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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**

Document Version Date: 30-May-13

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**Question ID:** ALT.001\_00.000 **Instrument Variable Name:** PROV1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

A personal health care provider is a health professional who knows you well and is familiar with your health history. This can be a general doctor, a specialist doctor, a nurse practitioner, a physician's assistant, or another type of provider. Do you have one or more persons you think of as your personal health care provider?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have a usual place for healthcare

**SkipInstructions:** <1> [goto PROVTyp]  
<2,R,D> [goto PROVUSPL]

---

**Question ID:** ALT.002\_00.000 **Instrument Variable Name:** PROVTyp **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

What type of provider(s) is it?

\*Read categories if necessary.

\*Enter all that apply, separate with commas.

- 1 Medical doctor (M.D., D.O.) including specialists
- 2 Nurse, Nurse Practitioner, or Physician Assistant
- 3 Chiropractor, Acupuncturist, or Naturopath
- 4 Other
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have a personal health care provider

**SkipInstructions:** <1-4,R,D> [goto PROVUSPL]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Document Version Date: 30-May-13**

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**Question ID:** ALT.003\_00.000 **Instrument Variable Name:** PROVUSPL **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Earlier you said you have a place where you usually go when you are sick. What type of provider(s) do you see there?

\*Read categories if necessary.

\*Enter all that apply, separate with commas.

- 1 Medical doctor (M.D., D.O.) including specialists
- 2 Nurse, Nurse Practitioner, or Physician Assistant
- 3 Chiropractor, Acupuncturist, or Naturopath
- 4 Other
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have a usual place for healthcare

**SkipInstructions:** <1-4,R,D>  
if AHCPLKND=1-5 [goto PROVVRTN];  
else if If AHCPLKND =R,D,6,'' [goto COM\_USE]

---

**Question ID:** ALT.004\_00.000 **Instrument Variable Name:** PROVVRTN **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Earlier you said you have a place where you usually go when you need routine care. What type of provider(s) do you see there?

\*Read categories if necessary.

\*Enter all that apply, separate with commas.

- 1 Medical doctor (M.D., D.O.) including specialists
- 2 Nurse, Nurse Practitioner, or Physician Assistant
- 3 Chiropractor, Acupuncturist, or Naturopath
- 4 Other
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have a routine place for healthcare that is different from a usual source for sick care

**SkipInstructions:** <1-4,R,D> [goto COM\_USE]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

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**Question ID:** ALT.010\_00.000 **Instrument Variable Name:** COM\_USE **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Now I am going to ask you about some health services you may have used.

Have you EVER used any of these therapies for your health?

Chiropractic (kye-row-PRAK-tik) or Osteopathic Manipulation?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto COM\_EVER]  
<2,R,D>[goto MAS\_USE]

---

**Question ID:** ALT.011\_00.000 **Instrument Variable Name:** COM\_EVER **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Have you EVER seen a provider or practitioner for chiropractic (kye-row-PRAK-tik) or osteopathic manipulation for yourself?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used chiropractic (kye-row-PRAK-tik) or osteopathic manipulation

**SkipInstructions:** <1> [goto COM\_USEM]  
<2,R,D>[goto COM\_USM]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.012\_00.000 **Instrument Variable Name:** COM\_USEM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you see a practitioner for chiropractic or osteopathic manipulation?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever seen a practitioner for chiropractic or osteopathic manipulation

**SkipInstructions:** <1> [goto COM\_TYPE]  
<2,R,D> [goto COM\_USM]

---

**Question ID:** ALT.013\_00.000 **Instrument Variable Name:** COM\_USM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you use chiropractic or osteopathic manipulation?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used chiropractic/osteopathic manipulation but have never seen a practitioner or have not seen one in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto MAS\_USE]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.014\_00.000 **Instrument Variable Name:** COM\_TYPE **QuestionnaireFileName:** Adult CAM

**QuestionText:** Which did you see, a chiropractor or an osteopathic physician?

- 1 Chiropractor
- 2 Osteopathic physician
- 3 Both
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for chiropractic or osteopathic manipulation in the past 12 months

**SkipInstructions:** <1> if PROVTYPE=3 [goto COM\_PHCP];  
else [goto COM\_PTIM]  
<2,R,D> [goto COM\_PTIM]  
<3> [goto COM\_PMST]

---

**Question ID:** ALT.015\_00.000 **Instrument Variable Name:** COM\_PMST **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, which practitioner did you see the most?

- 1 Chiropractor
- 2 Osteopathic physician
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen both a chiropractor and osteopathic physician in the past 12 months

**SkipInstructions:** <1> if PROVTYPE=3 [goto COM\_PHCP];  
else [goto COM\_PTIM]  
<2,R,D> [goto COM\_PTIM]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.016\_00.000 **Instrument Variable Name:** COM\_PHCP **QuestionnaireFileName:** Adult CAM

**QuestionText:** Was this the personal health care provider you mentioned earlier?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who see a chiropractor for their personal health care provider and who have seen a chiropractor in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto COM\_PTIM]

---

**Question ID:** ALT.017\_00.000 **Instrument Variable Name:** COM\_PTIM **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the exact number of times you saw a practitioner for [fill1: chiropractic/osteopathic] manipulation in the past 12 months?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for chiropractic or osteopathic manipulation in the past 12 months

**SkipInstructions:** <1> [goto COM\_TMNO]  
<2,R,D> [goto COM\_TMCT]

---

**Question ID:** ALT.018\_00.000 **Instrument Variable Name:** COM\_TMNO **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, how many times did you see a practitioner for [fill1: chiropractic/osteopathic] manipulation?

\*Enter '52' for 52 or more times.

- 01-52 1-52
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who know the number of times they have seen a practitioner for chiropractic or osteopathic manipulation in the past 12 months

**SkipInstructions:** <1-52,R,D> [goto COM\_HIC]

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**2012 NHIS Questionnaire - Adult CAM**

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**Question ID:** ALT.019\_00.000 **Instrument Variable Name:** COM\_TMCT **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, ABOUT how many times did you see a practitioner for [fill1: chiropractic/osteopathic] manipulation? Would you say...

\*Read categories below.

- 01 Only 1 time
- 02 2-5 times
- 03 6-10 times
- 04 11-15 times
- 05 16-20 times
- 06 21-25 times
- 07 More than 25 times
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who don't know the specific number of times they have seen a practitioner for chiropractic or osteopathic manipulation in the past 12 months or refuse the specific number of times

**SkipInstructions:** <1-7,R,D> [goto COM\_HIC]

---

**Question ID:** ALT.021\_00.000 **Instrument Variable Name:** COM\_HIC **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, were any of the costs of seeing a practitioner for [fill1: chiropractic/osteopathic] manipulation covered by health insurance?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for chiropractic or osteopathic manipulation in the past 12 months

**SkipInstructions:** <1> [goto COM\_HICA]  
<2,R,D> [goto COM\_HIT]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
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**Question ID:** ALT.022\_00.000 **Instrument Variable Name:** COM\_HICA **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did your health insurance cover all of the cost or just some of the cost of seeing a practitioner for [fill1: chiropractic/osteopathic] manipulation?

- 1 All of the cost
- 2 Some of the cost
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ whose visit(s) to a practitioner for chiropractic or osteopathic manipulation in the past 12 months were (at least partly) covered by health insurance

**SkipInstructions:** <1> [goto COM\_MAT]  
<2,R,D> [goto COM\_HIT]

---

**Question ID:** ALT.023\_00.000 **Instrument Variable Name:** COM\_HIT **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the total amount you paid for seeing a practitioner for [fill1: chiropractic/osteopathic] manipulation in the past 12 months [fill2: not including the amount covered by insurance]?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ whose health insurance covered none or some of the cost for chiropractic or osteopathic manipulation in the past 12 months

**SkipInstructions:** <1> [goto COM\_HITS]  
<2,R,D> [goto COM\_AVGC]

---

**Question ID:** ALT.024\_00.000 **Instrument Variable Name:** COM\_HITS **QuestionnaireFileName:** Adult CAM

**QuestionText:** What is the total amount you paid for seeing a practitioner for [fill1: chiropractic/osteopathic] manipulation in the past 12 months [fill2: not including the amount covered by insurance]?

\*Enter '0' for no cost or free.

- 00000-26000 \$0-26000
- 99997 Refused
- 99999 Don't know

**UniverseText:** Sample adults 18+ who know the amount they paid for chiropractic or osteopathic manipulation in the past 12 months

**SkipInstructions:** <0-26000,R,D> [goto COM\_MAT]

**Soft Edit:** Verify if over \$1000

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**

Document Version Date: 30-May-13

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**Question ID:** ALT.025\_00.010 **Instrument Variable Name:** COM\_AVGC **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the average amount you paid for each visit for [fill1: chiropractic/osteopathic] manipulation {fill2: not including the amount covered by insurance} in the past 12 months?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who don't know the total amount they paid for chiropractic or osteopathic manipulation in the past 12 months

**SkipInstructions:** <1> [goto COM\_AVGS]  
<2,R,D> [goto COM\_MAT]

---

**Question ID:** ALT.026\_00.000 **Instrument Variable Name:** COM\_AVGS **QuestionnaireFileName:** Adult CAM

**QuestionText:** On average, how much did you pay out-of-pocket for each visit to a practitioner for [fill1: chiropractic/osteopathic] manipulation?

Enter '0' if no cost or free

- 000-500 \$0-500
- 997 Refused
- 999 Don't know

**UniverseText:** Sample adults 18+ who know the average per visit they paid for chiropractic or osteopathic manipulation in the past 12 months

**SkipInstructions:** <0-500,R,D> [goto COM\_MAT]

---

**Question ID:** ALT.027\_00.000 **Instrument Variable Name:** COM\_MAT **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you buy a self-help book or other materials such as a DVD, CD, or Video to learn about [fill1: chiropractic/osteopathic] manipulation?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for chiropractic or osteopathic manipulation in the past 12 months

**SkipInstructions:** <1> [goto COM\_MATC]  
<2,R,D> [goto MAS\_USE]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

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**Question ID:** ALT.028\_00.000 **Instrument Variable Name:** COM\_MATC **QuestionnaireFileName:** Adult CAM

**QuestionText:** About how much did you pay for these materials in the past 12 months?

\*Enter '200' for \$200 or more.

**000-200** \$0-200  
**997** Refused  
**999** Don't know

**UniverseText:** Sample adults 18+ who have bought self-help materials for chiropractic or osteopathic manipulation in the past 12 months

**SkipInstructions:** <0-200,R,D> [goto MAS\_USE]

---

**Question ID:** ALT.037\_00.000 **Instrument Variable Name:** MAS\_USE **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Have you EVER used any of these therapies for your health?

Massage?

**1** Yes  
**2** No  
**7** Refused  
**9** Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto MAS\_EVER]  
<2,R,D>[goto ACU\_USE]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

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**Question ID:** ALT.038\_00.000 **Instrument Variable Name:** MAS\_EVER **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Have you EVER seen a provider or practitioner for massage for yourself?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used massage

**SkipInstructions:** <1> [goto MAS\_USEM]  
<2,R,D> [goto MAS\_USM]

---

**Question ID:** ALT.039\_00.000 **Instrument Variable Name:** MAS\_USEM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you see a practitioner for massage?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever seen a practitioner for massage

**SkipInstructions:** <1>[goto MAS\_PTIM]  
<2,R,D> [goto MAS\_USM]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

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**Question ID:** ALT.040\_00.000 **Instrument Variable Name:** MAS\_USM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you use massage?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used massage but have never seen a practitioner or have not seen one in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto ACU\_USE]

---

**Question ID:** ALT.041\_00.000 **Instrument Variable Name:** MAS\_PTIM **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the exact number of times you saw a practitioner for massage in the past 12 months?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for massage in the past 12 months

**SkipInstructions:** <1> [goto MAS\_TMNO]  
<2,R,D> [goto MAS\_TMCT]

---

**Question ID:** ALT.042\_00.000 **Instrument Variable Name:** MAS\_TMNO **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, how many times did you see a practitioner for massage?

\*Enter '52' for 52 or more times.

- 01-52 1-52
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who know the number of times they have seen a practitioner for massage in the past 12 months

**SkipInstructions:** <1-52,R,D> [goto MAS\_HIC]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

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**Question ID:** ALT.043\_00.000 **Instrument Variable Name:** MAS\_TMCT **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, ABOUT how many times did you see a practitioner for massage? Would you say...

\*Read categories below.

- 01 Only 1 time
- 02 2-5 times
- 03 6-10 times
- 04 11-15 times
- 05 16-20 times
- 06 21-25 times
- 07 More than 25 times
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who don't know the specific number of times they have seen a practitioner for massage in the past 12 months or refuse the specific number of times

**SkipInstructions:** <1-7,R,D> [goto MAS\_HIC]

---

**Question ID:** ALT.044\_00.000 **Instrument Variable Name:** MAS\_HIC **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, were any of the costs of seeing a practitioner for massage covered by health insurance?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for massage in the past 12 months

**SkipInstructions:** <1> [goto MAS\_HICA]  
<2,R,D> [goto MAS\_HIT]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
Document Version Date: 30-May-13

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**Question ID:** ALT.045\_00.000 **Instrument Variable Name:** MAS\_HICA **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did your health insurance cover all of the cost or just some of the cost of seeing a practitioner for massage?

- 1 All of the cost
- 2 Some of the cost
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ whose visit(s) to a practitioner for massage in the past 12 months were (at least partly) covered by health insurance

**SkipInstructions:** <1> [goto MAS\_MAT]  
<2,R,D> [goto MAS\_HIT]

---

**Question ID:** ALT.046\_00.000 **Instrument Variable Name:** MAS\_HIT **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the total amount you paid for seeing a practitioner for massage in the past 12 months [fill1: not including the amount covered by insurance]?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ whose health insurance covered none or some of the cost for massage in the past 12 months

**SkipInstructions:** <1> [goto MAS\_HITS]  
<2,R,D> [goto MAS\_AVGC]

---

**Question ID:** ALT.047\_00.000 **Instrument Variable Name:** MAS\_HITS **QuestionnaireFileName:** Adult CAM

**QuestionText:** What is the total amount you paid for seeing a practitioner for massage in the past 12 months [fill1: not including the amount covered by insurance]?

\*Enter '0' for no cost or free.

- 0000-26000 \$0-26000
- 99997 Refused
- 99999 Don't know

**UniverseText:** Sample adults 18+ who know the amount they paid for massage in the past 12 months

**SkipInstructions:** <0-26000,R,D> [goto MAS\_MAT]

**Soft Edit:** Verify if over \$1000

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**2012 NHIS Questionnaire - Adult CAM**  
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Document Version Date: 30-May-13

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**Question ID:** ALT.048\_00.000 **Instrument Variable Name:** MAS\_AVGC **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the average amount you paid for each visit for massage {fill1: not including the amount covered by insurance} in the past 12 months?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who don't know the total amount they paid for massage in the past 12 months

**SkipInstructions:** <1> [goto MAS\_AVGS]  
<2,R,D> [goto MAS\_MAT]

---

**Question ID:** ALT.049\_00.000 **Instrument Variable Name:** MAS\_AVGS **QuestionnaireFileName:** Adult CAM

**QuestionText:** On average, how much did you pay out-of-pocket for each visit to a practitioner for massage?

Enter '0' if no cost or free

- 000-500 \$0-500
- 997 Refused
- 999 Don't know

**UniverseText:** Sample adults 18+ who know the average per visit they paid for massage in the past 12 months

**SkipInstructions:** <0-500,R,D> [goto MAS\_MAT]

---

**Question ID:** ALT.050\_00.000 **Instrument Variable Name:** MAS\_MAT **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you buy a self-help book or other materials such as a DVD, CD, or Video to learn about massage?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for massage in the past 12 months

**SkipInstructions:** <1> [goto MAS\_MATC]  
<2,R,D> [goto ACU\_USE]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.051\_00.000 **Instrument Variable Name:** MAS\_MATC **QuestionnaireFileName:** Adult CAM

**QuestionText:** About how much did you pay for these materials in the past 12 months?

\*Enter '200' for \$200 or more.

**000-200** \$0-200  
**997** Refused  
**999** Don't know

**UniverseText:** Sample adults 18+ who have bought self-help materials for massage in the past 12 months

**SkipInstructions:** <0-200,R,D> [goto ACU\_USE]

---

**Question ID:** ALT.061\_00.000 **Instrument Variable Name:** ACU\_USE **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Have you EVER used any of these therapies for your health?

Acupuncture (AK-you-punk-chur)?

**1** Yes  
**2** No  
**7** Refused  
**9** Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto ACU\_EVER]  
<2,R,D>[goto EHT\_USE]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.062\_00.000 **Instrument Variable Name:** ACU\_EVER **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Have you EVER seen a provider or practitioner for acupuncture for yourself?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used acupuncture

**SkipInstructions:** <1> [goto ACU\_USEM]  
<2,R,D> [goto ACU\_USM]

---

**Question ID:** ALT.063\_00.000 **Instrument Variable Name:** ACU\_USEM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you see a practitioner for acupuncture?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever seen a practitioner for acupuncture

**SkipInstructions:** <1> [goto ACU\_PTIM]  
<2,R,D> [goto ACU\_USM]

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**Question ID:** ALT.064\_00.000 **Instrument Variable Name:** ACU\_USM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you use acupuncture?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used acupuncture but have never seen a practitioner or have not seen one in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto EHT\_USE]

---

**Question ID:** ALT.065\_00.000 **Instrument Variable Name:** ACU\_PTIM **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the exact number of times you saw a practitioner for acupuncture in the past 12 months?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for acupuncture in the past 12 months

**SkipInstructions:** <1> [goto ACU\_TMNO]  
<2,R,D> [goto ACU\_TMCT]

---

**Question ID:** ALT.066\_00.000 **Instrument Variable Name:** ACU\_TMNO **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, how many times did you see a practitioner for acupuncture?

\*Enter '52' for 52 or more times.

- 01-52 1-52
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who know the number of times they have seen a practitioner for acupuncture in the past 12 months

**SkipInstructions:** <1-52,R,D> [goto ACU\_HIC]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.067\_00.000 **Instrument Variable Name:** ACU\_TMCT **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, ABOUT how many times did you see a practitioner for acupuncture? Would you say...

\*Read categories below.

- 01 Only 1 time
- 02 2-5 times
- 03 6-10 times
- 04 11-15 times
- 05 16-20 times
- 06 21-25 times
- 07 More than 25 times
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who don't know the specific number of times they have seen a practitioner for acupuncture in the past 12 months or refuse the specific number of times

**SkipInstructions:** <1-7,R,D> [goto ACU\_HIC]

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**Question ID:** ALT.068\_00.000 **Instrument Variable Name:** ACU\_HIC **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, were any of the costs of seeing a practitioner for acupuncture covered by health insurance?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for acupuncture in the past 12 months

**SkipInstructions:** <1> [goto ACU\_HICA]  
<2,R,D> [goto ACU\_HIT]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
Document Version Date: 30-May-13

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**Question ID:** ALT.069\_00.000 **Instrument Variable Name:** ACU\_HICA **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did your health insurance cover all of the cost or just some of the cost of seeing a practitioner for acupuncture?

- 1 All of the cost
- 2 Some of the cost
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ whose visit(s) to a practitioner for acupuncture in the past 12 months were (at least partly) covered by health insurance

**SkipInstructions:** <1> [goto ACU\_MAT]  
<2,R,D> [goto ACU\_HIT]

---

**Question ID:** ALT.070\_00.000 **Instrument Variable Name:** ACU\_HIT **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the total amount you paid for seeing a practitioner for acupuncture in the past 12 months [fill1: not including the amount covered by insurance]?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ whose health insurance covered none or some of the cost for acupuncture in the past 12 months

**SkipInstructions:** <1> [goto ACU\_HITS]  
<2,R,D> [goto ACU\_AVGC]

---

**Question ID:** ALT.071\_00.000 **Instrument Variable Name:** ACU\_HITS **QuestionnaireFileName:** Adult CAM

**QuestionText:** What is the total amount you paid for seeing a practitioner for acupuncture in the past 12 months [fill1: not including the amount covered by insurance]?

\*Enter '0' for no cost or free.

- 0000-26000 \$0-26000
- 99997 Refused
- 99999 Don't know

**UniverseText:** Sample adults 18+ who know the amount they paid for acupuncture in the past 12 months

**SkipInstructions:** <0-26000,R,D> [goto ACU\_MAT]

**Soft Edit:** Verify if over \$1000

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**

Document Version Date: 30-May-13

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**Question ID:** ALT.072\_00.000 **Instrument Variable Name:** ACU\_AVGC **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the average amount you paid for each visit for acupuncture {fill1: not including the amount covered by insurance} in the past 12 months?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who don't know the total amount they paid for acupuncture in the past 12 months

**SkipInstructions:** <1> [goto ACU\_AVGS]  
<2,R,D> [goto ACU\_MAT]

---

**Question ID:** ALT.073\_00.000 **Instrument Variable Name:** ACU\_AVGS **QuestionnaireFileName:** Adult CAM

**QuestionText:** On average, how much did you pay out-of-pocket for each visit to a practitioner for acupuncture?

Enter '0' if no cost or free

- 000-500 \$0-500
- 997 Refused
- 999 Don't know

**UniverseText:** Sample adults 18+ who know the average per visit they paid for acupuncture in the past 12 months

**SkipInstructions:** <0-500,R,D> [goto ACU\_MAT]

---

**Question ID:** ALT.074\_00.000 **Instrument Variable Name:** ACU\_MAT **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you buy a self-help book or other materials such as a DVD, CD, or Video to learn about acupuncture?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for acupuncture in the past 12 months

**SkipInstructions:** <1> [goto ACU\_MATC]  
<2,R,D> [goto EHT\_USE]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

---

**Question ID:** ALT.075\_00.000 **Instrument Variable Name:** ACU\_MATC **QuestionnaireFileName:** Adult CAM

**QuestionText:** About how much did you pay for these materials in the past 12 months?

\*Enter '200' for \$200 or more.

**000-200** \$0-200  
**997** Refused  
**999** Don't know

**UniverseText:** Sample adults 18+ who have bought self-help materials for acupuncture in the past 12 months

**SkipInstructions:** <0-200,R,D> [goto EHT\_USE]

---

**Question ID:** ALT.085\_00.000 **Instrument Variable Name:** EHT\_USE **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Have you EVER used any of these therapies for your health?

Energy Healing Therapy?

**1** Yes  
**2** No  
**7** Refused  
**9** Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto EHT\_EVER]  
<2,R,D>[goto NAT\_USE]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
Document Version Date: 30-May-13

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**Question ID:** ALT.086\_00.000 **Instrument Variable Name:** EHT\_EVER **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Have you EVER seen a provider or practitioner for energy healing therapy for yourself?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used energy healing therapy

**SkipInstructions:** <1> [goto EHT\_USEM]  
<2,R,D> [goto EHT\_USM]

---

**Question ID:** ALT.087\_00.000 **Instrument Variable Name:** EHT\_USEM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you see a practitioner for energy healing therapy?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever seen a practitioner for energy healing therapy

**SkipInstructions:** <1> [goto EHT\_PTIM]  
<2,R,D> [goto EHT\_USM]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

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**Question ID:** ALT.088\_00.000 **Instrument Variable Name:** EHT\_USM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you use energy healing therapy?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used energy healing therapy but have never seen a practitioner or have not seen one in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto NAT\_USE]

---

**Question ID:** ALT.089\_00.000 **Instrument Variable Name:** EHT\_PTIM **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the exact number of times you saw a practitioner for energy healing therapy in the past 12 months?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for energy healing therapy in the past 12 months

**SkipInstructions:** <1> [goto EHT\_TMNO]  
<2,R,D> [goto EHT\_TMCT]

---

**Question ID:** ALT.090\_00.000 **Instrument Variable Name:** EHT\_TMNO **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, how many times did you see a practitioner for energy healing therapy?

\*Enter '52' for 52 or more times.

- 01-52 1-52
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who know the number of times they have seen a practitioner for energy healing therapy in the past 12 months

**SkipInstructions:** <1-52,R,D> [goto EHT\_HIC]

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**2012 NHIS Questionnaire - Adult CAM**

**Adult Alternative Health/Complementary And Alternative Medicine**

**Document Version Date: 30-May-13**

---

**Question ID:** ALT.091\_00.000 **Instrument Variable Name:** EHT\_TMCT **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, ABOUT how many times did you see a practitioner for energy healing therapy?  
Would you say...

\*Read categories below.

- 01 Only 1 time
- 02 2-5 times
- 03 6-10 times
- 04 11-15 times
- 05 16-20 times
- 06 21-25 times
- 07 More than 25 times
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who don't know the specific number of times they have seen a practitioner for energy healing therapy in the past 12 months or refuse the specific number of times

**SkipInstructions:** <1-7,R,D> [goto EHT\_HIC]

---

**Question ID:** ALT.092\_00.000 **Instrument Variable Name:** EHT\_HIC **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, were any of the costs of seeing a practitioner for energy healing therapy covered by health insurance?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for energy healing therapy in the past 12 months

**SkipInstructions:** <1> [goto EHT\_HICA]  
<2,R,D> [goto EHT\_HIT]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**

Document Version Date: 30-May-13

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**Question ID:** ALT.093\_00.000 **Instrument Variable Name:** EHT\_HICA **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did your health insurance cover all of the cost or just some of the cost of seeing a practitioner for energy healing therapy?

- 1 All of the cost
- 2 Some of the cost
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ whose visit(s) to a practitioner for energy healing therapy in the past 12 months were (at least partly) covered by health insurance

**SkipInstructions:** <1> [goto EHT\_MAT]  
<2,R,D> [goto EHT\_HIT]

---

**Question ID:** ALT.094\_00.000 **Instrument Variable Name:** EHT\_HIT **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the total amount you paid for seeing a practitioner for energy healing therapy in the past 12 months [fill1: not including the amount covered by insurance]?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ whose health insurance covered none or some of the cost for energy healing therapy in the past 12 months

**SkipInstructions:** <1> [goto EHT\_HITS]  
<2,R,D> [goto EHT\_AVGC]

---

**Question ID:** ALT.095\_00.000 **Instrument Variable Name:** EHT\_HITS **QuestionnaireFileName:** Adult CAM

**QuestionText:** What is the total amount you paid for seeing a practitioner for energy healing therapy in the past 12 months [fill1: not including the amount covered by insurance]?

\*Enter '0' for no cost or free.

- 00000-26000 \$0-26000
- 99997 Refused
- 99999 Don't know

**UniverseText:** Sample adults 18+ who know the amount they paid for energy healing therapy in the past 12 months

**SkipInstructions:** <0-26000,R,D> [goto EHT\_MAT]

**Soft Edit:** Verify if over \$1000

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**

Document Version Date: 30-May-13

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**Question ID:** ALT.096\_00.000 **Instrument Variable Name:** EHT\_AVGC **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the average amount you paid for each visit for energy healing therapy {fill1: not including the amount covered by insurance} in the past 12 months?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who don't know the total amount they paid for energy healing therapy in the past 12 months

**SkipInstructions:** <1> [goto EHT\_AVGS]  
<2,R,D> [goto EHT\_MAT]

---

**Question ID:** ALT.097\_00.000 **Instrument Variable Name:** EHT\_AVGS **QuestionnaireFileName:** Adult CAM

**QuestionText:** On average, how much did you pay out-of-pocket for each visit to a practitioner for energy healing therapy?

Enter '0' if no cost or free

- 000-500 \$0-500
- 997 Refused
- 999 Don't know

**UniverseText:** Sample adults 18+ who know the average per visit they paid for energy healing therapy in the past 12 months

**SkipInstructions:** <0-500,R,D> [goto EHT\_MAT]

---

**Question ID:** ALT.098\_00.000 **Instrument Variable Name:** EHT\_MAT **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you buy a self-help book or other materials such as a DVD, CD, or Video to learn about energy healing therapy?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for energy healing therapy in the past 12 months

**SkipInstructions:** <1> [goto EHT\_MATC]  
<2,R,D> [goto NAT\_USE]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

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**Question ID:** ALT.099\_00.000 **Instrument Variable Name:** EHT\_MATC **QuestionnaireFileName:** Adult CAM

**QuestionText:** About how much did you pay for these materials in the past 12 months?

\*Enter '200' for \$200 or more.

<b>000-200</b>	\$0-200
<b>997</b>	Refused
<b>999</b>	Don't know

**UniverseText:** Sample adults 18+ who have bought self-help materials for energy healing therapy in the past 12 months

**SkipInstructions:** <0-200,R,D> [goto NAT\_USE]

---

**Question ID:** ALT.109\_00.000 **Instrument Variable Name:** NAT\_USE **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Have you EVER used any of these therapies for your health?

Naturopathy (nay-chur-AH-puh-thee)?

<b>1</b>	Yes
<b>2</b>	No
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto NAT\_EVER]  
<2,R,D>[goto HYP\_USE]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

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**Question ID:** ALT.110\_00.000 **Instrument Variable Name:** NAT\_EVER **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Have you EVER seen a provider or practitioner for naturopathy for yourself?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used naturopathy

**SkipInstructions:** <1> [goto NAT\_USEM]  
<2,R,D> [goto NAT\_USM]

---

**Question ID:** ALT.111\_00.000 **Instrument Variable Name:** NAT\_USEM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you see a practitioner for naturopathy?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever seen a practitioner for naturopathy

**SkipInstructions:** <1> [goto NAT\_PTIM]  
<2,R,D> [goto NAT\_USM]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

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**Question ID:** ALT.112\_00.000 **Instrument Variable Name:** NAT\_USM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you use naturopathy?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used naturopathy but have never seen a practitioner or have not seen one in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto HYP\_USE]

---

**Question ID:** ALT.113\_00.000 **Instrument Variable Name:** NAT\_PTIM **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the exact number of times you saw a practitioner for naturopathy in the past 12 months?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for naturopathy in the past 12 months

**SkipInstructions:** <1> [goto NAT\_TMNO]  
<2,R,D> [goto NAT\_TMCT]

---

**Question ID:** ALT.114\_00.000 **Instrument Variable Name:** NAT\_TMNO **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, how many times did you see a practitioner for naturopathy?

