* The sample adult person is [fill: ALIAS of Sample Adult]. The next questions must be answered by this person. Probe as necessary to determine the availability of [fill: ALIAS of Sample Adult].

* If refused enter CTRL-R

1 Available
2 Not available
3 Physical or mental condition prohibits responding
7 Refused

UniverseText: This is the Sample Adult and (the Sample Adult section has not been started or completed).

SkipInstructions: <1> if Sample Adult = demographics.hhc.RELRESP_A  
goto beginning of adult.asd  
elseif Sample Adult = demographics.hhc.HHRESP  
goto beginning of adult.asd  
else  
goto AIDVERF_S  
endif  
<2> goto callbk.ACALLBK1  
<3> goto PROX1  
<R> store '4' in ASTAT  
if recontact.RCIFLAG ne '1'  
goto recontact.RCI_BEGIN procedure  
else  
goto back.OUTCOME procedure  
endif

* Proxy interviews can be done for sample adults that have a mental or physical condition that prevents them from responding for themselves.

Is a family member or caregiver that is knowledgeable about [fill: ALIAS of Sample Adult]’s health available?

1 Yes
2 No

UniverseText: The Sample Adult's physical or mental condition prohibits responding.

SkipInstructions: <1> goto PROX2
<2> goto PROX3
**Question ID:** AID.015_00.000  **Instrument Variable Name:** PROX2  **QuestionnaireFileName:** Sample Adult

**QuestionText:** *Ask if necessary.

What is this person's relationship to [fill: ALIAS of Sample Adult]?  
1 Relative who lives in household  
2 Relative who doesn't live in household  
3 Other caregiver  
4 Other  
7 Refused  
9 Don't know

**UniverseText:** Knowledgeable proxy is available.

**SkipInstructions:** <1-4> goto AIDVERF_S

---

**Question ID:** AID.020_00.000  **Instrument Variable Name:** PROX3  **QuestionnaireFileName:** Sample Adult

**QuestionText:** *Ask if necessary.

Can a callback with someone knowledgeable about [fill: ALIAS of Sample Adult]'s health be arranged?  
1 Yes  
2 No

**UniverseText:** Knowledgeable proxy is not available.

**SkipInstructions:** <1> goto callback.ACALLBK1  
<2> store '3' in ASTAT  
   if recontact.RCIFLAG ne '1'  
      goto recontact.RCI_BEGIN procedure  
   else  
      goto back.OUTCOMEB1 procedure  
   endif

---

**Question ID:** AID.030_00.000  **Instrument Variable Name:** AIDVERF_S  **QuestionnaireFileName:** Sample Adult

**QuestionText:** * Please verify the following information about the sample adult before proceeding:  

I have recorded your sex as [fill: Sex of Sample Adult]. Is this correct?  
*If respondent "refuses" or says "don't know", enter "1" for "yes".  
1 Yes  
2 No

**UniverseText:** Sample Adult is not the person entered in HHRESP or RELRESP_A. Or PROX1 = 'Yes'.

**SkipInstructions:** <1> goto AIDVERF_A  
<2> goto AIDSEX
Adult Identification

2007 NHIS Questionnaire - Sample Adult

Document Version Date: 27-May-08

Question ID: AID.040_00.000  Instrument Variable Name: AIDSEX  QuestionnaireFileName: Sample Adult

QuestionText: * Ask if appropriate; otherwise, enter your best guess of the person's sex.

Are you Male or Female?

1  Male
2  Female

UniverseText: Respondent said his/her sex is not correct.

SkipInstructions: <1,2> store AIDSEX in SEX
goto ERR_AIDSEX
reset AIDVERF_S
goto AIDVERF_S

Question ID: AID.045_00.000  Instrument Variable Name: AIDVERF_A  QuestionnaireFileName: Sample Adult

QuestionText: * Please verify the following information about the sample adult before proceeding:

I have recorded your age as [fill: Age of Sample Adult] old. Is this correct?

*If respondent "refuses" or says "don't know", enter "1" for "yes".

1  Yes
2  No

UniverseText: Sample Adult said his/her sex is correct.

