Supplementary Appendix 1. Reasons for kratom use while using other substances.

Substance	Trying to quit, n (%) [a]	Trying to cut down, n (%) [a]	Manage withdrawal, n (%) [a]	Manage side effects, n (%) [a]	Enhance effects, n (%) [a]	Use both for similar therapeutic reasons, n (%) [ab]	Kratom more affordable/ accessible, n (%) [ab]	Use for different purposes/ use not related, n (%) [ab]
Cannabis (n=30)	2 (6.7)	2 (6.7)	0 (0.0)	0 (0.0)	0 (0.0)	4 (13.3)	2 (6.7)	14 (46.7)
Stimulants (n=7)	1 (14.3)	1 (14.3)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	3 (42.9)
Sedatives (n=10)	0 (0.0)	2 (20.0)	1 (10.0)	0 (0.0)	1 (10.0)	0 (0.0)	0 (0.0)	2 (20.0)
Non-prescribed opioids (n=5)	2 (40.0)	1 (20.0)	1 (20.0)	0 (0.0)	1 (20.0)	0 (0.0)	0 (0.0)	0 (0.0)
Alcohol (n=31)	6 (19.4)	8 (25.8)	2 (6.4)	0 (0.0)	1 (3.2)	0 (0.0)	0 (0.0)	16 (51.6)

[a] *Percentages are based on denominator of those using the substance; some rows do not equal the denominator for that substance based on free responses left blank or free response answers that were only provided by a single respondent.*
[b] *Based on categorization of free response answers among those who indicated "Other"; any free response answer provided more than once was included*

Supplementary Appendix 2. Reasons for kratom use after stopping other substances

Substance	No longer had access, n (%) [a]	Reduce cravings, n (%) [a]	Manage withdrawal, n (%) [a]	Less/different side effects, n (%) [ab]	Did not like other substance or find it effective, n (%) [ab]	Desired to stop this substance, n (%) [ab]	Less legal concerns, n (%) [ab]	Used both for similar therapeutic reasons, n (%) [ab]	Use for different purposes/use not related, n (%) [ab]
Cannabis (n=38)	3 (7.9)	2 (5.3)	2 (5.3)	5 (13.2)	8 (21.1)	4 (10.5)	2 (5.3)	0 (0.0)	10 (26.3)
Stimulants (n=31)	3 (9.7)	6 (19.4)	3 (9.7)	2 (6.5)	1 (3.2)	0 (0.0)	1 (3.2)	0 (0.0)	12 (38.7)
Sedatives (n=21)	3 (14.3)	8 (38.1)	4 (19.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	4 (19.0)
Non-prescribed opioids (n=20)	2 (10.0)	10 (50.0)	8 (40.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	2 (10.0)	3 (15.0)
Alcohol (n=36)	0 (0.0)	13 (36.1)	5 (13.9)	0 (0.0)	2 (5.6)	5 (13.9)	0 (0.0)	1 (2.8)	9 (25.0)

[a] *Percentages are based on denominator of those who stopped the substance; some rows do not equal the denominator for that substance based on free responses left blank or free response answers that were only provided by a single respondent.*
[b] *Based on categorization of free response answers among those who indicated "Other"; any free response answer provided more than once was included*

Supplemental Appendix 3. Survey questionnaire

Start of Block: Introduction

Thank you for your interest in our survey study. This study will help us better understand patterns of use of kratom. In particular we want to learn if kratom is typically started before, during, or after other healthcare treatments or before, during, or after the use of other substances. We are seeking responses from persons aged 18 and over who have used kratom previously or who currently use kratom. We ask that you answer the survey questions regarding your healthcare and substance use history as truthfully as possible. If you do not feel comfortable truthfully answering such questions, we ask that you please decline to participate in this survey. The information you provide in this survey will be completely confidential. No personally identifiable information that could be used to identify you will be collected by the researchers, and the researchers will not have access to any personally identifiable information that you may have previously submitted to Qualtrics. The results of the study will be reported in an aggregate form so that results cannot be linked to you. Participation is voluntary. There will be no compensation for participating in this study. You have the right to withdraw at any time or refuse to participate entirely. If you desire to withdraw, please simply close your internet browser at any time. Your decision whether to participate or not will not affect your present or future relationship with the University of Texas Health San Antonio. The survey should take between 5 to 15 minutes to complete. There are no potential risks for those completing the survey. Your participation is appreciated. If you have questions or concerns about your rights or are dissatisfied at any time with any part of this study, you can anonymously contact the Institutional Review Board by phone at (XXX) XXX- XXXX or email at XXX.