\*Enter '52' for 52 or more times.

- 01-52 1-52
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who know the number of times they have seen a practitioner for naturopathy in the past 12 months

**SkipInstructions:** <1-52,R,D> [goto NAT\_HIC]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

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**Question ID:** ALT.115\_00.000 **Instrument Variable Name:** NAT\_TMCT **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, ABOUT how many times did you see a practitioner for naturopathy? Would you say...

\*Read categories below.

- 01 Only 1 time
- 02 2-5 times
- 03 6-10 times
- 04 11-15 times
- 05 16-20 times
- 06 21-25 times
- 07 More than 25 times
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who don't know the specific number of times they have seen a practitioner for naturopathy in the past 12 months or refuse the specific number of times

**SkipInstructions:** <1-7,R,D> [goto NAT\_HIC]

---

**Question ID:** ALT.116\_00.000 **Instrument Variable Name:** NAT\_HIC **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, were any of the costs of seeing a practitioner for naturopathy covered by health insurance?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for naturopathy in the past 12 months

**SkipInstructions:** <1> [goto NAT\_HICA]  
<2,R,D> [goto NAT\_HIT]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

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**Question ID:** ALT.117\_00.000 **Instrument Variable Name:** NAT\_HICA **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did your health insurance cover all of the cost or just some of the cost of seeing a practitioner for naturopathy?

- 1 All of the cost
- 2 Some of the cost
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ whose visit(s) to a practitioner for naturopathy in the past 12 months were (at least partly) covered by health insurance

**SkipInstructions:** <1> [goto NAT\_MAT]  
<2,R,D> [goto NAT\_HIT]

---

**Question ID:** ALT.118\_00.000 **Instrument Variable Name:** NAT\_HIT **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the total amount you paid for seeing a practitioner for naturopathy in the past 12 months [fill1: not including the amount covered by insurance]?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ whose health insurance covered none or some of the cost for naturopathy in the past 12 months

**SkipInstructions:** <1> [goto NAT\_HITS]  
<2,R,D> [goto NAT\_AVGC]

---

**Question ID:** ALT.119\_00.000 **Instrument Variable Name:** NAT\_HITS **QuestionnaireFileName:** Adult CAM

**QuestionText:** What is the total amount you paid for seeing a practitioner for naturopathy in the past 12 months?

\*Enter '0' for no cost or free.

- 00000-26000 \$0-26000
- 99997 Refused
- 99999 Don't know

**UniverseText:** Sample adults 18+ who know the amount they paid for naturopathy in the past 12 months

**SkipInstructions:** <0-26000,R,D> [goto NAT\_MAT]

**Soft Edit:** Verify if over \$1000

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**

Document Version Date: 30-May-13

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**Question ID:** ALT.120\_00.000 **Instrument Variable Name:** NAT\_AVGC **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the average amount you paid for each visit for naturopathy {fill1: not including the amount covered by insurance} in the past 12 months?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who don't know the total amount they paid for naturopathy in the past 12 months

**SkipInstructions:** <1> [goto NAT\_AVGS]  
<2,R,D> [goto NAT\_MAT]

---

**Question ID:** ALT.121\_00.000 **Instrument Variable Name:** NAT\_AVGS **QuestionnaireFileName:** Adult CAM

**QuestionText:** On average, how much did you pay out-of-pocket for each visit to a practitioner for naturopathy?

Enter '0' if no cost or free

- 000-500 \$0-500
- 997 Refused
- 999 Don't know

**UniverseText:** Sample adults 18+ who know the average per visit they paid for naturopathy in the past 12 months

**SkipInstructions:** <0-500,R,D> [goto NAT\_MAT]

---

**Question ID:** ALT.122\_00.000 **Instrument Variable Name:** NAT\_MAT **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you buy a self-help book or other materials such as a DVD, CD, or Video to learn about naturopathy?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for naturopathy in the past 12 months

**SkipInstructions:** <1> [goto NAT\_MATC]  
<2,R,D> [goto HYP\_USE]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

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**Question ID:** ALT.123\_00.000 **Instrument Variable Name:** NAT\_MATC **QuestionnaireFileName:** Adult CAM

**QuestionText:** About how much did you pay for these materials in the past 12 months?

\*Enter '200' for \$200 or more.

**000-200** \$0-200  
**997** Refused  
**999** Don't know

**UniverseText:** Sample adults 18+ who have bought self-help materials for naturopathy in the past 12 months

**SkipInstructions:** <0-200,R,D> [goto HYP\_USE]

---

**Question ID:** ALT.133\_00.000 **Instrument Variable Name:** HYP\_USE **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Have you EVER used any of these therapies for your health?

Hypnosis?

**1** Yes  
**2** No  
**7** Refused  
**9** Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto HYP\_EVER]  
<2,R,D>[goto BIO\_USE]

---

**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

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**Question ID:** ALT.134\_00.000 **Instrument Variable Name:** HYP\_EVER **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Have you EVER seen a provider or practitioner for hypnosis for yourself?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used hypnosis

**SkipInstructions:** <1> [goto HYP\_USEM]  
<2,R,D> [goto HYP\_USM]

---

**Question ID:** ALT.135\_00.000 **Instrument Variable Name:** HYP\_USEM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you see a practitioner for hypnosis?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever seen a practitioner for hypnosis

**SkipInstructions:** <1> [goto HYP\_BRTH]  
<2,R,D> [goto HYP\_USM]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

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**Question ID:** ALT.136\_00.000 **Instrument Variable Name:** HYP\_BRTH **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

Did you do breathing exercises as part of hypnosis? Breathing exercises may involve actively controlling the way air is drawn in, or the rate or depth of breathing.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for hypnosis in the past 12 months

**SkipInstructions:** <1,2,R,D>[goto HYP\_PTIM]

---

**Question ID:** ALT.137\_00.000 **Instrument Variable Name:** HYP\_USM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you use hypnosis?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for hypnosis in the past 12 months or who have used hypnosis in the past 12 months

**SkipInstructions:** <1> [goto HYP\_MAT]  
<2,R,D> [goto BIO\_USE]

---

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

---

**Question ID:** ALT.138\_00.000 **Instrument Variable Name:** HYP\_PTIM **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the exact number of times you saw a practitioner for hypnosis in the past 12 months?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for hypnosis in the past 12 months

**SkipInstructions:** <1> [goto HYP\_TMNO]  
<2,R,D> [goto HYP\_TMCT]

---

**Question ID:** ALT.139\_00.000 **Instrument Variable Name:** HYP\_TMNO **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, how many times did you see a practitioner for hypnosis?

\*Enter '52' for 52 or more times.

- 01-52 1-52
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who know the number of times they have seen a practitioner for hypnosis in the past 12 months

**SkipInstructions:** <1-52,R,D> [goto HYP\_HIC]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

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**Question ID:** ALT.140\_00.000 **Instrument Variable Name:** HYP\_TMCT **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, ABOUT how many times did you see a practitioner for hypnosis? Would you say...

\*Read categories below.

- 01 Only 1 time
- 02 2-5 times
- 03 6-10 times
- 04 11-15 times
- 05 16-20 times
- 06 21-25 times
- 07 More than 25 times
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who don't know the specific number of times they have seen a practitioner for hypnosis in the past 12 months or refuse the specific number of times

**SkipInstructions:** <1-7,R,D> [goto HYP\_HIC]

---

**Question ID:** ALT.141\_00.000 **Instrument Variable Name:** HYP\_HIC **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, were any of the costs of seeing a practitioner for hypnosis covered by health insurance?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for hypnosis in the past 12 months

**SkipInstructions:** <1> [goto HYP\_HICA]  
<2,R,D> [goto HYP\_HIT]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

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**Question ID:** ALT.142\_00.000 **Instrument Variable Name:** HYP\_HICA **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did your health insurance cover all of the cost or just some of the cost of seeing a practitioner for hypnosis?

- 1 All of the cost
- 2 Some of the cost
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ whose visit(s) to a practitioner for hypnosis in the past 12 months were (at least partly) covered by health insurance

**SkipInstructions:** <1> [goto HYP\_MAT] <2,R,D> [goto HYP\_HIT]

---

**Question ID:** ALT.143\_00.000 **Instrument Variable Name:** HYP\_HIT **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the total amount you paid for seeing a practitioner for hypnosis in the past 12 months [fill1: not including the amount covered by insurance]?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ whose health insurance covered none or some of the cost for hypnosis in the past 12 months

**SkipInstructions:** <1> [goto HYP\_HITS]  
<2,R,D> [goto HYP\_AVGC]

---

**Question ID:** ALT.144\_00.000 **Instrument Variable Name:** HYP\_HITS **QuestionnaireFileName:** Adult CAM

**QuestionText:** What is the total amount you paid for seeing a practitioner for hypnosis in the past 12 months [fill1: not including the amount covered by insurance]?

\*Enter '0' for no cost or free.

- 00000-26000 \$0-26000
- 99997 Refused
- 99999 Don't know

**UniverseText:** Sample adults 18+ who know the amount they paid for hypnosis in the past 12 months

**SkipInstructions:** <0-26000,R,D> [goto HYP\_MAT]

**Soft Edit:** Verify if over \$1000

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**2012 NHIS Questionnaire - Adult CAM****Adult Alternative Health/Complementary And Alternative Medicine**Document Version Date: 30-May-13

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**Question ID:** ALT.145\_00.000 **Instrument Variable Name:** HYP\_AVGC **QuestionnaireFileName:** Adult CAM**QuestionText:** Do you know the average amount you paid for each visit for hypnosis {fill1: not including the amount covered by insurance} in the past 12 months?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who don't know the total amount they paid for hypnosis in the past 12 months**SkipInstructions:** <1> [goto HYP\_AVGS]  
<2,R,D> [goto HYP\_MAT]

---

**Question ID:** ALT.146\_00.000 **Instrument Variable Name:** HYP\_AVGS **QuestionnaireFileName:** Adult CAM**QuestionText:** On average, how much did you pay out-of-pocket for each visit to a practitioner for hypnosis?

Enter '0' if no cost or free

- 000-500 \$0-500
- 997 Refused
- 999 Don't know

**UniverseText:** Sample adults 18+ who know the average per visit they paid for hypnosis in the past 12 months**SkipInstructions:** <0-500,R,D> [goto HYP\_MAT]

---

**Question ID:** ALT.147\_00.000 **Instrument Variable Name:** HYP\_MAT **QuestionnaireFileName:** Adult CAM**QuestionText:** DURING THE PAST 12 MONTHS, did you buy a self-help book or other materials such as a DVD, CD, or Video to learn about hypnosis?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for hypnosis in the past 12 months or who have used hypnosis in the past 12 months**SkipInstructions:** <1> [goto HYP\_MATC]  
<2,R,D> [goto BIO\_USE]



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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

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**Question ID:** ALT.148\_00.000 **Instrument Variable Name:** HYP\_MATC **QuestionnaireFileName:** Adult CAM

**QuestionText:** About how much did you pay for these materials in the past 12 months?

\*Enter '200' for \$200 or more.

<b>000-200</b>	\$0-200
<b>997</b>	Refused
<b>999</b>	Don't know

**UniverseText:** Sample adults 18+ who have bought self-help materials for hypnosis in the past 12 months

**SkipInstructions:** <0-200,R,D> [goto BIO\_USE]

---

**Question ID:** ALT.158\_00.000 **Instrument Variable Name:** BIO\_USE **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Have you EVER used any of these therapies for your health?

Biofeedback?

<b>1</b>	Yes
<b>2</b>	No
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto BIO\_EVER]  
<2,R,D>[goto AYU\_USE]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

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**Question ID:** ALT.159\_00.000 **Instrument Variable Name:** BIO\_EVER **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Have you EVER seen a provider or practitioner for biofeedback for yourself?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used biofeedback

**SkipInstructions:** <1> [goto BIO\_USEM]  
<2,R,D> [goto BIO\_USM]

---

**Question ID:** ALT.160\_00.000 **Instrument Variable Name:** BIO\_USEM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you see a practitioner for biofeedback?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever seen a practitioner for biofeedback

**SkipInstructions:** <1> [goto BIO\_BRTH]  
<2,R,D> [goto BIO\_USM]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

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**Question ID:** ALT.161\_00.000 **Instrument Variable Name:** BIO\_BRTH **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

Did you do breathing exercises as part of biofeedback? Breathing exercises may involve actively controlling the way air is drawn in, or the rate or depth of breathing.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for biofeedback in the past 12 months

**SkipInstructions:** <1,2,R,D>[goto BIO\_PTIM]

---

**Question ID:** ALT.162\_00.000 **Instrument Variable Name:** BIO\_USM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you use biofeedback?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used biofeedback but have never seen a practitioner or have not seen one in the past 12 months

**SkipInstructions:** <1> [goto BIO\_MAT]  
<2,R,D> [goto AYU\_USE]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**

Document Version Date: 30-May-13

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**Question ID:** ALT.163\_00.000 **Instrument Variable Name:** BIO\_PTIM **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the exact number of times you saw a practitioner for biofeedback in the past 12 months?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for biofeedback in the past 12 months

**SkipInstructions:** <1> [goto BIO\_TMNO]  
<2,R,D> [goto BIO\_TMCT]

---

**Question ID:** ALT.164\_00.000 **Instrument Variable Name:** BIO\_TMNO **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, how many times did you see a practitioner for biofeedback?

\*Enter '52' for 52 or more times.

- 01-52 1-52
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who know the number of times they have seen a practitioner for biofeedback in the past 12 months

**SkipInstructions:** <1-52,R,D> [goto BIO\_HIC]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

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**Question ID:** ALT.165\_00.000 **Instrument Variable Name:** BIO\_TMCT **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, ABOUT how many times did you see a practitioner for biofeedback? Would you say...

\*Read categories below.

- |    |                    |
|----|--------------------|
| 01 | Only 1 time        |
| 02 | 2-5 times          |
| 03 | 6-10 times         |
| 04 | 11-15 times        |
| 05 | 16-20 times        |
| 06 | 21-25 times        |
| 07 | More than 25 times |
| 97 | Refused            |
| 99 | Don't know         |

**UniverseText:** Sample adults 18+ who don't know the specific number of times they have seen a practitioner for biofeedback in the past 12 months or refuse the specific number of times

**SkipInstructions:** <1-7,R,D> [goto BIO\_HIC]

---

**Question ID:** ALT.166\_00.000 **Instrument Variable Name:** BIO\_HIC **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, were any of the costs of seeing a practitioner for biofeedback covered by health insurance?

- |   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't know |

**UniverseText:** Sample adults 18+ who have seen a practitioner for biofeedback in the past 12 months

**SkipInstructions:** <1> [goto BIO\_HICA]  
<2,R,D> [goto BIO\_HIT]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
Document Version Date: 30-May-13

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**Question ID:** ALT.167\_00.000 **Instrument Variable Name:** BIO\_HICA **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did your health insurance cover all of the cost or just some of the cost of seeing a practitioner for biofeedback?

1 All of the cost  
2 Some of the cost  
7 Refused  
9 Don't know

**UniverseText:** Sample adults 18+ whose visit(s) to a practitioner for biofeedback in the past 12 months were (at least partly) covered by health insurance

**SkipInstructions:** <1> [goto BIO\_MAT]  
<2,R,D> [goto BIO\_HIT]

---

**Question ID:** ALT.168\_00.000 **Instrument Variable Name:** BIO\_HIT **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the total amount you paid for seeing a practitioner for biofeedback in the past 12 months [fill1: not including the amount covered by insurance]?

1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:** Sample adults 18+ whose health insurance covered none or some of the cost for biofeedback in the past 12 months

**SkipInstructions:** <1> [goto BIO\_HITS]  
<2,R,D> [goto BIO\_AVGC]

---

**Question ID:** ALT.169\_00.000 **Instrument Variable Name:** BIO\_HITS **QuestionnaireFileName:** Adult CAM

**QuestionText:** What is the total amount you paid for seeing a practitioner for biofeedback in the past 12 months [fill1: not including the amount covered by insurance]?

\*Enter '0' for no cost or free.

0000-26000 \$0-26000  
99997 Refused  
99999 Don't know

**UniverseText:** Sample adults 18+ who know the amount they paid for biofeedback in the past 12 months

**SkipInstructions:** <0-26000,R,D> [goto BIO\_MAT]

**Soft Edit:** Verify if over \$1000

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**2012 NHIS Questionnaire - Adult CAM****Adult Alternative Health/Complementary And Alternative Medicine**

Document Version Date: 30-May-13

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**Question ID:** ALT.170\_00.000 **Instrument Variable Name:** BIO\_AVGC **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the average amount you paid for each visit for biofeedback {fill1: not including the amount covered by insurance} in the past 12 months?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who don't know the total amount they paid for biofeedback in the past 12 months

**SkipInstructions:** <1> [goto BIO\_AVGS]  
<2,R,D> [goto BIO\_MAT]

---

**Question ID:** ALT.171\_00.000 **Instrument Variable Name:** BIO\_AVGS **QuestionnaireFileName:** Adult CAM

**QuestionText:** On average, how much did you pay out-of-pocket for each visit to a practitioner for biofeedback?

Enter '0' if no cost or free

- 000-500 \$0-500
- 997 Refused
- 999 Don't know

**UniverseText:** Sample adults 18+ who know the average per visit they paid for biofeedback in the past 12 months

**SkipInstructions:** <0-500,R,D> [goto BIO\_MAT]

---

**Question ID:** ALT.172\_00.000 **Instrument Variable Name:** BIO\_MAT **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you buy a self-help book or other materials such as a DVD, CD, or Video to learn about biofeedback?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for biofeedback in the past 12 months or who have used biofeedback in the past 12 months

**SkipInstructions:** <1> [goto BIO\_MATC]  
<2,R,D> [goto AYU\_USE]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

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**Question ID:** ALT.173\_00.000 **Instrument Variable Name:** BIO\_MATC **QuestionnaireFileName:** Adult CAM

**QuestionText:** About how much did you pay for these materials in the past 12 months?

\*Enter '200' for \$200 or more.

**000-200** \$0-200  
**997** Refused  
**999** Don't know

**UniverseText:** Sample adults 18+ who have bought self-help materials for biofeedback in the past 12 months

**SkipInstructions:** <0-200,R,D> [goto AYU\_USE]

---

**Question ID:** ALT.183\_00.000 **Instrument Variable Name:** AYU\_USE **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Have you EVER used any of these therapies for your health?

Ayurveda (eye-yur-VAY-duh)?

**1** Yes  
**2** No  
**7** Refused  
**9** Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto AYU\_EVER]  
<2,R,D>[goto CHE\_USE]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

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**Question ID:** ALT.184\_00.000 **Instrument Variable Name:** AYU\_EVER **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Have you EVER seen a provider or practitioner for ayurveda for yourself?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used ayurveda

**SkipInstructions:** <1> [goto AYU\_USEM]  
<2,R,D> [goto AYU\_USM]

---

**Question ID:** ALT.185\_00.000 **Instrument Variable Name:** AYU\_USEM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you see a practitioner for ayurveda?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever seen a practitioner for ayurveda

**SkipInstructions:** <1> [goto AYU\_PTIM]  
<2,R,D> [goto AYU\_USM]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

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**Question ID:** ALT.186\_00.000 **Instrument Variable Name:** AYU\_USM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you use ayurveda?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used ayurveda but have never seen a practitioner or have not seen one in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto CHE\_USE]

---

**Question ID:** ALT.187\_00.000 **Instrument Variable Name:** AYU\_PTIM **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the exact number of times you saw a practitioner for ayurveda in the past 12 months?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for ayurveda in the past 12 months

**SkipInstructions:** <1> [goto AYU\_TMNO]  
<2,R,D> [goto AYU\_TMCT]

---

**Question ID:** ALT.188\_00.000 **Instrument Variable Name:** AYU\_TMNO **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, how many times did you see a practitioner for ayurveda?

\*Enter '52' for 52 or more times.

- 01-52 1-52
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who know the number of times they have seen a practitioner for ayurveda in the past 12 months

**SkipInstructions:** <1-52,R,D> [goto AYU\_HIC]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

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**Question ID:** ALT.189\_00.000 **Instrument Variable Name:** AYU\_TMCT **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, ABOUT how many times did you see a practitioner for ayurveda? Would you say...

\*Read categories below.

- 01 Only 1 time
- 02 2-5 times
- 03 6-10 times
- 04 11-15 times
- 05 16-20 times
- 06 21-25 times
- 07 More than 25 times
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who don't know the specific number of times they have seen a practitioner for ayurveda in the past 12 months or refuse the specific number of times

**SkipInstructions:** <1-7,R,D> [goto AYU\_HIC]

---

**Question ID:** ALT.190\_00.000 **Instrument Variable Name:** AYU\_HIC **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, were any of the costs of seeing a practitioner for ayurveda covered by health insurance?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for ayurveda in the past 12 months

**SkipInstructions:** <1> [goto AYU\_HICA]  
<2,R,D> [goto AYU\_HIT]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
Document Version Date: 30-May-13

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**Question ID:** ALT.191\_00.000 **Instrument Variable Name:** AYU\_HICA **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did your health insurance cover all of the cost or just some of the cost of seeing a practitioner for ayurveda?

- 1 All of the cost
- 2 Some of the cost
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ whose visit(s) to a practitioner for ayurveda in the past 12 months were (at least partly) covered by health insurance

**SkipInstructions:** <1> [goto AYU\_MAT]  
<2,R,D> [goto AYU\_HIT]

---

**Question ID:** ALT.192\_00.000 **Instrument Variable Name:** AYU\_HIT **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the total amount you paid for seeing a practitioner for ayurveda in the past 12 months [fill1: not including the amount covered by insurance]?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ whose health insurance covered none or some of the cost for ayurveda in the past 12 months

**SkipInstructions:** <1> [goto AYU\_HITS]  
<2,R,D> [goto AYU\_AVGC]

---

**Question ID:** ALT.193\_00.000 **Instrument Variable Name:** AYU\_HITS **QuestionnaireFileName:** Adult CAM

**QuestionText:** What is the total amount you paid for seeing a practitioner for ayurveda in the past 12 months [fill1: not including the amount covered by insurance]?

\*Enter '0' for no cost or free.

- 0000-26000 \$0-26000
- 99997 Refused
- 99999 Don't know

**UniverseText:** Sample adults 18+ who know the amount they paid for ayurveda in the past 12 months

**SkipInstructions:** <0-26000,R,D> [goto AYU\_MAT]

**Soft Edit:** Verify if over \$1000

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**2012 NHIS Questionnaire - Adult CAM****Adult Alternative Health/Complementary And Alternative Medicine**Document Version Date: 30-May-13

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**Question ID:** ALT.194\_00.000 **Instrument Variable Name:** AYU\_AVGC **QuestionnaireFileName:** Adult CAM**QuestionText:** Do you know the average amount you paid for each visit for ayurveda {fill1: not including the amount covered by insurance} in the past 12 months?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who don't know the total amount they paid for ayurveda in the past 12 months**SkipInstructions:** <1> [goto AYU\_AVGS]  
<2,R,D> [goto AYU\_MAT]

---

**Question ID:** ALT.195\_00.000 **Instrument Variable Name:** AYU\_AVGS **QuestionnaireFileName:** Adult CAM**QuestionText:** On average, how much did you pay out-of-pocket for each visit to a practitioner for ayurveda?

Enter '0' if no cost or free

- 000-500 \$0-500
- 997 Refused
- 999 Don't know

**UniverseText:** Sample adults 18+ who know the average per visit they paid for ayurveda in the past 12 months**SkipInstructions:** <0-500,R,D> [goto AYU\_MAT]

---

**Question ID:** ALT.196\_00.000 **Instrument Variable Name:** AYU\_MAT **QuestionnaireFileName:** Adult CAM**QuestionText:** DURING THE PAST 12 MONTHS, did you buy a self-help book or other materials such as a DVD, CD, or Video to learn about ayurveda?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for ayurveda in the past 12 months**SkipInstructions:** <1> [goto AYU\_MATC]  
<2,R,D> [goto CHE\_USE]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

---

**Question ID:** ALT.197\_00.000 **Instrument Variable Name:** AYU\_MATC **QuestionnaireFileName:** Adult CAM

**QuestionText:** About how much did you pay for these materials in the past 12 months?

\*Enter '200' for \$200 or more.

**000-200** \$0-200  
**997** Refused  
**999** Don't know

**UniverseText:** Sample adults 18+ who have bought self-help materials for ayurveda in the past 12 months

**SkipInstructions:** <0-200,R,D> [goto CHE\_USE]

---

**Question ID:** ALT.207\_00.000 **Instrument Variable Name:** CHE\_USE **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Have you EVER used any of these therapies for your health?

Chelation (key-LAY-shun) Therapy?

**1** Yes  
**2** No  
**7** Refused  
**9** Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto CHE\_EVER]  
<2,R,D>[goto CST\_USE]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

---

**Question ID:** ALT.208\_00.000 **Instrument Variable Name:** CHE\_EVER **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Have you EVER seen a provider or practitioner for chelation therapy for yourself?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used chelation therapy

**SkipInstructions:** <1> [goto CHE\_USEM]  
<2,R,D> [goto CHE\_USM]

---

**Question ID:** ALT.209\_00.000 **Instrument Variable Name:** CHE\_USEM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you see a practitioner for chelation therapy?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever seen a practitioner for chelation therapy

**SkipInstructions:** <1> [goto CHE\_PTIM]  
<2,R,D> [goto CHE\_USM]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

---

**Question ID:** ALT.210\_00.000 **Instrument Variable Name:** CHE\_USM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you use chelation therapy?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used chelation therapy but have never seen a practitioner or have not seen one in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto CST\_USE]

---

**Question ID:** ALT.211\_00.000 **Instrument Variable Name:** CHE\_PTIM **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the exact number of times you saw a practitioner for chelation therapy in the past 12 months?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for chelation therapy in the past 12 months

**SkipInstructions:** <1> [goto CHE\_TMNO]  
<2,R,D> [goto CHE\_TMCT]

---

**Question ID:** ALT.212\_00.000 **Instrument Variable Name:** CHE\_TMNO **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, how many times did you see a practitioner for chelation therapy?

\*Enter '52' for 52 or more times.

- 01-52 1-52
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who know the number of times they have seen a practitioner for chelation therapy in the past 12 months

**SkipInstructions:** <1-52,R,D> [goto CHE\_HIC]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

---

**Question ID:** ALT.213\_00.000 **Instrument Variable Name:** CHE\_TMCT **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, ABOUT how many times did you see a practitioner for chelation therapy? Would you say...

\*Read categories below.

- 01 Only 1 time
- 02 2-5 times
- 03 6-10 times
- 04 11-15 times
- 05 16-20 times
- 06 21-25 times
- 07 More than 25 times
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who don't know the specific number of times they have seen a practitioner for chelation therapy in the past 12 months or refuse the specific number of times

**SkipInstructions:** <1-7,R,D> [goto CHE\_HIC]

---

**Question ID:** ALT.214\_00.000 **Instrument Variable Name:** CHE\_HIC **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, were any of the costs of seeing a practitioner for chelation therapy covered by health insurance?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for chelation therapy in the past 12 months

**SkipInstructions:** <1> [goto CHE\_HICA]  
<2,R,D> [goto CHE\_HIT]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**

Document Version Date: 30-May-13

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**Question ID:** ALT.215\_00.000 **Instrument Variable Name:** CHE\_HICA **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did your health insurance cover all of the cost or just some of the cost of seeing a practitioner for chelation therapy?

- 1 All of the cost
- 2 Some of the cost
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ whose visit(s) to a practitioner for chelation therapy in the past 12 months were (at least partly) covered by health insurance

**SkipInstructions:** <1> [goto CHE\_MAT]  
<2,R,D> [goto CHE\_HIT]

---

**Question ID:** ALT.216\_00.000 **Instrument Variable Name:** CHE\_HIT **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the total amount you paid for seeing a practitioner for chelation therapy in the past 12 months [fill1: not including the amount covered by insurance]?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ whose health insurance covered none or some of the cost for chelation therapy in the past 12 months

**SkipInstructions:** <1> [goto CHE\_HITS]  
<2,R,D> [goto CHE\_AVGC]

---

**Question ID:** ALT.217\_00.000 **Instrument Variable Name:** CHE\_HITS **QuestionnaireFileName:** Adult CAM

**QuestionText:** What is the total amount you paid for seeing a practitioner for chelation therapy in the past 12 months [fill1: not including the amount covered by insurance]?

\*Enter '0' for no cost or free.

- 00000-26000 \$0-26000
- 99997 Refused
- 99999 Don't know

**UniverseText:** Sample adults 18+ who know the amount they paid for chelation therapy in the past 12 months

**SkipInstructions:** <0-26000,R,D> [goto CHE\_MAT]

**Soft Edit:** Verify if over \$1000

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**2012 NHIS Questionnaire - Adult CAM****Adult Alternative Health/Complementary And Alternative Medicine**Document Version Date: 30-May-13

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**Question ID:** ALT.218\_00.000 **Instrument Variable Name:** CHE\_AVGC **QuestionnaireFileName:** Adult CAM**QuestionText:** Do you know the average amount you paid for each visit for chelation therapy {fill1: not including the amount covered by insurance} in the past 12 months?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who don't know the total amount they paid for chelation therapy in the past 12 months**SkipInstructions:** <1> [goto CHE\_AVGS]  
<2,R,D> [goto CHE\_MAT]

---

**Question ID:** ALT.219\_00.000 **Instrument Variable Name:** CHE\_AVGS **QuestionnaireFileName:** Adult CAM**QuestionText:** On average, how much did you pay out-of-pocket for each visit to a practitioner for chelation therapy?