SkipInstructions: <1> goto AIDVERF_D
<2> goto AIDAGE

Question ID: AID.050_00.000  Instrument Variable Name: AIDAGE  QuestionnaireFileName: Sample Adult

QuestionText: How old are you?

000-120  Age in years
997  Refused
999  Don't know

UniverseText: Respondent said his/her age is not correct.

SkipInstructions: <0-120, Refused, Don't know>
if AIDAGE = 'Refused' or AIDAGE = 'Don't know' or AIDAGE = AGE
reset AIDVERF_A
goto ERR_AIDAGE
else
store AIDAGE in AGE
goto AIDDODB_M
2007 NHIS Questionnaire - Sample Adult
Adult Identification
Document Version Date: 27-May-08

Question ID: AID.055_00.000   Instrument Variable Name: AIDVERF_D   QuestionnaireFileName: Sample Adult

QuestionText: * Please verify the following information about the sample adult before proceeding:

I have recorded your birthday as [fill: Birthday of Sample Adult]. Is this correct?

*If respondent "refuses" or says "don't know", enter "1" for "yes".

1   Yes
2   No

UniverseText: Sample Adult said his/her age is correct.

SkipInstructions: <1> if AGE of Sample Adult le '17
   goto NO_MORE
   else
      goto beginning of adult.asd
   endif
   <2> goto AIDDDB_M

---

Question ID: AID.060_01.000   Instrument Variable Name: AIDDDB_M   QuestionnaireFileName: Sample Adult

QuestionText: 1 of 3

What is your birthday?

*Enter month of birth.

  01   January
  02   February
  03   March
  04   April
  05   May
  06   June
  07   July
  08   August
  09   September
  10   October
  11   November
  12   December
  97   Refused
  99   Don't know

UniverseText: Respondent said his/her date of birth is not correct or his/her age is not correct

SkipInstructions: <01-12, Refused, Don't know> goto AIDDDB_D
**2007 NHIS Questionnaire - Sample Adult**