Start of Block: Inclusion criteria

I have read the consent form and agree to participate in this study.

- I agree to take the survey
- I do not wish to take the survey

Skip To: End of Survey If I have read the consent form and agree to participate in this study. = I do not wish to take the survey

Are you 18 years or older?

- Yes
- No

Skip To: End of Survey If Are you 18 years or older? = No

Have you used kratom or kratom-containing products?

- Yes, I currently use kratom
- Yes, I have previously used kratom
- No, I have never used kratom

Skip To: End of Survey If Have you used kratom or kratom-containing products? = No, I have never used kratom

Start of Block: Reasons for use

Which of the following kratom products are you currently using or have used previously? *SELECT ALL THAT APPLY.*

- Kratom leaf products (dried kratom powder, capsules, tablets that are not extracted)
- Kratom extract products (leaf material that contains higher levels of mitragynine and/or other alkaloids)
- Kratom isolates or single alkaloids (e.g. pure 7-hydroxymitragynine, mitragynine, or mitragynine pseudoindoxyl)
- Not sure

How do you classify your kratom use?

- Not for medical reasons (e.g., you like the way it makes you feel)
- For medical reasons (e.g., to manage a health condition)
- Both for medical reasons and for non-medical reasons

Display this question:
If How do you classify your kratom use? = For medical reasons (e.g., to manage a health condition)
Or How do you classify your kratom use? = Both for medical reasons and for non-medical reasons

For what medical reasons have you used kratom? *SELECT ALL THAT APPLY.*

- To help with a substance use disorder (SUD) or addiction/dependence on alcohol or drugs
- To help with pain
- To help with a mental health condition
- To help with mental focus
- To help with sleep
- Other (please specify) _____

Start of Block: Temporal trends regarding non-medical use

Have you ever used any of the following substances? *SELECT ALL THAT APPLY.*

- Cannabis/marijuana
- Stimulants (e.g., cocaine, non-prescribed amphetamines, methamphetamine)
- Sedatives, hypnotics, or anxiolytics (e.g., non-prescribed benzodiazepines and barbiturates)
- Non-prescribed opioids (e.g., heroin, fentanyl, etc.)
- Alcohol
- No, I have never used any of these substances

Display this question:
If Have you ever used any of the following substances? SELECT ALL THAT APPLY. = Cannabis/marijuana
Or Have you ever used any of the following substances? SELECT ALL THAT APPLY. = Stimulants
Or Have you ever used any of the following substances? SELECT ALL THAT APPLY. = Sedatives, hypnotics, or anxiolytics
Or Have you ever used any of the following substances? SELECT ALL THAT APPLY. = Non-prescribed opioids
Or Have you ever used any of the following substances? SELECT ALL THAT APPLY. = Alcohol
Carry Forward Selected Choices from "Have you ever used any of the following substances? SELECT ALL THAT APPLY."

Which of the following best describes the timeframe in which you started using kratom in relation to the previously identified substance?

- I began using kratom BEFORE TRYING this substance
- I began using kratom WHILE CURRENTLY using this substance
- I began using kratom AFTER STOPPING this substance

1. Cannabis/marijuana
2. Stimulants (e.g., cocaine, non-prescribed amphetamines, methamphetamine)
3. Sedatives, hypnotics, or anxiolytics (e.g., non-prescribed benzodiazepines and barbiturates)
4. Non-prescribed opioids (e.g., heroin, fentanyl, etc.)
5. Alcohol
6. No, I have never used any of these substances

Display this question:
If Which of the following best describes the timeframe in which you started using kratom in relation... = I began using kratom WHILE CURRENTLY using this substance

Why did you begin using kratom while using cannabis or marijuana? *SELECT ALL THAT APPLY.*

- I was trying to quit using cannabis/marijuana
- I was trying to use less of cannabis/marijuana, but not stop completely
- It helped me manage withdrawal effects while using cannabis/marijuana
- It helped me manage side effects of cannabis/marijuana
- I wanted to enhance the effects of cannabis/marijuana
- Other (please specify) _____

Display this question:
If Which of the following best describes the timeframe in which you started using kratom in relation... = I began using kratom WHILE CURRENTLY using this substance

Why did you begin using kratom while using stimulants? *SELECT ALL THAT APPLY.*

- I was trying to quit using stimulants
- I was trying to use less stimulants, but not stop completely
- It helped me manage withdrawal effects while using stimulants
- It helped me manage side effects of stimulants
- I wanted to enhance the effects of stimulants
- Other (please specify) _____

