice that can easily be integrated into student healthcare. This involves utilizing plants and their extracts to formulate a treatment that boosts the immune system against various pathogens (“Western Herbalism”).

The common cold is one of the main causes for student visits to their college health center throughout the year. Many symptoms of a cold can easily be treated with an herbal flower called echinacea. Echinacea is often used for its various immune system boosting and infection preventing qualities. Customarily it is used to treat symptoms produced by the common cold such as sore throats, coughing, and headaches. It is also acknowledged as a medicine that promotes the immune system’s ability to fight infections, heal wounds, reduce inflammation, and heal skin problems (“Echinacea”). In order to draw a connection between lack of sleep and problems with the immune system, Irwin et al. conducted a study where they found that even one night with a loss of sleep could reduce the body’s Natural Killer (NK) cell levels. The NK cell is an essential host defense cell in the innate immune system, which fights off the initial stages of a pathogen invasion (Irwin et al). Research conducted on the specific species of echinacea known as *Echinacea purpurea* shows that it not only boosts NK cell activity, but it reduces symptoms of infection. Patients with an upper respiratory infection who took 900mg of extract

from the herb showed significantly fewer and milder symptoms when compared with control subjects (Borchers et al.). Another type of plant that has been identified to help improve the immune system is a thorn covered vine known as Cat's Claw. This was used a great amount by the Inca tribes found in Central and South America, particularly by the Ashaninka tribe (Kilham). Cat's Claw has been used for many years to sustain the immune system, prevent disease, and even prevent pregnancy. This vine can be used to make liquid extracts, capsules, and teas ("Cat's Claw"). Cat's Claw is recognized as a plant that contains anti-inflammatory, antiviral, and immune boosting properties. "The POA alkaloids in the vine demonstrate immune-enhancing activity by producing an increase in phagocytosis, a process by which potentially harmful materials are 'eaten' by protective cells" (Kilham, 1).

Stress, sleep, and the immune system appear to be intimately connected. We have introduced some herbs that directly combat stress, sleeping problems, and a lowered immune system, but it is important to note that focusing solely on the treatment only deals with the issue on a superficial level. The underlying source of many college students' stress and lack of sleep is possibly a result of poor personal time management, coping issues, and overall choices. Nevertheless, herbal remedies offer a variety of benefits to assist college students with the unique health challenges that they face. As a safe, low cost alternative to over-the-counter and prescription medicine, herbal supplements can offer relief to students suffering from high levels of stress, sleeping problems and poor immune system response.

Methods:

The research questions of this project are:

1. What are the perceptions about herbal remedies as an alternative medicine among Cal Poly students?

2. Why are specific CAM remedies chosen and how do students gauge their effectiveness?

This study intended to collect information about how Cal Poly students feel about employing herbal alternative medicine. In order to answer the research questions, data collection consisted of gathering information from students at California Polytechnic University, San Luis Obispo, via survey. The one page survey (see Appendix) was administered to three different anthropology and geography courses at Cal Poly, to provide a representative sample of the population.

We provided oral informed consent to each participating class as a whole, and distributed paper copies of the informed consent form to any interested students. Participation was voluntary and students were able to stop at any time. Given that these introductory classes average 120 students, the identity of each participant was anonymous. Once surveys were collected, the responses of any individual will not be disclosed in analysis and results or connected with the individual participant in any way.

The first class to be surveyed was Dr. Streiff's Cultural Anthropology class, on April 30, 2012 in Building 8, room 123. There were 135 students enrolled in the class, and we received 110 completed surveys. The second class surveyed was Dr. Neill's Biological Anthropology class on May 3, 2012 in Building 8, room 123. There were 127 students enrolled in the class, and we received 99 completed forms. The third class we surveyed was Dr. Lewis' Human Cultural Adaptations class, on May 5, 2012 in Building 10, room 223. There were 49 students enrolled, and we received 38 completed surveys. In total, we received 239 viable surveys from the three surveyed classes to be analyzed.

Upon completion of the survey, responses were aggregated with all others. General results are published as a student senior project and will support anthropological understanding of student health practices at Cal Poly, but individual identity will not be disclosed or associated with the responses.

Survey data was entered into the SPSS program. Student researchers then analyzed the data to provide general descriptive statistics on student-reported usage and perceptions of herbal medicine. Additionally, using the open-ended survey question, qualitative responses were coded and analyzed to evaluate how students feel about herbal medicine generally. Results are reported here. Upon completion of the senior project, all surveys will be destroyed.

Through IBM SPSS Statistic Software, student researchers created fields related to the survey: gender(1 = male and 2 = female), class standing(1 = freshman, 2 = sophomore, 3 = junior, 4 = senior, 5 = graduate), major (see SPSS Codes in Appendix), participation [in survey], usage of herbal remedies(1 = yes and 2 = no), types of herbal remedies used (0 = non-user, 1=herbal tea, 2 = tinctures, 3 = pills, 4 = capsules, 5 = unaffordable, 6 = other, 7 = some, 8 = all suggested answers). If no to usage, the reason why; answers were ranked as follows: 1 = don't know enough, 2 = don't think they will work, 3 = no thoughts, 4 = no access, 5 = unaffordable, 6 = other, 7 = used some remedies, 8 = used all listed remedies. The information given at the second part of the survey was ranked (values below): usage to facilitate well being, further information of likelihood of usage, rank of likeliness to use herbal remedies, rank of using alternative medicine in place of conventional medicine, rank of using alternative and conventional methods, and a categorized open ended question. The ranking assigned to each answer was a scale from 1 to 5: 1 = never, 2 = hardly, 3 = sometimes, 4 = likely and 5 = very likely. The data was then used to develop graphs and charts using the descriptive analysis tool to tabulate the frequency of students using herbal remedies, as well as Chi-Square tests, which

measures the expected outcome to the data. Conclusions will be drawn from the calculated results, and detailed below.

Results:

In our study, there were 239 students from several different majors that participated in the survey. There were a total of 121 females and 101 males. Various questions were also asked about the usage of herbal remedies. We focused on the variables Gender, Class, and Major as the most important aspects in analyzing our data.

Our data included a higher participation of total females (53.6%) over males (46.4%). Males and females that participated in the study were grouped by college, as seen below in Figure 1. There was higher participation of herbal remedy usage in the College of Liberal Arts (28.5%) than in any other. The participation of herbal remedy users in the remaining colleges are as follows: College of Agriculture, Food, and Environmental Sciences (7.5%), the College of Architecture and Environmental Design (11.3%), the College of Engineering (14.6%), the College of Science and Math (17.9%), and the Orfalea College of Business (20.1%). In the College of Engineering and Orfalea College of Business however, there was a higher participation of males over females in the study, with 63% males and 36.7% females. In the Orfalea College of Business there was 58.3% males, and 41.7% females, and in the College of Engineering we calculated 71.4% males, 28.6% females participated. This finding may illustrate the disproportionate number of males to females the colleges of Engineering and Business.

Participation by Gender and College

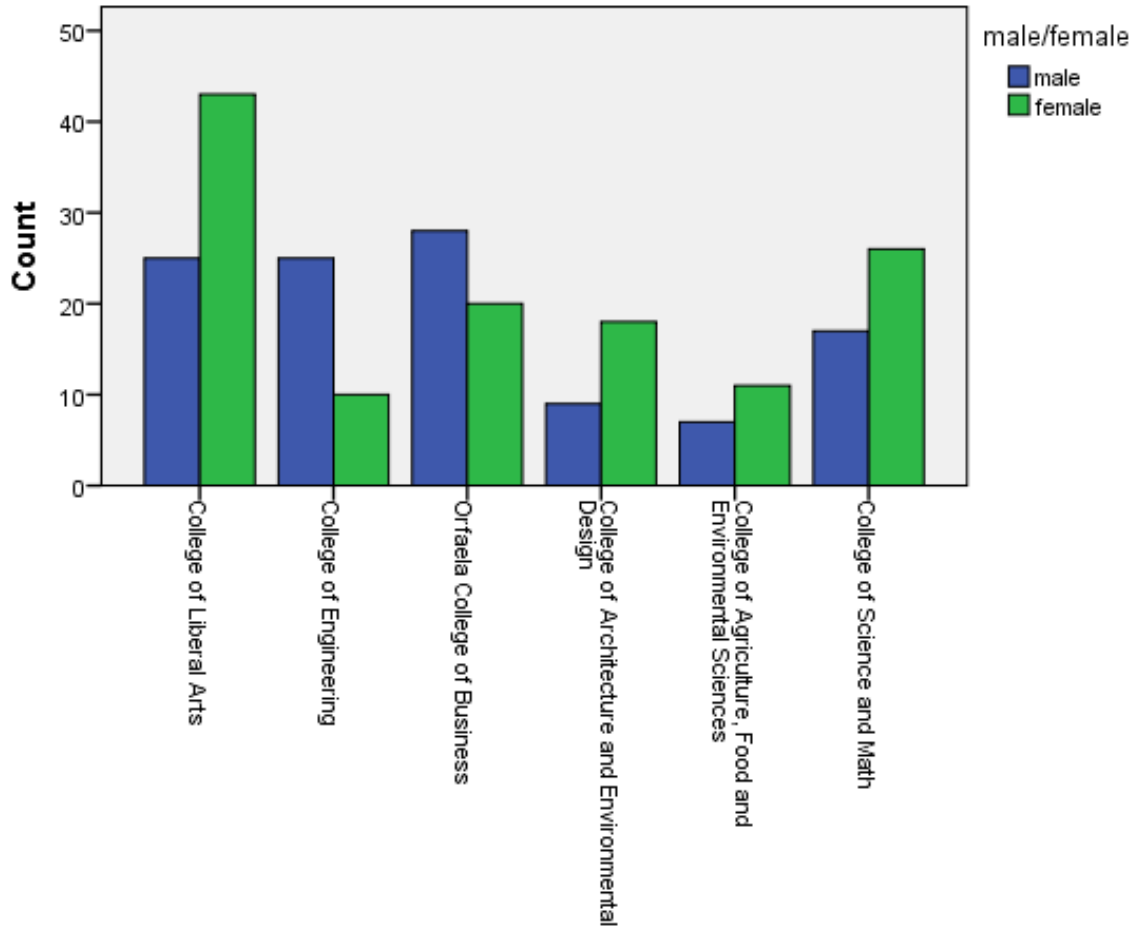


Figure 1. Participation by Gender and College.

Table 1.

Participation by Gender and College Crosstabulation

			male/female		Total
			male	female	
	College of Liberal Arts	Count	25	43	68
		Expected	31.6	36.4	68.0
College of Liberal Arts/College of Engineering/Orfaela	College of Engineering	Count	25	10	35
		Expected	16.3	18.7	35.0
College of Business/College of Architecture and Environmental Design/College of Agriculture, Food, and Environmental Sciences/College of Science and Math	Orfaela College of Business	Count	28	20	48
		Expected	22.3	25.7	48.0
	College of Architecture and Environmental Design	Count	9	18	27
		Expected	12.5	14.5	27.0
	College of Agriculture, Food and Environmental Sciences	Count	7	11	18
		Expected	8.4	9.6	18.0
	College of Science and Math	Count	17	26	43
		Expected	20.0	23.0	43.0
Total		Count	111	128	239
		Expected	111.0	128.0	239.0

The next graph (Figure 2) illustrates the usage of herbal remedies (a student reporting “yes” or “no”) out of 222 surveys as designated by college. Five out of the six colleges consisted of more students that reported “yes” to having used herbal remedies than students who reported “no”. The College of Liberal Arts had the highest number of students that said “yes” they use herbal remedies, at 18%. The usage of herbal remedies in subsequent colleges are as follows: College of Agriculture, Food, and Environmental Sciences (3.6%), the College of Architecture

and Environmental Design (7.2%), the College of Engineering (8.1%), the College of Science and Math (7.7%), and the Orfaeia College of Business (13%). The sixth college, where students had more non-users (students reporting “no” to usage of herbal remedies on survey) than users was the College of Science and Math, with 9.5% never having used herbal remedies—over half of the students (55.3%) from the College of Science and Math reported “no” to using herbal remedies. The Arts however, had the highest herbal remedy usage of any college.