Enter '0' if no cost or free

- 000-500 \$0-500
- 997 Refused
- 999 Don't know

**UniverseText:** Sample adults 18+ who know the average per visit they paid for chelation therapy in the past 12 months**SkipInstructions:** <0-500,R,D> [goto CHE\_MAT]

---

**Question ID:** ALT.220\_00.000 **Instrument Variable Name:** CHE\_MAT **QuestionnaireFileName:** Adult CAM**QuestionText:** DURING THE PAST 12 MONTHS, did you buy a self-help book or other materials such as a DVD, CD, or Video to learn about chelation therapy?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for chelation therapy in the past 12 months**SkipInstructions:** <1> [goto CHE\_MATC]  
<2,R,D> [goto CST\_USE]

---

**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

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**Question ID:** ALT.221\_00.000 **Instrument Variable Name:** CHE\_MATC **QuestionnaireFileName:** Adult CAM

**QuestionText:** About how much did you pay for these materials in the past 12 months?

\*Enter '200' for \$200 or more.

**000-200** \$0-200  
**997** Refused  
**999** Don't know

**UniverseText:** Sample adults 18+ who have bought self-help materials for chelation therapy in the past 12 months

**SkipInstructions:** <0-200,R,D> [goto CST\_USE]

---

**Question ID:** ALT.231\_00.000 **Instrument Variable Name:** CST\_USE **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Have you EVER used any of these therapies for your health?

Craniosacral Therapy (krey-nee-oh-SEY-kruhl) ?

**1** Yes  
**2** No  
**7** Refused  
**9** Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto CST\_EVER]  
<2,R,D>[goto TRD\_EVR]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

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**Question ID:** ALT.232\_00.000 **Instrument Variable Name:** CST\_EVER **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Have you EVER seen a provider or practitioner for craniosacral therapy for yourself?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used craniosacral therapy

**SkipInstructions:** <1> [goto CST\_USEM]  
<2,R,D> [goto CST\_USM]

---

**Question ID:** ALT.233\_00.000 **Instrument Variable Name:** CST\_USEM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you see a practitioner for craniosacral therapy?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever seen a practitioner for craniosacral therapy

**SkipInstructions:** <1> [goto CST\_PTIM]  
<2,R,D> [goto CST\_USM]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

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**Question ID:** ALT.234\_00.000 **Instrument Variable Name:** CST\_USM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you use craniosacral therapy?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used craniosacral therapy but have never seen a practitioner or have not seen one in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto TRD\_EVR]

---

**Question ID:** ALT.235\_00.000 **Instrument Variable Name:** CST\_PTIM **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the exact number of times you saw a practitioner for craniosacral therapy in the past 12 months?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for craniosacral therapy in the past 12 months

**SkipInstructions:** <1> [goto CST\_TMNO]  
<2,R,D> [goto CST\_TMCT]

---

**Question ID:** ALT.236\_00.000 **Instrument Variable Name:** CST\_TMNO **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, how many times did you see a practitioner for craniosacral therapy?

\*Enter '52' for 52 or more times.

- 01-52 1-52
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who know the number of times they have seen a practitioner for craniosacral therapy in the past 12 months

**SkipInstructions:** <1-52,R,D> [goto CST\_HIC]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

---

**Question ID:** ALT.237\_00.000 **Instrument Variable Name:** CST\_TMCT **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, ABOUT how many times did you see a practitioner for craniosacral therapy? Would you say...

\*Read categories below.

- 01 Only 1 time
- 02 2-5 times
- 03 6-10 times
- 04 11-15 times
- 05 16-20 times
- 06 21-25 times
- 07 More than 25 times
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who don't know the specific number of times they have seen a practitioner for craniosacral therapy in the past 12 months or refuse the specific number of times

**SkipInstructions:** <1-7,R,D> [goto CST\_HIC]

---

**Question ID:** ALT.238\_00.000 **Instrument Variable Name:** CST\_HIC **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, were any of the costs of seeing a practitioner for craniosacral therapy covered by health insurance?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for craniosacral therapy in the past 12 months

**SkipInstructions:** <1> [goto CST\_HICA]  
<2,R,D> [goto CST\_HIT]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

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**Question ID:** ALT.239\_00.000 **Instrument Variable Name:** CST\_HICA **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did your health insurance cover all of the cost or just some of the cost of seeing a practitioner for craniosacral therapy?

- 1 All of the cost
- 2 Some of the cost
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ whose visit(s) to a practitioner for craniosacral therapy in the past 12 months were (at least partly) covered by health insurance

**SkipInstructions:** <1> [goto CST\_MAT]  
<2,R,D> [goto CST\_HIT]

---

**Question ID:** ALT.240\_00.000 **Instrument Variable Name:** CST\_HIT **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the total amount you paid for seeing a practitioner for craniosacral therapy in the past 12 months [fill1: not including the amount covered by insurance]?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ whose health insurance covered none or some of the cost for craniosacral therapy in the past 12 months

**SkipInstructions:** <1> [goto CST\_HITS]  
<2,R,D> [goto CST\_AVGC]

---

**Question ID:** ALT.241\_00.000 **Instrument Variable Name:** CST\_HITS **QuestionnaireFileName:** Adult CAM

**QuestionText:** What is the total amount you paid for seeing a practitioner for craniosacral therapy in the past 12 months [fill1: not including the amount covered by insurance]?

\*Enter '0' for no cost or free.

- 00000-26000 \$0-26000
- 99997 Refused
- 99999 Don't know

**UniverseText:** Sample adults 18+ who know the amount they paid for craniosacral therapy in the past 12 months

**SkipInstructions:** <0-26000,R,D> [goto CST\_MAT]

**Soft Edit:** Verify if over \$1000

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**2012 NHIS Questionnaire - Adult CAM****Adult Alternative Health/Complementary And Alternative Medicine**Document Version Date: 30-May-13

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**Question ID:** ALT.242\_00.000 **Instrument Variable Name:** CST\_AVGC **QuestionnaireFileName:** Adult CAM**QuestionText:** Do you know the average amount you paid for each visit for craniosacral therapy {fill1: not including the amount covered by insurance} in the past 12 months?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who don't know the total amount they paid for craniosacral therapy in the past 12 months**SkipInstructions:** <1> [goto CST\_AVGS]  
<2,R,D> [goto CST\_MAT]

---

**Question ID:** ALT.243\_00.000 **Instrument Variable Name:** CST\_AVGS **QuestionnaireFileName:** Adult CAM**QuestionText:** On average, how much did you pay out-of-pocket for each visit to a practitioner for craniosacral therapy?

Enter '0' if no cost or free

- 000-500 \$0-500
- 997 Refused
- 999 Don't know

**UniverseText:** Sample adults 18+ who know the average per visit they paid for craniosacral therapy in the past 12 months**SkipInstructions:** <0-500,R,D> [goto CST\_MAT]

---

**Question ID:** ALT.244\_00.000 **Instrument Variable Name:** CST\_MAT **QuestionnaireFileName:** Adult CAM**QuestionText:** DURING THE PAST 12 MONTHS, did you buy a self-help book or other materials such as a DVD, CD, or Video to learn about craniosacral therapy?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for craniosacral therapy in the past 12 months**SkipInstructions:** <1> [goto CST\_MATC]  
<2,R,D> [goto TRD\_EVR]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

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**Question ID:** ALT.245\_00.000 **Instrument Variable Name:** CST\_MATC **QuestionnaireFileName:** Adult CAM

**QuestionText:** About how much did you pay for these materials in the past 12 months?

\*Enter '200' for \$200 or more.

**000-200** \$0-200  
**997** Refused  
**999** Don't know

**UniverseText:** Sample adults 18+ who have bought self-help materials for craniosacral therapy in the past 12 months

**SkipInstructions:** <0-200,R,D> [goto TRD\_EVR]

---

**Question ID:** ALT.255\_00.000 **Instrument Variable Name:** TRD\_EVR **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1] (book) CAM1

Have you EVER seen any of these traditional healers?

Native American Healer/Medicine Man  
Shaman (SHAH-man)  
Curandero (coo-rahn-DEHR-oh), Machi (MAH-chee) or Parchero (pahr-CHEH-roh)  
Yerberero (yehr-BEHR-oh) or Hierbista (yehr-BEE-stah)  
Sobador (so-bah-DOHR)  
Huesero (weh-SEHR-oh)

**1** Yes  
**2** No  
**7** Refused  
**9** Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto TRD\_EVR1]  
<2,R,D> [goto AVT\_USE]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**

**Document Version Date: 30-May-13**

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**Question ID:** ALT.256\_00.010 **Instrument Variable Name:** TRD\_EVR1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1] (book) CAM1

Which ones?

\*Enter all that apply, separate with commas.

- 1 Native American Healer or Medicine Man
- 2 Shaman (SHAH-man)
- 3 Curandero (coo-rahn-DEHR-oh), Machi (MAH-chee), or Parchero (pahr-CHEH-roh)
- 4 Yerbero (yehr-BEH-roh) or Hierbista (yehr-BEE-stah)
- 5 Sobador (so-bah-DOHR)
- 6 Huesero (weh-SEHR-oh)
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever seen one of the traditional healers from card ALT1

**SkipInstructions:** cycle through "TRDU" questions for all selected practitioners:

<1> [goto TRDU\_NAH]  
<2> [goto TRDU\_SHA]  
<3> [goto TRDU\_CUR]  
<4> [goto TRDU\_YER]  
<5> [goto TRDU\_SOB]  
<6> [goto TRDU\_HUE]  
<R,D> [goto AVT\_USE]

If TRD\_EVR1 includes 1 goto TRDU\_NAH  
elseif TRD\_EVR1 includes 2 goto TRDU\_SHA  
elseif TRD\_EVR1 includes 3 goto TRDU\_CUR  
elseif TRD\_EVR1 includes 4 goto TRDU\_YER  
elseif TRD\_EVR1 includes 5 goto TRDU\_SOB  
elseif TRD\_EVR1 includes 6 goto TRDU\_HUE

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

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**Question ID:** ALT.257\_00.000 **Instrument Variable Name:** TRDU\_NAH **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you see...?

A Native American Healer or Medicine Man

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever seen a Native American Healer or Medicine Man

**SkipInstructions:** <1,2,R,D> if TRD\_EVR1='1' and more than one selected [goto next TRDU question],  
<1> If no more were selected at TRD\_EVR1 [goto TRD\_PTIM]  
<2,R,D> If If no more were selected at TRD\_EVR1 [goto AVT\_USE]

---

**Question ID:** ALT.258\_00.000 **Instrument Variable Name:** TRDU\_SHA **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you see...?

A Shaman (SHAH-man)

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever seen a Shaman

**SkipInstructions:** <1,2,R,D> if TRD\_EVR1='1' and more than one selected [goto next TRDU question],  
<1> If no more were selected at TRD\_EVR1 [goto TRD\_PTIM]  
<2,R,D> If If no more were selected at TRD\_EVR1 [goto AVT\_USE]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

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**Question ID:** ALT.259\_00.000 **Instrument Variable Name:** TRDU\_CUR **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you see...?

A Curandero (coo-rah-n-DEHR-oh), Machi (MAH-chee), or Parchero (pah-r-CHEH-roh)

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever seen a Curandero, Machi, or Parchero

**SkipInstructions:** <1,2,R,D> if TRD\_EVR1='1' and more than one selected [goto next TRDU question],  
<1> If no more were selected at TRD\_EVR1 [goto TRD\_PTIM]  
<2,R,D> If If no more were selected at TRD\_EVR1 [goto AVT\_USE]

---

**Question ID:** ALT.260\_00.000 **Instrument Variable Name:** TRDU\_YER **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you see...?

A Yerbero (yehr-BEH-rho) or Hierbista (yehr-BEE-stah)

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever seen a Yerbero or Hierbista

**SkipInstructions:** <1,2,R,D> if TRD\_EVR1='1' and more than one selected [goto next TRDU question],  
<1> If no more were selected at TRD\_EVR1 [goto TRD\_PTIM]  
<2,R,D> If If no more were selected at TRD\_EVR1 [goto AVT\_USE]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

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**Question ID:** ALT.261\_00.000 **Instrument Variable Name:** TRDU\_SOB **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you see...?

A Sobador (so-bah-DOHR)

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever seen a Sobador

**SkipInstructions:** <1,2,R,D> if TRD\_EVR1='1' and more than one selected [goto next TRDU question],  
<1> If no more were selected at TRD\_EVR1 [goto TRD\_PTIM]  
<2,R,D> If If no more were selected at TRD\_EVR1 [goto AVT\_USE]

---

**Question ID:** ALT.262\_00.000 **Instrument Variable Name:** TRDU\_HUE **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you see...?

A Huesero (weh-SEHR-oh)

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever seen a Huesero

**SkipInstructions:** <1> [goto TRD\_PTIM]  
<2,R,D> if no to all applicable TRDU, [goto AVT\_USE];  
else [goto TRD\_PTIM]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

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**Question ID:** ALT.263\_00.000 **Instrument Variable Name:** TRD\_PTIM **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the exact number of times you saw traditional healers in the past 12 months?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen traditional healers in the past 12 months

**SkipInstructions:** <1> [goto TRD\_TMNO]  
<2,R,D> [goto TRD\_TMCT]

---

**Question ID:** ALT.264\_00.000 **Instrument Variable Name:** TRD\_TMNO **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, how many times did you see traditional healers?

\*Enter '52' for 52 or more times.

- 01-52 1-52
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who know the number of times they have seen traditional healers in the past 12 months

**SkipInstructions:** <1-52,R,D> [goto TRD\_HIC]

---

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

---

**Question ID:** ALT.265\_00.000 **Instrument Variable Name:** TRD\_TMCT **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, ABOUT how many times did you see traditional healers? Would you say...

\*Read categories below.

- 01 Only 1 time
- 02 2-5 times
- 03 6-10 times
- 04 11-15 times
- 05 16-20 times
- 06 21-25 times
- 07 More than 25 times
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who don't know the specific number of times they have seen traditional healers in the past 12 months or refuse the specific number of times

**SkipInstructions:** <1-7,R,D> [goto TRD\_HIC]

---

**Question ID:** ALT.266\_00.000 **Instrument Variable Name:** TRD\_HIC **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, were any of the costs of seeing traditional healers covered by health insurance?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen traditional healers in the past 12 months

**SkipInstructions:** <1> [goto TRD\_HICA]  
<2,R,D> [goto TRD\_HIT]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**

Document Version Date: 30-May-13

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**Question ID:** ALT.267\_00.000 **Instrument Variable Name:** TRD\_HICA **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did your health insurance cover all of the cost or just some of the cost of seeing traditional healers?

1 All of the cost  
2 Some of the cost  
7 Refused  
9 Don't know

**UniverseText:** Sample adults 18+ whose visit(s) to traditional healers in the past 12 months were (at least partly) covered by health insurance

**SkipInstructions:** <1> [goto TRD\_MAT]  
<2,R,D> [goto TRD\_HIT]

---

**Question ID:** ALT.268\_00.000 **Instrument Variable Name:** TRD\_HIT **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the total amount you paid for seeing traditional healers in the past 12 months [fill1: not including the amount covered by insurance]?

1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:** Sample adults 18+ whose health insurance covered none or some of the cost for traditional healers in the past 12 months

**SkipInstructions:** <1> [goto TRD\_HITS]  
<2,R,D> [goto TRD\_AVGC]

---

**Question ID:** ALT.269\_00.000 **Instrument Variable Name:** TRD\_HITS **QuestionnaireFileName:** Adult CAM

**QuestionText:** What is the total amount you paid for seeing traditional healers in the past 12 months [fill1: not including the amount covered by insurance]?

\*Enter '0' for no cost or free.

00000-26000 \$0-26000  
99997 Refused  
99999 Don't know

**UniverseText:** Sample adults 18+ who know the amount they paid for traditional healers in the past 12 months

**SkipInstructions:** <0-26000,R,D> [goto TRD\_MAT]

**Soft Edit:** Verify if over \$1000

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**

Document Version Date: 30-May-13

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**Question ID:** ALT.270\_00.000 **Instrument Variable Name:** TRD\_AVGC **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the average amount you paid for each visit to traditional healers {fill1: not including the amount covered by insurance} in the past 12 months?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who don't know the total amount they paid for traditional healers in the past 12 months

**SkipInstructions:** <1> [goto TRD\_AVGS]  
<2,R,D> [goto TRD\_MAT]

---

**Question ID:** ALT.271\_00.000 **Instrument Variable Name:** TRD\_AVGS **QuestionnaireFileName:** Adult CAM

**QuestionText:** On average, how much did you pay out-of-pocket for each visit to traditional healers?

Enter '0' if no cost or free

- 000-500 \$0-500
- 997 Refused
- 999 Don't know

**UniverseText:** Sample adults 18+ who know the average per visit they paid for traditional healers in the past 12 months

**SkipInstructions:** <0-500,R,D> [goto TRD\_MAT]

---

**Question ID:** ALT.272\_00.000 **Instrument Variable Name:** TRD\_MAT **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you buy a self-help book or other materials such as a DVD, CD, or Video to learn about traditional healers?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen traditional healers in the past 12 months

**SkipInstructions:** <1> [goto TRD\_MATC]  
<2,R,D> [goto AVT\_USE]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**

Document Version Date: 30-May-13

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**Question ID:** ALT.273\_00.000 **Instrument Variable Name:** TRD\_MATC **QuestionnaireFileName:** Adult CAM

**QuestionText:** About how much did you pay for these materials in the past 12 months?

\*Enter '200' for \$200 or more.

<b>000-200</b>	\$0-200
<b>997</b>	Refused
<b>999</b>	Don't know

**UniverseText:** Sample adults 18+ who have bought self-help materials for traditional healers in the past 12 months

**SkipInstructions:** <0-200,R,D> [goto AVT\_USE]

---

**Question ID:** ALT.283\_00.000 **Instrument Variable Name:** AVT\_USE **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Now I am going to ask you about some additional health practices. The first practice I'll ask about is vitamins and minerals. These are pills, capsules, tablets, or liquids that have been labeled as a VITAMIN OR MINERAL SUPPLEMENT. I'll ask about herbs or other non-vitamin supplements next.

Have you EVER taken multi-vitamins or multi-minerals?

<b>1</b>	Yes
<b>2</b>	No
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto AVT\_USM]  
<2,R,D> [goto AVT\_ABEV]

---

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.284\_00.000 **Instrument Variable Name:** AVT\_USM **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you take multi-vitamins or multi-minerals?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever taken multi-vitamins or multi-minerals

**SkipInstructions:** <1,2,R,D> [goto AVT\_ABEV]

---

**Question ID:** ALT.285\_00.000 **Instrument Variable Name:** AVT\_ABEV **QuestionnaireFileName:** Adult CAM

**QuestionText:** {fill1: Other than in a multi-vitamin or mineral have/Have} you EVER taken vitamins A,B,C,D,E,H, or K?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto AVT\_ABUM]  
<2,R,D,> [goto AVT\_CAEV]

---

**Question ID:** ALT.286\_00.000 **Instrument Variable Name:** AVT\_ABUM **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you take vitamins A,B,C,D,E,H, or K?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever taken vitamins A,B,C,D,E,H, or K

**SkipInstructions:** <1,2,R,D> [goto AVT\_CAEV]

---

---

**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.287\_00.000 **Instrument Variable Name:** AVT\_CAEV **QuestionnaireFileName:** Adult CAM

**QuestionText:** [fill1: Other than in a multi-vitamin or mineral] Have you EVER taken calcium, magnesium, iron, chromium, zinc, selenium, or potassium?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto AVT\_CAUM]  
<2,R,D> [goto AHB\_EVR]

---

**Question ID:** ALT.288\_00.000 **Instrument Variable Name:** AVT\_CAUM **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you take calcium, magnesium, iron, chromium, zinc, selenium, or potassium?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have taken calcium, magnesium, iron, chromium, zinc, selenium, or potassium

**SkipInstructions:** <1,2,R,D> [goto AHB\_EVR]

---

**2012 NHIS Questionnaire - Adult CAM****Adult Alternative Health/Complementary And Alternative Medicine**

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**Question ID:** ALT.298\_00.000 **Instrument Variable Name:** AHB\_EVR **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1] (book) CAM2

Herbs or other non-vitamin supplements are pills, capsules, tablets, or liquids that have been labeled as a DIETARY SUPPLEMENT. This does NOT include vitamin or mineral supplements, homeopathic treatments, or drinking herbal or green teas.

Have you EVER taken any herbal or other non-vitamin supplements listed on this card for yourself?

\*Tinctures are included.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto AHB\_USM]  
<2,R,D> if VIT\_USM=1 [goto AVT\_BOFN];  
else [goto HOM\_USE]

---

**Question ID:** ALT.299\_00.000 **Instrument Variable Name:** AHB\_USM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1] (book) CAM2

DURING THE PAST 12 MONTHS, have you taken any herbal or other non-vitamin supplements listed on this card for yourself?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever taken herbs or other non-vitamin supplements

**SkipInstructions:** <1> [goto AHB\_LSTY]  
<2,R,D> if VIT\_USM=1 [goto AVT\_BOFN];  
else [goto HOM\_USE]

---

**2012 NHIS Questionnaire - Adult CAM****Adult Alternative Health/Complementary And Alternative Medicine**

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**Question ID:** ALT.300\_00.000 **Instrument Variable Name:** AHB\_LSTY **QuestionnaireFileName:** Adult CAM**QuestionText:** ? [F1] (book) CAM2

Please tell me which of these supplements you have taken DURING THE PAST 12 MONTHS? If you took more than one herb in a single supplement, select "combination herb pill."

\*Enter all that apply, separate with commas.

- 01 Combination herb pill
- 02 Acai (pills, gels)
- 03 Bee Pollen and other Bee products
- 04 Chondroitin
- 05 Co-enzyme Q10 (CoQ10)
- 06 Cranberry (pills or capsules)
- 07 Digestive Enzymes (lactaid)
- 08 Echinacea
- 09 Fish Oil or omega 3 or DHA fatty acid or EPA fatty acid supplements
- 10 Garlic supplements (pills, gels)
- 11 Ginkgo Biloba
- 12 Ginseng
- 13 Glucosamine
- 14 Green tea pills (not brewed tea) or EGCG (pills)
- 15 Melatonin
- 16 Milk Thistle (silymarin)
- 17 MSM (Methylsulfonylmethane)
- 18 Probiotics or Prebiotics
- 19 SAM-e
- 20 Saw Palmetto
- 21 Valerian
- 22 Other herbs or non-vitamin supplements
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have taken herbs or other non-vitamin supplements in the past 12 months**SkipInstructions:** <1-22> [goto AHB\_MON]  
<R,D> [goto AHB\_EVR1]

**2012 NHIS Questionnaire - Adult CAM**

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**Question ID:** ALT.301\_00.000 **Instrument Variable Name:** AHB\_MON **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) CAM2

Did you take any of these DURING THE PAST 30 DAYS?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have taken specific herbs or other non-vitamin supplements in the past 12 months

**SkipInstructions:** <1> [goto AHB\_LSTM]  
<2,R,D> [goto AHB\_EVR1]



**2012 NHIS Questionnaire - Adult CAM****Adult Alternative Health/Complementary And Alternative Medicine**

Document Version Date: 30-May-13

**Question ID:** ALT.302\_00.000 **Instrument Variable Name:** AHB\_LSTM **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) CAM2

Which of these supplements have you taken DURING THE PAST 30 DAYS? If you took more than one herb in a single supplement, select "combination herb pill."

\*Enter all that apply, separate with commas.

- 01 Combination herb pill
- 02 Acai (pills, gels)
- 03 Bee Pollen and other Bee products
- 04 Chondroitin
- 05 Co-enzyme Q10 (CoQ10)
- 06 Cranberry (pills or capsules)
- 07 Digestive Enzymes (lactaid)
- 08 Echinacea
- 09 Fish Oil or omega 3 or DHA fatty acid or EPA fatty acid supplements
- 10 Garlic supplements (pills, gels)
- 11 Ginkgo Biloba
- 12 Ginseng
- 13 Glucosamine
- 14 Green tea pills (not brewed tea) or EGCG (pills)
- 15 Melatonin
- 16 Milk Thistle (silymarin)
- 17 MSM (Methylsulfonylmethane)
- 18 Probiotics or Prebiotics
- 19 SAM-e
- 20 Saw Palmetto
- 21 Valerian
- 22 Other herbs or non-vitamin supplements
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have taken herbs or other non-vitamin supplements in the past 30 days

**SkipInstructions:** <1> [goto AHB\_CHPN]  
 <1,2-21> if AHB\_CNT>2 [goto AHB\_CHPN] (then to AHB\_CHP1 to AHB\_TP2)  
 <1,2-21,22> if AHB\_CNT>2 [goto AHB\_CHPN] (then to AHB\_CHP1 to AHB\_MOTH to AHB\_LU1 (if more than 1 to AHB\_LU2) go to AHB\_TP2)  
 <2-21> if AHB\_CNT>2 [goto AHB\_TP2]  
 <22> [goto AHB\_MOTH];  
 <2-21,22> if AHB\_CNT>2, [goto AHB\_MOTH], to AHB\_LU1 (if more than 1 to AHB\_LU2) go to AHB\_TP2  
 else if AHB\_CNT<=2 <2-21> [goto AHB\_EVR1]

**2012 NHIS Questionnaire - Adult CAM**

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**Question ID:** ALT.303\_00.000 **Instrument Variable Name:** AHB\_CHPN **QuestionnaireFileName:** Adult CAM

**QuestionText:** How many different "combination herb pills" did you take?

- 01-50** 1-50
- 97** Refused
- 99** Don't know

**UniverseText:** Sample adults 18+ who have taken a combination herb pill in the past 30 days

**SkipInstructions:** <1-50,R,D> [goto AHB\_CHP1]

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**2012 NHIS Questionnaire - Adult CAM****Adult Alternative Health/Complementary And Alternative Medicine**

Document Version Date: 30-May-13

**Question ID:** ALT.304\_00.000 **Instrument Variable Name:** AHB\_CHP1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) CAM2

If AHB\_CHPN=R,D, fill:

{Which herbs or other non-vitamin supplements are included in the combination herb pill or pills?}

If AHB\_CHPN=1 fill:

{Which herbs or other non-vitamin supplements are included in the combination herb pill?}

Else if AHB\_CHPN=2 fill:

{Which herbs or other non-vitamin supplements are included in the first combination herb pill?}

Else if AHB\_CHPN=3-50, fill:

{Thinking of the two combination herb pills you take most often, what herbs or other non-vitamin supplements are included in the first combination herb pill?}

\*Enter all that apply, separate with commas.

- 02 Acai (pills, gelscaps)
- 03 Bee Pollen and other Bee products
- 04 Chondroitin
- 05 Co-enzyme Q10 (CoQ10)
- 06 Cranberry (pills or capsules)
- 07 Digestive Enzymes (lactaid)
- 08 Echinacea
- 09 Fish Oil or omega 3 or DHA fatty acid or EPA fatty acid supplements
- 10 Garlic supplements (pills, gelscaps)
- 11 Ginkgo Biloba
- 12 Ginseng
- 13 Glucosamine
- 14 Green tea pills (not brewed tea) or EGCG (pills)
- 15 Melatonin
- 16 Milk Thistle (silymarin)
- 17 MSM (Methylsulfonylmethane)
- 18 Probiotics or Prebiotics
- 19 SAM-e
- 20 Saw Palmetto
- 21 Valerian
- 22 Other herbs or non-vitamin supplements
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have taken a select number of combination herb pill(s) in the past 30 days

**SkipInstructions:** <2-22,R,D> if AHB\_CHPN GE 2 [goto AHB\_CHP2];  
 else if AHB\_LSTM=2-21 and AHB\_CNT>2 [goto AHB\_TP2];  
 else if AHB\_LSTM=22 [goto AHB\_MOTH];  
 else IF AHB\_CHPN=1 [goto AHB\_EVR1]

**2012 NHIS Questionnaire - Adult CAM****Adult Alternative Health/Complementary And Alternative Medicine**

Document Version Date: 30-May-13

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**Question ID:** ALT.305\_00.000 **Instrument Variable Name:** AHB\_CHP2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) CAM2

If AHB\_CHPN=2, fill:

{Which herbs or other non-vitamin supplements are included in the second combination herb pill?}

Else if AHB\_CHPN=3-50, fill:

{Thinking of the two combination herb pills you take most often, what herbs or other non-vitamin supplements are included in the second combination herb pill?}

- 02 Acai (pills, gencaps)
- 03 Bee Pollen and other Bee products
- 04 Chondroitin
- 05 Co-enzyme Q10 (CoQ10)
- 06 Cranberry (pills or capsules)
- 07 Digestive Enzymes (lactaid)
- 08 Echinacea
- 09 Fish Oil or omega 3 or DHA fatty acid or EPA fatty acid supplements
- 10 Garlic supplements (pills, gencaps)
- 11 Ginkgo Biloba
- 12 Ginseng
- 13 Glucosamine
- 14 Green tea pills (not brewed tea) or EGCG (pills)
- 15 Melatonin
- 16 Milk Thistle (silymarin)
- 17 MSM (Methylsulfonylmethane)
- 18 Probiotics or Prebiotics
- 19 SAM-e
- 20 Saw Palmetto
- 21 Valerian
- 22 Other herbs or non-vitamin supplements
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have taken two or more combination herb pills

**SkipInstructions:** <2-22,R,D> if AHB\_CNT>2 [goto AHB\_TP2];  
else if AHB\_LSTM=22 [goto AHB\_MOTH];  
else [goto AHB\_EVR1]

---

**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.306\_00.000 **Instrument Variable Name:** AHB\_MOTH **QuestionnaireFileName:** Adult CAM

**QuestionText:** How many of these other herbs or non-vitamin supplements have you taken in the past 30 days?

\*Enter '50' for 50 or more.

**01-50** 1-50  
**97** Refused  
**99** Don't know

**UniverseText:** Sample adults 18+ who have taken other type of herb or non-vitamin supplement

**SkipInstructions:** <1-50> [goto AHB\_LU1];  
 <R,D> if AHB\_CNT>2[goto AHB\_TP2];  
 else if AHB\_CNT=2 [goto AHB\_EVR1]

**Question ID:** ALT.307\_00.000 **Instrument Variable Name:** AHB\_LU1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** {fill1: Please give me the name of the other herb or other non-vitamin supplement you took in the past 30 days./Please give me the names of the two most important herbs or other non-vitamin supplements you took in the past 30 days.}

\*Enter the name of the first herb/non-vitamin supplement to locate in the look-up table.