Display this question:
If Which of the following best describes the timeframe in which you started using kratom in relation... = I began using kratom WHILE CURRENTLY using this substance

Why did you begin using kratom while using sedatives/hypnotics/anxiolytics? *SELECT ALL THAT APPLY.*

- I was trying to quit using methamphetamine
- I was trying to use less sedatives/hypnotics/anxiolytics, but not stop completely
- It helped me manage withdrawal effects while using sedatives/hypnotics/anxiolytics
- It helped me manage side effects of sedatives/hypnotics/anxiolytics
- I wanted to enhance the effects of sedatives/hypnotics/anxiolytics
- Other (please specify) _____

Display this question:
If Which of the following best describes the timeframe in which you started using kratom in relation... = I began using kratom WHILE CURRENTLY using this substance

Why did you begin using kratom while using non-prescribed opioids (e.g., heroin, fentanyl, etc.)? *SELECT ALL THAT APPLY.*

- I was trying to quit using opioids
- I was trying to use less opioids, but not stop completely
- It helped me manage withdrawal effects while using opioids
- It helped me manage side effects of opioids
- I wanted to enhance the effects of opioids
- Other (please specify) _____

Display this question:
If Which of the following best describes the timeframe in which you started using kratom in relation... =
I began using kratom WHILE CURRENTLY using this substance

Why did you begin using kratom while using alcohol? *SELECT ALL THAT APPLY.*

- I was trying to quit using alcohol
- I was trying to use less alcohol, but not stop completely
- It helped me manage withdrawal effects while using alcohol
- It helped me manage side effects of alcohol
- I wanted to enhance the effects of alcohol
- Other (please specify) _____

Display this question:
If Which of the following best describes the timeframe in which you started using kratom in relation... =
I began using kratom AFTER STOPPING this substance

Why did you begin using kratom after stopping cannabis/marijuana? *SELECT ALL THAT APPLY.*

- I no longer had access to cannabis/marijuana
- It helped reduce my cravings for cannabis/marijuana
- It helped me manage withdrawal effects after I stopped using cannabis/marijuana
- Other (please specify) _____

Display this question:
If Which of the following best describes the timeframe in which you started using kratom in relation... =
I began using kratom AFTER STOPPING this substance

Why did you begin using kratom after stopping stimulants? *SELECT ALL THAT APPLY.*

- I no longer had access to stimulants
- It helped reduce my cravings for stimulants
- It helped me manage withdrawal effects after I stopped using stimulants
- Other (please specify) _____

Display this question:
If Which of the following best describes the timeframe in which you started using kratom in relation... =
I began using kratom AFTER STOPPING this substance

Why did you begin using kratom after stopping sedatives/hypnotics/anxiolytics? *SELECT ALL THAT APPLY.*

- I no longer had access to sedatives/hypnotics/anxiolytics
- It helped reduce my cravings for sedatives/hypnotics/anxiolytics
- It helped me manage withdrawal effects after I stopped using sedatives/hypnotics/anxiolytics
- Other (please specify) _____

Display this question:
If Which of the following best describes the timeframe in which you started using kratom in relation... = I began using kratom AFTER STOPPING this substance

Why did you begin using kratom after stopping non-prescribed opioids (e.g., heroin, fentanyl, etc.)? *SELECT ALL THAT APPLY.*

- I no longer had access to opioids
- It helped reduce my cravings for opioids
- It helped me manage withdrawal effects after I stopped using opioids
- Other (please specify) _____

Display this question:
If Which of the following best describes the timeframe in which you started using kratom in relation... = I began using kratom AFTER STOPPING this substance

Why did you begin using kratom after stopping alcohol? *SELECT ALL THAT APPLY.*

- I no longer had access to alcohol
- It helped reduce my cravings for alcohol
- It helped me manage withdrawal effects after I stopped using alcohol
- Other (please specify) _____

Start of Block: Temporal trends regarding medical use

In the past 12 months, have you had an appointment with a licensed HCP for any of the following reasons? *SELECT ALL THAT APPLY.*

- Yes, for general wellness check-up
- Yes, for acute or chronic pain
- Yes, for a physical health condition other than pain
- Yes, for a mental health condition
- No, I did not see an HCP in the past 12 months

Have you ever been diagnosed with any of the following medical conditions? *SELECT ALL THAT APPLY.*