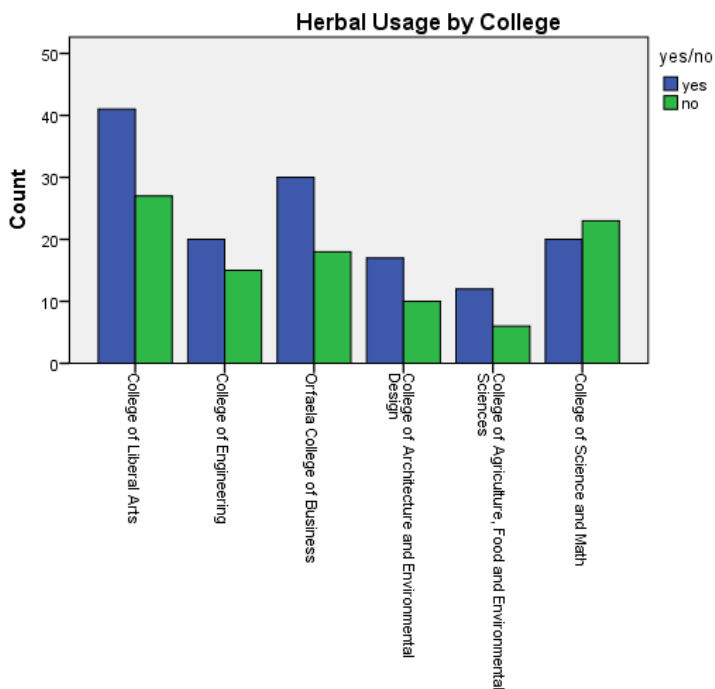


Figure 2. Herbal Usage by College.

Table 2.

Herbal Usage by College Crosstabulation

			yes/no		Total
			yes	no	
Colleges	College of Liberal Arts	Count	40	26	66
		Expected Count	38.1	27.9	66.0
	College of Engineering	Count	18	14	32
		Expected Count	18.5	13.5	32.0
	Orfaela College of Business	Count	29	18	47
		Expected Count	27.1	19.9	47.0
	College of Architecture and Environmental Design	Count	16	10	26
		Expected Count	15.0	11.0	26.0
	College of Agriculture, Food and Environmental Sciences	Count	8	5	13
		Expected Count	7.5	5.5	13.0
	College of Science and Math	Count	17	21	38
		Expected Count	21.9	16.1	38.0
	Total	Count	128	94	222
		Expected Count	128.0	94.0	222.0

When comparing the different genders of surveyed students, our results show that both males and females were more likely to use herbal remedies than not, as seen in Figure 3. Usage of herbal remedies for total students resulted in: 58.6% “yes” and 41.4% “no”. Out of all the males surveyed, 57.7% have used herbal remedies. Out of all the females, 59.4% have used herbal remedies. However according to Chi Squared tests, there was no significant difference seen between male users of herbal remedies, and female users.

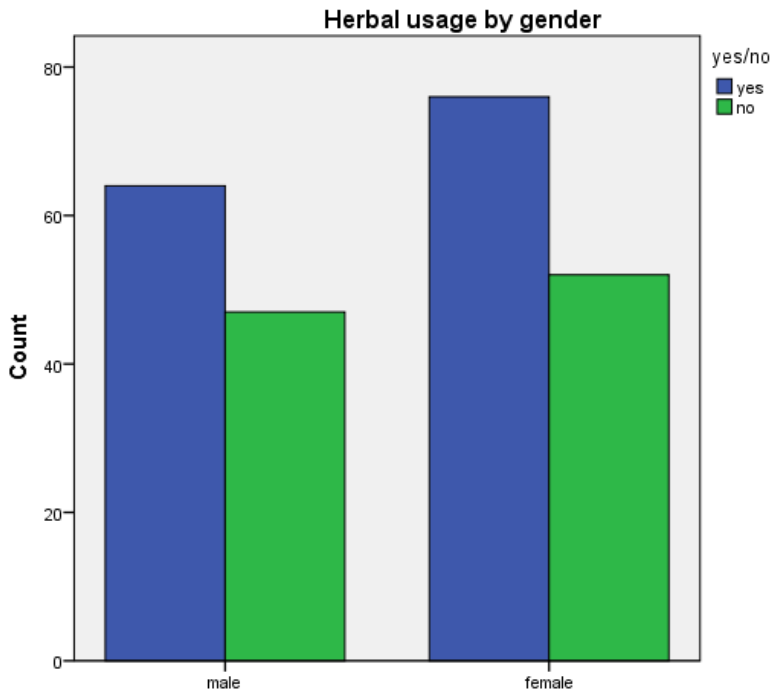


Figure 3. Herbal Usage by Gender.

Table 3.

		yes/no		Total
		yes	no	
male	Count	64	47	111
	Expected	65.0	46.0	111.0
female	Count	76	52	128
	Expected	75.0	53.0	128.0
Total	Count	140	99	239
	Expected	140.0	99.0	239.0

Participants reported using herbal remedies more than not (“Non-User” below), and of those the greatest amount of people drink herbal tea as seen in Figure 4. Of those students that reported “yes,” a majority of them drink herbal tea, as well as using a combination of remedies including some type of supplements (represented as “Some” in Figure 4).

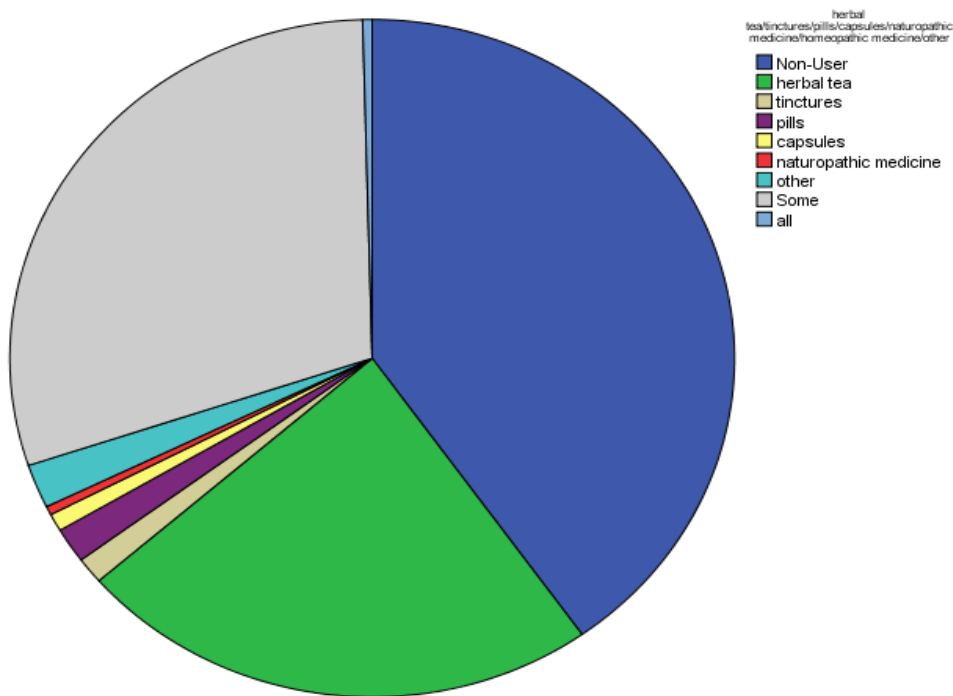


Figure 4 Participant Usage by Type of Herbal Remedy.

When comparing gender to type of herbal remedy, as seen in Figure 5, there was a large number of reported tea drinkers. We found that out of those who reported using herbal remedies, there were a high number of participants who employed the use of multiple types of remedies (of the options listed “herbal tea, tinctures, pills, capsules, naturopathic medicine, or homeopathic medicine,” participants chose “some” on the survey), as well as herbal tea. Males, as displayed by this graph, reported using herbal remedies to help ameliorate many more ailments than females. These remedies were in the forms of pills, tinctures, capsules, and “other,” while females were the only ones to report the usage of naturopathic medicine (Figure 5).

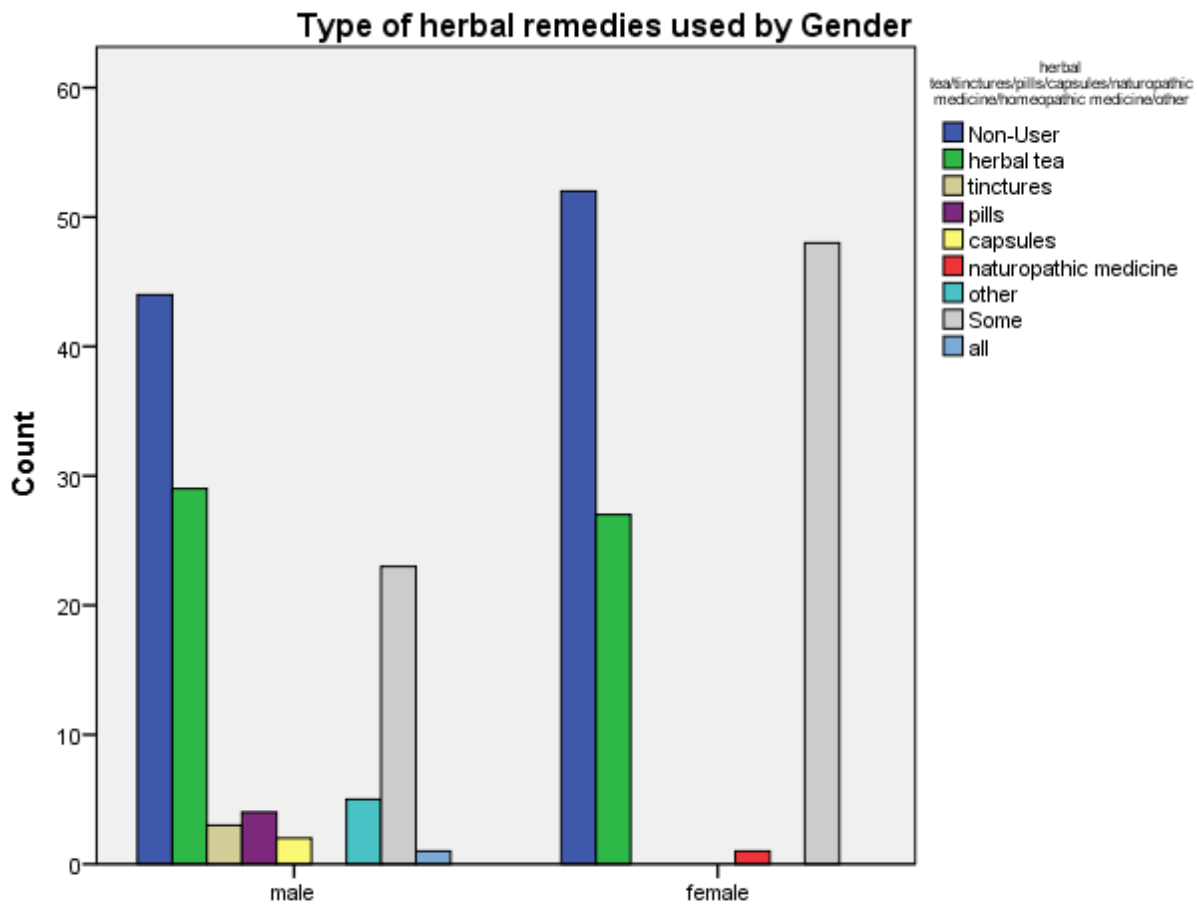


Figure 5. Type of Herbal Remedies Used by Gender.

Table 5.

Type of Herbal Remedies Used by Gender Crosstabulation

		herbal tea/tinctures/pills/capsules/naturopathic medicine/homeopathic medicine/other									Total
		No n-User	herbal tea	tinctures	pills	capsules	naturopathic medicine	other	Some	all	
male	Count	44	29	3	4	2	0	5	23	1	111
	Expected	44.6	26.0	1.4	1.9	.9	.5	2.3	33.0	.5	111.0
female	Count	52	27	0	0	0	1	0	48	0	128
	Expected	51.4	30.0	1.6	2.1	1.1	.5	2.7	38.0	.5	128.0
Total	Count	96	56	3	4	2	1	5	71	1	239
	Expected	96.0	56.0	3.0	4.0	2.0	1.0	5.0	71.0	1.0	239.0

When categorizing data through class standing, we found freshmen used the most herbal remedies, with sophomores close behind, as seen in Figure 6. This may be because most of the classes surveyed were introductory courses, largely made up of Freshmen and Sophomores. The specified used was for “other,” as opposed to usage for sleep, stress, and illness. In most cases, respondents wrote in “recreational” for the “Other” option given for usage. The category “Some” corresponded to herbal remedies usage for many reasons.