**Adult Identification**

**Document Version Date**: 27-May-08

---

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>AID.060_02.000</th>
<th>Instrument Variable Name:</th>
<th>AIDDOB_D</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText</strong>:</td>
<td>2 of 3</td>
<td></td>
<td>AIDDOB_D</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Enter day of birth.</td>
<td></td>
<td>AIDDOB_D</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>01-31</strong> Day of the month</td>
<td></td>
<td>AIDDOB_D</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>97</strong> Refused</td>
<td></td>
<td>AIDDOB_D</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>99</strong> Don't know</td>
<td></td>
<td>AIDDOB_D</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText</strong>:</td>
<td>Respondent said his/her date of birth is not correct or his/her age is not correct</td>
<td></td>
<td>AIDDOB_D</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions</strong>:</td>
<td>&lt;01-31,Refused,Don't know&gt; goto AIDDOB_Y</td>
<td></td>
<td>AIDDOB_D</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If days not valid, goto ERR_AIDDOB_D</td>
<td></td>
<td>AIDDOB_D</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>AID.060_03.000</th>
<th>Instrument Variable Name:</th>
<th>AIDDOB_Y</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText</strong>:</td>
<td>3 of 3</td>
<td></td>
<td>AIDDOB_Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Enter year of birth.</td>
<td></td>
<td>AIDDOB_Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>1880-2020</strong> Year of Birth</td>
<td></td>
<td>AIDDOB_Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText</strong>:</td>
<td>Respondent said his/her date of birth is not correct or his/her age is not correct</td>
<td></td>
<td>AIDDOB_Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions</strong>:</td>
<td>&lt;1880-2020, Refused, Don't know&gt; if AIDVERF_A = '2' (No) then reset AIDVERF_A to empty</td>
<td></td>
<td>AIDDOB_Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>elseif AIDVERF_D = '2' (No) then reset AIDVERF_D to empty</td>
<td></td>
<td>AIDDOB_Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>endif</td>
<td></td>
<td>AIDDOB_Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(if year GT current year) or (if year = current year and month GT current month) or (if year = current year and month = current month and day GT current day)</td>
<td></td>
<td>AIDDOB_Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>goto ERR1_AIDDOB_Y</td>
<td></td>
<td>AIDDOB_Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>endif</td>
<td></td>
<td>AIDDOB_Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(if birth month = '02' and birth day = '29' and this is not a leap year)</td>
<td></td>
<td>AIDDOB_Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>goto ERR2_AIDDOB_Y</td>
<td></td>
<td>AIDDOB_Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>endif</td>
<td></td>
<td>AIDDOB_Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(if AIDDOB_M = 'Ref' or 'DK') or (if AIDDOB_D = 'Ref' or 'DK') or (if AIDDOB_Y = 'Ref' or 'DK')</td>
<td></td>
<td>AIDDOB_Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>goto ERR3_AIDDOB_Y</td>
<td></td>
<td>AIDDOB_Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>else</td>
<td></td>
<td>AIDDOB_Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>store AIDDOB_M in DOBM</td>
<td></td>
<td>AIDDOB_Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>store AIDDOB_D in DOBD</td>
<td></td>
<td>AIDDOB_Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>store AIDDOB_Y in DOBY</td>
<td></td>
<td>AIDDOB_Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>if AIDVERF_A = '2' (No) then reset AIDVERF_A to empty</td>
<td></td>
<td>AIDDOB_Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>goto AIDVERF_A</td>
<td></td>
<td>AIDDOB_Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>elseif AIDVERF_D = '2' (No) then reset AIDVERF_D to empty</td>
<td></td>
<td>AIDDOB_Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>goto AIDVERF_D</td>
<td></td>
<td>AIDDOB_Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>endif</td>
<td></td>
<td>AIDDOB_Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>endif</td>
<td></td>
<td>AIDDOB_Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Calculate age from AIDDOB_M, AIDDOB_D, and AIDDOB_Y.</td>
<td></td>
<td>AIDDOB_Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>if age from AIDDOB items is ne AGE and age from AIDDOB items is valid</td>
<td></td>
<td>AIDDOB_Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>reset AIDVERF_A or AIDVERF_D.</td>
<td></td>
<td>AIDDOB_Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>goto ERR4_AIDDOB_Y</td>
<td></td>
<td>AIDDOB_Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>endif</td>
<td></td>
<td>AIDDOB_Y</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Now I am going to ask you about some health services you may have used. First I will ask you about some services for which you would have seen a practitioner. Then I will ask you about some other health practices you may have done on your own.

Have you EVER seen a provider or practitioner for any of the following therapies for yourself? Please say yes or no to each.

... Acupuncture (AK-you-punk-chur)

1 Yes
2 No
7 Refused
9 Don't know

Have you EVER seen a provider or practitioner for any of the following therapies for yourself?

...Ayurveda (eye-yur-VAY-duh)

1 Yes
2 No
7 Refused
9 Don't know
(book) ALT1 ?[F1]

*Read if necessary.

Have you EVER seen a provider or practitioner for any of the following therapies for yourself?

...Biofeedback
1  Yes
2  No
7  Refused
9  Don't know

UniverseText:  Sample adults 18+

SkipInstructions:  <1,2,R,D>[goto CHE_EVER]

Have you EVER seen a provider or practitioner for any of the following therapies for yourself?

...Chelation (key-LAY-shun) Therapy
1  Yes
2  No
7  Refused
9  Don't know

UniverseText:  Sample adults 18+

SkipInstructions:  <1,2,R,D>[goto COM_EVER]

Have you EVER seen a provider or practitioner for any of the following therapies for yourself?

...Chiropractic (kye-row-PRAK-tik) or Osteopathic Manipulation
1  Yes
2  No
7  Refused
9  Don't know

UniverseText:  Sample adults 18+

SkipInstructions:  <1,2,R,D>[goto EHT_EVER]
Have you EVER seen a provider or practitioner for any of the following therapies for yourself?

...Energy Healing Therapy

1  Yes
2  No
7  Refused
9  Don't know

UniverseText:  Sample adults 18+

SkipInstructions:  <1,2,R,D>[goto HYP_EVER]

Have you EVER seen a provider or practitioner for any of the following therapies for yourself?