\*Enter 'ZZ' if herb/non-vitamin supplement not found.

< 50 characters allowed in look-up table>  
**09** Don't Know  
**97** Refused

**UniverseText:** Sample adults 18+ who have taken a specific number of other herbs or non-vitamin supplements

**SkipInstructions:** <herb>  
 if AHB\_MOTH GE 2 [goto AHB\_LU2]  
 else if AHB\_MOTH=1 [goto AHB\_EVR1]  
  
 <R,D,ZZ>  
 if AHB\_CNT>2[goto AHB\_TP2];  
 Else AHB\_CNT<=2 [goto AHB\_EVR1]

**2012 NHIS Questionnaire - Adult CAM**

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**Question ID:** ALT.308\_00.000 **Instrument Variable Name:** AHB\_LU2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Enter the second most important other herb/non-vitamin supplement as reported by the respondent

\*Enter 'ZZ' if herb/non-vitamin supplement not found.

50 characters allowed in look-up table

**09** Don't Know

**97** Refused

**UniverseText:** Sample adults 18+ who have taken two or more other herbs or non-vitamin supplements

**SkipInstructions:** <herb,R,D,ZZ> if AHB\_CNT>2 [goto AHB\_TP2];  
else if AHB\_CNT<=2 [goto AHB\_EVR1]

---

**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.309\_00.000 **Instrument Variable Name:** AHB\_TP2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Which TWO of these herbal supplements did you take the most in the PAST 30 DAYS?

\*Enter two answers, separate with commas.

\*If respondent cannot choose two herbs used most often, probe for the two most important for health.

- 01 Combination herb pill
- 02 Acai (pills, gelcaps)
- 03 Bee Pollen and other Bee products
- 04 Chondroitin
- 05 Co-enzyme Q10 (CoQ10)
- 06 Cranberry (pills or capsules)
- 07 Digestive Enzymes (lactaid)
- 08 Echinacea
- 09 Fish Oil or omega 3 or DHA fatty acid or EPA fatty acid supplements
- 10 Garlic supplements (pills, gelcaps)
- 11 Ginkgo Biloba
- 12 Ginseng
- 13 Glucosamine
- 14 Green tea pills (not brewed tea) or EGCG (pills)
- 15 Melatonin
- 16 Milk Thistle (silymarin)
- 17 MSM (Methylsulfonylmethane)
- 18 Probiotics or Prebiotics
- 19 SAM-e
- 20 Saw Palmetto
- 21 Valerian
- 22 Second combination herb pill
- 23 {First herb from lookup table}
- 24 {Second herb from lookup table}
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have taken more than 2 herbal or non-vitamin supplements in the past 30 days

**SkipInstructions:** <1-24> fill values into AHB\_TP21 and AHB\_TP22 if applicable; [goto AHB\_EVR1];  
<R,D> [goto AHB\_EVR1]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.312\_00.000 **Instrument Variable Name:** AHB\_EVR1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Have you EVER seen a practitioner for herbs or other non-vitamin supplements?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever taken herbs or other non-vitamin supplements in the past 12 months

**SkipInstructions:** <1> [goto AHB\_USE1]  
<2,R,D> if AVT\_USM=1 [goto AVT\_BOFN];  
else if AVT\_USM ne 1 [goto AHB\_BOFN]

---

**Question ID:** ALT.313\_00.000 **Instrument Variable Name:** AHB\_USE1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you see a practitioner for herbs or other non-vitamin supplements?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for herbs or other non-vitamin supplements

**SkipInstructions:** <1,2,R,D> if AVT\_USM=1 [goto AVT\_BOFN];  
else AVT\_USM ne 1 [goto AHB\_BOFN]

---



**2012 NHIS Questionnaire - Adult CAM****Adult Alternative Health/Complementary And Alternative Medicine**

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**Question ID:** ALT.314\_00.000 **Instrument Variable Name:** AVT\_BOFN **QuestionnaireFileName:** Adult CAM

**QuestionText:** 1 of 2

Now I am going to ask you about how much you spend on {fill1: vitamins and minerals./vitamins and minerals, and herbs or other non-vitamin supplements. First I will ask about vitamins and minerals and then about herbs or other non-vitamin supplements.}

About how many times per week, month, or year do you buy vitamins and minerals?

\*Enter number.

\*Enter '0' if respondent does not buy vitamins or minerals.

**000-995** 0-995  
**997** Refused  
**999** Don't know

**UniverseText:** Sample adults 18+ who have taken vitamins or minerals in the past year

**SkipInstructions:** <1-995> [goto AVT\_BOFT]  
<D> [goto AVT\_CST1]  
<0,R> if AHB\_USM=1 [goto AHB\_BOFN];  
else AHB\_USM ne 1 [goto HOM\_USE]

---

**Question ID:** ALT.315\_00.000 **Instrument Variable Name:** AVT\_BOFT **QuestionnaireFileName:** Adult CAM

**QuestionText:** 2 of 2

\*Enter time period for how often vitamins and minerals are bought.

**0** Never/none  
**1** Week  
**2** Month  
**3** Year  
**7** Refused  
**9** Don't know

**UniverseText:** Sample adults 18+ who gave a number for how many times vitamins and minerals were purchased

**SkipInstructions:** <1-3,R,D> [goto AVT\_CST1]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**

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**Question ID:** ALT.316\_00.000 **Instrument Variable Name:** AVT\_CST1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** About how much did you spend the last time you bought vitamins or minerals?

\*Enter '0' for none.

**0000-1000** \$0-1000  
**9997** Refused  
**9999** Don't know

**UniverseText:** Sample adults 18+ who have purchased vitamins in the past year a specific number of times or who don't know the number of times

**SkipInstructions:** <0-1000,R,D> if AHB\_USM=1 [goto AHB\_BOFN];  
else AHB\_USM ne 1 [goto HOM\_USE]

---

**Question ID:** ALT.317\_00.000 **Instrument Variable Name:** AHB\_BOFN **QuestionnaireFileName:** Adult CAM

**QuestionText:** 1 of 2

Now I am going to ask you about how much you spend on herbs or other non-vitamin supplements.

About how many times per week, month, or year do you buy herbs or other non-vitamin supplements?

\*Enter number.

\*Enter '0' if respondent does not buy herbs or non-vitamin supplements.

**000-995** \$0-995  
**997** Refused  
**999** Don't know

**UniverseText:** Sample adults 18+ who have taken herbs or other non-vitamin supplements in the past year

**SkipInstructions:** <1-995> [goto AHB\_BOFT]  
<D> [goto AHB\_CST1]  
<0,R> if AHB\_USE1=1 [goto AHB\_PTIM];  
else AHB\_USE1 ne 1 [goto AHB\_MAT]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.318\_00.000 **Instrument Variable Name:** AHB\_BOFT **QuestionnaireFileName:** Adult CAM

**QuestionText:** 2 of 2

\*Enter time period for how often herbs and other non-vitamin supplements are bought.

0	Never/none
1	Week
2	Month
3	Year
7	Refused
9	Don't know

**UniverseText:** Sample adults 18+ who gave a number for how many times herbs or other non-vitamin supplements were purchased

**SkipInstructions:** <1-3,R,D> [goto AHB\_CST1]

---

**Question ID:** ALT.319\_00.000 **Instrument Variable Name:** AHB\_CST1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** About how much did you spend the last time you bought herbs or other non-vitamin supplements?

\*Enter '0' for none.

0000-1000	\$0-1000
9997	Refused
9999	Don't know

**UniverseText:** Sample adults 18+ who have purchased herbs or other non-vitamin supplements in the past year a specific number of times or who don't know the number of times

**SkipInstructions:** <0-1000,R,D> if AHB\_USE1=1 [goto AHB\_PTIM];  
else if AHB\_USE1 ne 1 [goto AHB\_MAT]

---

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.320\_00.000 **Instrument Variable Name:** AHB\_PTIM **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the exact number of times you saw a practitioner for herbs or other non-vitamin supplements in the past 12 months?

- |   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't know |

**UniverseText:** Sample adults 18+ who have seen a practitioner for herbs or other non-vitamin supplements in the past 12 months

**SkipInstructions:** <1> [goto AHB\_TMNO]  
<2,R,D> [goto AHB\_TMCT]

---

**Question ID:** ALT.321\_00.000 **Instrument Variable Name:** AHB\_TMNO **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, how many times did you see a practitioner for herbs or other non-vitamin supplements?

\*Enter '52' for 52 or more times.

- |       |            |
|-------|------------|
| 01-52 | 1-52       |
| 97    | Refused    |
| 99    | Don't know |

**UniverseText:** Sample adults 18+ who know the number of times they have seen a practitioner for herbs or other non-vitamin supplements in the past 12 months

**SkipInstructions:** <1-52,R,D> [goto AHB\_HIC]

---

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**2012 NHIS Questionnaire - Adult CAM**

**Adult Alternative Health/Complementary And Alternative Medicine**

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**Question ID:** ALT.322\_00.000 **Instrument Variable Name:** AHB\_TMCT **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, ABOUT how many times did you see a practitioner for herbs or other non-vitamin supplements? Would you say...

\*Read categories below.

- 01 Only 1 time
- 02 2-5 times
- 03 6-10 times
- 04 11-15 times
- 05 16-20 times
- 06 21-25 times
- 07 More than 25 times
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who don't know the specific number of times they have seen a practitioner for herbs or other non-vitamin supplements in the past 12 months or refuse the specific number of times

**SkipInstructions:** <1-7,R,D> [goto AHB\_HIC]

---

**Question ID:** ALT.323\_00.000 **Instrument Variable Name:** AHB\_HIC **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, were any of the costs of seeing a practitioner for herbs or other non-vitamin supplements covered by health insurance?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for herbs or other non-vitamin supplements in the past 12 months

**SkipInstructions:** <1> [goto AHB\_HICA]  
<2,R,D> [goto AHB\_HIT]

---

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
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**Question ID:** ALT.324\_00.000 **Instrument Variable Name:** AHB\_HICA **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did your health insurance cover all of the cost or just some of the cost of seeing a practitioner for herbs or other non-vitamin supplements?

- 1 All of the cost
- 2 Some of the cost
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ whose visit(s) to a practitioner for herbs or other non-vitamin supplements in the past 12 months were (at least partly) covered by health insurance

**SkipInstructions:** <1> [goto AHB\_MAT]  
<2,R,D> [goto AHB\_HIT]

---

**Question ID:** ALT.325\_00.000 **Instrument Variable Name:** AHB\_HIT **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the total amount you paid for seeing a practitioner for herbs or other non-vitamin supplements in the past 12 months [fill1: not including the amount covered by insurance]?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ whose health insurance covered none or some of the cost for herbs or other non-vitamin supplements in the past 12 months

**SkipInstructions:** <1> [goto AHB\_HITS]  
<2,R,D> [goto AHB\_AVGC]

---

**Question ID:** ALT.326\_00.000 **Instrument Variable Name:** AHB\_HITS **QuestionnaireFileName:** Adult CAM

**QuestionText:** What is the total amount you paid for seeing a practitioner for herbs or other non-vitamin supplements in the past 12 months [fill1: not including the amount covered by insurance]?

\*Enter '0' for no cost or free.

- 00000-26000 \$0-26000
- 99997 Refused
- 99999 Don't know

**UniverseText:** Sample adults 18+ who know the amount they paid for herbs or other non-vitamin supplements in the past 12 months

**SkipInstructions:** <0-26000,R,D> [goto AHB\_MAT]

**Soft Edit:** Verify if over \$1000

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**Question ID:** ALT.327\_00.000 **Instrument Variable Name:** AHB\_AVGC **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the average amount you paid for each visit for herbs or other non-vitamin supplements {fill1: not including the amount covered by insurance} in the past 12 months?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who don't know the total amount they paid for herbs or other non-vitamin supplements in the past 12 months

**SkipInstructions:** <1> [goto AHB\_AVGS]  
<2,R,D> [goto AHB\_MAT]

---

**Question ID:** ALT.328\_00.000 **Instrument Variable Name:** AHB\_AVGS **QuestionnaireFileName:** Adult CAM

**QuestionText:** On average, how much did you pay out-of-pocket for each visit to a practitioner for herbs or other non-vitamin supplements?

Enter '0' if no cost or free

- 000-500 \$0-500
- 997 Refused
- 999 Don't know

**UniverseText:** Sample adults 18+ who know the average per visit they paid for herbs or other non-vitamin supplements in the past 12 months

**SkipInstructions:** <0-500,R,D> [goto AHB\_MAT]

---

**Question ID:** ALT.329\_00.000 **Instrument Variable Name:** AHB\_MAT **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you buy a self-help book or other materials such as a DVD, CD, or Video to learn about herbs or other non-vitamin supplements?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used herbs or other non-vitamin supplements in the past 12 months

**SkipInstructions:** <1> [goto AHB\_MATC]  
<2,R,D> [goto HOM\_USE]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.330\_00.000 **Instrument Variable Name:** AHB\_MATC **QuestionnaireFileName:** Adult CAM

**QuestionText:** About how much did you pay for these materials in the past 12 months?

\*Enter '200' for \$200 or more.

**000-200** \$0-200  
**997** Refused  
**999** Don't know

**UniverseText:** Sample adults 18+ who have bought self-help materials for herbs or other non-vitamin supplements in the past 12 months

**SkipInstructions:** <0-200,R,D> [goto HOM\_USE]

---

**Question ID:** ALT.340\_00.000 **Instrument Variable Name:** HOM\_USE **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

People who use homeopathy (ho-mee-AH-puh-thee) to treat health problems take small pills or drops that are often placed under the tongue. They may be labeled as homeopathic remedies or medicine and they may be prescribed by practitioners of homeopathy.

Have you EVER used homeopathic treatment for your health?

**1** Yes  
**2** No  
**7** Refused  
**9** Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto HOM\_USM]  
<2,R,D> [goto MBO\_USE]

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**Question ID:** ALT.341\_00.000 **Instrument Variable Name:** HOM\_USM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you use homeopathic treatment for your health?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used homeopathic treatment

**SkipInstructions:** <1> [goto HOM\_OFTN]  
<2,R,D [goto MBO\_USE]

---

**Question ID:** ALT.342\_00.000 **Instrument Variable Name:** HOM\_OFTN **QuestionnaireFileName:** Adult CAM

**QuestionText:** 1 of 2

About how many times per week, month, or year do you buy homeopathic medicine?

\* Enter number.

- 000-995 0-995
- 997 Refused
- 999 Don't know

**UniverseText:** Sample adults 18+ who have used homeopathic treatment in the past 12 months

**SkipInstructions:** <1-995> [goto HOM\_OFTT]  
<D> [goto HOM\_COST]  
<0,R> [goto HOM\_EVER]

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**Question ID:** ALT.343\_00.000 **Instrument Variable Name:** HOM\_OFTT **QuestionnaireFileName:** Adult CAM

**QuestionText:** 2 of 2

\*Enter time period for how often homeopathic medicine purchased

\* Read if necessary:

About how many times per week, month, or year do you buy homeopathic medicine?

\*Read categories if necessary

- 0 Never/none
- 1 Week
- 2 Month
- 3 Year
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used homeopathic treatment in the past 12 months

**SkipInstructions:** <1-3,R,D> [goto HOM\_COST]

---

**Question ID:** ALT.344\_00.000 **Instrument Variable Name:** HOM\_COST **QuestionnaireFileName:** Adult CAM

**QuestionText:** About how much did you spend the last time you bought homeopathic medicine?

\*Enter '0' for none.

- 0000-1000 \$0-1000
- 9997 Refused
- 9999 Don't know

**UniverseText:** Sample adults 18+ who have purchased homeopathic medicine in the past year a specific number of times or who don't know the number of times

**SkipInstructions:** <0-1000,R,D> [goto HOM\_EVER]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.345\_00.000 **Instrument Variable Name:** HOM\_EVER **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Have you EVER seen a practitioner for homeopathic treatment?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used homeopathic treatment in the past 12 months

**SkipInstructions:** <1> [goto HOM\_USEM]  
<2,R,D> [goto HOM\_MAT]

---

**Question ID:** ALT.346\_00.000 **Instrument Variable Name:** HOM\_USEM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you see a practitioner for homeopathic treatment?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever seen a practitioner for homeopathic treatment

**SkipInstructions:** <1> [goto HOM\_PTIM]  
<2,R,D,> [goto HOM\_MAT]

---

**Question ID:** ALT.347\_00.000 **Instrument Variable Name:** HOM\_PTIM **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the exact number of times you saw a practitioner for homeopathic treatment in the past 12 months?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for homeopathic treatment in the past 12 months

**SkipInstructions:** <1> [goto HOM\_TMNO]  
<2,R,D> [goto HOM\_TMCT]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.348\_00.000 **Instrument Variable Name:** HOM\_TMNO **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, how many times did you see a practitioner for homeopathic treatment?

\*Enter '52' for 52 or more times.

**01-52** 1-52  
**97** Refused  
**99** Don't know

**UniverseText:** Sample adults 18+ who know the number of times they have seen a practitioner for homeopathic treatment in the past 12 months

**SkipInstructions:** <1-52,R,D> [goto HOM\_HIC]

---

**Question ID:** ALT.349\_00.000 **Instrument Variable Name:** HOM\_TMCT **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, ABOUT how many times did you see a practitioner for homeopathic treatment?  
Would you say...

\*Read categories below.

**01** Only 1 time  
**02** 2-5 times  
**03** 6-10 times  
**04** 11-15 times  
**05** 16-20 times  
**06** 21-25 times  
**07** More than 25 times  
**97** Refused  
**99** Don't know

**UniverseText:** Sample adults 18+ who don't know the specific number of times they have seen a practitioner for homeopathic treatment in the past 12 months or refuse the specific number of times

**SkipInstructions:** <1-7,R,D> [goto HOM\_HIC]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.350\_00.000 **Instrument Variable Name:** HOM\_HIC **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, were any of the costs of seeing a practitioner for homeopathic treatment covered by health insurance?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for homeopathic treatment in the past 12 months

**SkipInstructions:** <1> [goto HOM\_HICA]  
<2,R,D> [goto HOM\_HIT]

---

**Question ID:** ALT.351\_00.000 **Instrument Variable Name:** HOM\_HICA **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did your health insurance cover all of the cost or just some of the cost of seeing a practitioner for homeopathic treatment?

- 1 All of the cost
- 2 Some of the cost
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ whose visit(s) to a practitioner for homeopathic treatment in the past 12 months were (at least partly) covered by health insurance

**SkipInstructions:** <1> [goto HOM\_MAT]  
<2,R,D> [goto HOM\_HIT]

---

**Question ID:** ALT.352\_00.000 **Instrument Variable Name:** HOM\_HIT **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the total amount you paid for seeing a practitioner for homeopathic treatment in the past 12 months [fill1: not including the amount covered by insurance]?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ whose health insurance covered none or some of the cost for homeopathic treatment in the past 12 months

**SkipInstructions:** <1> [goto HOM\_HITS]  
<2,R,D> [goto HOM\_AVGC]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.353\_00.000 **Instrument Variable Name:** HOM\_HITS **QuestionnaireFileName:** Adult CAM

**QuestionText:** What is the total amount you paid for seeing a practitioner for homeopathic treatment in the past 12 months [fill1: not including the amount covered by insurance]?

\*Enter '0' for no cost or free.

**0000-26000** \$0-26000  
**99997** Refused  
**99999** Don't know

**UniverseText:** Sample adults 18+ who know the amount they paid for homeopathic treatment in the past 12 months

**SkipInstructions:** <0-26000,R,D> [goto HOM\_MAT]

**Soft Edit:** Verify if over \$1000

---

**Question ID:** ALT.354\_00.000 **Instrument Variable Name:** HOM\_AVGC **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the average amount you paid for each visit for homeopathic treatment {fill1: not including the amount covered by insurance} in the past 12 months?

**1** Yes  
**2** No  
**7** Refused  
**9** Don't know

**UniverseText:** Sample adults 18+ who don't know the total amount they paid for homeopathic treatment in the past 12 months

**SkipInstructions:** <1> [goto HOM\_AVGS]  
<2,R,D> [goto HOM\_MAT]

---

**Question ID:** ALT.355\_00.000 **Instrument Variable Name:** HOM\_AVGS **QuestionnaireFileName:** Adult CAM

**QuestionText:** On average, how much did you pay out-of-pocket for each visit to a practitioner for homeopathic treatment?

Enter '0' if no cost or free

**000-500** \$0-500  
**997** Refused  
**999** Don't know

**UniverseText:** Sample adults 18+ who know the average per visit they paid for homeopathic treatment in the past 12 months

**SkipInstructions:** <0-500,R,D> [goto HOM\_MAT]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.356\_00.000 **Instrument Variable Name:** HOM\_MAT **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you buy a self-help book or other materials such as a DVD, CD, or Video to learn about homeopathic treatment?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used homeopathy in the past 12 months

**SkipInstructions:** <1> [goto HOM\_MATC]  
<2,R,D> [goto MBO\_USE]

---

**Question ID:** ALT.357\_00.000 **Instrument Variable Name:** HOM\_MATC **QuestionnaireFileName:** Adult CAM

**QuestionText:** About how much did you pay for these materials in the past 12 months?

\*Enter '200' for \$200 or more.

- 000-200 \$0-200
- 997 Refused
- 999 Don't know

**UniverseText:** Sample adults 18+ who have bought self-help materials for homeopathic treatment in the past 12 months

**SkipInstructions:** <0-200,R,D> [goto MBO\_USE]

---

**Question ID:** ALT.367\_00.000 **Instrument Variable Name:** MBO\_USE **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Have you EVER used meditation, guided imagery, or progressive relaxation?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto MBOE\_MAN]  
<2,R,D> [goto YTQE\_YOG]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.368\_00.000 **Instrument Variable Name:** MBOE\_MAN **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Have you EVER used any of the following for your own health or treatment?

Mantra Meditation, including Transcendental Meditation®, Relaxation Response, and Clinically Standardized Meditation?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used meditation, guided imagery, or progressive relaxation

**SkipInstructions:** <1,2,R,D> [goto MBOE\_MND]

---

**Question ID:** ALT.369\_00.000 **Instrument Variable Name:** MBOE\_MND **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

\*Read if necessary.

Have you EVER used any of the following for your own health or treatment?

Mindfulness meditation, including Vipassana (vih-PAS-sah-nah), Zen Buddhist meditation, Mindfulness-based Stress Reduction, and Mindfulness-based Cognitive Therapy

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used meditation, guided imagery, or progressive relaxation

**SkipInstructions:** <1,2,R,D> [goto MBOE\_SPR]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.370\_00.000 **Instrument Variable Name:** MBOE\_SPR **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

\*Read if necessary.

Have you EVER used any of the following for your own health or treatment?

Spiritual meditation including Centering Prayer and Contemplative Meditation

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used meditation, guided imagery, or progressive relaxation

**SkipInstructions:** <1,2,R,D> [goto MBOE\_IMG]

---

**Question ID:** ALT.371\_00.000 **Instrument Variable Name:** MBOE\_IMG **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

\*Read if necessary.

Have you EVER used any of the following for your own health or treatment?

Guided imagery

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used meditation, guided imagery, or progressive relaxation

**SkipInstructions:** <1,2,R,D> [goto MBOE\_PRO]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.372\_00.000 **Instrument Variable Name:** MBOE\_PRO **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

\*Read if necessary.

Have you EVER used any of the following for your own health or treatment?

Progressive relaxation

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used meditation, guided imagery, or progressive relaxation

**SkipInstructions:** <1,2,R,D> cycle through MBOU questions for all selected practitioners in MBOE\_\*:  
if MBOE\_MAN=1 [goto MBOU\_MAN];  
else if MBOE\_MND=1 [goto MBOU\_MND];  
else if MBOE\_SPR=1 [goto MBOU\_SPR];  
else if MBOE\_IMG=1 [goto MBOU\_IMG];  
else if MBOE\_PRO=1 [goto MBOU\_PRO];  
<2,R,D>  
If (MBOE\_MAN and MBOE\_MND and MBOE\_SPR and MBOE\_IMG)=2,R,D [goto YTQE\_YOG]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.373\_00.000 **Instrument Variable Name:** MBOU\_MAN **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you use...

Mantra Meditation, including Transcendental Meditation®, Relaxation Response, and Clinically Standardized Meditation?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used a mantra meditation

**SkipInstructions:** <1,2,R,D>  
if MBOE\_MND=1 [goto MBOU\_MND];  
else if MBOE\_SPR=1 [goto MBOU\_SPR];  
else if MBOE\_IMG=1 [goto MBOU\_IMG];  
else if MBOE\_PRO=1 [goto MBOU\_PRO];  
else if MBOE\_MAN=1 and (MBOE\_MND and MBOE\_SPR and MBOE\_IMG and  
MBOE\_MBOE\_PRO)=2,R,D, fill value in MBO\_MST1, [goto MBO\_BRTH];  
  
<2,R,D>  
If (MBOE\_MND and MBOE\_SPR and MBOE\_IMG and MBOE\_MBOE\_PRO)=2,R,D [goto YTQE\_YOG]

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**Question ID:** ALT.374\_00.000 **Instrument Variable Name:** MBOU\_MND **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you use...

Mindfulness meditation, including Vipassana (vih-PAS-sah-nah), Zen Buddhist meditation, Mindfulness-based Stress Reduction, and Mindfulness-based Cognitive Therapy?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used mindfulness meditation

**SkipInstructions:** <1,2,R,D>  
if MBOE\_SPR=1 [goto MBOU\_SPR];  
else if MBOE\_IMG=1 [goto MBOU\_IMG];  
else if MBOE\_PRO=1 [goto MBOU\_PRO];  
else if MBOE\_MND =1 and (MBOE\_MAN and MBOE\_SPR and MBOE\_IMG and  
MBOE\_MBOE\_PRO)=2,R,D, fill value in MBO\_MST1, [goto MBO\_BRTH];  
else if two or more of the other MBOU 12 month series answered 1 (yes), [goto MBO\_MST1]  
<2,R,D>  
If (MBOE\_MAN and MBOE\_SPR and MBOE\_IMG and MBOE\_MBOE\_PRO)=2,R,D [goto YTQE\_YOG]  
else if at the last cycle though of the MBOU\_\* variables where ALL=2,R,D, [goto YTQE\_YOG]

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**2012 NHIS Questionnaire - Adult CAM****Adult Alternative Health/Complementary And Alternative Medicine**

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**Question ID:** ALT.375\_00.000 **Instrument Variable Name:** MBOU\_SPR **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you use...

Spiritual meditation including Centering Prayer and Contemplative Meditation?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used spiritual meditation

**SkipInstructions:** <1,2,R,D> if MBOE\_IMG=1 [goto MBOU\_IMG];  
 else if MBOE\_PRO=1 [goto MBOU\_PRO];  
 else if MBOE\_SPR =1 and (MBOE\_MAN and MBOE\_MND and MBOE\_IMG and MBOE\_MBOE\_PRO)=2,R,D, fill value in MBO\_MST1, [goto MBO\_BRTH];  
 else if two or more of the other MBOU 12 month series answered 1 (yes), [goto MBO\_MST1]

<2,R,D>  
 If (MBOE\_MAN and MBOE\_MND and MBOE\_IMG and MBOE\_MBOE\_PRO)=2,R,D [goto YTQE\_YOG]  
 else if at the last cycle though of the MBOU\_\* variables where ALL=2,R,D, [goto YTQE\_YOG]

**Question ID:** ALT.376\_00.000 **Instrument Variable Name:** MBOU\_IMG **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you use...

Guided imagery?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used guided imagery

**SkipInstructions:** <1,2,R,D>  
 if MBOE\_PRO=1 [goto MBOU\_PRO];  
 else if MBOE\_IMG =1 and (MBOE\_MAN and MBOE\_MND and MBOE\_SPR and MBOE\_PRO)=2,R,D, fill value in MBO\_MST1, [goto MBO\_BRTH];  
 else if two or more of the other MBOU 12 month series answered 1 (yes), [goto MBO\_MST1]

<2,R,D>  
 If (MBOE\_MAN and MBOE\_MND and MBOE\_SPR and MBOE\_PRO)=2,R,D [goto YTQE\_YOG]  
 else if at the last cycle though of the MBOU\_\* variables where ALL=2,R,D, [goto YTQE\_YOG]

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**Question ID:** ALT.377\_00.000 **Instrument Variable Name:** MBOU\_PRO **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you use...

Progressive relaxation?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used a progressive relaxation

**SkipInstructions:** <1,2,R,D> if more than two types selected from: MBOU\_MAN, MBOU\_MND, MBOU\_SPR, MBOU\_IMG, and MBOU\_PRO [goto MBO\_MST1];  
else if only one selected from (MBOU\_PRO or MBOU\_MAN or MBOU\_MND or MBOU\_SPR or MBOU\_IMG)=1, fill value in MBO\_MST1, [goto MBO\_BRTH];  
  
<2,R,D>  
If (MBOE\_MAN and MBOE\_MND and MBOE\_SPR and MBOE\_IMG)=2,R,D [goto YTQE\_YOG];

---

**Question ID:** ALT.378\_00.000 **Instrument Variable Name:** MBO\_MST1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, which of these did you use the most?

\*Read categories below.