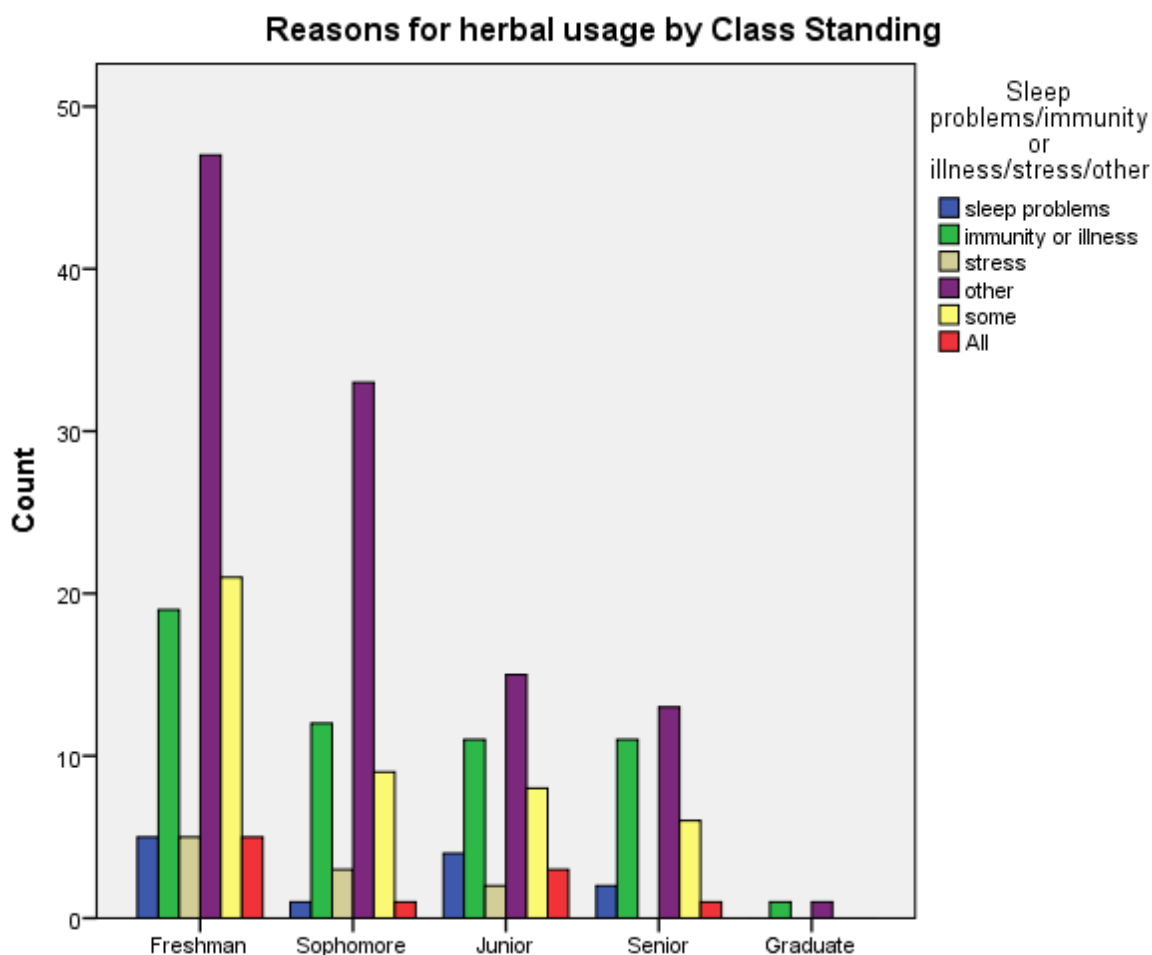


Figure 6. Reason for Herbal Usage by Class Standing

The graph in Figure 7 illustrates the relationship between class standing and the types of herbal remedies are used the most. Freshmen and Sophomores appear to have a higher rate of ‘Non-Users’ than Juniors, Seniors, and Graduates. Juniors, Seniors, and Graduates are more likely to use a combination of various herbal remedies, as represented by “some” in Figure 7. “Herbal teas” were the form of herbal remedies most used by participants.

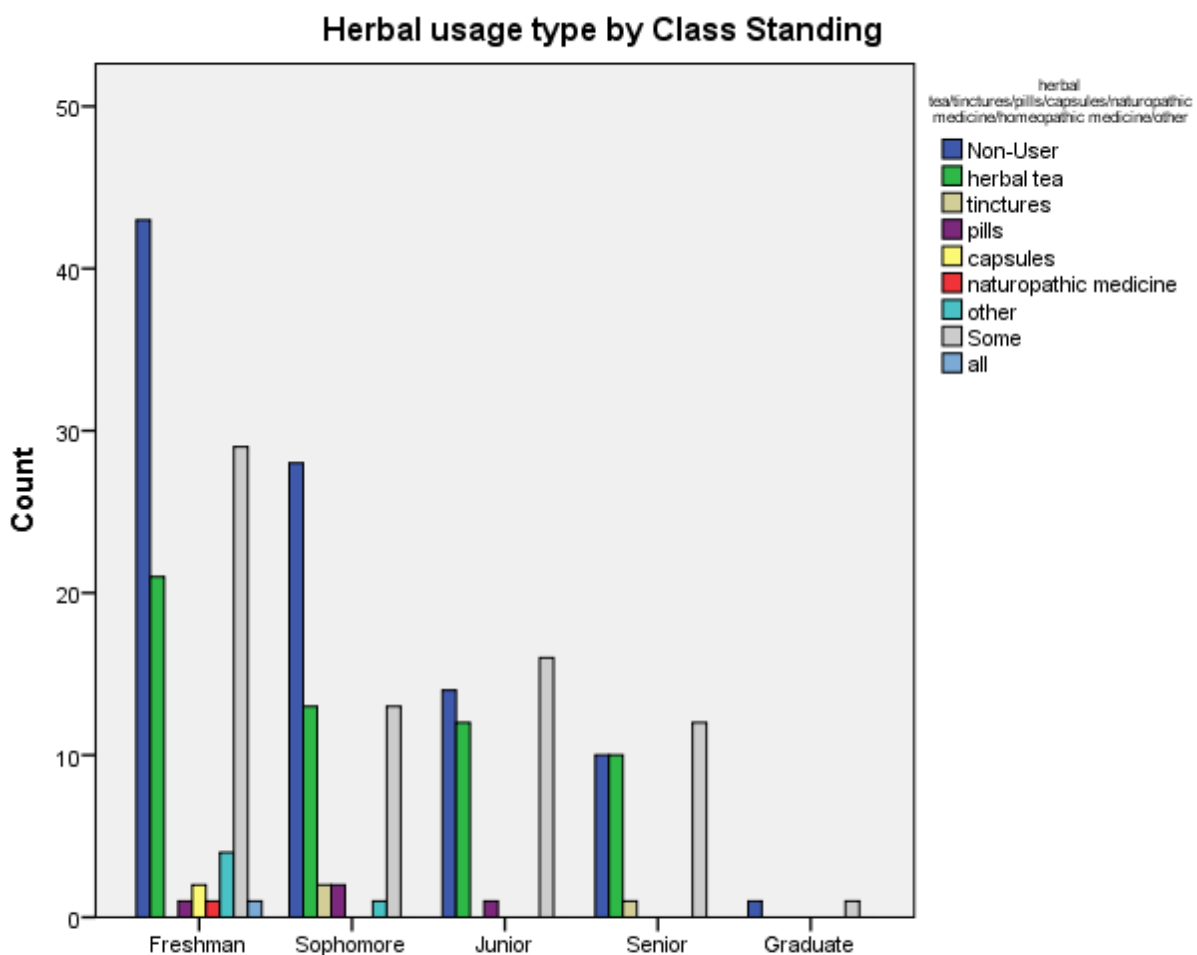


Figure 7. Herbal Usage Type by Class Standing.

The last part of the survey asked an open ended question that stated “How do you feel about alternative medicine in general?” The responses were divided into 6 different categories that characterized and grouped their opinions about herbal remedies, as seen in Figure 8.

These include: No Response, Not Enough/Need More Info, Neutral, Skeptical, Supportive, and Doesn't Use It/Doesn't Work. The results show that all of the colleges combined have a higher rate of support for herbal remedies (37.7%) than any other category. However, many participants don't have enough knowledge and would like to know more about herbal supplements (25.9%). Only 12.9% of the colleges were skeptical about the effects of herbal remedies. Although they may have answered the rest of the survey, 11.3% of the student participants didn't respond to the open ended question portion. Our results found only small percentage of students who don't use herbal remedies or don't believe they works (3.3%).

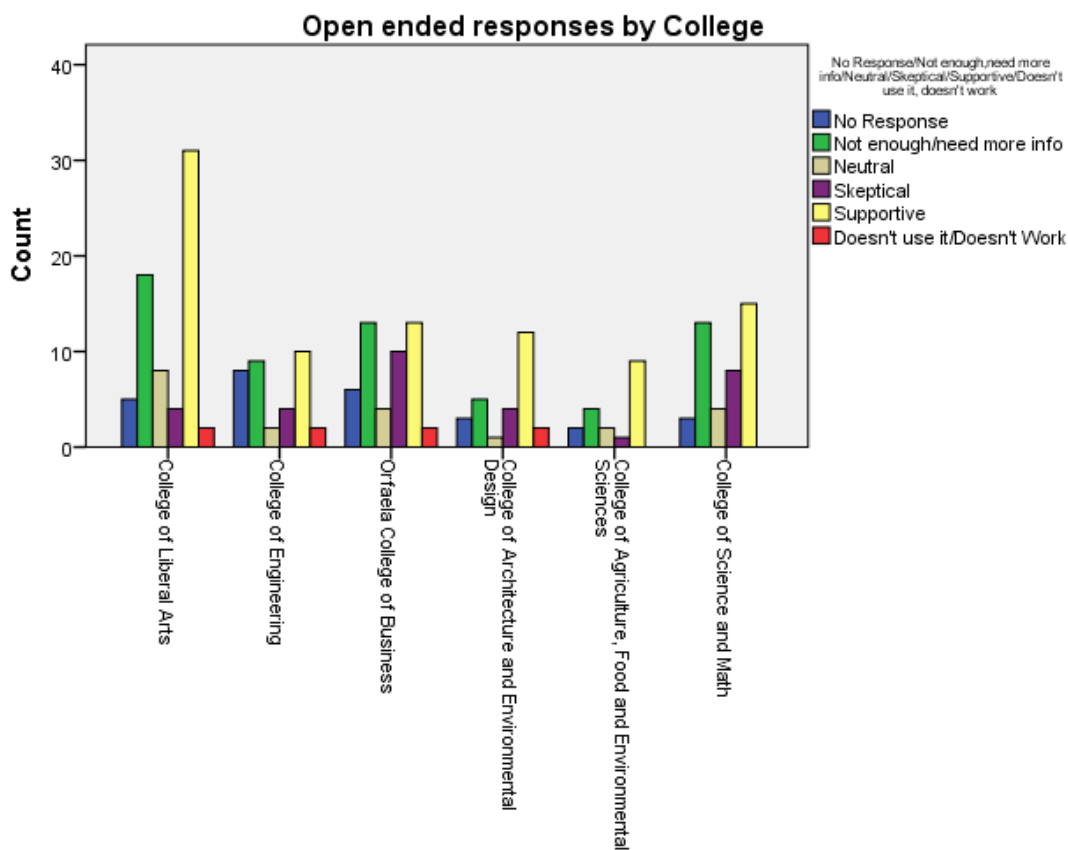


Figure 8. Open Ended Responses by College

Table 8.