...Hypnosis

1  Yes
2  No
7  Refused
9  Don't know

UniverseText:  Sample adults 18+

SkipInstructions:  <1,2,R,D>[goto MAS_EVER]

Have you EVER seen a provider or practitioner for any of the following therapies for yourself?

...Massage

1  Yes
2  No
7  Refused
9  Don't know

UniverseText:  Sample adults 18+

SkipInstructions:  <1,2,R,D>[goto NAT_EVER]
Have you EVER seen a provider or practitioner for any of the following therapies for yourself?

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

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+

*Cycle through list of modalities to determine follow-up questions.
If ACU_EVER = 1 goto ACU_USEM
elseif ACU_EVER = 2 goto ACU_NNOT
elseif AYU_EVER = 1 goto AYU_USEM
elseif BIO_EVER = 1 goto BIO_USEM
elseif CHE_EVER = 1 goto CHE_USEM
elseif COM_EVER = 1 goto COM_USEM
elseif COM_EVER = 2 goto COM_NNOT
elseif EHT_EVER = 1 goto EHT_USEM
elseif HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER

Sample adults 18+ who have ever tried acupuncture

<1>[goto ACU_NUMB] <2>[goto ACU_MNOT] <R,D>[goto AYU_USEM or next modality respondent has used--see table below for determination:

If AYU_EVER = 1 goto AYU_USEM
elseif BIO_EVER = 1 goto BIO_USEM
elseif CHE_EVER = 1 goto CHE_USEM
elseif COM_EVER = 1 goto COM_USEM
elseif COM_EVER = 2 goto COM_NNOT
elseif EHT_EVER = 1 goto EHT_USEM
elseif HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER
DURING THE PAST 12 MONTHS, how many times did you see a practitioner for acupuncture?

*Read categories if necessary.

1  Only one time
2  2-5 times
3  6-10 times
4  11-15 times
5  16-20 times
6  More than 20 times
7  Refused
9  Don't know

Sample adults 18+ who have seen a practitioner for acupuncture in past 12 months

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

*Enter '500' for $500 or more.

000-499  $0-$499
500    $500 or more
997    Refused
999    Don't know

Sample adults 18+ who have seen a practitioner for acupuncture in past 12 months

Did you use acupuncture for a specific health problem or condition?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have seen a practitioner for acupuncture in past 12 months
For what health problems or conditions did you use acupuncture?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
Memory loss or loss of other cognitive function
Menopause
Menstrual problems
Mental retardation
Missing limbs (fingers, toes or digits), amputee
Osteoporosis, tendinitis
Other developmental problem
Other injury
Other nerve damage, including carpal tunnel syndrome
Phobia or fears
Polio (myelitis), paralysis, para/quadriplegia
Poor circulation in legs
Prostate trouble or impotence
Regular headaches
Rheumatoid arthritis
Schizophrenia
Seizures
Senility
Sinusitis
Skin problems
Sprain or strain
Stroke
Substance abuse, other than alcohol or tobacco
Ulcer
Urinary problem
Varicose veins, hemorrhoids
Vision problem
Weak or failing kidneys
Weight problem
Back pain or problem
Head or chest cold
Neck pain or problem
Severe headache or migraine
Stomach or intestinal illness
Other - specify
Refused
Don't know

UniverseText: Sample adults 18+ who use acupuncture for a specific condition

SkipInstructions: <1-81> If more than one condition selected, [goto ACU_MOST], elseif only one condition selected, [goto ACU_MED], <82> [goto ACU_SPEC] <Refused,Don't know> goto ACU_ENG
**Question ID:** ALT.037_00.000  **Instrument Variable Name:** ACU_SPEC  **QuestionnaireFileName:** Adult CAM

**QuestionText:**
*Enter condition for which acupuncture was used. If respondent gives more than one condition, probe for condition most important for using acupuncture.*

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who used acupuncture to treat other health problem or condition

**SkipInstructions:**
<Allow 75> if more than one condition selected [goto ACU_MOST]; else if only one condition selected [goto ACU_MED]
<R,D> [if more than one condition (1-81) selected [goto ACU_MOST]; elseif only one condition (1-81) selected [goto ACU_MED]; else [goto ACU_ENG]
Question ID: ALT.038_00.000  
Instrument Variable Name: ACU_MOST  
QuestionnaireFileName: Adult CAM

QuestionText: For which ONE of these health conditions did you use acupuncture the most?