- 1 Mantra meditation
- 2 Mindfulness meditation
- 3 Spiritual meditation
- 4 Guided imagery
- 5 Progressive relaxation
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used more than two types of a mind-body therapy in the past 12 months

**SkipInstructions:** <1-5>  
If only one MBOU\_\*=1 fill value in MBO\_MST1 and don't ask question [goto MBO\_BRTH];  
else [goto MBO\_BRTH]  
<R,D> [goto YTQE\_YOG];

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**Question ID:** ALT.379\_00.000 **Instrument Variable Name:** MBO\_BRTH **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

Did you do breathing exercises as part of [fill1]? Breathing exercises may involve actively controlling the way air is drawn in, or the rate or depth of breathing.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used a mind-body therapy in the past 12 months/used one the most in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto MBO\_USEM]

---

**Question ID:** ALT.380\_00.000 **Instrument Variable Name:** MBO\_USEM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you see a practitioner or take a class for [fill1]?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used a mind-body therapy in the past 12 months

**SkipInstructions:** <1> [goto MBO\_PTIM]  
<2,R,D> [goto MBO\_MAT]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.381\_00.000 **Instrument Variable Name:** MBO\_PTIM **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the exact number of times you saw a practitioner or took a class for [fill1] in the past 12 months?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for a mind-body therapy in the past 12 months

**SkipInstructions:** <1> [goto MBO\_TMNO]  
<2,R,D> [goto MBO\_TMCT]

---

**Question ID:** ALT.382\_00.000 **Instrument Variable Name:** MBO\_TMNO **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, how many times did you see a practitioner or take a class for [fill1]?

\*Enter '52' for 52 or more times."

- 01-52 1-52
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who know the number of times they have seen a practitioner for a mind-body therapy in the past 12 months

**SkipInstructions:** <1-52,R,D> [goto MBO\_HIC]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.383\_00.000 **Instrument Variable Name:** MBO\_TMCT **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, ABOUT how many times did you see a practitioner or take a class for [fill1]? Would you say...

\*Read categories below.

- 01 Only 1 time
- 02 2-5 times
- 03 6-10 times
- 04 11-15 times
- 05 16-20 times
- 06 21-25 times
- 07 More than 25 times
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who don't know the specific number of times they have seen a practitioner for a mind-body therapy in the past 12 months or refuse the specific number of times

**SkipInstructions:** <1-7,R,D> [goto MBO\_HIC]

---

**Question ID:** ALT.384\_00.000 **Instrument Variable Name:** MBO\_HIC **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, were any of the costs of seeing a practitioner or taking a class for [fill1] covered by health insurance?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for a mind-body therapy in the past 12 months

**SkipInstructions:** <1> [goto MBO\_HICA]  
<2,R,D> [goto MBO\_HIT]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.385\_00.000 **Instrument Variable Name:** MBO\_HICA **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did your health insurance cover all of the cost or just some of the cost of seeing a practitioner or taking a class for [fill1]?

- 1 All of the cost
- 2 Some of the cost
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ whose visit(s) to a practitioner for a mind-body therapy in the past 12 months were (at least partly) covered by health insurance

**SkipInstructions:** <1> [goto MBO\_MAT]  
<2,R,D> [goto MBO\_HIT]

---

**Question ID:** ALT.386\_00.000 **Instrument Variable Name:** MBO\_HIT **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the total amount you paid for seeing a practitioner or taking a class for [fill1] in the past 12 months [fill2: not including the amount covered by insurance]?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ whose health insurance covered none or some of the cost for a mind-body therapy in the past 12 months

**SkipInstructions:** <1> [goto MBO\_HITS]  
<2,R,D> [goto MBO\_AVGC]

---

**Question ID:** ALT.387\_00.000 **Instrument Variable Name:** MBO\_HITS **QuestionnaireFileName:** Adult CAM

**QuestionText:** What is the total amount you paid for seeing a practitioner or taking a class for [fill1] in the past 12 months [fill2: not including the amount covered by insurance]?

\*Enter '0' for no cost or free.

- 00000-26000 \$0-26000
- 99997 Refused
- 99999 Don't know

**UniverseText:** Sample adults 18+ who know the amount they paid for a mind-body therapy in the past 12 months

**SkipInstructions:** <0-26000,R,D> [goto MBO\_MAT]

**Soft Edit:** Verify if over \$1000

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.388\_00.000 **Instrument Variable Name:** MBO\_AVGC **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the average amount you paid for each visit or class for [fill1] {fill2: not including the amount covered by insurance} in the past 12 months?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who don't know the total amount they paid for a mind-body therapy in the past 12 months

**SkipInstructions:** <1> [goto MBO\_AVGS]  
<2,R,D> [goto MBO\_MAT]

---

**Question ID:** ALT.389\_00.000 **Instrument Variable Name:** MBO\_AVGS **QuestionnaireFileName:** Adult CAM

**QuestionText:** On average, how much did you pay out-of-pocket for each visit to a practitioner or class for [fill1]?

\*Enter '0' if no cost or free.

- 000-500 \$0-500
- 997 Refused
- 999 Don't know

**UniverseText:** Sample adults 18+ who know the average per visit they paid for a mind-body therapy in the past 12 months

**SkipInstructions:** <0-500,R,D> [goto MBO\_MAT]

---

**Question ID:** ALT.390\_00.000 **Instrument Variable Name:** MBO\_MAT **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you buy a self-help book or other materials such as a DVD, CD, or Video to learn about [fill1]?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used a mind-body therapy in the past 12 months

**SkipInstructions:** <1> [goto MBO\_MATC]  
<2,R,D> [goto YTQE\_YOG]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.391\_00.000 **Instrument Variable Name:** MBO\_MATC **QuestionnaireFileName:** Adult CAM

**QuestionText:** About how much did you pay for these materials in the past 12 months?

\*Enter '200' for \$200 or more.

**000-200** \$0-200  
**997** Refused  
**999** Don't know

**UniverseText:** Sample adults 18+ who have bought self-help materials for a mind-body therapy in the past 12 months

**SkipInstructions:** <0-200,R,D> [goto YTQE\_YOG]

---

**Question ID:** ALT.401\_00.000 **Instrument Variable Name:** YTQE\_YOG **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

Have you EVER practiced any of the following? Please say yes or no to each.

...Yoga?

**1** Yes  
**2** No  
**7** Refused  
**9** Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto YTQE\_TAI]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.402\_00.000 **Instrument Variable Name:** YTQE\_TAI **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

\*Read if necessary.

Have you EVER practiced any of the following?

...Tai Chi (tie-CHEE)?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto YTQE\_QIG]

---

**Question ID:** ALT.403\_00.000 **Instrument Variable Name:** YTQE\_QIG **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

\*Read if necessary.

Have you EVER practiced any of the following?

...Qi Gong (chee-GONG)?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** if (YTQE\_YOG or YTQE\_TAI or YTQE\_QIG)=1 cycle through applicable YTQU questions;  
<1,2,R,D>  
if YTQE\_YOG=1 [goto YTQU\_YOG] or  
if YTQE\_TAI=1 [goto YTQU\_TAI] or  
if YTQE\_QIG=1 [goto YTQU\_QIG]  
Else if <2,R,D> (YTQE\_YOG and YTQE\_TAI and YTQE\_QIG) in (2,R,D) [goto DITE\_VEG]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.404\_00.000 **Instrument Variable Name:** YTQU\_YOG **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you practice Yoga for yourself?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used Yoga

**SkipInstructions:** <1,2,R,D>  
If YTQE\_TAI=1 [goto YTQU\_TAI]  
else if YTQE\_TAI=2 and YTQE\_QIG=1 [goto YTQU\_QIG]  
<1> If (YTQE\_TAI and YTQE\_QIG)=2 [goto YTQ\_BTHY]  
Else <2,R,D> and (YTQE\_TAI and YTQE\_QIG) in (2,R,D) [goto DITE\_VEG]

---

**Question ID:** ALT.405\_00.000 **Instrument Variable Name:** YTQU\_TAI **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you practice Tai Chi for yourself?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used Tai Chi

**SkipInstructions:** <1,2,R,D> if YTQE\_QIG=1 [goto YTQU\_QIG];  
else if (YTQE\_QIG=2 and YTQU\_YOG=1) [goto YTQ\_BTHY];  
else if (YTQU\_YOG and YTQU\_TAI and YTQE\_QIG) in (2,R,D) [goto DITE\_VEG]  
<1> if (YTQE\_QIG and YTQU\_YOG)=2 [goto YTQ\_BTHT]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.406\_00.000 **Instrument Variable Name:** YTQU\_QIG **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you practice Qi Gong (chee-GONG) for yourself?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used Qi Gong

**SkipInstructions:** <1,2,R,D>  
if YTQU\_YOG=1 [goto YTQ\_BTHY]  
Else if YTQU\_TAI=1 and YTQU\_YOG in (2,R,D) [goto YTQ\_BTHT]  
Else if YTQU\_QIG=1 and (YTQU\_YOG and YTQU\_TAI) in (2,R,D) [goto YTQ\_BTHQ]  
<2,R,D> (YTQU\_YOG and YTQU\_TAI) in (2,R,D) [goto DITE\_VEG]

---

**Question ID:** ALT.407\_00.010 **Instrument Variable Name:** YTQ\_BTHY **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

Did you do breathing exercises as part of Yoga? Breathing exercises may involve actively controlling the way air is drawn in, or the rate or depth of breathing.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used Yoga in the past 12 months

**SkipInstructions:** <1,2,R,D> if YTQU\_TAI =1 [goto YTQ\_BTHT];  
Else if YTQU\_TAI in (2,R,D) and YTQU\_QIG=1 [goto YTQ\_BTHQ]  
Else if YTQU\_YOG=1 and (YTQU\_TAI and YTQU\_QIG) in (2,R,D) [goto YTQ\_MEDY]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.408\_00.020 **Instrument Variable Name:** YTQ\_BTHT **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

Did you do breathing exercises as part of Tai Chi? Breathing exercises may involve actively controlling the way air is drawn in, or the rate or depth of breathing.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used Tai Chi in the past 12 months

**SkipInstructions:** <1,2,R,D> if YTQU\_QIG =1 [goto YTQ\_BTHQ];  
Else if YTQU\_YOG=1 and YTQU\_QIG in (2,R,D) [goto YTQ\_MEDY]  
Else if (YTQU\_YOG and YTQU\_QIG) in (2,R,D) [goto YTQ\_MEDT]

---

**Question ID:** ALT.409\_00.030 **Instrument Variable Name:** YTQ\_BTHQ **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

Did you do breathing exercises as part of Qi Gong (chee-GONG)? Breathing exercises may involve actively controlling the way air is drawn in, or the rate or depth of breathing.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used Qi Gong in the past 12 months

**SkipInstructions:** <1,2,R,D>  
If YTQU\_YOG =1 [goto YTQ\_MEDY]  
Else If YTQU\_TAI=1 [goto YTQ\_MEDT]  
Else if YTQU\_QIG=1 [goto YTQ\_MEDQ]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.410\_00.010 **Instrument Variable Name:** YTQ\_MEDY **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Did you do meditation as part of Yoga?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used Yoga in the past 12 months

**SkipInstructions:** <1,2,R,D>  
If YTQU\_TAI=1 [goto YTQ\_MEDT]  
Else if YTQU\_QIG=1 & (YTQU\_TAI) in (2,R,D)) [goto YTQ\_MEDQ]  
Else if (YTQ\_BTHY or YTQ\_MEDY)=1 and (YTQ\_BTHT & YTQ\_BTHQ) in (2,R,D,''))  
fill answer in YTQ\_MOST( [goto YTQ\_USEM]  
<2,R,D> YTQ\_BTHY in (2,R,D) and (YTQ\_BTHT & YTQ\_BTHQ) in (2,R,D,'')) [goto DIT\_VEG]

---

**Question ID:** ALT.411\_00.020 **Instrument Variable Name:** YTQ\_MEDT **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Did you do meditation as part of Tai Chi?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used Tai Chi in the past 12 months

**SkipInstructions:** <1,2,R,D>  
If YTQU\_QIG=1 [goto YTQ\_MEDQ]  
else If YTQ\_CNT ge 2 [goto YTQ\_MOST];  
else if YTQ\_CNT=1, fill answer in YTQ\_MOST( [goto YTQ\_USEM]  
<2,R,D> (YTQ\_BTHT and YTQ\_BTHY and YTQ\_BTHQ and YTQ\_MEDY) in (2,R,D,'')) [goto DIT\_VEG]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.412\_00.030 **Instrument Variable Name:** YTQ\_MEDQ **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Did you do meditation as part of Qi Gong (chee-GONG)?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used Qi Gong in the past 12 months

**SkipInstructions:** <1,2,R,D>  
If YTQ\_CNT ge 2 [goto YTQ\_MOST];  
else if YTQ\_CNT=1, fill answer in YTQ\_MOST( [goto YTQ\_USEM]  
<2,R,D> ( YTQ\_BTHY and YTQ\_BTHT and YTQ\_BTHQ and YTQ\_MEDY and YTQ\_MEDT) in (2,R,D,``))  
[goto DIT\_VEG]

---

**Question ID:** ALT.413\_00.000 **Instrument Variable Name:** YTQ\_MOST **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, which exercise did you practice the most?

\*Read categories below.

- 1 Yoga
- 2 Tai-Chi
- 3 Qi Gong
- 7 Refused
- 9 Don't Know

**UniverseText:** Sample adults 18+ who have used more than one type of exercise in the past 12 months and have used breathing or meditation with exercise

**SkipInstructions:** <1-3> [goto YTQ\_USEM]  
<R,D> [goto DITE\_VEG]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.414\_00.000 **Instrument Variable Name:** YTQ\_USEM **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you take a [fill1: Yoga/Tai Chi/Qi Gong] class or in some way receive formal training? Attending only one session does not count.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used an exercise in the past 12 months

**SkipInstructions:** <1> [goto YTQ\_PTIM]  
<2,R,D> [goto YTQ\_MAT]

---

**Question ID:** ALT.415\_00.000 **Instrument Variable Name:** YTQ\_PTIM **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the exact number of times you saw an instructor for [fill1: Yoga/Tai Chi/Qi Gong] in the past 12 months?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for an exercise in the past 12 months

**SkipInstructions:** <1> [goto YTQ\_TMNO]  
<2,R,D> [goto YTQ\_TMCT]

---

**Question ID:** ALT.416\_00.000 **Instrument Variable Name:** YTQ\_TMNO **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, how many times did you see an instructor for [fill1: Yoga/Tai Chi/Qi Gong]?

\*Enter '52' for 52 or more times.

- 01-52 1-52
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who know the number of times they have seen a practitioner for an exercise in the past 12 months

**SkipInstructions:** <1-52,R,D> [goto YTQ\_HIC]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.417\_00.000 **Instrument Variable Name:** YTQ\_TMCT **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, ABOUT how many times did you see an instructor for [fill1: Yoga/Tai Chi/Qi Gong]? Would you say...

\*Read categories below.

- 01 Only 1 time
- 02 2-5 times
- 03 6-10 times
- 04 11-15 times
- 05 16-20 times
- 06 21-25 times
- 07 More than 25 times
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who don't know the specific number of times they have seen a practitioner for an exercise in the past 12 months or refuse the specific number of times

**SkipInstructions:** <1-7,R,D> [goto YTQ\_HIC]

---

**Question ID:** ALT.418\_00.000 **Instrument Variable Name:** YTQ\_HIC **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, were any of the costs of seeing an instructor for [fill1: Yoga/Tai Chi/Qi Gong] covered by health insurance?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for an exercise therapy in the past 12 months

**SkipInstructions:** <1> [goto YTQ\_HICA]  
<2,R,D> [goto YTQ\_HIT]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.419\_00.000 **Instrument Variable Name:** YTQ\_HICA **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did your health insurance cover all of the cost or just some of the cost of seeing an instructor for [fill1: Yoga/Tai Chi/Qi Gong]?

- 1 All of the cost
- 2 Some of the cost
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ whose visit(s) to a practitioner for an exercise in the past 12 months were (at least partly) covered by health insurance

**SkipInstructions:** <1> [goto YTQ\_MAT]  
<2,R,D> [goto YTQ\_HIT]

---

**Question ID:** ALT.420\_00.000 **Instrument Variable Name:** YTQ\_HIT **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the total amount you paid for seeing an instructor for [fill1: Yoga/Tai Chi/Qi Gong] in the past 12 months [fill2: not including the amount covered by insurance]?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ whose health insurance covered none or some of the cost for an exercise in the past 12 months

**SkipInstructions:** <1> [goto YTQ\_HITS]  
<2,R,D> [goto YTQ\_AVGC]

---

**Question ID:** ALT.421\_00.000 **Instrument Variable Name:** YTQ\_HITS **QuestionnaireFileName:** Adult CAM

**QuestionText:** What is the total amount you paid for seeing an instructor for [fill1: Yoga/Tai Chi/Qi Gong] in the past 12 months [fill2: not including the amount covered by insurance]?

\*Enter '0' for no cost or free.

- 0000-26000 \$0-26000
- 99997 Refused
- 99999 Don't know

**UniverseText:** Sample adults 18+ who know the amount they paid for an exercise in the past 12 months

**SkipInstructions:** <0-26000,R,D> [goto YTQ\_MAT]

**Soft Edit:** Verify if over \$1000

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.422\_00.000 **Instrument Variable Name:** YTQ\_AVGC **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the average amount you paid for each visit for [fill1: Yoga/Tai Chi/Qi Gong] [fill2: not including the amount covered by insurance] in the past 12 months?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who don't know the total amount they paid for an exercise in the past 12 months

**SkipInstructions:** <1> [goto YTQ\_AVGS]  
<2,R,D> [goto YTQ\_MAT]

---

**Question ID:** ALT.423\_00.000 **Instrument Variable Name:** YTQ\_AVGS **QuestionnaireFileName:** Adult CAM

**QuestionText:** On average, how much did you pay out-of-pocket for each visit to an instructor for [fill1: Yoga/Tai Chi/Qi Gong]?  
Enter '0' if no cost or free

- 000-500 \$0-500
- 997 Refused
- 999 Don't know

**UniverseText:** Sample adults 18+ who know the average per visit they paid for an exercise in the past 12 months

**SkipInstructions:** <0-500,R,D> [goto YTQ\_MAT]

---

**Question ID:** ALT.424\_00.000 **Instrument Variable Name:** YTQ\_MAT **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you buy a self-help book or other materials such as a DVD, CD, or Video to learn about [fill1: Yoga/Tai Chi/Qi Gong]?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used an exercise in the past 12 months

**SkipInstructions:** <1> [goto YTQ\_MATC]  
<2,R,D> [goto DITE\_VEG]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.425\_00.000 **Instrument Variable Name:** YTQ\_MATC **QuestionnaireFileName:** Adult CAM

**QuestionText:** About how much did you pay for these materials in the past 12 months?

\*Enter '200' for \$200 or more.

- 000-200 \$0-200
- 997 Refused
- 999 Don't know

**UniverseText:** Sample adults 18+ who have bought self-help materials for an exercise in the past 12 months

**SkipInstructions:** <0-200,R,D> [goto DITE\_VEG]

---

**Question ID:** ALT.435\_00.000 **Instrument Variable Name:** DITE\_VEG **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Have you EVER used any of the following special diets for two weeks or more for health reasons?

Vegetarian, including Vegan

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto DITEVER2]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.436\_00.000 **Instrument Variable Name:** DITEVER2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

\*Read if necessary.

Have you EVER used any of the following special diets for two weeks or more for health reasons?

Macrobiotic

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto DITEVER3]

---

**Question ID:** ALT.437\_00.000 **Instrument Variable Name:** DITEVER3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

\*Read if necessary.

Have you EVER used any of the following special diets for two weeks or more for health reasons?

Atkins

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto DITEVER4]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.438\_00.000 **Instrument Variable Name:** DITEVER4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

\*Read if necessary.

Have you EVER used any of the following special diets for two weeks or more for health reasons?

Pritikin

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto DITEVER5]

---

**Question ID:** ALT.439\_00.000 **Instrument Variable Name:** DITEVER5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

\*Read if necessary.

Have you EVER used any of the following special diets for two weeks or more for health reasons?

Ornish

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> if DITE\_VEG=1 or DITEVER2=1 or DITEVER3=1 or DITEVER4=1 or DITEVER5=1, cycle through applicable DIT\_USM1, DIT\_USM2, DIT\_USM3, DIT\_USM4, DIT\_USM5;

else if (DITE\_VEG and DITEVER1-DITEVER5) in (2,R,D) [goto MOVE\_FLD]

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**Question ID:** ALT.440\_00.000 **Instrument Variable Name:** DIT\_USM1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you use a vegetarian, including Vegan diet for two weeks or more for health reasons?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used special diets-vegetarian, including vegan

**SkipInstructions:** <1,2,R,D>  
If DITEVER2 =1 [goto DIT\_USM2]  
else if DITEVER3 =1 [goto DIT\_USM3];  
else if DITEVER4=1 [goto DIT\_USM4]  
else if DITEVER5=1 [goto DIT\_USM5]  
<1> if (DITEVER3 and DITEVER4 and DITEVER5) in (2,R,D) [goto DIT\_WGT1];  
Else if <2,R,D,' '> if (DITEVER3 and DITEVER4 and DITEVER5) in (2,R,D) [goto MOVE\_FLD]

---

**Question ID:** ALT.441\_00.000 **Instrument Variable Name:** DIT\_USM2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you use a macrobiotic diet for two weeks or more for health reasons?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used special diets-macrobiotic

**SkipInstructions:** <1,2,R,D>  
If DITEVER3 =1 [goto DIT\_USM3];  
else if DITEVER4=1 [goto DIT\_USM4]  
else if DITEVER5=1 [goto DIT\_USM5]  
<1> if (DIT\_USM1=1) and (DITEVER3 and DITEVER4 and DITEVER5) in (2,R,D) [goto DIT\_WGT1];  
Else if <2,R,D,' '> if (DITEVER3 and DITEVER4 and DITEVER5) in (2,R,D) and ((DIT\_USM1) ne 1) [goto MOVE\_FLD]

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**Question ID:** ALT.442\_00.000 **Instrument Variable Name:** DIT\_USM3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you use the Atkins diet for two weeks or more for health reasons?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used special diets-Atkins

**SkipInstructions:** <1,2,R,D>  
If DITEVER4 =1 [goto DIT\_USM4;  
else if DITEVER5=1 [goto DIT\_USM5]  
<1> if (DIT\_USM1=1 or DIT\_USM2=1) and (DITEVER4 and DITEVER5) in (2,R,D) [goto DIT\_WGT1];  
Else if <2,R,D,' '> if (DITEVER4 and DITEVER5) in (2,R,D) and (DIT\_USM1 and DIT\_USM2) ne 1) [goto  
MOVE\_FLD]

---

**Question ID:** ALT.443\_00.000 **Instrument Variable Name:** DIT\_USM4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you use the Pritikin diet for two weeks or more for health reasons?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used special diets-Pritikin

**SkipInstructions:** <1,2,R,D>  
If DITEVER5 =1 [goto DIT\_USM5]  
Else if (DIT\_USM1=1 or DIT\_USM2=1 or DIT\_USM3=1 or DIT\_USM4=1) [goto DIT\_WGT1];  
Else <2,R,D,' '> if (DITEVER5) in (2,R,D)) and ((DIT\_USM1 and DIT\_USM2 and DIT\_USM3) ne 1) [goto  
MOVE\_FLD]

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**Question ID:** ALT.444\_00.000 **Instrument Variable Name:** DIT\_USM5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you use the Ornish for two weeks or more for health reasons?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used special diets-Ornish

**SkipInstructions:** <1,2,R,D>  
if (DIT\_USM1 or DIT\_USM2 or DIT\_USM3 or DIT\_USM4 or DIT\_USM5)=1 [goto DIT\_WGT1];  
Else if <2,R,D, ''> to all DIT\_USM\_\* [goto MOVE\_FLD]

---

**Question ID:** ALT.445\_00.000 **Instrument Variable Name:** DIT\_WGT1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you use special diets for weight control or weight loss?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used special diets in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto DIT\_PRE]

---

**Question ID:** ALT.446\_00.000 **Instrument Variable Name:** DIT\_PRE **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Have you EVER seen a practitioner for special diets?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used special diets in the past 12 months

**SkipInstructions:** <1> [goto DIT\_PRU]  
<2,R,D> [goto DIT\_MAT]

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**Question ID:** ALT.447\_00.000 **Instrument Variable Name:** DIT\_PRU **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you see a practitioner for special diets?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever seen a practitioner for special diets

**SkipInstructions:** <1> [goto DIT\_PTIM]  
<2,R,D> [goto DIT\_MAT]

---

**Question ID:** ALT.448\_00.000 **Instrument Variable Name:** DIT\_PTIM **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the exact number of times you saw a practitioner for special diets in the past 12 months?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for special diets in the past 12 months

**SkipInstructions:** <1> [goto DIT\_TMNO]  
<2,R,D> [goto DIT\_TMCT]

---

**Question ID:** ALT.449\_00.000 **Instrument Variable Name:** DIT\_TMNO **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, how many times did you see a practitioner for special diets?

\*Enter '52' for 52 or more times.

- 01-52 1-52
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who know the number of times they have seen a practitioner for special diets in the past 12 months

**SkipInstructions:** <1-52,R,D> [goto DIT\_HIC]

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**Question ID:** ALT.450\_00.000 **Instrument Variable Name:** DIT\_TMCT **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, ABOUT how many times did you see a practitioner for special diets? Would you say...

\*Read categories below.

- 01 Only 1 time
- 02 2-5 times
- 03 6-10 times
- 04 11-15 times
- 05 16-20 times
- 06 21-25 times
- 07 More than 25 times
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who don't know the specific number of times they have seen a practitioner for special diets in the past 12 months or refuse the specific number of times

**SkipInstructions:** <1-7,R,D> [goto DIT\_HIC]

---

**Question ID:** ALT.451\_00.000 **Instrument Variable Name:** DIT\_HIC **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, were any of the costs of seeing a practitioner for special diets covered by health insurance?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for special diets in the past 12 months

**SkipInstructions:** <1> [goto DIT\_HICA]  
<2,R,D> [goto DIT\_HIT]

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**Question ID:** ALT.452\_00.000 **Instrument Variable Name:** DIT\_HICA **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did your health insurance cover all of the cost or just some of the cost of seeing a practitioner for special diets?

- 1 All of the cost
- 2 Some of the cost
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ whose visit(s) to a practitioner for special diets in the past 12 months were (at least partly) covered by health insurance

**SkipInstructions:** <1> [goto DIT\_MAT]  
<2,R,D> [goto DIT\_HIT]

---

**Question ID:** ALT.453\_00.000 **Instrument Variable Name:** DIT\_HIT **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the total amount you paid for seeing a practitioner for special diets in the past 12 months [fill1: not including the amount covered by insurance]?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ whose health insurance covered none or some of the cost for special diets in the past 12 months

**SkipInstructions:** <1> [goto DIT\_HITS]  
<2,R,D> [goto DIT\_AVGC]

---

**Question ID:** ALT.454\_00.000 **Instrument Variable Name:** DIT\_HITS **QuestionnaireFileName:** Adult CAM

**QuestionText:** What is the total amount you paid for seeing a practitioner for special diets in the past 12 months [fill1: not including the amount covered by insurance]?

\*Enter '0' for no cost or free.

- 0000-26000 \$0-26000
- 99997 Refused
- 99999 Don't know

**UniverseText:** Sample adults 18+ who know the amount they paid for special diets in the past 12 months

**SkipInstructions:** <0-26000,R,D> [goto DIT\_MAT]

**Soft Edit:** Verify if over \$1000

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**Question ID:** ALT.455\_00.000 **Instrument Variable Name:** DIT\_AVGC **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the average amount you paid for each visit for special diets {fill1: not including the amount covered by insurance} in the past 12 months?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who don't know the total amount they paid for special diets in the past 12 months

**SkipInstructions:** <1> [goto DIT\_AVGS]  
<2,R,D> [goto DIT\_MAT]

---

**Question ID:** ALT.456\_00.000 **Instrument Variable Name:** DIT\_AVGS **QuestionnaireFileName:** Adult CAM

**QuestionText:** On average, how much did you pay out-of-pocket for each visit to a practitioner for special diets?

Enter '0' if no cost or free

- 000-500 \$0-500
- 997 Refused
- 999 Don't know

**UniverseText:** Sample adults 18+ who know the average per visit they paid for special diets in the past 12 months

**SkipInstructions:** <0-500,R,D> [goto DIT\_MAT]

---

**Question ID:** ALT.457\_00.000 **Instrument Variable Name:** DIT\_MAT **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you buy a self-help book or other materials such as a DVD, CD, or Video to learn about special diets?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used special diets in the past 12 months

**SkipInstructions:** <1> [goto DIT\_MATC]  
<2,R,D> [goto MOVE\_FLD]

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**Question ID:** ALT.458\_00.000 **Instrument Variable Name:** DIT\_MATC **QuestionnaireFileName:** Adult CAM

**QuestionText:** About how much did you pay for these materials in the past 12 months?

\*Enter '200' for \$200 or more.

**000-200** \$0-200  
**997** Refused  
**999** Don't know

**UniverseText:** Sample adults 18+ who have bought self-help materials for special diets in the past 12 months

**SkipInstructions:** <0-200,R,D> [goto MOVE\_FLD]

---

**Question ID:** ALT.468\_00.000 **Instrument Variable Name:** MOVE\_FLD **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Have you ever practiced any of the following movement or exercise techniques?

Feldenkrais (FELL-den-krice)

**1** Yes  
**2** No  
**7** Refused  
**9** Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto MOVE\_ALX]

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**Question ID:** ALT.469\_00.000 **Instrument Variable Name:** MOVE\_ALX **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Have you ever practiced any of the following movement or exercise techniques?

Alexander Technique

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto MOVE\_PIL]

---

**Question ID:** ALT.470\_00.000 **Instrument Variable Name:** MOVE\_PIL **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Have you ever practiced any of the following movement or exercise techniques?

Pilates (pih-LAH-teez)

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto MOVE\_TPI]

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**Question ID:** ALT.471\_00.000 **Instrument Variable Name:** MOVE\_TPI **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Have you ever practiced any of the following movement or exercise techniques?