Open Ended Responses Crosstabulation									
									Total
			No Response	Not enough/ need more info	Neutral	Skeptical	Supportive	Does n't use it/ Does n't Work	
Colleges	College of Liberal Arts	Count	5	18	8	4	31	2	68
		Expected Count	7.7	17.6	6.0	8.8	25.6	2.3	68.0
	College of Engineering	Count	8	9	2	4	10	2	35
		Expected Count	4.0	9.1	3.1	4.5	13.2	1.2	35.0
	Orfaela College of Business	Count	6	13	4	10	13	2	48
		Expected Count	5.4	12.5	4.2	6.2	18.1	1.6	48.0

	College of Architecture and Environmental Design	Count	3	5	1	4	12	2	27
		Expected Count	3.1	7.0	2.4	3.5	10.2	.9	27.0
	College of Agriculture, Food and Environmental Sciences	Count	2	4	2	1	9	0	18
		Expected Count	2.0	4.7	1.6	2.3	6.8	.6	18.0
	College of Science and Math	Count	3	13	4	8	15	0	43
		Expected Count	4.9	11.2	3.8	5.6	16.2	1.4	43.0
Total	Count	27	62	21	31	90	8	239	
	Expected Count	27.0	62.0	21.0	31.0	90.0	8.0	239.0	

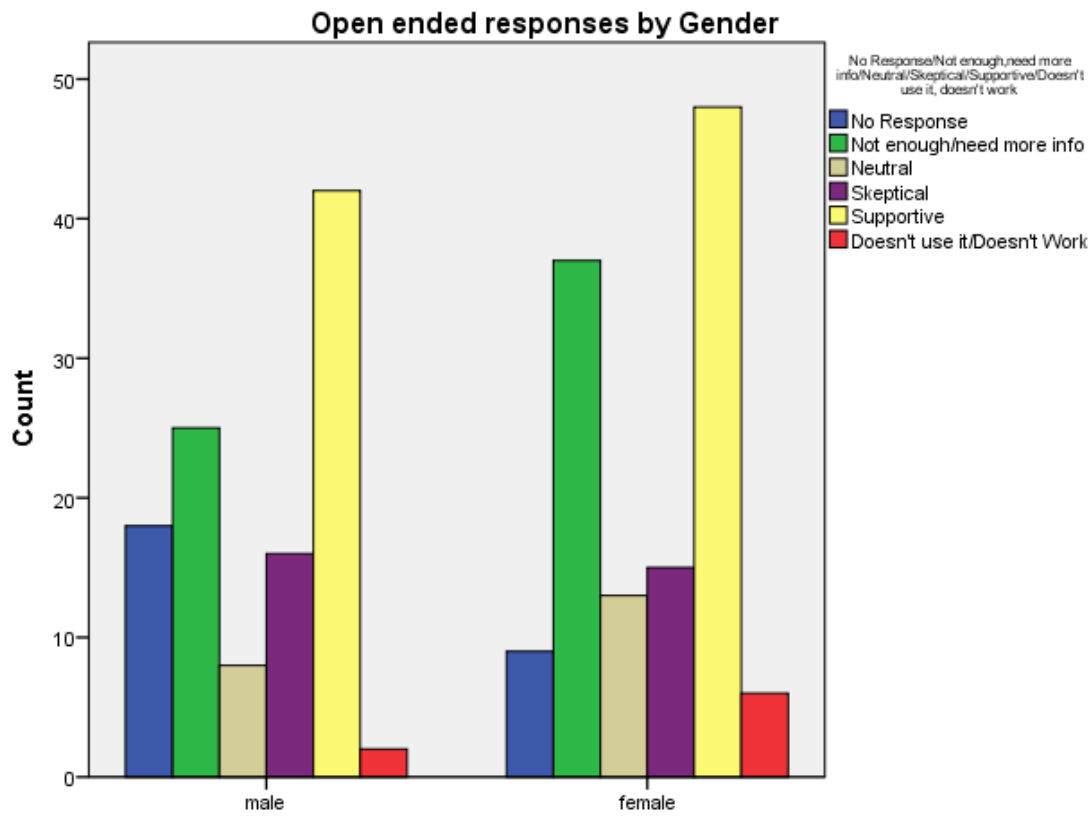


Figure 9. Open-ended Responses by Gender.

Table 9.

Open Ended Responses by Gender Crosstabulation

								Total
		No Response	Not enough/need more info	Neutral	Skeptical	Supportive	Doesn't use it/Doesn't Work	
male	Count	18	25	8	16	42	2	111
	Expected Count	12.5	28.8	9.8	14.4	41.8	3.7	111.0
female	Count	9	37	13	15	48	6	128
	Expected Count	14.5	33.2	11.2	16.6	48.2	4.3	128.0
Total	Count	27	62	21	31	90	8	239
	Expected Count	27.0	62.0	21.0	31.0	90.0	8.0	239.0

One of the last queries answered by participants was focused on herbal remedies when compared to conventional “Western” medicine. Students responded to the question: “How likely are you to use alternative herbal medicine in addition to conventional methods,” and answers were grouped. Figure 10 displays the ranking of students’ likelihood to use herbal remedies in conjunction with conventional medicine. The majority of participants reported it was ‘likely’ for them to employ the use of herbal remedies with conventional medicine; when “sometimes,” “likely,” and “very likely” numbers were combined, it made up 71.9% of the sample population. When responses “never” and “hardly” were computed, this only made up 27.6% of the population. A small portion of participants failed to report on this section, coming to 0.4%.

Likelihood of Herbal Usage with Conventional Methods

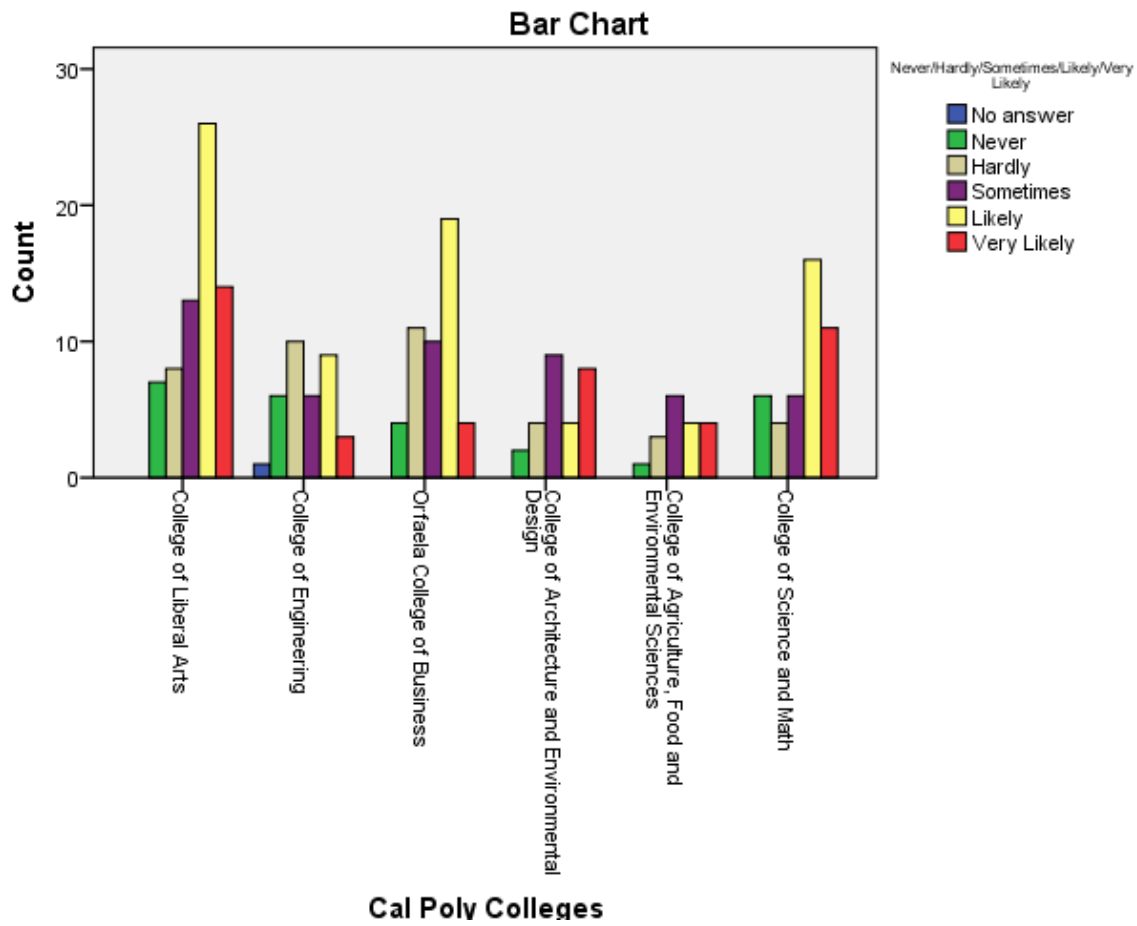


Figure 10. Likelihood of herbal usage with conventional methods

Table 10.

Likelihood of Herbal Usage with Conventional Methods by College Crosstabulation

			Never/Hardly/Sometimes/Likely/Very Likely						Total
			No answer	Never	Hardly	Sometimes	Likely	Very Likely	
Colleges	College of Liberal Arts	Count	0	7	8	13	26	14	68
		Expected Count	.3	7.4	11.4	14.2	22.2	12.5	68.0
	College of Engineering	Count	1	6	10	6	9	3	35
		Expected Count	.1	3.8	5.9	7.3	11.4	6.4	35.0
	Orfaela College of Business	Count	0	4	11	10	19	4	48
		Expected Count	.2	5.2	8.0	10.0	15.7	8.8	48.0
	College of Architecture and Environmental Design	Count	0	2	4	9	4	8	27
		Expected Count	.1	2.9	4.5	5.6	8.8	5.0	27.0
	College of Agriculture, Food and Environmental Sciences	Count	0	1	3	6	4	4	18
		Expected Count	.1	2.0	3.0	3.8	5.9	3.3	18.0
Total	College of Science and Math	Count	0	6	4	6	16	11	43
		Expected Count	.2	4.7	7.2	9.0	14.0	7.9	43.0
Total		Count	1	26	40	50	78	44	239
		Expected Count	1.0	26.0	40.0	50.0	78.0	44.0	239.0

Discussion and Conclusions:

The goal of this survey was to determine if CPSU students utilize herbal remedies as well as if students consider herbal remedies to be effective in curing or aiding ailments. Through

this study, we determined that 58.6% of our sample group of Cal Poly students uses various types of herbal remedies. We found that the College of Liberal Arts contained the greatest number of students who use herbal remedies, a total of 60.6% of the sample population. The participants surveyed reported that most often their use of herbal remedies was for reasons not listed by researchers on the survey (value “other” on survey). Researchers provided an area to write-in personal usage category, and we found that the most commonly written category was for “recreational” purposes, or to treat multiple health issues and symptoms. The majority of students, when asked what type of herbal remedies they used, reported “herbal tea”. Out of the total study population, there were 143 participants who answered affirmative to using herbal remedies, and 39.2% of those students imbibe them in the form of tea.

The data also showed that 40.2% of participants surveyed do not use herbal remedies. However, only 13.5% of the students expressed skeptical feelings towards herbal remedies, and merely 3.6% don’t believe they work. We found that the College of Science and Math had more students that said no (55.3%) to using herbal remedies than students that said yes (44.7%). This was an exception to the other colleges represented in this study, which reported more usage of herbal remedies than not. In addition, 23.9% of all students said they aren’t knowledgeable in the field of herbal supplements, but indicated that they would like to learn more.

Based on a suggested ranking scale, the survey results showed that 89.2% of students answered they: hardly, sometimes, are likely to, or very likely to take alternative medicine in conjunction with conventional medicine. Only 23 students replied they would never use alternative medicine in addition to conventional medicine.

There were some limitations for conducting this survey. The simple definitions of terms employed by this study may have been an issue for participants, especially in defining what “herbal remedies” means to each individual. Upon dispersal of the surveys in each class,

researchers defined herbal remedies as a plant-based, supplemental product you can consume, examples given in the form of herbal teas, capsules, tinctures, pills, naturopathic medicine, or homeopathic medicine. However, the students were also given the option to write down a supplement they considered to be herbal, through which it was realized that the students had many different definitions of herbal remedies. This may have been a source of confusion with participants, concerning the subsequent recreational uses of some herbal remedies. Some participants documented on the survey usage of marijuana, however it is unclear as to whether this was medicinally or recreational. There was no clear distinction on survey, which is a researcher error.

Another significant issue was recognized within our sample: it contained mostly freshman and sophomore class students, 161 students (67.36%) of the total students surveyed. Our goal was to randomize the colleges of each participant by surveying introductory anthropology and geography courses, however these classes are largely populated by first and second year students. As a result, the study may not display an accurate sample of Cal Poly campus as a whole.

Through further research, we found a study that was conducted in the United Kingdom titled: *Different standards for reporting ADRs to herbal remedies and conventional OTC medicines: face-to-face interviews with 515 users of herbal remedies*. The study was very similar to our original project, however in this UK study the participants were given herbal supplements to consume for a period of time and later were interviewed to see how their bodies reacted. This is what we originally intended to study, however the Cal Poly Human Subjects Committee denied our proposal and we were unable to continue our study.

Further questions:

1. Is the sample representative of other colleges, other individuals in this age range, socioeconomic status, level of education (as compared to non-college students) and

geographic/location range?

2. Does ethnicity and/or culture play a factor in individual usage of herbal remedies?
3. Does level of education matter in herbal remedy usage?
4. How does California compare to another state or country, in perception of herbal remedies as a viable alternative for wellness (one example being China, who has a long history of herbal remedy usage in medicine)?

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The Perception of Herbal Remedies on Cal Poly Students

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Social Sciences Department, California Polytechnic State University

Research Protocol

The objective of our research project is to gather data about the perceptions of herbal remedies as alternative medicine among Cal Poly students through a simple one page survey; to understand why they are chosen and how students gauge their effectiveness.