*If respondent cannot choose one condition, probe for condition most important for using acupuncture.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acid reflux or heartburn</td>
<td>01</td>
</tr>
<tr>
<td>Angina</td>
<td>02</td>
</tr>
<tr>
<td>Anxiety</td>
<td>03</td>
</tr>
<tr>
<td>Asthma</td>
<td>04</td>
</tr>
<tr>
<td>Arthritis</td>
<td>05</td>
</tr>
<tr>
<td>Attention Deficit Disorder/Hyperactivity</td>
<td>06</td>
</tr>
<tr>
<td>Autism</td>
<td>07</td>
</tr>
<tr>
<td>Benign tumors, cysts</td>
<td>08</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>09</td>
</tr>
<tr>
<td>Birth defect</td>
<td>10</td>
</tr>
<tr>
<td>Cancer</td>
<td>11</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>12</td>
</tr>
<tr>
<td>Chronic Bronchitis</td>
<td>13</td>
</tr>
<tr>
<td>Circulation problems (other than in the legs)</td>
<td>14</td>
</tr>
<tr>
<td>Constipation severe enough to require medication</td>
<td>15</td>
</tr>
<tr>
<td>Coronary heart disease</td>
<td>16</td>
</tr>
<tr>
<td>Dementia, including Alzheimer's Disease</td>
<td>17</td>
</tr>
<tr>
<td>Dental pain</td>
<td>18</td>
</tr>
<tr>
<td>Depression</td>
<td>19</td>
</tr>
<tr>
<td>Diabetes</td>
<td>20</td>
</tr>
<tr>
<td>Emphysema</td>
<td>21</td>
</tr>
<tr>
<td>Excessive sleepiness during the day</td>
<td>22</td>
</tr>
<tr>
<td>Excessive use of alcohol or tobacco</td>
<td>23</td>
</tr>
<tr>
<td>Fibromyalgia</td>
<td>24</td>
</tr>
<tr>
<td>Fracture, bone/joint injury</td>
<td>25</td>
</tr>
<tr>
<td>Gout</td>
<td>26</td>
</tr>
<tr>
<td>Gum disease</td>
<td>27</td>
</tr>
<tr>
<td>Gynecologic problem</td>
<td>28</td>
</tr>
<tr>
<td>Hay fever</td>
<td>29</td>
</tr>
<tr>
<td>Hearing problem</td>
<td>30</td>
</tr>
<tr>
<td>Heart attack</td>
<td>31</td>
</tr>
<tr>
<td>Other heart condition or disease</td>
<td>32</td>
</tr>
<tr>
<td>Hernia</td>
<td>33</td>
</tr>
<tr>
<td>Hypertension</td>
<td>34</td>
</tr>
<tr>
<td>Inflammatory bowel disease</td>
<td>35</td>
</tr>
<tr>
<td>Influenza or pneumonia</td>
<td>36</td>
</tr>
<tr>
<td>Insomnia or trouble sleeping</td>
<td>37</td>
</tr>
<tr>
<td>Irritable bowel</td>
<td>38</td>
</tr>
<tr>
<td>Jaw pain</td>
<td>39</td>
</tr>
<tr>
<td>Joint pain or stiffness/other joint condition</td>
<td>40</td>
</tr>
<tr>
<td>Knee problems (not arthritis, not joint injury)</td>
<td>41</td>
</tr>
<tr>
<td>Liver problem</td>
<td>42</td>
</tr>
<tr>
<td>Lung/breathing problem (not already listed)</td>
<td>43</td>
</tr>
<tr>
<td>Lupus</td>
<td>44</td>
</tr>
<tr>
<td>Mania or psychosis</td>
<td>45</td>
</tr>
<tr>
<td>Memory loss or loss of other cognitive function</td>
<td>46</td>
</tr>
</tbody>
</table>
47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
83 Refused
84 Don't know

UniverseText: Sample adults 18+ who used acupuncture for more than 1 condition

SkipInstructions: <1-82> [goto ACU_MED],
<Refused,Don't know> [goto ACU_ENG]
Did you receive any of these conventional medical treatments for [Fill: condition for which acupuncture used the most]?