Trager Psychophysical Integration

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> if MOVE\_FLD=1 or MOVE\_ALX=1 or MOVE\_PIL=1 or MOVE\_TP1=1 [cycle through applicable MOVP questions];  
<2,R,D> if (All MOVE\* ne 1) and (more than 3 modalities excluding chelation/ayurveda) [goto ALT\_TOP3];  
else If (All MOVE\* ne 1) and (3 or less modalities chosen excluding chelation/ayurveda) [goto TP1\_REA1]

---

**Question ID:** ALT.472\_00.000 **Instrument Variable Name:** MOVP\_FLD **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Have you ever seen a practitioner or teacher for...

Feldenkrais (FELL-den-krice)?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used Feldenkrais

**SkipInstructions:** <1,2,R,D>  
If any other MOVE\_\* ='1' [goto next appropriate MOVP\_\* question]  
<1> If (MOVE\_ALX and MOVE\_PIL and MOVE\_TPI) ne '1') [goto MOV\_FLD]  
<2,R,D> if (MOVE\_ALX and MOVE\_PIL and MOVE\_TPI) ne '1') [goto MOVU\_FLD]

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**Question ID:** ALT.473\_00.000 **Instrument Variable Name:** MOVP\_ALX **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Have you ever seen a practitioner or teacher for...

Alexander Technique?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used Alexander technique

**SkipInstructions:** <1,2,R,D>  
If any other MOVE\_\*='1' [goto next appropriate MOVP\_\* question]  
Else if (MOVE\_PIL and MOVE\_TPI) ne '1' and any MOVP\_\*='1' [goto next appropriate MOV\_\* question]  
  
<2,R,D> Else if all of MOVP\_\* ne '1' and where there's MOVE\_\*=1 [goto appropriate MOVU\_\* question(s) ]

---

**Question ID:** ALT.474\_00.000 **Instrument Variable Name:** MOVP\_PIL **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Have you ever seen a practitioner or teacher for...

Pilates (pih-LAH-teez)?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used Pilates

**SkipInstructions:** <1,2,R,D> If MOVE\_TPI='1' [goto MOVP\_TPI]  
<1> If any MOVP\_\*='1' [goto next appropriate MOV\_\* question]  
  
<2,R,D> Else if all of MOVP\_\* ne '1' [goto appropriate MOVU\_\* question(s) ]

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**Question ID:** ALT.475\_00.000 **Instrument Variable Name:** MOVP\_TPI **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

Have you ever seen a practitioner or teacher for...

Trager Psychophysical Integration?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used Trager Psychophysical Integration

**SkipInstructions:** <1,2,R,D>  
If any MOVP\_\* =1' [goto next appropriate MOV\_\* question]  
<2,R,D> If all of MOVP\_\* ne '1' and where there's MOVE\_\*=1 [goto appropriate MOVU\_\* question(s) ]

---

**Question ID:** ALT.476\_00.000 **Instrument Variable Name:** MOV\_FLD **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you see a practitioner or teacher for...?

Feldenkrais (FELL-den-krice)

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever seen a practitioner for Feldenkrais

**SkipInstructions:** <1,2,R,D> Cycle through all MOVP\_\* =1 [goto MOV\_\*] in the appropriate sequence  
<2,R,D> IF all other MOVP\_\* ne1 [goto MOVU\_FLD]  
<1> IF all others MOVP\_\* ne1 [goto MOV\_PTIM ]

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**Question ID:** ALT.477\_00.000 **Instrument Variable Name:** MOV\_ALX **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you see a practitioner or teacher for...?

Alexander Technique

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever seen a practitioner for Alexander technique

**SkipInstructions:** <1,2,R,D> Cycle through all MOVP\_\*=1 [goto MOV\_\*] in the appropriate sequence  
<2,R,D> IF all other MOVP\_\* ne1 [goto MOVU\_ALX]  
Else if all other MOVP\_\* ne1 and MOVE\_FLD=1 [goto MOVU\_FLD]  
<1> IF all others MOVP\_\* ne1 [goto MOV\_PTIM ]

---

**Question ID:** ALT.478\_00.000 **Instrument Variable Name:** MOV\_PIL **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you see a practitioner or teacher for...?

Pilates (pih-LAH-teez)

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever seen a practitioner for Pilates

**SkipInstructions:** <1,2,R,D> If MOVP\_TPI=1 [goto MOV\_TPI]  
<2,R,D> IF (MOVP\_TPI ne1) and (MOV\_FLD in [2,R,D]) [goto MOVU\_FLD]  
Else if (MOVP\_FLD and MOVP\_ALX and MOVP\_TP) in [2,R,D]) [goto MOVU\_FLD]  
<1> IF all others MOVP\_\* in [2,R,D] [goto MOV\_PTIM ]

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**Question ID:** ALT.479\_00.000 **Instrument Variable Name:** MOV\_TPI **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you see a practitioner or teacher for...?

Trager Psychophysical Integration

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever seen a practitioner for Trager Psychophysical Integration

**SkipInstructions:** <1> [goto MOV\_PTIM]  
 <2,R,D> if no to all MOV, go to MOVU question for first relevant MOVE answer;  
 else [goto MOV\_PTIM]

**Question ID:** ALT.480\_00.000 **Instrument Variable Name:** MOVU\_FLD **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you use...?

Feldenkrais (FELL-den-krice)

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used Feldenkrais

**SkipInstructions:** Cycle through all MOVU\_\* questions where (MOVP\_ALX or MOV\_ALX) IN ('2','7','9')  
 If no more skips to a MOVU\_\* question(s) then!

<1,2,R,D> If (any MOVU\_\*=1 or any MOV\_\*=1) [goto MOV\_PTIM]  
 <2,R,D>  
 If (all MOVU\_\*ne1 or any MOV\_\*=1) [goto MOV\_MAT]  
 Else If (all MOVU\_\* and MOV\_\*) ne1 and  
 if more than 3 modalities not including chelation/ayurveda [goto ALT\_TOP3];  
 else if <=3 modalities excluding chelation/ayurveda [goto TP1\_REA1]

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**Question ID:** ALT.481\_00.000 **Instrument Variable Name:** MOVU\_ALX **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you use...?

Alexander Technique

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used Alexander technique

**SkipInstructions:** Cycle through all MOVU\_\* questions where (MOVP\_ALX or MOV\_ALX) IN ('2','7','9')  
If no more skips to a MOVU\_\* question(s) then!

<1,2,R,D> If (any MOVU\_\*=1 or any MOV\_\*=1) [goto MOV\_PTIM]

<2,R,D>

If (all MOVU\_\*ne1 or any MOV\_\*=1) [goto MOV\_MAT]

Else If (all MOVU\_\* and MOV\_\*) ne1 and

if more than 3 modalities not including chelation/ayurveda [goto ALT\_TOP3];

else if <=3 modalities excluding chelation/ayurveda [goto TP1\_REA1]

---

**Question ID:** ALT.482\_00.000 **Instrument Variable Name:** MOVU\_PIL **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you use...?

Pilates (pih-LAH-teez)

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used Pilates

**SkipInstructions:** Cycle through all MOVU\_\* questions where (MOVP\_ALX or MOV\_ALX) IN ('2','7','9')  
If no more skips to a MOVU\_\* question(s) then!

<1,2,R,D> If (any MOVU\_\*=1 or any MOV\_\*=1) [goto MOV\_PTIM]

<2,R,D>

If (all MOVU\_\*ne1 or any MOV\_\*=1) [goto MOV\_MAT]

Else If (all MOVU\_\* and MOV\_\*) ne1 and

if more than 3 modalities not including chelation/ayurveda [goto ALT\_TOP3];

else if <=3 modalities excluding chelation/ayurveda [goto TP1\_REA1]

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**Question ID:** ALT.483\_00.000 **Instrument Variable Name:** MOVU\_TPI **QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you use...?

Trager Psychophysical Integration

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used Trager Psychophysical Integration

**SkipInstructions:** Cycle through all MOVU\_\* questions where (MOVP\_ALX or MOV\_ALX) IN ('2','7','9')  
If no more skips to a MOVU\_\* question(s) then!

<1,2,R,D> If (any MOVU\_\*=1 or any MOV\_\*=1) [goto MOV\_PTIM]

<2,R,D>

If (all MOVU\_\*ne1 or any MOV\_\*=1) [goto MOV\_MAT]

Else If (all MOVU\_\* and MOV\_\*) ne1 and

if more than 3 modalities not including chelation/ayurveda [goto ALT\_TOP3];

else if <=3 modalities excluding chelation/ayurveda [goto TP1\_REA1]

**Question ID:** ALT.484\_00.000 **Instrument Variable Name:** MOV\_PTIM **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the exact number of times you saw a practitioner or teacher for movement and exercise techniques in the past 12 months?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for movement and exercise techniques in the past 12 months

**SkipInstructions:** <1> [goto MOV\_TMNO]  
<2,R,D> [goto MOV\_TMCT]

---

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**Question ID:** ALT.485\_00.000 **Instrument Variable Name:** MOV\_TMNO **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, how many times did you see a practitioner or teacher for movement and exercise techniques?

\*Enter '52' for 52 or more times.

<b>01-52</b>	1-52
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who know the number of times they have seen a practitioner for movement and exercise techniques in the past 12 months

**SkipInstructions:** <1-52,R,D> [goto MOV\_HIC]

---

**Question ID:** ALT.486\_00.000 **Instrument Variable Name:** MOV\_TMCT **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, ABOUT how many times did you see a practitioner or teacher for movement and exercise techniques? Would you say...

\*Read categories below.

<b>01</b>	Only 1 time
<b>02</b>	2-5 times
<b>03</b>	6-10 times
<b>04</b>	11-15 times
<b>05</b>	16-20 times
<b>06</b>	21-25 times
<b>07</b>	More than 25 times
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who don't know the specific number of times they have seen a practitioner for movement and exercise techniques in the past 12 months or refuse the specific number of times

**SkipInstructions:** <1-7,R,D> [goto MOV\_HIC]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.487\_00.000 **Instrument Variable Name:** MOV\_HIC **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, were any of the costs of seeing a practitioner or teacher for movement and exercise techniques covered by health insurance?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for movement and exercise techniques in the past 12 months

**SkipInstructions:** <1> [goto MOV\_HICA]  
<2,R,D> [goto MOV\_HIT]

---

**Question ID:** ALT.488\_00.000 **Instrument Variable Name:** MOV\_HICA **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did your health insurance cover all of the cost or just some of the cost of seeing a practitioner or teacher for movement and exercise techniques?

- 1 All of the cost
- 2 Some of the cost
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ whose visit(s) to a practitioner for movement and exercise techniques in the past 12 months were (at least partly) covered by health insurance

**SkipInstructions:** <1> [goto MOV\_MAT]  
<2,R,D> [goto MOV\_HIT]

---

**Question ID:** ALT.489\_00.000 **Instrument Variable Name:** MOV\_HIT **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the total amount you paid for seeing a practitioner or teacher for movement and exercise techniques in the past 12 months [fill1: not including the amount covered by insurance]?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ whose health insurance covered none or some of the cost for movement and exercise techniques in the past 12 months

**SkipInstructions:** <1> [goto MOV\_HITS]  
<2,R,D> [goto MOV\_AVGC]

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**Question ID:** ALT.490\_00.000 **Instrument Variable Name:** MOV\_HITS **QuestionnaireFileName:** Adult CAM

**QuestionText:** What is the total amount you paid for seeing a practitioner or teacher for movement and exercise techniques in the past 12 months [fill1: not including the amount covered by insurance]?

\*Enter '0' for no cost or free.

**0000-26000** \$0-26000  
**99997** Refused  
**99999** Don't know

**UniverseText:** Sample adults 18+ who know the amount they paid for movement and exercise techniques in the past 12 months

**SkipInstructions:** <0-26000,R,D> [goto MOV\_MAT]

**Soft Edit:** Verify if over \$1000

---

**Question ID:** ALT.491\_00.000 **Instrument Variable Name:** MOV\_AVGC **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the average amount you paid for each visit for movement and exercise techniques {fill1: not including the amount covered by insurance} in the past 12 months?

**1** Yes  
**2** No  
**7** Refused  
**9** Don't know

**UniverseText:** Sample adults 18+ who don't know the total amount they paid for movement and exercise techniques in the past 12 months

**SkipInstructions:** <1> [goto MOV\_AVGS]  
<2,R,D> [goto MOV\_MAT]

---

**Question ID:** ALT.492\_00.000 **Instrument Variable Name:** MOV\_AVGS **QuestionnaireFileName:** Adult CAM

**QuestionText:** On average, how much did you pay out-of-pocket for each visit to a practitioner or teacher for movement and exercise techniques?

\*Enter '0' if no cost or free.

**000-500** \$0-500  
**997** Refused  
**999** Don't know

**UniverseText:** Sample adults 18+ who know the average per visit they paid for movement and exercise techniques in the past 12 months

**SkipInstructions:** <0-500,R,D> [goto MOV\_MAT]

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**Question ID:** ALT.493\_00.000 **Instrument Variable Name:** MOV\_MAT **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you buy a self-help book or other materials such as a DVD, CD, or Video to learn about movement and exercise techniques?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for or have used a movement and exercise techniques in the past 12 months

**SkipInstructions:** <1> [goto MOV\_MATC]  
<2,R,D> if more than 3 modalities [goto ALT\_TOP3];  
else less than 4 chosen [goto TP1\_REA1]

---

**Question ID:** ALT.494\_00.000 **Instrument Variable Name:** MOV\_MATC **QuestionnaireFileName:** Adult CAM

**QuestionText:** "About how much did you pay for these materials in the past 12 months?"

\*Enter '200' for \$200 or more."

- 000-200 \$0-200
- 997 Refused
- 999 Don't know

**UniverseText:** Sample adults 18+ who have bought self-help materials for movement and exercise techniques in the past 12 months

**SkipInstructions:** <0-200,R,D>  
if more than 3 modalities [goto ALT\_TOP3];  
else less than 4 chosen [goto TP1\_REA1]

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**Question ID:** ALT.504\_00.000 **Instrument Variable Name:** ALT\_TOP3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, which THREE of these therapies were the most important for your health?

\*Read list below.

- 01 Chiropractic or Osteopathic Manipulation
- 02 Massage
- 03 Acupuncture
- 04 Energy Healing Therapy
- 05 Naturopathy
- 06 Hypnosis
- 07 Biofeedback
- 08 Craniosacral therapy
- 09 Traditional Healers
- 10 [fill1: Herb 1 from CHB\_TP21]
- 11 [fill2: Herb 2 from CHB\_TP22]
- 12 Homeopathy
- 13 [fill3: Mantra meditation/ Mindfulness meditation/ Spiritual meditation/Guided imagery/ Progressive relaxation from CMB]
- 14 [fill4: Yoga/Tai Chi/Qi Gong from CYG\_MOST]
- 15 Special diets
- 16 Movement or exercise techniques
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have used/seen a practitioner for any of a number of therapies in the past 12 months

**SkipInstructions:** <1-16> If less than three selected [goto ERR\_ALT\_TOP3]

<1-16> [goto TP1\_REA1]  
<R,D> [goto end]

---

**Question ID:** ALT.510\_00.000 **Instrument Variable Name:** TP1\_REA1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

For general wellness or general disease prevention?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP1\_REA2]

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**Question ID:** ALT.511\_00.000 **Instrument Variable Name:** TP1\_REA2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

To improve your energy?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP1\_REA3]

---

**Question ID:** ALT.512\_00.000 **Instrument Variable Name:** TP1\_REA3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

To improve your immune function?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP1\_REA4]

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**Question ID:** ALT.513\_00.000 **Instrument Variable Name:** TP1\_REA4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

To improve your athletic or sports performance?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP1\_REA5]

---

**Question ID:** ALT.514\_00.000 **Instrument Variable Name:** TP1\_REA5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

To improve your memory or concentration?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP1\_MOT1]

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**Question ID:** ALT.515\_00.000 **Instrument Variable Name:** TP1\_MOT1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to  
Eat healthier?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP1\_MOT2]

---

**Question ID:** ALT.516\_00.000 **Instrument Variable Name:** TP1\_MOT2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.  
Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to  
Eat more organic foods?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> if ALC1YR=1 [goto TP1\_MOT3];  
else if SMKNOW=1,2 [goto TP1\_MOT4];  
else (ALC1YR ne1 and SMKNOW ne (1,2)) [goto TP1\_MOT5]

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**Question ID:** ALT.517\_00.000 **Instrument Variable Name:** TP1\_MOT3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to

Cut back or stop drinking alcohol?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities and who have consumed alcohol in the past 12 months

**SkipInstructions:** <1,2,R,D> if SMKNOW=1,2 [goto TP1\_MOT4];  
else SMKNOW ne (1,2) [goto TP1\_MOT5]

---

**Question ID:** ALT.518\_00.000 **Instrument Variable Name:** TP1\_MOT4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to

Cut back or stop smoking cigarettes?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities and who currently smoke every day or some days

**SkipInstructions:** <1,2,R,D> [goto TP1\_MOT5]

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**Question ID:** ALT.519\_00.000 **Instrument Variable Name:** TP1\_MOT5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to  
Exercise more regularly?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP1\_OUT1]

---

**Question ID:** ALT.520\_00.000 **Instrument Variable Name:** TP1\_OUT1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.  
Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?  
Give you a sense of control over your health?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP1\_OUT2]

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**Question ID:** ALT.521\_00.000 **Instrument Variable Name:** TP1\_OUT2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Help to reduce your stress level or to relax?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP1\_OUT3]

---

**Question ID:** ALT.522\_00.000 **Instrument Variable Name:** TP1\_OUT3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Help you to sleep better?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP1\_OUT4]

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**Question ID:** ALT.523\_00.000 **Instrument Variable Name:** TP1\_OUT4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Make you feel better emotionally?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP1\_OUT5]

---

**Question ID:** ALT.524\_00.000 **Instrument Variable Name:** TP1\_OUT5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Make it easier to cope with health problems?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP1\_OUT6]

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**Question ID:** ALT.525\_00.000 **Instrument Variable Name:** TP1\_OUT6 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Improve your overall health and make you feel better?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP1\_OUT7]

---

**Question ID:** ALT.526\_00.000 **Instrument Variable Name:** TP1\_OUT7 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Improve your relationships with others?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> if DOINGLW2=1,2,4 or WRKLYR2=1 or SCHOOLYR=1 [goto TP1\_OUT8];  
else if TP1\_CNT >1 [goto TP1\_MOST];  
else if TP1\_CNT=1 [goto TP1\_HELP];  
else TP1\_CNT=0 [goto TP1\_TRET]

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**Question ID:** ALT.527\_00.000 **Instrument Variable Name:** TP1\_OUT8 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Improve your attendance at [fill3: a job/school/a job or school]?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities and who worked or attended school in the past year

**SkipInstructions:** <1,2,R,D> if TP1\_CNT>1 [goto TP1\_MOST];  
else if TP1\_CNT=1 [goto TP1\_HELP];  
else [goto TP1\_TRET]

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**Adult Alternative Health/Complementary And Alternative Medicine**  
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**Question ID:** ALT.528\_00.000 **Instrument Variable Name:** TP1\_MOST **QuestionnaireFileName:** Adult CAM

**QuestionText:** Of these reasons, which ONE was the most important for using [fill1: modality]?

\*Read list below.

- 01 Your general wellness or general disease prevention
- 02 To improve your energy
- 03 To improve your immune function
- 04 To improve your athletic or sports performance
- 05 To improve your memory or concentration
- 06 To eat healthier
- 07 To eat more organic foods
- 08 To cut back or stop drinking alcohol
- 09 To cut back or stop smoking cigarettes
- 10 To exercise more regularly
- 11 To give you a sense of control over your health
- 12 To help to reduce your stress level or to relax
- 13 To help you to sleep better
- 14 To make you feel better emotionally
- 15 To make it easier to cope with health problems
- 16 To improve your overall health and make you feel better
- 17 To improve your relationships with others
- 18 To improve your attendance at a job or school
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities and two or more reasons for seeing a practitioner/using modality chosen

**SkipInstructions:** <1-18> [goto TP1\_HELP]  
<R,D> [goto TP1\_TRET]



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**Question ID:** ALT.529\_00.000 **Instrument Variable Name:** TP1\_HELP **QuestionnaireFileName:** Adult CAM

**QuestionText:** How much do you think [fill1: modality] helped {fill2: reason given in TP1\_MOST question}? Would you say...

\*Read categories below.

- 1 A great deal
- 2 Some
- 3 Only a little
- 4 Not at all
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities and had a most important reason for using selected modality/seeing a practitioner for selected modality

**SkipInstructions:** <1-4,R,D> [goto TP1\_TRET]

---

**Question ID:** ALT.530\_00.000 **Instrument Variable Name:** TP1\_TRET **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for one or more specific health problems, symptoms, or conditions?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1> [goto TP1\_COND]  
<2,R,D> ALT\_TP31 in (6,7,10-16) [goto TP1\_RS5];  
else ALT\_TP31 ne (6,7,10-16) [goto TP1\_RS6]

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**Question ID:** ALT.531\_00.000 **Instrument Variable Name:** TP1\_COND **QuestionnaireFileName:** Adult CAM

**QuestionText:** For what health problems, symptoms, or conditions did you {fill1: see a practitioner for/use} {fill2: modality}?

\*Enter all that apply, separate with commas.

- 01 Abdominal pain
  - 02 Acid reflux or heartburn
  - 03 Feeling anxious, nervous or worried
  - 04 Asthma
  - 05 Arthritis
  - 06 Attention Deficit Disorder/Hyperactivity
  - 07 Benign tumors, cysts
  - 08 Bipolar Disorder
  - 09 Birth defect
  - 10 Cancer
  - 11 High Cholesterol
  - 12 Chronic Bronchitis
  - 13 Circulation problems (other than in the legs)
  - 14 Coronary heart disease
  - 15 Dental pain
  - 16 Depression
  - 17 Diabetes
  - 18 Digestive allergy
  - 19 Excessive sleepiness during the day
  - 20 Excessive use of alcohol or tobacco
  - 21 Fatigue or lack of energy more than 3 days
  - 22 Fever more than 1 day
  - 23 Fibromyalgia
  - 24 Fracture, bone/joint injury
  - 25 Gout
  - 26 Gynecologic problem
  - 27 Hay fever
  - 28 Head or chest cold
  - 29 Hearing problem
  - 30 Heart condition or disease, other than coronary heart disease
  - 31 Hernia
  - 32 Hypertension
  - 33 Infectious diseases or problems of the immune system
  - 34 Influenza or pneumonia
  - 35 Insomnia or trouble sleeping
  - 36 Jaw pain
  - 37 Joint pain or stiffness/Other joint condition
  - 38 Knee problems (not arthritis, not joint injury)
  - 39 Liver problem
  - 40 Lung/breathing problem
  - 41 Lupus
  - 42 Memory loss or loss of other cognitive function
  - 43 Menopause
  - 44 Menstrual problems
  - 45 Intellectual disability, also known as mental retardation
-

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- 46 Missing limbs (fingers, toes or digits), amputee
  - 47 Nausea and/or vomiting
  - 48 Neurological problems
  - 49 Osteoporosis, tendinitis
  - 50 Allergies other than hay fever, respiratory, food, digestive, or skin allergies
  - 51 Chronic pain
  - 52 Other developmental problem
  - 53 Injury other than fracture, bone/joint injury
  - 54 Mental health disorders
  - 55 Muscle or bone pain
  - 56 Nerve damage, including carpal tunnel syndrome
  - 57 Problems with being overweight
  - 58 Phobia or fears
  - 59 Polio (myelitis), paralysis, para/quadruplegia
  - 60 Poor circulation in your legs
  - 61 Prostate trouble or impotence
  - 62 Recurring headache, other than migraine
  - 63 Respiratory allergy
  - 64 Rheumatoid arthritis
  - 65 Senility
  - 66 Sinusitis
  - 67 Eczema or any kind of skin allergy
  - 68 Skin problems, other than eczema or skin allergies
  - 69 Sore throat other than strep or tonsillitis
  - 70 Sprain or strain
  - 71 Frequent stress
  - 72 Strep throat or tonsillitis
  - 73 Substance abuse, other than alcohol or tobacco
  - 74 Filled problem from AFLHCA\_S1
  - 75 Filled problem from AFLHCA\_S2
  - 76 Ulcer
  - 77 Urinary problems
  - 78 Varicose veins, hemorrhoids
  - 79 Vision problem
  - 80 Weak or failing kidneys
  - 81 COPD
  - 82 Back pain or problem
  - 83 Neck pain or problem
  - 84 Severe headache or migraine
  - 85 Stomach or intestinal illness
  - 86 Other specify
  - 97 Refused
  - 99 Don't know
-

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**UniverseText:** Sample adults 18+ who have used first of top three modalities and saw a practitioner or used modality for a specific health problem, symptom or condition

**SkipInstructions:** <1-86> If TP1\_CNT>1 [goto TP1\_CMST],  
else if TP1\_CNT=1 [goto TP1\_CHLP];  
<86> [goto TP1\_SPEC];  
<R,D> if self-care modality (ALT\_TP31 in (6,7,10-16)) [goto TP1\_RS5];  
else [goto TP1\_RS6]

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**Question ID:** ALT.531\_00.010 **Instrument Variable Name:** TP1\_SPEC **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Enter condition for which [fill1: modality] was used. If respondent gives more than one condition, probe for condition which is most important.

97 Refused

99 Don't Know

**Verbatim** Verbatim response

**UniverseText:** Sample adults 18+ who have used first of top three modalities and used modality to treat other health problem or condition

**SkipInstructions:** <Allow 75, R,D> If TP1\_CNT>1 [goto TP1\_CMST],  
elseif TP1\_CNT =1 [goto TP1\_CHLP];  
<R,D> If TP1\_CNT=1 and if self-care modality (ALT\_TP31 in (6,7,10-16)) [goto TP1\_RS5];  
else [goto TP1\_RS6]

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**Question ID:** ALT.532\_00.000 **Instrument Variable Name:** TP1\_CMST **QuestionnaireFileName:** Adult CAM

**QuestionText:** For which ONE of these did you {fill1: see a practitioner for/use} {fill2: modality} the most?

\*If respondent cannot choose one condition, probe for condition most important for using therapy.

- 01 Abdominal pain
  - 02 Acid reflux or heartburn
  - 03 Feeling anxious, nervous or worried
  - 04 Asthma
  - 05 Arthritis
  - 06 Attention Deficit Disorder/Hyperactivity
  - 07 Benign tumors, cysts
  - 08 Bipolar Disorder
  - 09 Birth defect
  - 10 Cancer
  - 11 High Cholesterol
  - 12 Chronic Bronchitis
  - 13 Circulation problems (other than in the legs)
  - 14 Coronary heart disease
  - 15 Dental pain
  - 16 Depression
  - 17 Diabetes
  - 18 Digestive allergy
  - 19 Excessive sleepiness during the day
  - 20 Excessive use of alcohol or tobacco
  - 21 Fatigue or lack of energy more than 3 days
  - 22 Fever more than 1 day
  - 23 Fibromyalgia
  - 24 Fracture, bone/joint injury
  - 25 Gout
  - 26 Gynecologic problem
  - 27 Hay fever
  - 28 Head or chest cold
  - 29 Hearing problem
  - 30 Heart condition or disease, other than coronary heart disease
  - 31 Hernia
  - 32 Hypertension
  - 33 Infectious diseases or problems of the immune system
  - 34 Influenza or pneumonia
  - 35 Insomnia or trouble sleeping
  - 36 Jaw pain
  - 37 Joint pain or stiffness/Other joint condition
  - 38 Knee problems (not arthritis, not joint injury)
  - 39 Liver problem
  - 40 Lung/breathing problem
  - 41 Lupus
  - 42 Memory loss or loss of other cognitive function
  - 43 Menopause
  - 44 Menstrual problems
  - 45 Intellectual disability, also known as mental retardation
-

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- 46 Missing limbs (fingers, toes or digits), amputee
  - 47 Nausea and/or vomiting
  - 48 Neurological problems
  - 49 Osteoporosis, tendinitis
  - 50 Allergies other than hay fever, respiratory, food, digestive, or skin allergies
  - 51 Chronic pain
  - 52 Other developmental problem
  - 53 Injury other than fracture, bone/joint injury
  - 54 Mental health disorders
  - 55 Muscle or bone pain
  - 56 Nerve damage, including carpal tunnel syndrome
  - 57 Problems with being overweight
  - 58 Phobia or fears
  - 59 Polio (myelitis), paralysis, para/quadruplegia
  - 60 Poor circulation in your legs
  - 61 Prostate trouble or impotence
  - 62 Recurring headache, other than migraine
  - 63 Respiratory allergy
  - 64 Rheumatoid arthritis
  - 65 Senility
  - 66 Sinusitis
  - 67 Eczema or any kind of skin allergy
  - 68 Skin problems, other than eczema or skin allergies
  - 69 Sore throat other than strep or tonsillitis
  - 70 Sprain or strain
  - 71 Frequent stress
  - 72 Strep throat or tonsillitis
  - 73 Substance abuse, other than alcohol or tobacco
  - 74 Filled problem from AFLHCA\_S1
  - 75 Filled problem from AFLHCA\_S2
  - 76 Ulcer
  - 77 Urinary problems
  - 78 Varicose veins, hemorrhoids
  - 79 Vision problem
  - 80 Weak or failing kidneys
  - 81 COPD
  - 82 Back pain or problem
  - 83 Neck pain or problem
  - 84 Severe headache or migraine
  - 85 Stomach or intestinal illness
  - 86 Other specify
  - 97 Refused
  - 99 Don't know
-

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**UniverseText:** Sample adults 18+ who have used first of top three modalities and used modality to treat specific conditions and more than one condition selected

**SkipInstructions:** <1-86> [goto TP1\_CHLP]  
<R,D> if self-care modality (ALT\_TP31=6,7,10-16) [goto TP1\_RS5];  
else [goto TP1\_RS6]

---

**Question ID:** ALT.533\_00.000 **Instrument Variable Name:** TP1\_CHLP **QuestionnaireFileName:** Adult CAM

**QuestionText:** How much do you think [fill1: modality] helped your [fill2: condition from TP1\_CMST]? Would you say...

\*Read categories below.