This study intends to collect information on how Cal Poly students feel about employing herbal alternative medicine. A survey will be administered to students in up to four introductory anthropology and geography courses. The survey (included here) will be one page, and should take only 5 to 10 minutes to complete.

We will provide oral informed consent to each participating class as a whole, and make hard copies of the informed consent form available to all students. Participation is voluntary and students are able to stop at any time. Given that these introductory classes average 120 students, once surveys have been collected, the responses of any individual will not be able to be connected with the individual participant. Thus, the identity of each participant will be anonymous.

Survey data will be entered into SPSS. Student researchers will then analyze the data to provide general descriptive statistics on student-reported usage and perceptions of herbal medicine. Additionally, using the open-ended survey question, qualitative responses will be coded and analyzed to evaluate how students feel about herbal medicine generally. Results will be reported in aggregate in a Cal Poly student senior project. Upon completion of the senior project, all surveys will be destroyed.

SENIOR PROJECT SURVEY

Please Circle One:

Gender: Male / Female

Class Standing: Freshman / Sophomore / Junior / Senior / Graduate Student

Major: Social Science / Sociology / Anthropology and Geography

Other: _____

Have you participated in this survey already? yes / no

Have you used any type of herbal remedy in the past? yes / no

If YES, have you used any of the following: herbal tea / tinctures / pills / capsules / naturopathic medicine / homeopathic medicine / Other:

If NO, why not? I don't know enough about it / I don't think herbal remedies will work / I haven't thought about it / I don't have access to herbal remedies / I can't afford to

Other: _____

Have you used herbal remedies to help facilitate wellbeing? sleep problems / immunity or illness / stress / Other: _____

If you had more information about herbal remedies, would you be more likely to use them? yes / no

Please rank from 1 (never) to 5 (very likely):

- How likely are you to use any type of herbal remedies? 1 2 3 4 5

- How likely are you to use alternative medicine in place of conventional methods? 1
2 3 4 5

- How likely are you to use alternative medicine in addition to conventional methods (i.e. Tylenol)? 1 2 3 4 5

Please tell us your thoughts:

- How do you feel about alternative medicine in general?

INFORMED CONSENT TO PARTICIPATE IN A RESEARCH PROJECT ON
The Perception of Herbal on Cal Poly Students

Maria Elena Cacciatore (mcacciat@calpoly.edu) , Nicole Morrisey
(nmorrise@calpoly.edu), Kimmie Layland (klayland48@gmail.com) Dr. Dawn Neill
(dbneill@calpoly.edu)
Social Sciences Department, California Polytechnic State University

INFORMATION FORM

Our names are Maria Elena Cacciatore, Nicole Morrisey, and Kimmie Layland and we are Cal Poly Social Sciences students collecting data for our senior project. We will be conducting a short survey among Cal Poly students on student perceptions of herbal remedies. We would like to determine if students utilize herbal remedies and also if students consider herbal remedies to be effective. Please ask any questions you may have about the survey. You can ask questions now or at any time in the future. This form is yours to keep, and it has all the information about this survey and our email contact should you wish to reach us later.

PURPOSE AND BENEFITS

We are conducting this survey among Cal Poly students to see if students have used herbal remedies and if the remedies have been effective or not. This study intends to collect information about Cal Poly students' behaviors towards herbal remedies. Your participation is voluntary (you do not have to take the survey) and you can stop at any time. Upon completion of the survey, your responses will be aggregated with all others. General results will be published as a student senior project and will support anthropological understanding of student health practices at Cal Poly, but your individual identity will not be asked or associated with your responses.

PROCEDURES

Participating in this study is voluntary. Your responses will only be reported in aggregate. To protect your identity, your name will not be attached to the survey. Please do not write your name on the survey. Information sheets are provided with the particulars of the study for anyone considering participating. If you have any questions, you can ask us now or later. There are no hidden risks, stress, or discomforts associated with this research.

If you have questions about this study or would like to be informed of the results when the study is completed, please feel free to contact Maria Cacciatore (mcacciat@calpoly.edu), Nicole Morrisey (nmorrise@calpoly.edu), Kimmie Layland (klayland48@gmail.com) or our advisor Dr. Dawn Neill (dbneill@calpoly.edu). Please contact them if you have questions or concerns regarding the manner in which the study is conducted; or you may contact Dr. Steve Davis, Chair of the Cal Poly Human Subjects Committee, at 805-756-2754, sdavis@calpoly.edu, or Dr. Susan Opava, Dean of Research and Graduate Programs, at 805-756-1508, sopava@calpoly.edu.

HUMAN SUBJECTS PROTOCOL APPROVAL FORM

Cal Poly, San Luis Obispo

All Cal Poly faculty, staff, and student research with human subjects, as well as other research involving human subjects that is conducted at Cal Poly, must be reviewed by the **Cal Poly Human Subjects Committee** for the protection of human subjects, the researchers, and the University. Human subjects research is defined as any systematic investigation of living human subjects that is designed to develop or contribute to generalizable knowledge. While the ethical guidelines for research are applicable to classroom activities, demonstrations, and assignments, the Human Subjects Committee does not review classroom activities unless data will be collected and used in a systematic investigation.

Researchers should complete all items on this approval form and submit **three copies** of it, along with **three copies** of a research protocol (containing the information detailed in [Guidelines for Human Subjects Research Protocols](#)), to the office of the current Chair of the Human Subjects Committee (Dr. Steve Davis, Bldg. 43, Rm. 353). Please feel free to attach an additional page if your responses to any of the items require more space. Your answers to the items on this form, as well as the research protocol, should be typed. The Committee will make every effort to respond to your submission within two to four weeks. Committee approval should be received prior to contacting prospective subjects and collecting data. Please read carefully [Cal Poly's Policy for the Use of Human Subjects in Research](#) prior to completing this application.

***If you require assistance in completing this form,
contact the Research and Graduate Programs Office at (805) 756-1508.***

<p>1. <input type="text" value="April 4, 2012"/> Date:</p> <p>2. Title of Research Project: <input type="text" value="Perceptions of Herbal Remedies among Cal Poly SLO University Students"/></p>	<p>3. Type of Research:</p> <p><input checked="" type="checkbox"/> Senior project <input type="checkbox"/> Master's thesis <input type="checkbox"/> Faculty research <input type="checkbox"/> Other: <input type="text" value="please explain"/></p>
<p>4. Name(s) of Researcher(s)</p> <p>Principal Investigator: <input type="text" value="Maria Elena Cacciatore"/></p> <p>Department or other affiliation: <input type="text" value="Social Sciences Department"/></p> <p>Phone: <input type="text" value="(415) 250-8167"/> Email: <input type="text" value="mcacciat@calpoly.edu"/></p> <p>Position: <input type="checkbox"/> Faculty <input checked="" type="checkbox"/> Student</p>	

Other:

Principal Investigator:

Department or other affiliation:

Phone: Email:

Position: Faculty Student

Other:

Principal Investigator:

Department or other affiliation:

Phone: Email:

Position: Faculty Student

Other:

Any additional researchers involved in the project should be listed with the descriptive information requested above on a separate sheet.

5. Faculty Advisor (if applicable)

Name: Email:

Department or other affiliation: Phone:

Other thesis committee members if the research is a thesis:

Name: Email:

Department or other affiliation: Phone:

Name: Email:

Department or other affiliation: Phone:

Name: Email:

Department or other affiliation: Phone:

6. Is there an external funding source for the project:

Yes, and the source is:

No

7. Is this a modification of a project previously reviewed by Cal Poly's Human Subjects Committee?

Yes, and the approximate date of the last review was:

No

8. Estimated duration of the project:

Starting date: Completion date:

9. Describe any risks (physical, psychological, social, or economic) that may be involved.

See **Specific Ethical Criterion #1** in [Policy for the Use of Human Subjects in Research](#) for a description of the types of risks.

Possible Risks: (a) **physical harm**: none, (b) **psychological harm**: none, (c) **social harm**: none, (d) **economic harm**: none. All participants must be 18 years or older to participate in the study.

10. Indicate what measures will be taken to minimize risks. See Specific Ethical Criterion #1 in [Policy for the Use of Human Subjects in Research](#) for a discussion of strategies for minimizing risks.

All participants will be provided with informed consent documents

11. Explain how subjects' confidentiality will be protected. See Specific Ethical Criterion #5 in [Policy for the Use of Human Subjects in Research](#) for a discussion of strategies for minimizing risks.

Minimal identifying information will be collected. Participants will be asked to indicate the class in which they took the survey but will not be asked to provide their name or any other personal identifier. In this way the researchers *can* identify which data is associated with each class (Anthropology or Geography), however will not however reveal this information to others. The number of people with access to class identifying information is limited to the three researchers and adviser. This data will then be stored in a secure place: password-protected files on researcher's personal computer and all paper documents will be locked in a filing cabinet, in Dr. Neill's lab.

12. Describe any incentives for participation that will be used. See Specific Ethical Criterion #2 in [Policy for the Use of Human Subjects in Research](#) for a discussion of the use of incentives in research.

No monetary incentives will be provided for the subjects. Some of the professors however may choose to include extra credit or participation points in their class with student's contribution in our study. We are not requesting that professors provide any incentive.

13. Will *deception* of subjects be involved in the research procedures?

Yes* No

If so, explain the deception and how it will be handled. See **Specific Ethical Criterion #3 in [Policy for the Use of Human Subjects in Research](#) for a discussion of the use of deception in research:*

14. Type of review requested:

Exempt from further review* Expedited review Full review

See **Types of Review** in [Policy for the Use of Human Subjects in Research](#) for a discussion of the criteria for exempt, expedited, and full reviews.

**The research protocol submitted for a project presumed to be exempt may be abbreviated but should contain sufficient information to support the conclusion that the project meets the criteria for exemption.*

15. Signatures:

Your signature below indicates that the information presented in this application (the approval form and research protocol) is accurate and that you have read, understand, and agree to follow the [Policy for the Use of Human Subjects in Research](#).

Name of Primary Researchers: Maria Elena Cacciatore, Nicole Morrissey, and Kimmie Layland

Signatures: _____

Cal Poly Faculty Advisor's Signature (Required if this is student research)

I have reviewed this research proposal which has been prepared by my advisee(s) in accordance with the [Guidelines for Obtaining Human Subjects Approval](#).

Name of Faculty Advisor: Dr. Dawn Neill

Signature _____

**CBF Proposal:
Perceptions of Herbal Remedies among Cal Poly SLO University Students**

Names: Maria Elena Cacciatore, Nicole Morrisey, Kimmie Layland

Advisor: Dr. Dawn Neill

Research Question: What are the perceptions about herbal remedies as an alternative medicine among Cal Poly students; why are they chosen and how do students gauge their effectiveness?

Purpose: Many practitioners now recognize that herbal remedies can be an effective and natural alternative to using the American standard, western biomedicine. We want to see if students have experimented with these herbal remedies, why they chose this route for wellness, and how they gauge the efficacy of an herbal alternative. If we are successful in this project, we will have a greater understanding of how young educated adults perceive this growing field in medicine.

Budget: We are requesting funding for conducting this research for printing costs. We will survey students in introductory classes in the Social Sciences Department. The classes we will survey include: Biological Anthropology (Ant 250), Cultural Geography (Geog 150), and two classes of Cultural Anthropology (Ant 201) taught by Dr. Lewis, Dr. Rucas, Dr. Neill, and Dr. Streiff. We plan to survey 450 students. We budget for 500 copies, as some surveys will not be returned and copies will be provided to each professor.

	Money \$ *
500 Printer copies at Poly Prints	\$50.00
Total Amount:	\$50.00

*We were previously approved for a qualitative study of herbal medicine in the amount of \$1,152. Due to human subjects concerns, we have altered our study design and are requesting less money.

Calculations and Graphs Through SPSS

Figure 2. Calculations

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	3.415 ^a	5	.636
Likelihood Ratio	3.382	5	.641
Linear-by-Linear Association	1.486	1	.223
N of Valid Cases	222		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.50.

Figure 8.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	24.282 ^a	25	.503
Likelihood Ratio	25.887	25	.414
Linear-by-Linear Association	.001	1	.973
N of Valid Cases	239		

a. 19 cells (52.8%) have expected count less than 5. The minimum expected count is .60.