*Enter all that apply, separate with commas.

1. None
2. Prescription medications
3. Over-the-counter medications
4. Surgery
5. Physical therapy
6. Mental health counseling
7. Refused
8. Don't know

Sample adults 18+ who receive acupuncture for particular medical condition

Did you receive prescription medications for [Fill: condition from ACU_MOST or ACU_COND or ACU_SPEC] before, at about the same time, or after trying acupuncture?

1. Before
2. At about the same time
3. After
4. Refused
5. Don't know

Sample adults 18+ who used prescription medications for condition they used acupuncture for the most

Did you receive over-the-counter medications for [Fill: condition from ACU_MOST or ACU_COND or ACU_SPEC] before, at about the same time, or after trying acupuncture?

1. Before
2. At about the same time
3. After
4. Refused
5. Don't know

Sample adults 18+ who used over-the-counter medications for condition they used acupuncture for the most
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: ALT.042_03.000  Instrument Variable Name: ACU_TIM3  QuestionnaireFileName: Adult CAM
QuestionText: Did you receive surgery for [fill: condition from ACU_MOST or ACU_COND or ACU_SPEC] before, at about the same
time, or after trying acupuncture?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who had surgery for condition they used acupuncture for the most

SkipInstructions: <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected [goto ACU_ENG]

---

Question ID: ALT.042_04.000  Instrument Variable Name: ACU_TIM4  QuestionnaireFileName: Adult CAM
QuestionText: Did you receive physical therapy for [fill: condition from ACU_MOST or ACU_COND or ACU_SPEC] before, at about the same
time, or after trying acupuncture?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who had physical therapy for condition they used acupuncture for the most

SkipInstructions: <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected [goto ACU_ENG]

---

Question ID: ALT.042_05.000  Instrument Variable Name: ACU_TIM5  QuestionnaireFileName: Adult CAM
QuestionText: Did you receive mental health counseling for [fill: condition from ACU_MOST or ACU_COND or ACU_SPEC] before, at about the same time, or after trying acupuncture?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who had mental health counseling for condition they used acupuncture for the most

SkipInstructions: <1-3,R,D> [goto ACU_ENG]
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: ALT.044_00.000  Instrument Variable Name: ACU_ENG  QuestionnaireFileName: Adult CAM

QuestionText: DURING THE PAST 12 MONTHS, did you use acupuncture for any of these reasons? Please say yes or no to each.

...To improve or enhance energy

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1,2,D,R> [goto ACU_WEL]

Question ID: ALT.046_00.000  Instrument Variable Name: ACU_WEL  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you use acupuncture 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 seen a practitioner for acupuncture in past 12 months

SkipInstructions: <1,2,D,R> [goto ACU_IMM]

Question ID: ALT.048_00.000  Instrument Variable Name: ACU_IMM  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you use acupuncture for any of these reasons?

... To improve or enhance immune function

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1,2,D,R> [goto ACU_NOHP]
DURING THE PAST 12 MONTHS, did you use acupuncture for any of these reasons?

...Because medical treatments did not help

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have seen a practitioner for acupuncture in past 12 months

<1,2,D,R> [goto ACU_EXPS]

DURING THE PAST 12 MONTHS, did you use acupuncture for any of these reasons?

...Because medical treatments were too expensive

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have seen a practitioner for acupuncture in past 12 months

<1,2,D,R> [goto ACU_SUGG]

DURING THE PAST 12 MONTHS, did you use acupuncture for any of these reasons?

...It was recommended by a health care provider

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have seen a practitioner for acupuncture in past 12 months

<1,2,D,R> [goto ACU_FFC]
*Read if necessary.

DURING THE PAST 12 MONTHS, did you use acupuncture for any of these reasons?