- Acute or short-term pain
- Chronic or long-term pain
- Fibromyalgia
- Rheumatoid arthritis
- Anxiety
- Attention deficit hyperactivity disorder (ADHD/ADD)
- Bipolar disorder
- Insomnia/sleep-wake disorder
- Personality disorder
- Schizophrenia or other psychotic disorder
- Depression
- Post-traumatic stress disorder (PTSD)
- Substance use disorder (SUD) or addiction/dependence on alcohol or drugs
- I have not been diagnosed with any of the above medical conditions

1. Diagnosed by a licensed HCP
2. Self-diagnosed

Display this question:
If Have you ever been diagnosed with any of the following medical conditions? SELECT ALL THAT APPLY. = Substance use disorder (SUD) [Diagnosed by a licensed HCP]
Or Have you ever been diagnosed with any of the following medical conditions? SELECT ALL THAT APPLY. = Substance use disorder (SUD) [Self-diagnosed]

What type of substance use disorder (SUD) have you been diagnosed with and/or self-diagnosed with? *SELECT ALL THAT APPLY.*

- Alcohol
- Cannabis/marijuana
- Hallucinogen
- Inhalant
- Opioid
- Tobacco
- Sedative, hypnotic, or anxiolytic (e.g., sleep or anxiety medications)
- Stimulants (e.g., cocaine, non-prescribed amphetamines, methamphetamine)
- Other substance use disorder (please specify) _____

Display this question:
If Have you ever been diagnosed with any of the following medical conditions? SELECT ALL THAT APPLY. = Diagnosed by a licensed HCP
Or Have you ever been diagnosed with any of the following medical conditions? SELECT ALL THAT APPLY. = Self-diagnosed

Have you received treatment (whether medication or other intervention) for any of the following medical conditions? *SELECT ALL THAT APPLY.*

- Acute or short-term pain
- Chronic or long-term pain
- Fibromyalgia
- Rheumatoid arthritis
- Anxiety
- Attention deficit hyperactivity disorder (ADHD/ADD)
- Bipolar disorder
- Insomnia/sleep-wake disorder
- Personality disorder
- Schizophrenia or other psychotic disorder
- Depression
- Post-traumatic stress disorder (PTSD)
- Substance use disorder (SUD) or addiction/dependence on alcohol or drugs
- I have not received treatment for any of the above medical conditions

Skip To: Q28 If Condition: Selected Count Is Equal to 0. Skip To: If you are not receiving treatment fr....

Display this question:
If Have you received treatment (whether medication or other intervention) for any of the following m... = Acute or short-term pain
Or Have you received treatment (whether medication or other intervention) for any of the following m... = Chronic or long-term pain
Or Have you received treatment (whether medication or other intervention) for any of the following m... = Fibromyalgia
Or Have you received treatment (whether medication or other intervention) for any of the following m... = Rheumatoid arthritis
Or Have you received treatment (whether medication or other intervention) for any of the following m... = Anxiety
Or Have you received treatment (whether medication or other intervention) for any of the following m... = Attention deficit hyperactivity disorder (ADHD/ADD)
Or Have you received treatment (whether medication or other intervention) for any of the following m... = Bipolar disorder
Or Have you received treatment (whether medication or other intervention) for any of the following m... = Insomnia/sleep-wake disorder
Or Have you received treatment (whether medication or other intervention) for any of the following m... = Personality disorder
Or Have you received treatment (whether medication or other intervention) for any of the following m... = Schizophrenia or other psychotic disorder
Or Have you received treatment (whether medication or other intervention) for any of the following m... = Depression
Or Have you received treatment (whether medication or other intervention) for any of the following m... = Post-traumatic stress disorder (PTSD)
Or Have you received treatment (whether medication or other intervention) for any of the following m... = Substance use disorder (SUD)
Carry Forward Selected Choices from "Have you received treatment (whether medication or other intervention) for any of the following medical conditions? SELECT ALL THAT APPLY."