HerbalRemedyDate.sav

	Gender	Class	Major	Participation	Herbal_remedy_use	Usage_Yes
1	1.00	2.00	4.00	2.00	2.00	3.00
2	1.00	2.00	5.00	2.00	2.00	.00
3	1.00	4.00	4.00	2.00	1.00	1.00
4	2.00	3.00	6.00	2.00	1.00	8.00
5	1.00	2.00	7.00	2.00	1.00	2.00
6	1.00	1.00	6.00	2.00	1.00	4.00
7	2.00	4.00	8.00	2.00	1.00	8.00
8	2.00	1.00	5.00	2.00	1.00	8.00
9	2.00	2.00	8.00	2.00	1.00	.00
10	2.00	1.00	9.00	2.00	2.00	.00
11	2.00	2.00	10.00	2.00	1.00	1.00
12	2.00	2.00	9.00	2.00	2.00	.00
13	1.00	1.00	5.00	2.00	2.00	.00
14	2.00	2.00	5.00	2.00	1.00	1.00
15	1.00	4.00	11.00	2.00	2.00	.00
16	1.00	3.00	9.00	2.00	1.00	8.00
17	2.00	2.00	12.00	2.00	2.00	.00
18	2.00	2.00	8.00	2.00	2.00	.00
19	2.00	3.00	9.00	2.00	1.00	1.00
20	2.00	1.00	8.00	2.00	1.00	8.00
21	2.00	2.00	13.00	2.00	1.00	8.00
22	1.00	3.00	6.00	2.00	1.00	8.00
23	2.00	4.00	6.00	2.00	1.00	8.00
24	2.00	4.00	5.00	2.00	2.00	.00
25	2.00	2.00	11.00	2.00	1.00	8.00
26	2.00	3.00	12.00	2.00	2.00	.00
27	1.00	1.00	2.00	2.00	1.00	7.00
28	1.00	3.00	14.00	2.00	1.00	8.00
29	2.00	3.00	6.00	2.00	2.00	.00
30	1.00	4.00	8.00	2.00	2.00	.00
31	1.00	2.00	5.00	2.00	1.00	8.00
32	1.00	2.00	5.00	2.00	2.00	.00
33	2.00	1.00	8.00	2.00	2.00	.00
34	1.00	1.00	9.00	2.00	2.00	.00
35	2.00	1.00	3.00	2.00	2.00	.00

HerbalRemedyDate.sav

	Usage_No	Usage_Wellb eing	Information	Ranking_Typ eHR	Ranking_AM	Ranking_Bottl
1	3.00	4.00	2.00	3.00	3.00	3.00
2	3.00	4.00	1.00	3.00	3.00	3.00
3	.00	5.00	1.00	4.00	3.00	4.00
4	.00	5.00	1.00	5.00	3.00	3.00
5	.00	5.00	2.00	2.00	3.00	1.00
6	.00	2.00	1.00	3.00	2.00	3.00
7	.00	2.00	1.00	4.00	3.00	4.00
8	.00	5.00	1.00	3.00	2.00	2.00
9	1.00	4.00	1.00	1.00	1.00	1.00
10	1.00	4.00	1.00	5.00	5.00	5.00
11	.00	5.00	1.00	3.00	3.00	5.00
12	7.00	4.00	2.00	1.00	1.00	1.00
13	7.00	4.00	1.00	3.00	1.00	4.00
14	.00	2.00	1.00	3.00	2.00	4.00
15	2.00	4.00	2.00	2.00	2.00	2.00
16	.00	6.00	1.00	2.00	2.00	4.00
17	1.00	4.00	1.00	4.00	4.00	5.00
18	6.00	4.00	1.00	4.00	2.00	5.00
19	.00	3.00	1.00	4.00	2.00	4.00
20	.00	3.00	1.00	5.00	5.00	5.00
21	.00	5.00	1.00	4.00	3.00	2.00
22	.00	5.00	1.00	4.00	3.00	4.00
23	.00	6.00	1.00	5.00	4.00	5.00
24	3.00	4.00	1.00	3.00	3.00	3.00
25	.00	4.00	1.00	4.00	4.00	3.00
26	1.00	4.00	1.00	2.00	2.00	2.00
27	.00	5.00	1.00	5.00	5.00	5.00
28	.00	2.00	1.00	4.00	5.00	3.00
29	3.00	4.00	1.00	4.00	2.00	5.00
30	2.00	4.00	2.00	1.00	2.00	2.00
31	.00	5.00	1.00	4.00	2.00	4.00
32	2.00	4.00	1.00	2.00	2.00	2.00
33	7.00	4.00	1.00	3.00	3.00	2.00
34	2.00	4.00	3.00	2.00	3.00	4.00
35	1.00	4.00	1.00	3.00	1.00	5.00

HerbalRemedyDate.sav

	Open_end_Q uestion	College
1	2.00	2.00
2	1.00	3.00
3	5.00	2.00
4	5.00	4.00
5	4.00	2.00
6	2.00	4.00
7	2.00	6.00
8	4.00	3.00
9	2.00	6.00
10	5.00	6.00
11	2.00	5.00
12	2.00	6.00
13	2.00	3.00
14	4.00	3.00
15	4.00	2.00
16	4.00	6.00
17	2.00	2.00
18	5.00	6.00
19	4.00	6.00
20	5.00	6.00
21	5.00	1.00
22	1.00	4.00
23	5.00	4.00
24	2.00	3.00
25	1.00	2.00
26	2.00	2.00
27	1.00	1.00
28	5.00	2.00
29	1.00	4.00
30	4.00	6.00
31	5.00	3.00
32	2.00	3.00
33	2.00	6.00
34	4.00	6.00
35	5.00	1.00

HerbalRemedyDate.sav

	Gender	Class	Major	Participation	Herbal_remed y_use	Usage_Yes
36	2.00	2.00	10.00	2.00	2.00	.00
37	2.00	1.00	8.00	2.00	1.00	8.00
38	2.00	4.00	5.00	2.00	1.00	8.00
39	2.00	2.00	8.00	2.00	1.00	8.00
40	1.00	2.00	8.00	2.00	2.00	.00
41	1.00	2.00	15.00	2.00	1.00	1.00
42	1.00	1.00	5.00	2.00	2.00	.00
43	1.00	1.00	16.00	2.00	1.00	1.00
44	1.00	3.00	17.00	2.00	2.00	.00
45	2.00	1.00	8.00	2.00	2.00	.00
46	1.00	2.00	5.00	2.00	1.00	7.00
47	1.00	1.00	18.00	2.00	1.00	1.00
48	1.00	4.00	19.00	2.00	1.00	1.00
49	1.00	1.00	22.00	2.00	1.00	8.00
50	1.00	1.00	49.00	2.00	2.00	.00
51	1.00	1.00	1.00	2.00	1.00	1.00
52	1.00	1.00	5.00	2.00	1.00	7.00
53	1.00	1.00	5.00	2.00	1.00	3.00
54	1.00	1.00	20.00	2.00	2.00	.00
55	2.00	3.00	5.00	2.00	1.00	8.00
56	1.00	3.00	11.00	2.00	1.00	1.00
57	2.00	2.00	2.00	2.00	1.00	1.00
58	2.00	1.00	34.00	2.00	1.00	8.00
59	2.00	3.00	11.00	2.00	1.00	1.00
60	2.00	4.00	17.00	2.00	1.00	1.00
61	2.00	1.00	8.00	2.00	2.00	.00
62	2.00	4.00	8.00	2.00	1.00	8.00
63	2.00	4.00	2.00	2.00	1.00	8.00
64	2.00	1.00	25.00	2.00	1.00	8.00
65	1.00	2.00	24.00	2.00	1.00	8.00
66	2.00	2.00	10.00	2.00	2.00	.00
67	2.00	2.00	50.00	2.00	2.00	.00
68	2.00	2.00	5.00	2.00	2.00	.00
69	2.00	3.00	2.00	2.00	1.00	8.00
70	1.00	4.00	41.00	2.00	1.00	1.00

HerbalRemedyDate.sav

	Usage_No	Usage_Wellb eing	Information	Ranking_Typ eHR	Ranking_AM	Ranking_Bottl
36	2.00	4.00	2.00	1.00	1.00	1.00
37	.00	2.00	3.00	4.00	4.00	4.00
38	.00	1.00	1.00	3.00	1.00	1.00
39	.00	3.00	3.00	5.00	4.00	5.00
40	3.00	4.00	1.00	2.00	2.00	3.00
41	.00	1.00	3.00	5.00	1.00	2.00
42	3.00	4.00	3.00	2.00	5.00	2.00
43	.00	3.00	2.00	3.00	1.00	4.00
44	3.00	4.00	2.00	1.00	1.00	1.00
45	3.00	4.00	1.00	3.00	2.00	4.00
46	.00	4.00	1.00	5.00	3.00	5.00
47	.00	2.00	1.00	3.00	3.00	3.00
48	.00	5.00	1.00	3.00	4.00	2.00
49	.00	5.00	1.00	5.00	3.00	5.00
50	7.00	5.00	1.00	5.00	2.00	5.00
51	.00	2.00	1.00	4.00	2.00	4.00
52	.00	4.00	3.00	4.00	3.00	4.00
53	.00	2.00	1.00	5.00	3.00	2.00
54	3.00	4.00	2.00	1.00	1.00	1.00
55	.00	4.00	2.00	2.00	2.00	1.00
56	.00	6.00	1.00	4.00	5.00	3.00
57	.00	6.00	1.00	5.00	4.00	5.00
58	.00	6.00	1.00	3.00	3.00	4.00
59	.00	2.00	1.00	2.00	4.00	4.00
60	.00	4.00	1.00	3.00	3.00	3.00
61	1.00	4.00	1.00	3.00	1.00	3.00
62	.00	2.00	1.00	3.00	4.00	3.00
63	.00	2.00	1.00	4.00	4.00	3.00
64	.00	5.00	1.00	3.00	4.00	4.00
65	.00	2.00	1.00	2.00	3.00	2.00
66	1.00	4.00	1.00	4.00	4.00	4.00
67	7.00	4.00	1.00	2.00	2.00	2.00
68	7.00	4.00	1.00	4.00	3.00	3.00
69	.00	2.00	1.00	3.00	2.00	1.00
70	.00	5.00	1.00	5.00	4.00	5.00

HerbalRemedyDate.sav

	Open_end_Q uestion	College
36	4.00	5.00
37	5.00	6.00
38	4.00	3.00
39	3.00	6.00
40	4.00	6.00
41	5.00	5.00
42	1.00	3.00
43	4.00	3.00
44	4.00	4.00
45	4.00	6.00
46	5.00	3.00
47	3.00	5.00
48	5.00	2.00
49	5.00	5.00
50	2.00	6.00
51	2.00	1.00
52	5.00	3.00
53	2.00	3.00
54	2.00	2.00
55	3.00	3.00
56	5.00	2.00
57	5.00	1.00
58	5.00	5.00
59	5.00	2.00
60	2.00	4.00
61	5.00	6.00
62	5.00	6.00
63	5.00	1.00
64	2.00	6.00
65	5.00	2.00
66	5.00	5.00
67	2.00	5.00
68	2.00	3.00
69	5.00	1.00
70	5.00	4.00

HerbalRemedyDate.sav

	Gender	Class	Major	Participation	Herbal_remed y_use	Usage_Yes
71	2.00	2.00	2.00	2.00	2.00	.00
72	1.00	1.00	34.00	2.00	1.00	8.00
73	1.00	2.00	51.00	2.00	1.00	1.00
74	2.00	3.00	48.00	2.00	1.00	1.00
75	2.00	3.00	52.00	2.00	2.00	.00
76	1.00	1.00	5.00	2.00	1.00	9.00
77	1.00	4.00	11.00	2.00	2.00	.00
78	1.00	1.00	25.00	2.00	1.00	1.00
79	1.00	4.00	20.00	2.00	1.00	8.00
80	1.00	1.00	5.00	2.00	2.00	.00
81	2.00	1.00	5.00	2.00	1.00	8.00
82	2.00	1.00	12.00	2.00	1.00	1.00
83	1.00	1.00	23.00	2.00	2.00	.00
84	1.00	5.00	40.00	2.00	2.00	.00
85	1.00	4.00	21.00	2.00	2.00	.00
86	2.00	1.00	5.00	2.00	2.00	.00
87	2.00	4.00	19.00	2.00	2.00	.00
88	1.00	2.00	24.00	2.00	1.00	3.00
89	1.00	2.00	24.00	2.00	2.00	.00
90	2.00	3.00	46.00	2.00	1.00	8.00
91	1.00	1.00	25.00	2.00	1.00	1.00
92	2.00	1.00	5.00	2.00	2.00	.00
93	1.00	1.00	25.00	2.00	2.00	.00
94	1.00	3.00	2.00	2.00	1.00	1.00
95	1.00	3.00	9.00	2.00	1.00	8.00
96	1.00	3.00	5.00	2.00	1.00	8.00
97	2.00	1.00	26.00	2.00	1.00	8.00
98	2.00	1.00	2.00	2.00	1.00	8.00
99	2.00	4.00	5.00	2.00	1.00	1.00
100	1.00	1.00	2.00	2.00	1.00	1.00
101	2.00	1.00	9.00	2.00	1.00	8.00
102	1.00	2.00	27.00	2.00	1.00	1.00
103	2.00	2.00	28.00	2.00	2.00	.00
104	2.00	1.00	10.00	2.00	2.00	.00
105	2.00	1.00	5.00	2.00	1.00	8.00