- 1 A great deal
- 2 Some
- 3 Only a little
- 4 Not at all
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities and used modality to treat specific condition(s)

**SkipInstructions:** <1-4,R,D> [goto TP1\_MTR1]

---

**Question ID:** ALT.534\_00.000 **Instrument Variable Name:** TP1\_MTR1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive any of the following medical treatments for [fill1: condition from TP1\_CMST]?

Prescription medications?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities and used modality to treat specific condition(s)

**SkipInstructions:** <1,2,R,D> [goto TP1\_MTR2]

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**Question ID:** ALT.535\_00.000 **Instrument Variable Name:** TP1\_MTR2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you receive any of the following medical treatments for [fill2: condition from TP1\_CMST]?

Over-the-counter medications?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities and used modality to treat specific condition(s)

**SkipInstructions:** <1,2,R,D> [goto TP1\_MTR3]

---

**Question ID:** ALT.536\_00.000 **Instrument Variable Name:** TP1\_MTR3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you receive any of the following medical treatments for [fill2: condition from TP1\_CMST]?

Surgery?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities and used modality to treat specific condition(s)

**SkipInstructions:** <1,2,R,D> [goto TP1\_MTR4]

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**Question ID:** ALT.537\_00.000 **Instrument Variable Name:** TP1\_MTR4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you receive any of the following medical treatments for [fill2: condition from TP1\_CMST]?

Physical therapy?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities and used modality to treat specific condition(s)

**SkipInstructions:** <1,2,R,D> [goto TP1\_MTR5]

---

**Question ID:** ALT.538\_00.000 **Instrument Variable Name:** TP1\_MTR5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you receive any of the following medical treatments for [fill2: condition from TP1\_CMST]?

Mental health counseling?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities and used modality to treat specific condition(s)

**SkipInstructions:** <1,2,R,D> if TP1\_MTR1=1 or TP1\_MTR2=1 or TP1\_MTR3=1 or TP1\_MTR4=1 or TP1\_MTR5=1 [goto TP1\_RS1];  
else if self-care modality (ALT\_TP31=6,7,10-16) [goto TP1\_RS5];  
else [goto TP1\_RS6]

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**Question ID:** ALT.539\_00.000 **Instrument Variable Name:** TP1\_RS1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?  
These medical treatments were too expensive?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities and used some type of treatment for specific condition(s)

**SkipInstructions:** <1,2,R,D> [goto TP1\_RS2]

---

**Question ID:** ALT.540\_00.000 **Instrument Variable Name:** TP1\_RS2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.  
DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?  
[fill3: modality] combined with these medical treatments would help you?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities and used some type of treatment for specific condition(s)

**SkipInstructions:** <1,2,R,D> [goto TP1\_RS3]

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**Question ID:** ALT.541\_00.000 **Instrument Variable Name:** TP1\_RS3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

These medical treatments do not work for the health problem you want to treat or prevent?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities and used some type of treatment for specific condition(s)

**SkipInstructions:** <1,2,R,D> if TP1\_MTR1=1 or TP1\_MTR2=1 [goto TP1\_RS4];  
else if self-care modality (categories 6,7 and 10-16 on ALT\_TP31 variable, [goto TP1\_RS5];  
else [goto TP1\_RS6]

---

**Question ID:** ALT.542\_00.000 **Instrument Variable Name:** TP1\_RS4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

[fill3: Prescription medications/Over the counter medications/Prescription or over-the-counter medications] cause side effects?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities and used prescription or over-the-counter medication to treat specific condition(s)

**SkipInstructions:** <1,2,R,D> if self-care modality (categories 6,7 and 10-16 on ALT\_TP31 variable, [goto TP1\_RS5];  
else goto TP1\_RS6]

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**Question ID:** ALT.543\_00.000 **Instrument Variable Name:** TP1\_RS5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you {fill1: use modality} for any of these reasons?

You can do it on your own?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities and picked a self care modality

**SkipInstructions:** <1,2,R,D> [goto TP1\_RS6]

---

**Question ID:** ALT.544\_00.000 **Instrument Variable Name:** TP1\_RS6 **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

It is natural?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP1\_RS7]

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**Question ID:** ALT.545\_00.000 **Instrument Variable Name:** TP1\_RS7 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} fill2: modality} for any of these reasons?

It focuses on the whole person, mind, body, and spirit?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP1\_RS8]

---

**Question ID:** ALT.546\_00.000 **Instrument Variable Name:** TP1\_RS8 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

It treats the cause and not just the symptoms?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP1\_RS9]

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**Question ID:** ALT.547\_00.000 **Instrument Variable Name:** TP1\_RS9 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

It was part of your upbringing?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP1\_REC1]

---

**Question ID:** ALT.548\_00.000 **Instrument Variable Name:** TP1\_REC1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you {fill1: see a practitioner for/use} {fill2: modality} because it was recommended by any of the following people?

A medical doctor?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP1\_REC2]

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**Question ID:** ALT.549\_00.000 **Instrument Variable Name:** TP1\_REC2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you {fill1: see a practitioner for/use} {fill2: modality} because it was recommended by any of the following people?  
A family member?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP1\_REC3]

---

**Question ID:** ALT.550\_00.000 **Instrument Variable Name:** TP1\_REC3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you {fill1: see a practitioner for/use} {fill2: modality} because it was recommended by any of the following people?  
A friend?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP1\_REC4]

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**Question ID:** ALT.551\_00.000 **Instrument Variable Name:** TP1\_REC4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you {fill1: see a practitioner for/use} {fill2: modality} because it was recommended by any of the following people?

A co-worker?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP1\_IMP]

---

**Question ID:** ALT.552\_00.000 **Instrument Variable Name:** TP1\_IMP **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, how important was your use of [fill1: modality] in maintaining your health and well-being? Would you say...

\*Read categories below.

- 1 Very important
- 2 Somewhat important
- 3 Slightly important
- 4 Not at all important
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1-4,R,D> if PROVTYPE=1-4 [goto TP1\_DS1];  
else [goto TP1\_INF1]

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**Question ID:** ALT.553\_00.000 **Instrument Variable Name:** TP1\_DS1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** [fill1: Not including the practitioner you saw for] [fill2: modality] DURING THE PAST 12 MONTHS, did you let your personal health care provider know about your use of [fill3: modality]?

\*If practitioner for therapy is the same person as personal health care provider, enter '1'.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities and has a personal health care provider

**SkipInstructions:** <1,R,D> [goto TP1\_INF1]  
<2> [goto TP1\_DS2]

---

**Question ID:** ALT.554\_00.000 **Instrument Variable Name:** TP1\_DS2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Why didn't you tell your personal health care provider about your use of [fill1: modality]?

You were not using it at the time?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities and did not tell their personal health care provider about using therapy

**SkipInstructions:** <1,2,R,D> [goto TP1\_DS3]

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**Question ID:** ALT.555\_00.000 **Instrument Variable Name:** TP1\_DS3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Why didn't you tell your personal health care provider about your use of {fill1: modality}?

They discouraged use of it in the past?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities and did not tell their personal health care provider about using therapy

**SkipInstructions:** <1,2,R,D> [goto TP1\_DS4]

---

**Question ID:** ALT.556\_00.000 **Instrument Variable Name:** TP1\_DS4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Why didn't you tell your personal health care provider about your use of {fill1: modality}?

You were worried they would discourage it?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities and did not tell their personal health care provider about using therapy

**SkipInstructions:** <1,2,R,D> [goto TP1\_DS5]

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**Question ID:** ALT.557\_00.000 **Instrument Variable Name:** TP1\_DS5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Why didn't you tell your personal health care provider about your use of {fill1: modality}?

You were concerned about a negative reaction?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities and did not tell their personal health care provider about using therapy

**SkipInstructions:** <1,2,R,D> [goto TP1\_DS6]

---

**Question ID:** ALT.558\_00.000 **Instrument Variable Name:** TP1\_DS6 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Why didn't you tell your personal health care provider about your use of {fill1: modality}?

You didn't think they needed to know?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities and did not tell their personal health care provider about using therapy

**SkipInstructions:** <1,2,R,D> [goto TP1\_DS7]

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**Question ID:** ALT.559\_00.000 **Instrument Variable Name:** TP1\_DS7 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Why didn't you tell your personal health care provider about your use of {fill1: modality}?

They didn't ask?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities and did not tell their personal health care provider about using therapy

**SkipInstructions:** <1,2,R,D> [goto TP1\_DS8]

---

**Question ID:** ALT.560\_00.000 **Instrument Variable Name:** TP1\_DS8 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Why didn't you tell your personal health care provider about your use of {fill1: modality}?

You don't think they know as much about it as you do?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities and did not tell their personal health care provider about using therapy

**SkipInstructions:** <1,2,R,D> [goto TP1\_DS9]

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**Question ID:** ALT.561\_00.000 **Instrument Variable Name:** TP1\_DS9 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Why didn't you tell your personal health care provider about your use of {fill1: modality}?

They didn't give you enough time to tell them?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities and did not tell their personal health care provider about using therapy

**SkipInstructions:** <1,2,R,D> [goto TP1\_INF1]

---

**Question ID:** ALT.580\_00.000 **Instrument Variable Name:** TP1\_INF1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

The Internet?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP1\_INF2]

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**Question ID:** ALT.581\_00.000 **Instrument Variable Name:** TP1\_INF2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

Books, magazines, or newspapers?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP1\_INF3]

---

**Question ID:** ALT.582\_00.000 **Instrument Variable Name:** TP1\_INF3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

DVDs, videos, or CDs?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP1\_INF4]

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**Question ID:** ALT.583\_00.000 **Instrument Variable Name:** TP1\_INF4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

Television or radio?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP1\_INF5]

---

**Question ID:** ALT.584\_00.000 **Instrument Variable Name:** TP1\_INF5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

Scientific articles?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP1\_INF6]

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**Question ID:** ALT.585\_00.000 **Instrument Variable Name:** TP1\_INF6 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

Health food stores?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> if ALT\_TP32 ne '' [goto TP2\_REA1];  
else [goto next section]

---

**Question ID:** ALT.595\_00.000 **Instrument Variable Name:** TP2\_REA1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

For general wellness or general disease prevention?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP2\_REA2]

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**Question ID:** ALT.596\_00.000 **Instrument Variable Name:** TP2\_REA2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

To improve your energy?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP2\_REA3]

---

**Question ID:** ALT.597\_00.000 **Instrument Variable Name:** TP2\_REA3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

To improve your immune function?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP2\_REA4]

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**Question ID:** ALT.598\_00.000 **Instrument Variable Name:** TP2\_REA4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

To improve your athletic or sports performance?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP2\_REA5]

---

**Question ID:** ALT.599\_00.000 **Instrument Variable Name:** TP2\_REA5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

To improve your memory or concentration?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP2\_MOT1]

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**Question ID:** ALT.600\_00.000 **Instrument Variable Name:** TP2\_MOT1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to  
Eat healthier?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP2\_MOT2]

---

**Question ID:** ALT.601\_00.000 **Instrument Variable Name:** TP2\_MOT2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.  
Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to  
Eat more organic foods?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> if ALC1YR=1 [goto TP2\_MOT3];  
else if SMKNOW=1,2 [goto TP2\_MOT4];  
else (ALC1YR ne1 and SMKNOW ne (1,2)) [goto TP2\_MOT5]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
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**Question ID:** ALT.602\_00.000 **Instrument Variable Name:** TP2\_MOT3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to

Cut back or stop drinking alcohol?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities and who have consumed alcohol in the past 12 months

**SkipInstructions:** <1,2,R,D> if SMKNOW=1,2 [goto TP2\_MOT4];  
else SMKNOW ne (1,2) [goto TP2\_MOT5]

---

**Question ID:** ALT.603\_00.000 **Instrument Variable Name:** TP2\_MOT4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to

Cut back or stop smoking cigarettes?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities and who currently smoke every day or some days

**SkipInstructions:** <1,2,R,D> [goto TP2\_MOT5]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.604\_00.000 **Instrument Variable Name:** TP2\_MOT5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to  
Exercise more regularly?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP2\_OUT1]

---

**Question ID:** ALT.605\_00.000 **Instrument Variable Name:** TP2\_OUT1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.  
Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?  
Give you a sense of control over your health?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP2\_OUT2]

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**Question ID:** ALT.606\_00.000 **Instrument Variable Name:** TP2\_OUT2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Help to reduce your stress level or to relax?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP2\_OUT3]

---

**Question ID:** ALT.607\_00.000 **Instrument Variable Name:** TP2\_OUT3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Help you to sleep better?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP2\_OUT4]

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**Question ID:** ALT.608\_00.000 **Instrument Variable Name:** TP2\_OUT4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Make you feel better emotionally?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP2\_OUT5]

---

**Question ID:** ALT.609\_00.000 **Instrument Variable Name:** TP2\_OUT5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Make it easier to cope with health problems?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP2\_OUT6]

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**Question ID:** ALT.610\_00.000 **Instrument Variable Name:** TP2\_OUT6 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Improve your overall health and make you feel better?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP2\_OUT7]

---

**Question ID:** ALT.611\_00.000 **Instrument Variable Name:** TP2\_OUT7 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Improve your relationships with others?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> if DOINGLW2=1,2,4 or WRKLYR2=1 or SCHOOLYR=1 [goto TP2\_OUT8];  
else if TP2\_CNT >1 [goto TP2\_MOST];  
else if TP2\_CNT=1 [goto TP2\_HELP];  
else TP2\_CNT=0 [goto TP2\_TRET]

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**Question ID:** ALT.612\_00.000 **Instrument Variable Name:** TP2\_OUT8 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Improve your attendance at a job or school?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities and who worked or attended school in the past year

**SkipInstructions:** <1,2,R,D> if TP2\_CNT>1 [goto TP2\_MOST];  
else if TP2\_CNT=1 [goto TP2\_HELP];  
else [goto TP2\_TRET]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.613\_00.000 **Instrument Variable Name:** TP2\_MOST **QuestionnaireFileName:** Adult CAM

**QuestionText:** Of these reasons, which ONE was the most important for using [fill1: modality]?

\*Read list below.

- 01 Your general wellness or general disease prevention
- 02 To improve your energy
- 03 To improve your immune function
- 04 To improve your athletic or sports performance
- 05 To improve your memory or concentration
- 06 To eat healthier
- 07 To eat more organic foods
- 08 To cut back or stop drinking alcohol
- 09 To cut back or stop smoking cigarettes
- 10 To exercise more regularly
- 11 To give you a sense of control over your health
- 12 To help to reduce your stress level or to relax
- 13 To help you to sleep better
- 14 To make you feel better emotionally
- 15 To make it easier to cope with health problems
- 16 To improve your overall health and make you feel better
- 17 To improve your relationships with others
- 18 To improve your attendance at a job or school
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities and two or more reasons for seeing a practitioner/using modality chosen

**SkipInstructions:** <1-18> [goto TP2\_HELP]  
<R,D> [goto TP2\_TRET]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.614\_00.000 **Instrument Variable Name:** TP2\_HELP **QuestionnaireFileName:** Adult CAM

**QuestionText:** How much do you think [fill1: modality] helped {fill2: reason given in TP2\_MOST question}? Would you say...

\*Read categories below.

- 1 A great deal
- 2 Some
- 3 Only a little
- 4 Not at all
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities and had a most important reason for using selected modality/seeing a practitioner for selected modality

**SkipInstructions:** <1-4,R,D> [goto TP2\_TRET]

---

**Question ID:** ALT.615\_00.000 **Instrument Variable Name:** TP2\_TRET **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for one or more specific health problems, symptoms, or conditions?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1> [goto TP2\_COND]  
<2,R,D> ALT\_TP32 in (6,7,10-16) [goto TP2\_RS5];  
else ALT\_TP32 ne (6,7,10-16) [goto TP2\_RS6]

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**Question ID:** ALT.616\_00.000 **Instrument Variable Name:** TP2\_COND **QuestionnaireFileName:** Adult CAM

**QuestionText:** For what health problems, symptoms, or conditions did you {fill1: see a practitioner for/use} {fill2: modality}?

\*Enter all that apply, separate with commas.

- 01 Abdominal pain
  - 02 Acid reflux or heartburn
  - 03 Feeling anxious, nervous or worried
  - 04 Asthma
  - 05 Arthritis
  - 06 Attention Deficit Disorder/Hyperactivity
  - 07 Benign tumors, cysts
  - 08 Bipolar Disorder
  - 09 Birth defect
  - 10 Cancer
  - 11 High Cholesterol
  - 12 Chronic Bronchitis
  - 13 Circulation problems (other than in the legs)
  - 14 Coronary heart disease
  - 15 Dental pain
  - 16 Depression
  - 17 Diabetes
  - 18 Digestive allergy
  - 19 Excessive sleepiness during the day
  - 20 Excessive use of alcohol or tobacco
  - 21 Fatigue or lack of energy more than 3 days
  - 22 Fever more than 1 day
  - 23 Fibromyalgia
  - 24 Fracture, bone/joint injury
  - 25 Gout
  - 26 Gynecologic problem
  - 27 Hay fever
  - 28 Head or chest cold
  - 29 Hearing problem
  - 30 Heart condition or disease, other than coronary heart disease
  - 31 Hernia
  - 32 Hypertension
  - 33 Infectious diseases or problems of the immune system
  - 34 Influenza or pneumonia
  - 35 Insomnia or trouble sleeping
  - 36 Jaw pain
  - 37 Joint pain or stiffness/Other joint condition
  - 38 Knee problems (not arthritis, not joint injury)
  - 39 Liver problem
  - 40 Lung/breathing problem
  - 41 Lupus
  - 42 Memory loss or loss of other cognitive function
  - 43 Menopause
  - 44 Menstrual problems
  - 45 Intellectual disability, also known as mental retardation
-

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- 46 Missing limbs (fingers, toes or digits), amputee
  - 47 Nausea and/or vomiting
  - 48 Neurological problems
  - 49 Osteoporosis, tendinitis
  - 50 Allergies other than hay fever, respiratory, food, digestive, or skin allergies
  - 51 Chronic pain
  - 52 Other developmental problem
  - 53 Injury other than fracture, bone/joint injury
  - 54 Mental health disorders
  - 55 Muscle or bone pain
  - 56 Nerve damage, including carpal tunnel syndrome
  - 57 Problems with being overweight
  - 58 Phobia or fears
  - 59 Polio (myelitis), paralysis, para/quadruplegia
  - 60 Poor circulation in your legs
  - 61 Prostate trouble or impotence
  - 62 Recurring headache, other than migraine
  - 63 Respiratory allergy
  - 64 Rheumatoid arthritis
  - 65 Senility
  - 66 Sinusitis
  - 67 Eczema or any kind of skin allergy
  - 68 Skin problems, other than eczema or skin allergies
  - 69 Sore throat other than strep or tonsillitis
  - 70 Sprain or strain
  - 71 Frequent stress
  - 72 Strep throat or tonsillitis
  - 73 Substance abuse, other than alcohol or tobacco
  - 74 Filled problem from AFLHCA\_S1
  - 75 Filled problem from AFLHCA\_S2
  - 76 Ulcer
  - 77 Urinary problems
  - 78 Varicose veins, hemorrhoids
  - 79 Vision problem
  - 80 Weak or failing kidneys
  - 81 COPD
  - 82 Back pain or problem
  - 83 Neck pain or problem
  - 84 Severe headache or migraine
  - 85 Stomach or intestinal illness
  - 86 Other specify
  - 97 Refused
  - 99 Don't know
-

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**UniverseText:** Sample adults 18+ who have used second of top three modalities and saw a practitioner or used modality for a specific health problem, symptom or condition

**SkipInstructions:** <1-86> If TP2\_CNT>1 [goto TP2\_CMST],  
else if TP2\_CNT=1 [goto TP2\_CHLP];  
<86> [goto TP2\_SPEC];  
<R,D> if self-care modality (ALT\_TP32 in (6,7,10-16)) [goto TP2\_RS5];  
else (ALT\_TP32 ne (6,7,10-16)) [goto TP2\_RS6]

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**Question ID:** ALT.616\_00.010 **Instrument Variable Name:** TP2\_SPEC **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Enter condition for which [fill1: modality] was used. If respondent gives more than one condition, probe for condition which is most important.

97 Refused

99 Don't Know

**Verbatim** Verbatim response

**UniverseText:** Sample adults 18+ who have used second of top three modalities and used modality to treat other health problem or condition

**SkipInstructions:** <Allow 75, R,D> If TP2\_CNT>1 [goto TP2\_CMST],  
elseif TP2\_CNT =1 [goto TP2\_CHLP];  
<R,D> If TP2\_CNT=1 and if self-care modality (ALT\_TP32 in (6,7,10-16)) [goto TP2\_RS5];  
else [goto TP2\_RS6]

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**Question ID:** ALT.617\_00.000 **Instrument Variable Name:** TP2\_CMST **QuestionnaireFileName:** Adult CAM

**QuestionText:** For which ONE of these did you {fill1: see a practitioner for/use} {fill2: modality} the most?

\*If respondent cannot choose one condition, probe for condition most important for using therapy.

- 01 Abdominal pain
  - 02 Acid reflux or heartburn
  - 03 Feeling anxious, nervous or worried
  - 04 Asthma
  - 05 Arthritis
  - 06 Attention Deficit Disorder/Hyperactivity
  - 07 Benign tumors, cysts
  - 08 Bipolar Disorder
  - 09 Birth defect
  - 10 Cancer
  - 11 High Cholesterol
  - 12 Chronic Bronchitis
  - 13 Circulation problems (other than in the legs)
  - 14 Coronary heart disease
  - 15 Dental pain
  - 16 Depression
  - 17 Diabetes
  - 18 Digestive allergy
  - 19 Excessive sleepiness during the day
  - 20 Excessive use of alcohol or tobacco
  - 21 Fatigue or lack of energy more than 3 days
  - 22 Fever more than 1 day
  - 23 Fibromyalgia
  - 24 Fracture, bone/joint injury
  - 25 Gout
  - 26 Gynecologic problem
  - 27 Hay fever
  - 28 Head or chest cold
  - 29 Hearing problem
  - 30 Heart condition or disease, other than coronary heart disease
  - 31 Hernia
  - 32 Hypertension
  - 33 Infectious diseases or problems of the immune system
  - 34 Influenza or pneumonia
  - 35 Insomnia or trouble sleeping
  - 36 Jaw pain
  - 37 Joint pain or stiffness/Other joint condition
  - 38 Knee problems (not arthritis, not joint injury)
  - 39 Liver problem
  - 40 Lung/breathing problem
  - 41 Lupus
  - 42 Memory loss or loss of other cognitive function
  - 43 Menopause
  - 44 Menstrual problems
  - 45 Intellectual disability, also known as mental retardation
-

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- 46 Missing limbs (fingers, toes or digits), amputee
  - 47 Nausea and/or vomiting
  - 48 Neurological problems
  - 49 Osteoporosis, tendinitis
  - 50 Allergies other than hay fever, respiratory, food, digestive, or skin allergies
  - 51 Chronic pain
  - 52 Other developmental problem
  - 53 Injury other than fracture, bone/joint injury
  - 54 Mental health disorders
  - 55 Muscle or bone pain
  - 56 Nerve damage, including carpal tunnel syndrome
  - 57 Problems with being overweight
  - 58 Phobia or fears
  - 59 Polio (myelitis), paralysis, para/quadruplegia
  - 60 Poor circulation in your legs
  - 61 Prostate trouble or impotence
  - 62 Recurring headache, other than migraine
  - 63 Respiratory allergy
  - 64 Rheumatoid arthritis
  - 65 Senility
  - 66 Sinusitis
  - 67 Eczema or any kind of skin allergy
  - 68 Skin problems, other than eczema or skin allergies
  - 69 Sore throat other than strep or tonsillitis
  - 70 Sprain or strain
  - 71 Frequent stress
  - 72 Strep throat or tonsillitis
  - 73 Substance abuse, other than alcohol or tobacco
  - 74 Filled problem from AFLHCA\_S1
  - 75 Filled problem from AFLHCA\_S2
  - 76 Ulcer
  - 77 Urinary problems
  - 78 Varicose veins, hemorrhoids
  - 79 Vision problem
  - 80 Weak or failing kidneys
  - 81 COPD
  - 82 Back pain or problem
  - 83 Neck pain or problem
  - 84 Severe headache or migraine
  - 85 Stomach or intestinal illness
  - 86 Other specify
  - 97 Refused
  - 99 Don't know
-



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**2012 NHIS Questionnaire - Adult CAM**

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**UniverseText:** Sample adults 18+ who have used second of top three modalities and used modality to treat specific conditions and more than one condition selected

**SkipInstructions:** <1-86> [goto TP2\_CHLP]  
<R,D> if self-care modality (ALT\_TP32=6,7,10-16) [goto TP2\_RS5];  
else [goto TP2\_RS6]

---

**Question ID:** ALT.618\_00.000 **Instrument Variable Name:** TP2\_CHLP **QuestionnaireFileName:** Adult CAM

**QuestionText:** How much do you think [fill1: modality] helped your [fill2: condition from TP2\_CMST]? Would you say...

\*Read categories below.

- 1 A great deal
- 2 Some
- 3 Only a little
- 4 Not at all
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities and used modality to treat specific condition(s)

**SkipInstructions:** <1-4,R,D> [goto TP2\_MTR1]

---

**Question ID:** ALT.619\_00.000 **Instrument Variable Name:** TP2\_MTR1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive any of the following medical treatments for [fill1: condition from TP2\_CMST]?

Prescription medications?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities and used modality to treat specific condition(s)

**SkipInstructions:** <1,2,R,D> [goto TP2\_MTR2]

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**Question ID:** ALT.620\_00.000 **Instrument Variable Name:** TP2\_MTR2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you receive any of the following medical treatments for [fill2: condition from TP2\_CMST]?

Over-the-counter medications?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities and used modality to treat specific condition(s)

**SkipInstructions:** <1,2,R,D> [goto TP2\_MTR3]

---

**Question ID:** ALT.621\_00.000 **Instrument Variable Name:** TP2\_MTR3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you receive any of the following medical treatments for [fill2: condition from TP2\_CMST]?

Surgery?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities and used modality to treat specific condition(s)

**SkipInstructions:** <1,2,R,D> [goto TP2\_MTR4]

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**Question ID:** ALT.622\_00.000 **Instrument Variable Name:** TP2\_MTR4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you receive any of the following medical treatments for [fill2: condition from TP2\_CMST]?

Physical therapy?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities and used modality to treat specific condition(s)

**SkipInstructions:** <1,2,R,D> [goto TP2\_MTR5]

---

**Question ID:** ALT.623\_00.000 **Instrument Variable Name:** TP2\_MTR5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you receive any of the following medical treatments for [fill2: condition from TP1\_CMST]?

Mental health counseling?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities and used modality to treat specific condition(s)

**SkipInstructions:** <1,2,R,D> if TP2\_MTR1=1 or TP2\_MTR2=1 or TP2\_MTR3=1 or TP2\_MTR4=1 or TP2\_MTR5=1 [goto TP2\_RS1];  
else if self-care modality (ALT\_TP32=6,7,10-16) [goto TP2\_RS5];  
else [goto TP2\_RS6]

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**Question ID:** ALT.624\_00.000 **Instrument Variable Name:** TP2\_RS1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?  
These medical treatments were too expensive?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities and used some type of treatment for specific condition(s)

**SkipInstructions:** <1,2,R,D> [goto TP2\_RS2]

---

**Question ID:** ALT.625\_00.000 **Instrument Variable Name:** TP2\_RS2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.  
DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?  
[fill3: modality] combined with these medical treatments would help you?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities and used some type of treatment for specific condition(s)

**SkipInstructions:** <1,2,R,D> [goto TP2\_RS3]

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**Question ID:** ALT.626\_00.000 **Instrument Variable Name:** TP2\_RS3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

These medical treatments do not work for the health problem you want to treat or prevent?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities and used some type of treatment for specific condition(s)

**SkipInstructions:** <1,2,R,D> if TP2\_MTR1=1 or TP2\_MTR2=1 [goto TP2\_RS4];  
else if self-care modality (ALT\_TP32=6,7,10-16) [goto TP2\_RS5];  
else [goto TP2\_RS6]

---

**Question ID:** ALT.627\_00.000 **Instrument Variable Name:** TP2\_RS4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

[fill3: Prescription medications/Over the counter medications/Prescription or over-the-counter medications] cause side effects?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities and used prescription or over-the-counter medications to treat specific condition(s)

**SkipInstructions:** <1,2,R,D> if self-care modality (ALT\_TP32=6,7,10-16) [goto TP2\_RS5];  
else [goto TP2\_RS6]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.628\_00.000 **Instrument Variable Name:** TP2\_RS5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you [fill1: use modality] for any of these reasons?

You can do it on your own?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities and picked a self care modality

**SkipInstructions:** <1,2,R,D> [goto TP2\_RS6]

---

**Question ID:** ALT.629\_00.000 **Instrument Variable Name:** TP2\_RS6 **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

It is natural?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP2\_RS7]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.630\_00.000 **Instrument Variable Name:** TP2\_RS7 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} fill2: modality} for any of these reasons?

It focuses on the whole person, mind, body, and spirit?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP2\_RS8]

---

**Question ID:** ALT.631\_00.000 **Instrument Variable Name:** TP2\_RS8 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

It treats the cause and not just the symptoms?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP2\_RS9]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.632\_00.000 **Instrument Variable Name:** TP2\_RS9 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

It was part of your upbringing?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP2\_REC1]

---

**Question ID:** ALT.633\_00.000 **Instrument Variable Name:** TP2\_REC1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you {fill1: see a practitioner for/use} {fill2: modality} because it was recommended by any of the following people?

A medical doctor?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP2\_REC2]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.634\_00.000 **Instrument Variable Name:** TP2\_REC2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you {fill1: see a practitioner for/use} {fill2: modality} because it was recommended by any of the following people?  
A family member?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP2\_REC3]

---

**Question ID:** ALT.635\_00.000 **Instrument Variable Name:** TP2\_REC3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you {fill1: see a practitioner for/use} {fill2: modality} because it was recommended by any of the following people?  
A friend?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP2\_REC4]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.636\_00.000 **Instrument Variable Name:** TP2\_REC4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you {fill1: see a practitioner for/use} {fill2: modality} because it was recommended by any of the following people?