What type of treatment did you receive for your medical condition? *SELECT ALL THAT APPLY.*

- Medication
- Educational or counseling (e.g., cognitive behavioral therapy, mental health counseling, education about the condition, etc.)
- Manual therapy (e.g., physical therapy, chiropractic, therapeutic massage, etc.)
- Surgery

1. Acute or short-term pain
2. Chronic or long-term pain
3. Fibromyalgia
4. Rheumatoid arthritis
5. Anxiety
6. Attention deficit hyperactivity disorder (ADHD/ADD)
7. Bipolar disorderInsomnia/sleep-wake disorder
8. Personality disorder
9. Schizophrenia or other psychotic disorder
10. Depression
11. Post-traumatic stress disorder (PTSD)
12. Substance use disorder (SUD) or addiction/dependence on alcohol or drugs
13. I have not received treatment for any of the above medical conditions

Display this question:

If Have you ever been diagnosed with any of the following medical conditions? SELECT ALL THAT APPLY. = Acute or short-term pain [Diagnosed by a HCP]
Or Have you ever been diagnosed with any of the following medical conditions? SELECT ALL THAT APPLY. = Acute or short-term pain [Self-diagnosed]
Or Have you ever been diagnosed with any of the following medical conditions? SELECT ALL THAT APPLY. = Chronic or long-term pain [Diagnosed by a HCP]
Or Have you ever been diagnosed with any of the following medical conditions? SELECT ALL THAT APPLY. = Chronic or long-term pain [Self-diagnosed]
Or Have you ever been diagnosed with any of the following medical conditions? SELECT ALL THAT APPLY. = Fibromyalgia [Diagnosed by a HCP]
Or Have you ever been diagnosed with any of the following medical conditions? SELECT ALL THAT APPLY. = Fibromyalgia [Self-diagnosed]
Or Have you ever been diagnosed with any of the following medical conditions? SELECT ALL THAT APPLY. = Rheumatoid arthritis [Diagnosed by a HCP]
Or Have you ever been diagnosed with any of the following medical conditions? SELECT ALL THAT APPLY. = Rheumatoid arthritis [Self-diagnosed]
Or Have you ever been diagnosed with any of the following medical conditions? SELECT ALL THAT APPLY. = Anxiety [Diagnosed by a HCP]
Or Have you ever been diagnosed with any of the following medical conditions? SELECT ALL THAT APPLY. = Anxiety [Self-diagnosed]
Or Have you ever been diagnosed with any of the following medical conditions? SELECT ALL THAT APPLY. = ADHD/ADD [Diagnosed by a HCP]
Or Have you ever been diagnosed with any of the following medical conditions? SELECT ALL THAT APPLY. = ADHD/ADD [Self-diagnosed]
Or Have you ever been diagnosed with any of the following medical conditions? SELECT ALL THAT APPLY. = Bipolar disorder [Diagnosed by a HCP]
Or Have you ever been diagnosed with any of the following medical conditions? SELECT ALL THAT APPLY. = Bipolar disorder [Self-diagnosed]
Or Have you ever been diagnosed with any of the following medical conditions? SELECT ALL THAT APPLY. = Insomnia/sleep-wake [Diagnosed by a HCP]
Or Have you ever been diagnosed with any of the following medical conditions? SELECT ALL THAT APPLY. = Insomnia/sleep-wake [Self-diagnosed]
Or Have you ever been diagnosed with any of the following medical conditions? SELECT ALL THAT APPLY. = Personality disorder [Diagnosed by a HCP]
Or Have you ever been diagnosed with any of the following medical conditions? SELECT ALL THAT APPLY. = Personality disorder [Self-diagnosed]
Or Have you ever been diagnosed with any of the following medical conditions? SELECT ALL THAT APPLY. = Schizophrenia [Diagnosed by a HCP]
Or Have you ever been diagnosed with any of the following medical conditions? SELECT ALL THAT APPLY. = Schizophrenia [Self-diagnosed]
Or Have you ever been diagnosed with any of the following medical conditions? SELECT ALL THAT APPLY. = Depression [Diagnosed by a HCP]
Or Have you ever been diagnosed with any of the following medical conditions? SELECT ALL THAT APPLY. = Depression [Self-diagnosed]
Or Have you ever been diagnosed with any of the following medical conditions? SELECT ALL THAT APPLY. = PTSD [Diagnosed by a HCP]
Or Have you ever been diagnosed with any of the following medical conditions? SELECT ALL THAT APPLY. = PTSD [Self-diagnosed]
Or Have you ever been diagnosed with any of the following medical conditions? SELECT ALL THAT APPLY. = SUD [Diagnosed by a HCP]
Or Have you ever been diagnosed with any of the following medical conditions? SELECT ALL THAT APPLY. = SUD [Self-diagnosed]

Carry Forward Selected Choices from "Have you received treatment (whether medication or other intervention) for any of the following medical conditions? SELECT ALL THAT APPLY."