HerbalRemedyDate.sav

	Usage_No	Usage_Wellb eing	Information	Ranking_Typ eHR	Ranking_AM	Ranking_Bottl
71	7.00	4.00	1.00	3.00	2.00	4.00
72	.00	2.00	1.00	4.00	2.00	3.00
73	.00	4.00	3.00	3.00	.00	2.00
74	.00	5.00	1.00	4.00	2.00	5.00
75	1.00	4.00	1.00	4.00	3.00	1.00
76	.00	2.00	2.00	5.00	5.00	5.00
77	3.00	4.00	2.00	2.00	1.00	2.00
78	.00	4.00	1.00	2.00	1.00	2.00
79	.00	2.00	1.00	5.00	5.00	5.00
80	5.00	4.00	2.00	1.00	1.00	1.00
81	.00	5.00	1.00	2.00	1.00	2.00
82	.00	2.00	1.00	4.00	3.00	4.00
83	7.00	4.00	1.00	2.00	2.00	4.00
84	2.00	4.00	2.00	1.00	1.00	1.00
85	2.00	4.00	2.00	.00	.00	.00
86	3.00	4.00	1.00	2.00	1.00	2.00
87	3.00	4.00	1.00	3.00	3.00	3.00
88	.00	4.00	3.00	3.00	1.00	1.00
89	3.00	4.00	1.00	2.00	2.00	1.00
90	.00	2.00	1.00	5.00	4.00	5.00
91	.00	2.00	1.00	3.00	1.00	5.00
92	1.00	2.00	1.00	3.00	3.00	4.00
93	3.00	4.00	2.00	1.00	2.00	5.00
94	.00	5.00	1.00	5.00	2.00	2.00
95	1.00	5.00	1.00	4.00	3.00	4.00
96	.00	5.00	1.00	5.00	5.00	4.00
97	.00	5.00	1.00	3.00	3.00	1.00
98	.00	5.00	1.00	5.00	5.00	5.00
99	3.00	4.00	3.00	4.00	3.00	4.00
100	.00	3.00	1.00	5.00	5.00	3.00
101	.00	2.00	3.00	4.00	3.00	5.00
102	.00	5.00	1.00	3.00	2.00	3.00
103	3.00	4.00	2.00	2.00	1.00	2.00
104	3.00	4.00	2.00	2.00	3.00	3.00
105	.00	5.00	1.00	3.00	3.00	3.00

HerbalRemedyDate.sav

	Open_end_Q uestion	College
71	2.00	1.00
72	5.00	5.00
73	1.00	5.00
74	2.00	6.00
75	2.00	1.00
76	5.00	3.00
77	4.00	2.00
78	2.00	6.00
79	2.00	2.00
80	1.00	3.00
81	2.00	3.00
82	5.00	2.00
83	1.00	3.00
84	4.00	6.00
85	4.00	2.00
86	2.00	3.00
87	1.00	2.00
88	1.00	2.00
89	1.00	2.00
90	5.00	1.00
91	5.00	6.00
92	1.00	3.00
93	1.00	6.00
94	1.00	1.00
95	2.00	6.00
96	5.00	3.00
97	5.00	6.00
98	5.00	1.00
99	2.00	3.00
100	5.00	1.00
101	5.00	6.00
102	5.00	1.00
103	4.00	1.00
104	5.00	5.00
105	5.00	3.00

HerbalRemedyDate.sav

	Gender	Class	Major	Participation	Herbal_remed y_use	Usage_Yes
106	1.00	5.00	14.00	2.00	1.00	8.00
107	1.00	3.00	16.00	2.00	2.00	.00
108	2.00	4.00	29.00	2.00	1.00	8.00
109	1.00	3.00	2.00	2.00	2.00	.00
110	1.00	4.00	30.00	2.00	1.00	8.00
111	1.00	4.00	7.00	2.00	2.00	.00
112	1.00	2.00	31.00	2.00	2.00	.00
113	1.00	2.00	5.00	2.00	1.00	1.00
114	1.00	3.00	32.00	2.00	2.00	.00
115	2.00	1.00	2.00	2.00	1.00	8.00
116	2.00	3.00	33.00	2.00	1.00	8.00
117	1.00	4.00	4.00	2.00	1.00	8.00
118	1.00	4.00	20.00	2.00	1.00	1.00
119	2.00	2.00	34.00	2.00	1.00	8.00
120	1.00	2.00	24.00	2.00	2.00	.00
121	2.00	4.00	5.00	2.00	1.00	8.00
122	1.00	1.00	5.00	2.00	1.00	8.00
123	2.00	1.00	2.00	2.00	1.00	8.00
124	1.00	3.00	24.00	2.00	1.00	1.00
125	1.00	2.00	13.00	2.00	2.00	2.00
126	2.00	1.00	35.00	2.00	1.00	8.00
127	2.00	1.00	5.00	2.00	2.00	.00
128	1.00	3.00	24.00	2.00	1.00	8.00
129	2.00	1.00	5.00	2.00	1.00	1.00
130	2.00	3.00	2.00	2.00	1.00	1.00
131	2.00	1.00	5.00	2.00	2.00	.00
132	2.00	3.00	25.00	2.00	1.00	1.00
133	1.00	3.00	25.00	2.00	1.00	1.00
134	2.00	2.00	8.00	2.00	1.00	1.00
135	1.00	2.00	32.00	2.00	2.00	.00
136	2.00	4.00	2.00	2.00	1.00	1.00
137	2.00	2.00	2.00	2.00	1.00	1.00
138	1.00	2.00	13.00	2.00	1.00	8.00
139	2.00	1.00	6.00	2.00	1.00	8.00
140	2.00	1.00	3.00	2.00	1.00	8.00

HerbalRemedyDate.sav

	Usage_No	Usage_Wellb eing	Information	Ranking_Typ eHR	Ranking_AM	Ranking_Bottl
106	.00	2.00	1.00	4.00	.00	4.00
107	1.00	4.00	3.00	1.00	1.00	1.00
108	.00	5.00	3.00	3.00	1.00	4.00
109	1.00	4.00	1.00	3.00	3.00	3.00
110	.00	2.00	1.00	4.00	1.00	4.00
111	1.00	4.00	3.00	2.00	2.00	2.00
112	1.00	4.00	1.00	4.00	3.00	4.00
113	.00	2.00	1.00	4.00	2.00	2.00
114	3.00	4.00	2.00	1.00	1.00	1.00
115	.00	2.00	1.00	4.00	4.00	4.00
116	.00	2.00	1.00	4.00	3.00	4.00
117	.00	2.00	1.00	3.00	3.00	1.00
118	.00	2.00	1.00	3.00	4.00	2.00
119	.00	5.00	1.00	4.00	3.00	5.00
120	2.00	3.00	2.00	2.00	1.00	1.00
121	1.00	2.00	1.00	4.00	3.00	4.00
122	.00	2.00	2.00	2.00	1.00	3.00
123	.00	6.00	1.00	4.00	4.00	4.00
124	.00	2.00	1.00	2.00	2.00	4.00
125	4.00	2.00	2.00	1.00	1.00	2.00
126	.00	5.00	1.00	4.00	2.00	5.00
127	3.00	4.00	2.00	3.00	3.00	3.00
128	.00	2.00	1.00	3.00	3.00	3.00
129	.00	5.00	1.00	3.00	3.00	4.00
130	.00	2.00	1.00	4.00	3.00	4.00
131	1.00	4.00	1.00	3.00	1.00	3.00
132	.00	1.00	1.00	4.00	2.00	1.00
133	.00	2.00	1.00	2.00	1.00	4.00
134	.00	5.00	1.00	3.00	4.00	4.00
135	6.00	4.00	2.00	3.00	3.00	3.00
136	.00	5.00	2.00	5.00	3.00	5.00
137	.00	2.00	1.00	4.00	2.00	5.00
138	.00	2.00	1.00	4.00	2.00	4.00
139	.00	5.00	1.00	5.00	4.00	4.00
140	.00	2.00	1.00	4.00	3.00	5.00

HerbalRemedyDate.sav

	Open_end_Q uestion	College
106	5.00	2.00
107	1.00	3.00
108	1.00	5.00
109	2.00	1.00
110	5.00	5.00
111	2.00	2.00
112	1.00	2.00
113	2.00	3.00
114	1.00	6.00
115	5.00	1.00
116	5.00	1.00
117	2.00	2.00
118	2.00	2.00
119	3.00	5.00
120	1.00	2.00
121	4.00	3.00
122	4.00	3.00
123	5.00	1.00
124	5.00	2.00
125	4.00	1.00
126	5.00	1.00
127	3.00	3.00
128	1.00	2.00
129	5.00	3.00
130	5.00	1.00
131	4.00	3.00
132	5.00	6.00
133	5.00	6.00
134	1.00	6.00
135	5.00	6.00
136	1.00	1.00
137	5.00	1.00
138	5.00	1.00
139	5.00	4.00
140	3.00	1.00

HerbalRemedyDate.sav

	Gender	Class	Major	Participation	Herbal_remed y_use	Usage_Yes
141	2.00	1.00	36.00	2.00	1.00	1.00
142	1.00	3.00	28.00	1.00	1.00	.00
143	1.00	2.00	28.00	2.00	1.00	8.00
144	2.00	1.00	37.00	2.00	1.00	1.00
145	1.00	1.00	19.00	2.00	1.00	7.00
146	2.00	1.00	6.00	2.00	1.00	8.00
147	2.00	1.00	6.00	2.00	1.00	1.00
148	2.00	3.00	38.00	2.00	1.00	1.00
149	1.00	1.00	28.00	2.00	1.00	1.00
150	2.00	1.00	6.00	2.00	2.00	.00
151	1.00	2.00	28.00	2.00	1.00	1.00
152	1.00	1.00	5.00	2.00	1.00	1.00
153	1.00	3.00	5.00	2.00	1.00	3.00
154	2.00	2.00	39.00	2.00	2.00	.00
155	2.00	3.00	6.00	2.00	1.00	8.00
156	1.00	4.00	6.00	2.00	1.00	1.00
157	1.00	1.00	5.00	2.00	1.00	1.00
158	2.00	1.00	2.00	2.00	2.00	.00
159	2.00	3.00	1.00	2.00	1.00	8.00
160	1.00	1.00	1.00	2.00	2.00	.00
161	1.00	1.00	40.00	2.00	1.00	4.00
162	1.00	4.00	41.00	2.00	1.00	1.00
163	2.00	1.00	35.00	2.00	2.00	.00
164	1.00	2.00	5.00	2.00	2.00	.00
165	2.00	1.00	40.00	2.00	2.00	.00
166	1.00	3.00	6.00	2.00	1.00	8.00
167	2.00	1.00	5.00	2.00	1.00	8.00
168	1.00	1.00	5.00	2.00	1.00	8.00
169	1.00	1.00	5.00	2.00	1.00	7.00
170	2.00	1.00	42.00	2.00	1.00	8.00
171	2.00	1.00	28.00	2.00	2.00	.00
172	1.00	1.00	3.00	2.00	2.00	.00
173	1.00	3.00	43.00	2.00	1.00	8.00
174	2.00	2.00	13.00	2.00	1.00	8.00
175	1.00	1.00	2.00	2.00	1.00	8.00