A co-worker?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP2\_IMP]

---

**Question ID:** ALT.637\_00.000 **Instrument Variable Name:** TP2\_IMP **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, how important was your use of [fill1: modality] in maintaining your health and well-being? Would you say...

\*Read categories below.

- 1 Very important
- 2 Somewhat important
- 3 Slightly important
- 4 Not at all important
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1-4,R,D> if PROVTYPE=1-4 [goto TP2\_DS1];  
else [goto TP2\_INF1]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.638\_00.000 **Instrument Variable Name:** TP2\_DS1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** [fill1: Not including the practitioner you saw for] [fill2: modality] DURING THE PAST 12 MONTHS, did you let your personal health care provider know about your use of [fill3: modality]?

\*If practitioner for therapy is the same person as personal health care provider, enter '1'.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities and has a personal health care provider

**SkipInstructions:** <1,R,D> [goto TP2\_INF1]  
<2> [goto TP2\_DS2]

---

**Question ID:** ALT.639\_00.000 **Instrument Variable Name:** TP2\_DS2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Why didn't you tell your personal health care provider about your use of [fill1: modality]?

You were not using it at the time?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities and did not tell their personal health care provider about using therapy

**SkipInstructions:** <1,2,R,D> [goto TP2\_DS3]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
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**Question ID:** ALT.640\_00.000 **Instrument Variable Name:** TP2\_DS3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Why didn't you tell your personal health care provider about your use of {fill1: modality}?

They discouraged use of it in the past?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities and did not tell their personal health care provider about using therapy

**SkipInstructions:** <1,2,R,D> [goto TP2\_DS4]

---

**Question ID:** ALT.641\_00.000 **Instrument Variable Name:** TP2\_DS4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Why didn't you tell your personal health care provider about your use of {fill1: modality}?

You were worried they would discourage it?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities and did not tell their personal health care provider about using therapy

**SkipInstructions:** <1,2,R,D> [goto TP2\_DS5]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
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**Question ID:** ALT.642\_00.000 **Instrument Variable Name:** TP2\_DS5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Why didn't you tell your personal health care provider about your use of {fill1: modality}?

You were concerned about a negative reaction?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities and did not tell their personal health care provider about using therapy

**SkipInstructions:** <1,2,R,D> [goto TP2\_DS6]

---

**Question ID:** ALT.643\_00.000 **Instrument Variable Name:** TP2\_DS6 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Why didn't you tell your personal health care provider about your use of {fill1: modality}?

You didn't think they needed to know?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities and did not tell their personal health care provider about using therapy

**SkipInstructions:** <1,2,R,D> [goto TP2\_DS7]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.644\_00.000 **Instrument Variable Name:** TP2\_DS7 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Why didn't you tell your personal health care provider about your use of {fill1: modality}?

They didn't ask?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities and did not tell their personal health care provider about using therapy

**SkipInstructions:** <1,2,R,D> [goto TP2\_DS8]

---

**Question ID:** ALT.645\_00.000 **Instrument Variable Name:** TP2\_DS8 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Why didn't you tell your personal health care provider about your use of {fill1: modality}?

You don't think they know as much about it as you do?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities and did not tell their personal health care provider about using therapy

**SkipInstructions:** <1,2,R,D> [goto TP2\_DS9]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
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**Question ID:** ALT.646\_00.000 **Instrument Variable Name:** TP2\_DS9 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Why didn't you tell your personal health care provider about your use of {fill1: modality}?

They didn't give you enough time to tell them?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities and did not tell their personal health care provider about using therapy

**SkipInstructions:** <1,2,R,D> [goto TP2\_INF1]

---

**Question ID:** ALT.675\_00.000 **Instrument Variable Name:** TP2\_INF1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

The Internet?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP2\_INF2]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
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**Question ID:** ALT.676\_00.000 **Instrument Variable Name:** TP2\_INF2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

Books, magazines, or newspapers?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP2\_INF3]

---

**Question ID:** ALT.677\_00.000 **Instrument Variable Name:** TP2\_INF3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

DVDs, videos, or CDs?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP2\_INF4]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.678\_00.000 **Instrument Variable Name:** TP2\_INF4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

Television or radio?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP2\_INF5]

---

**Question ID:** ALT.679\_00.000 **Instrument Variable Name:** TP2\_INF5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

Scientific articles?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP2\_INF6]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
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**Question ID:** ALT.680\_00.000 **Instrument Variable Name:** TP2\_INF6 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

Health food stores?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> if ALT\_TP33 ne '' [goto TP3\_REA1];  
else [goto next section]

---

**Question ID:** ALT.690\_00.000 **Instrument Variable Name:** TP3\_REA1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

For general wellness or general disease prevention?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3\_REA2]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.691\_00.000 **Instrument Variable Name:** TP3\_REA2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

To improve your energy?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3\_REA3]

---

**Question ID:** ALT.692\_00.000 **Instrument Variable Name:** TP3\_REA3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

To improve your immune function?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3\_REA4]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.693\_00.000 **Instrument Variable Name:** TP3\_REA4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

To improve your athletic or sports performance?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3\_REA5]

---

**Question ID:** ALT.694\_00.000 **Instrument Variable Name:** TP3\_REA5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

To improve your memory or concentration?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3\_MOT1]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
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**Question ID:** ALT.695\_00.000 **Instrument Variable Name:** TP3\_MOT1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to  
Eat healthier?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3\_MOT2]

---

**Question ID:** ALT.696\_00.000 **Instrument Variable Name:** TP3\_MOT2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.  
Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to  
Eat more organic foods?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> if ALC1YR=1 [goto TP3\_MOT3];  
else if SMKNOW=1,2 [goto TP3\_MOT4];  
else (ALC1YR ne1 and SMKNOW ne (1,2)) [goto TP3\_MOT5]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
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**Question ID:** ALT.697\_00.000 **Instrument Variable Name:** TP3\_MOT3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to

Cut back or stop drinking alcohol?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities and who have consumed alcohol in the past 12 months

**SkipInstructions:** <1,2,R,D> if SMKNOW=1,2 [goto TP3\_MOT4];  
else SMKNOW ne (1,2) [[goto TP3\_MOT5]

---

**Question ID:** ALT.698\_00.000 **Instrument Variable Name:** TP3\_MOT4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to

Cut back or stop smoking cigarettes?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities and who currently smoke every day or some days

**SkipInstructions:** <1,2,R,D> [goto TP3\_MOT5]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
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**Question ID:** ALT.699\_00.000 **Instrument Variable Name:** TP3\_MOT5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to  
Exercise more regularly?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3\_OUT1]

---

**Question ID:** ALT.700\_00.000 **Instrument Variable Name:** TP3\_OUT1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.  
Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?  
Give you a sense of control over your health?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3\_OUT2]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.701\_00.000 **Instrument Variable Name:** TP3\_OUT2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Help to reduce your stress level or to relax?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3\_OUT3]

---

**Question ID:** ALT.702\_00.000 **Instrument Variable Name:** TP3\_OUT3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Help you to sleep better?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3\_OUT4]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.703\_00.000 **Instrument Variable Name:** TP3\_OUT4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Make you feel better emotionally?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3\_OUT5]

---

**Question ID:** ALT.704\_00.000 **Instrument Variable Name:** TP3\_OUT5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Make it easier to cope with health problems?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3\_OUT6]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
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**Question ID:** ALT.705\_00.000 **Instrument Variable Name:** TP3\_OUT6 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Improve your overall health and make you feel better?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3\_OUT7]

---

**Question ID:** ALT.706\_00.000 **Instrument Variable Name:** TP3\_OUT7 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Improve your relationships with others?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> if DOINGLW2=1,2,4 or WRKLYR2=1 or SCHOOLYR=1 [goto TP3\_OUT8];  
else if TP3\_CNT >1 [goto TP3\_MOST];  
else if TP3\_CNT=1 [goto TP3\_HELP];  
else TP3\_CNT=0 [goto TP3\_TRET]

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**2012 NHIS Questionnaire - Adult CAM**

**Adult Alternative Health/Complementary And Alternative Medicine**

**Document Version Date: 30-May-13**

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**Question ID:** ALT.707\_00.000 **Instrument Variable Name:** TP3\_OUT8 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Improve your attendance at a job or school?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities and who worked or attended school in the past year

**SkipInstructions:** <1,2,R,D> if TP3\_CNT>1 [goto TP3\_MOST];  
else if TP3\_CNT=1 [goto TP3\_HELP];  
else [goto TP3\_TRET]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
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**Question ID:** ALT.708\_00.000 **Instrument Variable Name:** TP3\_MOST **QuestionnaireFileName:** Adult CAM

**QuestionText:** Of these reasons, which ONE was the most important for using [fill1: modality]?

\*Read list below.

- 01 Your general wellness or general disease prevention
- 02 To improve your energy
- 03 To improve your immune function
- 04 To improve your athletic or sports performance
- 05 To improve your memory or concentration
- 06 To eat healthier
- 07 To eat more organic foods
- 08 To cut back or stop drinking alcohol
- 09 To cut back or stop smoking cigarettes
- 10 To exercise more regularly
- 11 To give you a sense of control over your health
- 12 To help to reduce your stress level or to relax
- 13 To help you to sleep better
- 14 To make you feel better emotionally
- 15 To make it easier to cope with health problems
- 16 To improve your overall health and make you feel better
- 17 To improve your relationships with others
- 18 To improve your attendance at a job or school
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities and had two or more reasons for seeing a practitioner/using modality chosen

**SkipInstructions:** <1-18> [goto TP3\_HELP]  
<R,D> [goto TP3\_TRET]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
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**Question ID:** ALT.709\_00.000 **Instrument Variable Name:** TP3\_HELP **QuestionnaireFileName:** Adult CAM

**QuestionText:** How much do you think [fill1: modality] helped {fill2: reason given in TP3\_MOST question}? Would you say...

\*Read categories below.

- 1 A great deal
- 2 Some
- 3 Only a little
- 4 Not at all
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities and had a most important reason for using selected modality/seeing a practitioner for selected modality

**SkipInstructions:** <1-4,R,D> [goto TP3\_TRET]

---

**Question ID:** ALT.710\_00.000 **Instrument Variable Name:** TP3\_TRET **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for one or more specific health problems, symptoms, or conditions?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1> [goto TP3\_COND]  
<2,R,D> ALT\_TP33 in (6,7,10-16) [goto TP3\_RS5];  
else ALT\_TP33 ne (6,7,10-16) [goto TP3\_RS6]

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**Question ID:** ALT.711\_00.000 **Instrument Variable Name:** TP3\_COND **QuestionnaireFileName:** Adult CAM

**QuestionText:** For what health problems, symptoms, or conditions did you {fill1: see a practitioner for/use} {fill2: modality}?

\*Enter all that apply, separate with commas.

- 01 Abdominal pain
  - 02 Acid reflux or heartburn
  - 03 Feeling anxious, nervous or worried
  - 04 Asthma
  - 05 Arthritis
  - 06 Attention Deficit Disorder/Hyperactivity
  - 07 Benign tumors, cysts
  - 08 Bipolar Disorder
  - 09 Birth defect
  - 10 Cancer
  - 11 High Cholesterol
  - 12 Chronic Bronchitis
  - 13 Circulation problems (other than in the legs)
  - 14 Coronary heart disease
  - 15 Dental pain
  - 16 Depression
  - 17 Diabetes
  - 18 Digestive allergy
  - 19 Excessive sleepiness during the day
  - 20 Excessive use of alcohol or tobacco
  - 21 Fatigue or lack of energy more than 3 days
  - 22 Fever more than 1 day
  - 23 Fibromyalgia
  - 24 Fracture, bone/joint injury
  - 25 Gout
  - 26 Gynecologic problem
  - 27 Hay fever
  - 28 Head or chest cold
  - 29 Hearing problem
  - 30 Heart condition or disease, other than coronary heart disease
  - 31 Hernia
  - 32 Hypertension
  - 33 Infectious diseases or problems of the immune system
  - 34 Influenza or pneumonia
  - 35 Insomnia or trouble sleeping
  - 36 Jaw pain
  - 37 Joint pain or stiffness/Other joint condition
  - 38 Knee problems (not arthritis, not joint injury)
  - 39 Liver problem
  - 40 Lung/breathing problem
  - 41 Lupus
  - 42 Memory loss or loss of other cognitive function
  - 43 Menopause
  - 44 Menstrual problems
  - 45 Intellectual disability, also known as mental retardation
-

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- 46 Missing limbs (fingers, toes or digits), amputee
  - 47 Nausea and/or vomiting
  - 48 Neurological problems
  - 49 Osteoporosis, tendinitis
  - 50 Allergies other than hay fever, respiratory, food, digestive, or skin allergies
  - 51 Chronic pain
  - 52 Other developmental problem
  - 53 Injury other than fracture, bone/joint injury
  - 54 Mental health disorders
  - 55 Muscle or bone pain
  - 56 Nerve damage, including carpal tunnel syndrome
  - 57 Problems with being overweight
  - 58 Phobia or fears
  - 59 Polio (myelitis), paralysis, para/quadruplegia
  - 60 Poor circulation in your legs
  - 61 Prostate trouble or impotence
  - 62 Recurring headache, other than migraine
  - 63 Respiratory allergy
  - 64 Rheumatoid arthritis
  - 65 Senility
  - 66 Sinusitis
  - 67 Eczema or any kind of skin allergy
  - 68 Skin problems, other than eczema or skin allergies
  - 69 Sore throat other than strep or tonsillitis
  - 70 Sprain or strain
  - 71 Frequent stress
  - 72 Strep throat or tonsillitis
  - 73 Substance abuse, other than alcohol or tobacco
  - 74 Filled problem from AFLHCA\_S1
  - 75 Filled problem from AFLHCA\_S2
  - 76 Ulcer
  - 77 Urinary problems
  - 78 Varicose veins, hemorrhoids
  - 79 Vision problem
  - 80 Weak or failing kidneys
  - 81 COPD
  - 82 Back pain or problem
  - 83 Neck pain or problem
  - 84 Severe headache or migraine
  - 85 Stomach or intestinal illness
  - 86 Other specify
  - 97 Refused
  - 99 Don't know
-

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**UniverseText:** Sample adults 18+ who have used third of top three modalities and saw a practitioner or used modality for a specific health problem, symptom or condition

**SkipInstructions:** <1-86> If TP3\_CNT>1 [goto TP3\_CMST],  
else if TP3\_CNT=1 [goto TP3\_CHLP];  
<86> [goto TP3\_SPEC];  
<R,D> if self-care modality (ALT\_TP33 in (6,7,10-16)) [goto TP3\_RS5];  
else (ALT\_TP33 ne (6,7,10-16)) [goto TP3\_RS6]

---

**Question ID:** ALT.711\_00.010 **Instrument Variable Name:** TP3\_SPEC **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Enter condition for which [fill1: modality] was used. If respondent gives more than one condition, probe for condition which is most important.

97 Refused

99 Don't Know

**Verbatim** Verbatim response

**UniverseText:** Sample adults 18+ who have used third of top three modalities and used modality to treat other health problem or condition

**SkipInstructions:** <Allow 75, R,D> If TP3\_CNT>1 [goto TP3\_CMST],  
elseif TP3\_CNT =1 [goto TP3\_CHLP];  
<R,D> If TP3\_CNT=1 and if self-care modality (ALT\_TP33 in (6,7,10-16)) [goto TP3\_RS5];  
else [goto TP3\_RS6]

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**Question ID:** ALT.712\_00.000 **Instrument Variable Name:** TP3\_CMST **QuestionnaireFileName:** Adult CAM

**QuestionText:** For which ONE of these did you {fill1: see a practitioner for/use} {fill2: modality} the most?

\*If respondent cannot choose one condition, probe for condition most important for using therapy.

- 01 Abdominal pain
  - 02 Acid reflux or heartburn
  - 03 Feeling anxious, nervous or worried
  - 04 Asthma
  - 05 Arthritis
  - 06 Attention Deficit Disorder/Hyperactivity
  - 07 Benign tumors, cysts
  - 08 Bipolar Disorder
  - 09 Birth defect
  - 10 Cancer
  - 11 High Cholesterol
  - 12 Chronic Bronchitis
  - 13 Circulation problems (other than in the legs)
  - 14 Coronary heart disease
  - 15 Dental pain
  - 16 Depression
  - 17 Diabetes
  - 18 Digestive allergy
  - 19 Excessive sleepiness during the day
  - 20 Excessive use of alcohol or tobacco
  - 21 Fatigue or lack of energy more than 3 days
  - 22 Fever more than 1 day
  - 23 Fibromyalgia
  - 24 Fracture, bone/joint injury
  - 25 Gout
  - 26 Gynecologic problem
  - 27 Hay fever
  - 28 Head or chest cold
  - 29 Hearing problem
  - 30 Heart condition or disease, other than coronary heart disease
  - 31 Hernia
  - 32 Hypertension
  - 33 Infectious diseases or problems of the immune system
  - 34 Influenza or pneumonia
  - 35 Insomnia or trouble sleeping
  - 36 Jaw pain
  - 37 Joint pain or stiffness/Other joint condition
  - 38 Knee problems (not arthritis, not joint injury)
  - 39 Liver problem
  - 40 Lung/breathing problem
  - 41 Lupus
  - 42 Memory loss or loss of other cognitive function
  - 43 Menopause
  - 44 Menstrual problems
  - 45 Intellectual disability, also known as mental retardation
-

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- 46 Missing limbs (fingers, toes or digits), amputee
  - 47 Nausea and/or vomiting
  - 48 Neurological problems
  - 49 Osteoporosis, tendinitis
  - 50 Allergies other than hay fever, respiratory, food, digestive, or skin allergies
  - 51 Chronic pain
  - 52 Other developmental problem
  - 53 Injury other than fracture, bone/joint injury
  - 54 Mental health disorders
  - 55 Muscle or bone pain
  - 56 Nerve damage, including carpal tunnel syndrome
  - 57 Problems with being overweight
  - 58 Phobia or fears
  - 59 Polio (myelitis), paralysis, para/quadruplegia
  - 60 Poor circulation in your legs
  - 61 Prostate trouble or impotence
  - 62 Recurring headache, other than migraine
  - 63 Respiratory allergy
  - 64 Rheumatoid arthritis
  - 65 Senility
  - 66 Sinusitis
  - 67 Eczema or any kind of skin allergy
  - 68 Skin problems, other than eczema or skin allergies
  - 69 Sore throat other than strep or tonsillitis
  - 70 Sprain or strain
  - 71 Frequent stress
  - 72 Strep throat or tonsillitis
  - 73 Substance abuse, other than alcohol or tobacco
  - 74 Filled problem from AFLHCA\_S1
  - 75 Filled problem from AFLHCA\_S2
  - 76 Ulcer
  - 77 Urinary problems
  - 78 Varicose veins, hemorrhoids
  - 79 Vision problem
  - 80 Weak or failing kidneys
  - 81 COPD
  - 82 Back pain or problem
  - 83 Neck pain or problem
  - 84 Severe headache or migraine
  - 85 Stomach or intestinal illness
  - 86 Other specify
  - 97 Refused
  - 99 Don't know
-

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**UniverseText:** Sample adults 18+ who have used third of top three modalities and used modality to treat specific conditions and more than one condition selected

**SkipInstructions:** <1-86> [goto TP3\_CHLP]  
<R,D> if self-care modality (ALT\_TP33=6,7,10-16) [goto TP3\_RS5];  
else [goto TP3\_RS6]

---

**Question ID:** ALT.713\_00.000 **Instrument Variable Name:** TP3\_CHLP **QuestionnaireFileName:** Adult CAM

**QuestionText:** How much do you think [fill1: modality] helped your [fill2: condition from TP3\_CMST]? Would you say...

\*Read categories below.

- 1 A great deal
- 2 Some
- 3 Only a little
- 4 Not at all
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities and used modality to treat specific condition(s)

**SkipInstructions:** <1-4,R,D> [goto TP3\_MTR1]

---

**Question ID:** ALT.714\_00.000 **Instrument Variable Name:** TP3\_MTR1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive any of the following medical treatments for [fill1: condition from TP3\_CMST]?

Prescription medications?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities and used modality to treat specific condition(s)

**SkipInstructions:** <1,2,R,D> [goto TP3\_MTR2]

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**Question ID:** ALT.715\_00.000 **Instrument Variable Name:** TP3\_MTR2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you receive any of the following medical treatments for [fill2: condition from TP3\_CMST]?

Over-the-counter medications?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities and used modality to treat specific condition(s)

**SkipInstructions:** <1,2,R,D> [goto TP3\_MTR3]

---

**Question ID:** ALT.716\_00.000 **Instrument Variable Name:** TP3\_MTR3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you receive any of the following medical treatments for [fill2: condition from TP3\_CMST]?

Surgery?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities and used modality to treat specific condition(s)

**SkipInstructions:** <1,2,R,D> [goto TP3\_MTR4]

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**Question ID:** ALT.717\_00.000 **Instrument Variable Name:** TP3\_MTR4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you receive any of the following medical treatments for [fill2: condition from TP3\_CMST]?

Physical therapy?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities and used modality to treat specific condition(s)

**SkipInstructions:** <1,2,R,D> [goto TP3\_MTR5]

---

**Question ID:** ALT.718\_00.000 **Instrument Variable Name:** TP3\_MTR5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you receive any of the following medical treatments for [fill2: condition from TP3\_CMST]?

Mental health counseling?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities and used modality to treat specific condition(s)

**SkipInstructions:** <1,2,R,D> if TP3\_MTR1=1 or TP3\_MTR2=1 or TP3\_MTR3=1 or TP3\_MTR4=1 or TP3\_MTR5=1 [goto TP3\_RS1];  
else if self-care modality (ALT\_TP33=6,7,10-16) [goto TP3\_RS5];  
else [goto TP3\_RS6]

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**Question ID:** ALT.719\_00.000 **Instrument Variable Name:** TP3\_RS1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?  
These medical treatments were too expensive?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities and used treatments for specific condition(s)

**SkipInstructions:** <1,2,R,D> [goto TP3\_RS2]

---

**Question ID:** ALT.720\_00.000 **Instrument Variable Name:** TP3\_RS2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.  
DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?  
[fill3: modality] combined with these medical treatments would help you?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities and used treatments for specific condition(s)

**SkipInstructions:** <1,2,R,D> [goto TP3\_RS3]

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**Question ID:** ALT.721\_00.000 **Instrument Variable Name:** TP3\_RS3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

These medical treatments do not work for the health problem you want to treat or prevent?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities and used treatments for specific condition(s)

**SkipInstructions:** <1,2,R,D> if TP3\_MTR1=1 or TP3\_MTR2=1 [goto TP3\_RS4];  
else if self-care modality (ALT\_TP33=6,7,10-16) [goto TP3\_RS5];  
else [goto TP3\_RS6]

---

**Question ID:** ALT.722\_00.000 **Instrument Variable Name:** TP3\_RS4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

[fill3: Prescription medications/Over the counter medications/Prescription or over-the-counter medications] cause side effects?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities and used prescription or over-the-counter medication to treat specific condition(s)

**SkipInstructions:** <1,2,R,D> if self-care modality (ALT\_TP33=6,7,10-16) [goto TP3\_RS5];  
else [goto TP3\_RS6]

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**Question ID:** ALT.723\_00.000 **Instrument Variable Name:** TP3\_RS5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you {fill1: use modality} for any of these reasons?

You can do it on your own?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities and picked a self care modality

**SkipInstructions:** <1,2,R,D> [goto TP3\_RS6]

---

**Question ID:** ALT.724\_00.000 **Instrument Variable Name:** TP3\_RS6 **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

It is natural?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3\_RS7]

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**Question ID:** ALT.725\_00.000 **Instrument Variable Name:** TP3\_RS7 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} fill2: modality} for any of these reasons?

It focuses on the whole person, mind, body, and spirit?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3\_RS8]

---

**Question ID:** ALT.726\_00.000 **Instrument Variable Name:** TP3\_RS8 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

It treats the cause and not just the symptoms?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3\_RS9]

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**Question ID:** ALT.727\_00.000 **Instrument Variable Name:** TP3\_RS9 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

It was part of your upbringing?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3\_REC1]

---

**Question ID:** ALT.728\_00.000 **Instrument Variable Name:** TP3\_REC1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you {fill1: see a practitioner for/use} {fill2: modality} because it was recommended by any of the following people?

A medical doctor?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3\_REC2]

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**Question ID:** ALT.729\_00.000 **Instrument Variable Name:** TP3\_REC2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you {fill1: see a practitioner for/use} {fill2: modality} because it was recommended by any of the following people?  
A family member?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3\_REC3]

---

**Question ID:** ALT.730\_00.000 **Instrument Variable Name:** TP3\_REC3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you {fill1: see a practitioner for/use} {fill2: modality} because it was recommended by any of the following people?  
A friend?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3\_REC4]

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**Question ID:** ALT.731\_00.000 **Instrument Variable Name:** TP3\_REC4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you {fill1: see a practitioner for/use} {fill2: modality} because it was recommended by any of the following people?

A co-worker?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3\_IMP]

---

**Question ID:** ALT.732\_00.000 **Instrument Variable Name:** TP3\_IMP **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, how important was your use of [fill1: modality] in maintaining your health and well-being? Would you say...

\*Read categories below.

- 1 Very important
- 2 Somewhat important
- 3 Slightly important
- 4 Not at all important
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1-4,R,D> if PROVTYPE=1-4 [goto TP3\_DS1];  
else [goto TP3\_INF1]

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**Question ID:** ALT.733\_00.000 **Instrument Variable Name:** TP3\_DS1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** [fill1: Not including the practitioner you saw for] [fill2: modality] DURING THE PAST 12 MONTHS, did you let your personal health care provider know about your use of [fill3: modality]?

\*If practitioner for therapy is the same person as personal health care provider, enter '1'.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities and has a personal health care provider

**SkipInstructions:** <1,R,D> [goto TP3\_INF1]  
<2> [goto TP3\_DS2]

---

**Question ID:** ALT.734\_00.000 **Instrument Variable Name:** TP3\_DS2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Why didn't you tell your personal health care provider about your use of [fill1: modality]?

You were not using it at the time?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities and did not tell their personal health care provider about using therapy

**SkipInstructions:** <1,2,R,D> [goto TP3\_DS3]

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**Question ID:** ALT.735\_00.000 **Instrument Variable Name:** TP3\_DS3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Why didn't you tell your personal health care provider about your use of {fill1: modality}?

They discouraged use of it in the past?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities and did not tell their personal health care provider about using therapy

**SkipInstructions:** <1,2,R,D> [goto TP3\_DS4]

---

**Question ID:** ALT.736\_00.000 **Instrument Variable Name:** TP3\_DS4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Why didn't you tell your personal health care provider about your use of {fill1: modality}?

You were worried they would discourage it?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities and did not tell their personal health care provider about using therapy

**SkipInstructions:** <1,2,R,D> [goto TP3\_DS5]

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**2012 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 30-May-13**

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**Question ID:** ALT.737\_00.000 **Instrument Variable Name:** TP3\_DS5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Why didn't you tell your personal health care provider about your use of {fill1: modality}?

You were concerned about a negative reaction?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities and did not tell their personal health care provider about using therapy

**SkipInstructions:** <1,2,R,D> [goto TP3\_DS6]

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**Question ID:** ALT.738\_00.000 **Instrument Variable Name:** TP3\_DS6 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Why didn't you tell your personal health care provider about your use of {fill1: modality}?

You didn't think they needed to know?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities and did not tell their personal health care provider about using therapy

**SkipInstructions:** <1,2,R,D> [goto TP3\_DS7]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Document Version Date: 30-May-13**

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**Question ID:** ALT.739\_00.000 **Instrument Variable Name:** TP3\_DS7 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Why didn't you tell your personal health care provider about your use of {fill1: modality}?

They didn't ask?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities and did not tell their personal health care provider about using therapy

**SkipInstructions:** <1,2,R,D> [goto TP3\_DS8]

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**Question ID:** ALT.740\_00.000 **Instrument Variable Name:** TP3\_DS8 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Why didn't you tell your personal health care provider about your use of {fill1: modality}?

You don't think they know as much about it as you do?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities and did not tell their personal health care provider about using therapy

**SkipInstructions:** <1,2,R,D> [goto TP3\_DS9]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Document Version Date: 30-May-13**

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**Question ID:** ALT.741\_00.000 **Instrument Variable Name:** TP3\_DS9 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Why didn't you tell your personal health care provider about your use of {fill1: modality}?

They didn't give you enough time to tell them?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities and did not tell their personal health care provider about using therapy

**SkipInstructions:** <1,2,R,D> [goto TP3\_INF1]

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**Question ID:** ALT.760\_00.000 **Instrument Variable Name:** TP3\_INF1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

The Internet?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3\_INF2]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.761\_00.000 **Instrument Variable Name:** TP3\_INF2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

Books, magazines, or newspapers?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3\_INF3]

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**Question ID:** ALT.762\_00.000 **Instrument Variable Name:** TP3\_INF3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

DVDs, videos, or CDs?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3\_INF4]

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**2012 NHIS Questionnaire - Adult CAM**  
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**Document Version Date: 30-May-13**

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**Question ID:** ALT.763\_00.000 **Instrument Variable Name:** TP3\_INF4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

Television or radio?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3\_INF5]

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**Question ID:** ALT.764\_00.000 **Instrument Variable Name:** TP3\_INF5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

Scientific articles?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3\_INF6]

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**2012 NHIS Questionnaire - Adult CAM**

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**Document Version Date: 30-May-13**

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**Question ID:** ALT.765\_00.000 **Instrument Variable Name:** TP3\_INF6 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

Health food stores?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto next section]

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