When did you start taking kratom in relation to the time you started the treatment issued by your licensed HCP?

- BEFORE receiving treatment from my HCP
- WHILE receiving treatment from my HCP
- AFTER stopping treatment from my HCP

1. Acute or short-term pain
2. Chronic or long-term pain
3. Fibromyalgia
4. Rheumatoid arthritis
5. Anxiety
6. Attention deficit hyperactivity disorder (ADHD/ADD)
7. Bipolar disorderInsomnia/sleep-wake disorder
8. Personality disorder
9. Schizophrenia or other psychotic disorder
10. Depression
11. Post-traumatic stress disorder (PTSD)
12. Substance use disorder (SUD) or addiction/dependence on alcohol or drugs
13. I have not received treatment for any of the above medical conditions

Display this question:
If When did you start taking kratom in relation to the time you started the treatment issued by your... = WHILE receiving treatment from my HCP

If you started using kratom while still receiving treatment from a licensed health professional, did you disclose your kratom use to your HCP?

- Yes
- No

Display this question:
If When did you start taking kratom in relation to the time you started the treatment issued by your... = WHILE receiving treatment from my HCP

Are you currently taking BOTH kratom and the treatment prescribed to you by your licensed HCP?

- Yes, I take both
- No, I was taking both, but now I only use kratom
- No, I was taking both, but now I only use the prescribed treatment
- No, I never took kratom together with my previously prescribed treatment

Display this question:
If When did you start taking kratom in relation to the time you started the treatment issued by your... = WHILE receiving treatment from my HCP

What made you start using kratom in addition to other treatment(s) provided by your licensed HCP? *SELECT ALL THAT APPLY.*

- Prescribed treatments were not working
- Prescribed treatments were only partially working
- Prescribed treatments were working but causing side-effects
- Desired to lower prescribed treatment dose or frequency
- Believed kratom would be a safer option
- Believed kratom would be a more effective option
- Licensed HCP did not offer treatment for my condition
- Other (please specify) _____

Display this question:
If When did you start taking kratom in relation to the time you started the treatment issued by your... = AFTER stopping treatment from my HCP

If you are not receiving treatment from your licensed HCP, or you stopped receiving treatment from your licensed HCP, why? *SELECT ALL THAT APPLY.*

- Cost
- Lack of health insurance
- Did not think treatments offered would help
- Believe natural or holistic treatments are more safe/effective
- Did not have time for other interventions
- Lack of transportation or services too far away
- Concern about privacy
- Concern about opinion of others (i.e., feeling “judged”)
- Other (please specify) _____

What do you think about the safety of kratom compared to other medication options?

- Kratom is equally as safe as available medication options approved by the FDA/national health agencies
- Kratom is more safe than available medication options approved by the FDA/ national health agencies
- Kratom is less safe than available medication options approved by the FDA/national health agencies
- I am not sure

Display this question:
If Have you ever been diagnosed with any of the following medical conditions? SELECT ALL THAT APPLY. = Diagnosed by a licensed HCP
Or Have you ever been diagnosed with any of the following medical conditions? SELECT ALL THAT APPLY. = Self-diagnosed

Have you ever sought treatment from a complimentary or alternative medicine provider (e.g., herbalist, acupuncturist, religious advisor, holistic provider, etc.) to treat a medical condition that you also used kratom to treat?

- Yes
- No

Display this question:
If Have you ever sought treatment from a complimentary or alternative medicine provider (e.g., herba... = Yes

When did you seek treatment from a complimentary or alternative medicine provider in relation to other treatments?

- Before I had tried kratom
- While I was currently using kratom
- After I had tried and stopped using kratom

Start of Block: Demographics

What is your age?

- 18-19 years
- 20-29 years
- 30-39 years
- 40-49 years
- 50-59 years
- 60 years or older

Please select your gender:

- Male
- Female
- Non-binary / third gender

Please indicate your race/ethnicity:

- Black or African-American
- American Indian or Alaska Native
- Asian
- Hispanic or Latino/a
- White (Non-Hispanic)
- Other (please specify) _____

Please select your current employment status:

- Employed
- Unemployed
- Retired or unable to work
- Student

Please select your current highest level of education:

- Did not complete high school
- High school graduate or equivalent
- Some college
- Bachelor's degree
- Advanced degree

Are you located within the US or another country?

- United States
- Another country

Display this question:
If Are you located within the US or another country? = Another country

Please select your country of residence:

▼ Afghanistan ... Zimbabwe