HerbalRemedyDate.sav

	Usage_No	Usage_Wellb eing	Information	Ranking_Typ eHR	Ranking_AM	Ranking_Bottl
141	.00	3.00	1.00	3.00	4.00	2.00
142	1.00	4.00	1.00	3.00	3.00	4.00
143	.00	2.00	1.00	5.00	5.00	4.00
144	.00	2.00	1.00	2.00	2.00	3.00
145	.00	4.00	1.00	4.00	2.00	5.00
146	.00	5.00	1.00	5.00	4.00	5.00
147	.00	6.00	1.00	4.00	2.00	3.00
148	.00	6.00	1.00	4.00	4.00	3.00
149	.00	1.00	1.00	3.00	4.00	4.00
150	6.00	4.00	2.00	1.00	1.00	1.00
151	.00	3.00	1.00	2.00	1.00	4.00
152	.00	4.00	1.00	3.00	2.00	3.00
153	.00	1.00	1.00	3.00	3.00	2.00
154	3.00	4.00	2.00	1.00	1.00	1.00
155	.00	4.00	1.00	3.00	2.00	5.00
156	.00	2.00	1.00	3.00	3.00	3.00
157	.00	6.00	1.00	4.00	2.00	4.00
158	7.00	4.00	1.00	4.00	.00	4.00
159	.00	5.00	1.00	4.00	4.00	3.00
160	1.00	4.00	1.00	3.00	4.00	5.00
161	.00	1.00	1.00	3.00	2.00	4.00
162	.00	1.00	1.00	4.00	4.00	4.00
163	2.00	4.00	2.00	2.00	2.00	3.00
164	3.00	4.00	2.00	2.00	2.00	2.00
165	4.00	4.00	1.00	4.00	1.00	4.00
166	.00	5.00	1.00	4.00	3.00	2.00
167	.00	2.00	1.00	5.00	3.00	5.00
168	.00	1.00	2.00	3.00	1.00	2.00
169	.00	5.00	1.00	5.00	2.00	3.00
170	.00	5.00	1.00	5.00	5.00	5.00
171	7.00	4.00	1.00	3.00	5.00	1.00
172	1.00	4.00	3.00	3.00	2.00	1.00
173	.00	1.00	1.00	5.00	4.00	4.00
174	.00	2.00	1.00	5.00	4.00	4.00
175	.00	5.00	1.00	3.00	1.00	3.00

HerbalRemedyDate.sav

	Open_end_Q uestion	College
141	2.00	1.00
142	2.00	1.00
143	5.00	1.00
144	2.00	1.00
145	3.00	2.00
146	5.00	4.00
147	4.00	4.00
148	5.00	5.00
149	5.00	1.00
150	4.00	4.00
151	4.00	1.00
152	4.00	3.00
153	2.00	3.00
154	2.00	1.00
155	1.00	4.00
156	5.00	4.00
157	5.00	3.00
158	2.00	1.00
159	3.00	1.00
160	5.00	1.00
161	5.00	6.00
162	5.00	4.00
163	6.00	1.00
164	6.00	3.00
165	3.00	6.00
166	5.00	4.00
167	5.00	3.00
168	3.00	3.00
169	5.00	3.00
170	5.00	1.00
171	1.00	1.00
172	2.00	1.00
173	5.00	3.00
174	3.00	1.00
175	5.00	1.00

HerbalRemedyDate.sav

	Gender	Class	Major	Participation	Herbal_remed y_use	Usage_Yes
176	2.00	2.00	9.00	2.00	2.00	.00
177	1.00	4.00	6.00	2.00	2.00	.00
178	2.00	1.00	44.00	2.00	2.00	.00
179	2.00	1.00	5.00	2.00	2.00	.00
180	1.00	1.00	3.00	2.00	2.00	.00
181	1.00	1.00	1.00	2.00	2.00	.00
182	1.00	1.00	23.00	2.00	1.00	1.00
183	2.00	1.00	6.00	2.00	2.00	1.00
184	2.00	1.00	36.00	2.00	1.00	1.00
185	2.00	1.00	6.00	2.00	1.00	8.00
186	1.00	3.00	3.00	2.00	2.00	.00
187	1.00	1.00	5.00	2.00	1.00	8.00
188	1.00	4.00	9.00	2.00	2.00	.00
189	2.00	1.00	3.00	2.00	1.00	5.00
190	2.00	2.00	6.00	2.00	2.00	.00
191	2.00	2.00	6.00	2.00	1.00	8.00
192	2.00	2.00	6.00	2.00	2.00	.00
193	2.00	1.00	6.00	2.00	2.00	.00
194	2.00	1.00	6.00	2.00	2.00	.00
195	2.00	3.00	35.00	2.00	2.00	.00
196	1.00	1.00	20.00	2.00	1.00	1.00
197	2.00	1.00	3.00	2.00	1.00	1.00
198	2.00	3.00	41.00	2.00	1.00	8.00
199	2.00	2.00	21.00	2.00	1.00	1.00
200	1.00	3.00	45.00	2.00	1.00	1.00
201	2.00	1.00	4.00	2.00	2.00	.00
202	2.00	1.00	9.00	2.00	2.00	.00
203	2.00	1.00	36.00	2.00	1.00	8.00
204	2.00	4.00	5.00	2.00	1.00	8.00
205	2.00	2.00	5.00	2.00	1.00	8.00
206	2.00	2.00	46.00	2.00	1.00	8.00
207	1.00	1.00	35.00	2.00	2.00	.00
208	2.00	1.00	3.00	2.00	2.00	.00
209	2.00	4.00	6.00	2.00	1.00	8.00
210	2.00	2.00	18.00	2.00	2.00	.00

HerbalRemedyDate.sav

	Usage_No	Usage_Wellb eing	Information	Ranking_Typ eHR	Ranking_AM	Ranking_Bottl
176	1.00	4.00	1.00	5.00	3.00	3.00
177	5.00	4.00	1.00	3.00	2.00	3.00
178	7.00	4.00	1.00	2.00	2.00	4.00
179	3.00	4.00	2.00	3.00	3.00	4.00
180	3.00	4.00	1.00	4.00	4.00	3.00
181	7.00	4.00	1.00	3.00	1.00	4.00
182	.00	5.00	1.00	3.00	2.00	4.00
183	3.00	1.00	1.00	1.00	3.00	2.00
184	.00	4.00	1.00	5.00	5.00	3.00
185	.00	6.00	1.00	4.00	3.00	5.00
186	1.00	4.00	1.00	3.00	2.00	4.00
187	.00	3.00	3.00	4.00	4.00	3.00
188	2.00	4.00	1.00	4.00	4.00	5.00
189	.00	4.00	1.00	3.00	3.00	4.00
190	3.00	4.00	1.00	3.00	2.00	3.00
191	.00	5.00	1.00	3.00	3.00	2.00
192	1.00	4.00	1.00	3.00	3.00	3.00
193	3.00	4.00	1.00	3.00	3.00	3.00
194	7.00	4.00	1.00	3.00	2.00	2.00
195	2.00	4.00	1.00	2.00	3.00	4.00
196	.00	5.00	1.00	3.00	2.00	2.00
197	.00	2.00	1.00	3.00	4.00	4.00
198	.00	2.00	1.00	5.00	3.00	5.00
199	.00	2.00	1.00	3.00	3.00	4.00
200	.00	1.00	1.00	3.00	3.00	5.00
201	3.00	4.00	2.00	2.00	2.00	2.00
202	2.00	4.00	1.00	3.00	4.00	4.00
203	.00	5.00	2.00	3.00	3.00	1.00
204	.00	5.00	1.00	3.00	3.00	4.00
205	.00	2.00	1.00	4.00	2.00	4.00
206	.00	2.00	1.00	3.00	3.00	5.00
207	3.00	4.00	1.00	4.00	2.00	4.00
208	3.00	4.00	2.00	4.00	2.00	4.00
209	.00	2.00	1.00	3.00	4.00	4.00
210	7.00	4.00	1.00	3.00	3.00	3.00

HerbalRemedyDate.sav

	Open_end_Q uestion	College
176	2.00	6.00
177	5.00	4.00
178	5.00	1.00
179	6.00	3.00
180	2.00	1.00
181	1.00	1.00
182	5.00	3.00
183	6.00	4.00
184	5.00	1.00
185	5.00	4.00
186	3.00	1.00
187	5.00	3.00
188	3.00	6.00
189	5.00	1.00
190	4.00	4.00
191	3.00	4.00
192	2.00	4.00
193	2.00	4.00
194	6.00	4.00
195	4.00	1.00
196	6.00	2.00
197	5.00	1.00
198	5.00	4.00
199	2.00	2.00
200	3.00	1.00
201	6.00	2.00
202	4.00	6.00
203	6.00	1.00
204	2.00	3.00
205	2.00	3.00
206	5.00	1.00
207	3.00	1.00
208	2.00	1.00
209	2.00	4.00
210	2.00	5.00

HerbalRemedyDate.sav

	Gender	Class	Major	Participation	Herbal_remedy_use	Usage_Yes
211	2.00	1.00	3.00	2.00	1.00	1.00
212	1.00	2.00	47.00	2.00	2.00	.00
213	1.00	1.00	21.00	2.00	2.00	.00
214	2.00	2.00	3.00	2.00	1.00	8.00
215	1.00	2.00	46.00	2.00	1.00	1.00
216	1.00	2.00	46.00	2.00	2.00	.00
217	1.00	3.00	23.00	2.00	2.00	.00
218	1.00	4.00	5.00	2.00	2.00	.00
219	2.00	3.00	28.00	2.00	2.00	.00
220	1.00	3.00	6.00	2.00	2.00	.00
221	2.00	1.00	26.00	2.00	2.00	.00
222	2.00	1.00	28.00	2.00	2.00	.00
223	2.00	1.00	12.00	2.00	2.00	.00
224	2.00	1.00	3.00	2.00	2.00	.00
225	2.00	1.00	38.00	2.00	1.00	8.00
226	1.00	1.00	3.00	2.00	2.00	1.00
227	2.00	1.00	48.00	2.00	1.00	8.00
228	2.00	4.00	21.00	2.00	1.00	1.00
229	1.00	1.00	40.00	2.00	2.00	.00
230	1.00	1.00	27.00	2.00	1.00	8.00
231	2.00	2.00	1.00	2.00	2.00	.00
232	1.00	4.00	36.00	41.00	2.00	2.00
233	2.00	2.00	28.00	2.00	1.00	1.00
234	2.00	1.00	25.00	2.00	2.00	.00
235	2.00	1.00	3.00	2.00	2.00	.00
236	2.00	2.00	26.00	2.00	2.00	.00
237	1.00	2.00	26.00	2.00	2.00	.00
238	1.00	3.00	23.00	2.00	2.00	.00
239	2.00	3.00	23.00	2.00	1.00	1.00

HerbalRemedyDate.sav

	Usage_No	Usage_Wellbeing	Information	Ranking_TypeHR	Ranking_AM	Ranking_Bottl
211	.00	5.00	1.00	4.00	5.00	4.00
212	7.00	4.00	1.00	3.00	3.00	3.00
213	1.00	4.00	1.00	3.00	2.00	4.00
214	.00	5.00	1.00	3.00	5.00	1.00
215	.00	2.00	1.00	4.00	3.00	4.00
216	6.00	4.00	1.00	3.00	2.00	4.00
217	1.00	4.00	1.00	2.00	2.00	4.00
218	7.00	4.00	3.00	2.00	3.00	2.00
219	7.00	3.00	1.00	3.00	2.00	3.00
220	6.00	4.00	1.00	5.00	5.00	5.00
221	4.00	4.00	1.00	3.00	1.00	3.00
222	3.00	1.00	1.00	3.00	3.00	4.00
223	3.00	4.00	1.00	3.00	2.00	2.00
224	3.00	4.00	1.00	4.00	2.00	5.00
225	.00	2.00	1.00	5.00	5.00	5.00
226	1.00	4.00	1.00	3.00	1.00	3.00
227	.00	2.00	1.00	4.00	4.00	4.00
228	.00	2.00	1.00	3.00	3.00	4.00
229	3.00	4.00	1.00	3.00	2.00	4.00
230	.00	5.00	1.00	4.00	3.00	4.00
231	1.00	4.00	2.00	1.00	1.00	2.00
232	3.00	4.00	2.00	2.00	2.00	2.00
233	.00	4.00	1.00	5.00	3.00	2.00
234	7.00	4.00	1.00	3.00	3.00	5.00
235	3.00	4.00	1.00	3.00	3.00	3.00
236	7.00	4.00	2.00	2.00	2.00	4.00
237	7.00	4.00	1.00	2.00	3.00	2.00
238	2.00	4.00	3.00	3.00	1.00	4.00
239	.00	2.00	1.00	3.00	2.00	5.00

HerbalRemedyDate.sav

	Open_end_Q uestion	College
211	2.00	1.00
212	2.00	5.00
213	1.00	2.00
214	5.00	1.00
215	5.00	1.00
216	2.00	1.00
217	3.00	3.00
218	2.00	3.00
219	2.00	1.00
220	5.00	4.00
221	2.00	6.00
222	2.00	1.00
223	3.00	2.00
224	3.00	1.00
225	5.00	5.00
226	5.00	1.00
227	3.00	6.00
228	5.00	2.00
229	5.00	6.00
230	5.00	1.00
231	2.00	1.00
232	2.00	1.00
233	3.00	1.00
234	5.00	6.00
235	5.00	1.00
236	2.00	6.00
237	2.00	6.00
238	4.00	3.00
239	4.00	3.00