...It was recommended by family, friends, or co-workers

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have seen a practitioner for acupuncture in past 12 months

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have seen a practitioner for acupuncture in past 12 months

<1>[goto ACUPROF]
<2,Refused,Don't know> [goto AYU_USEM or next modality which respondent has used. If no more, [goto cycle through reference table below:

If AYU_EVER = 1 goto AYU_USEM
elseif BISO_EVER = 1 goto BISO_USEM
elseif CHE_EVER = 1 goto CHE_USEM
elseif COM_EVER = 1 goto COM_USEM
elseif COM_EVER = 2 goto COM_NNOT
elseif EHT_EVER = 1 goto EHT_USEM
elseif HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER
(book) ALT3 ?[F1]
Which ones?
* Enter all that apply, separate with commas.

01 Medical doctor (including specialists)
02 Doctor of Osteopathy (D.O.)
03 Nurse practitioner/Physician assistant
04 Psychiatrist
05 Dentist (including specialists)
06 Psychologist/social worker
07 Pharmacist
97 Refused
99 Don't know

Sample adults 18+ who have let a conventional medical prof. know about use of acupuncture

If AYU_EVER = 1 goto AYU_USEM
elseif BIO_EVER = 1 goto BIO_USEM
elseif CHE_EVER = 1 goto CHE_USEM
elseif COM_EVER = 1 goto COM_USEM
elseif COM_EVER = 2 goto COM_NNOT
elseif EHT_EVER = 1 goto EHT_USEM
elseif HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER]
(book) ALT4

Please tell me the reasons why you have not used acupuncture in the PAST 12 MONTHS.

*Enter all that apply, separate with commas.

01 Never thought about it
02 No reason
03 Didn't need it in the last 12 months
04 It didn't work for me before
05 It costs too much
06 I had side effects last time
07 A health care provider told me not to use it
08 Medical science has not shown that it works
09 Some other reason
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who have not used acupuncture in the past 12 months

SkipInstructions: <6> goto ACU_SDEF
<1-5,7-9,'R', 'D'>[goto AYU_USEM or next modality that respondent has used; ---see table below for determination:

If AYU_EVER = 1 goto AYU_USEM
elseif BIO_EVER = 1 goto BIO_USEM
elseif CHE_EVER = 1 goto CHE_USEM
elseif COM_EVER = 1 goto COM_USEM
elseif COM_EVER = 2 goto COM_NNOT
elseif EHT_EVER = 1 goto EHT_USEM
elseif HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER

Question ID: ALT.064_00.000 Instrument Variable Name: ACU_SDEF QuestionnaireFileName: Adult CAM

QuestionText: What kinds of side effects did you have?

97 Refused
99 Don't know

UniverseText: Sample adults 18+ who had side effects from acupuncture

SkipInstructions: <allow 75 characters, 'Refused', 'Don't know'> [goto ACU_ATT]
Did any of these require medical attention?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who had side effects from acupuncture

(book) ALT5

Please tell me the reasons why you have never used acupuncture.

*Enter all that apply, separate with commas.

01 Never heard of it/don't know much about it
02 Never thought about it
03 No reason
04 Don't need it
05 Don't believe in it/it doesn't work
06 It costs too much
07 It is not safe to use
08 A health care provider told me not to use it
09 Medical science has not shown that it works
10 Some other reason
97 Refused
99 Don't know

Sample adults 18+ who have never used acupuncture

If AYU_EVER = 1 goto AYU_USEM
elseif BIO_EVER = 1 goto BIO_USEM
elseif CHE_EVER = 1 goto CHE_USEM
elseif COM_EVER = 1 goto COM_USEM
elseif COM_EVER = 2 goto COM_NNOT
elseif EHT_EVER = 1 goto EHT_USEM
elseif HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER
Question ID: ALT.070_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 tried ayurveda

SkipInstructions: <1>[goto AYU_NUMB] <2, 'R', 'D' [goto BIO_USEM or next modality respondent has used--see table below for determination:

If BIO_EVER = 1 goto BIO_USEM
elseif CHE_EVER = 1 goto CHE_USEM
elseif COM_EVER = 1 goto COM_USEM
elseif COM_EVER = 2 goto COM_NNOT
elseif EHT_EVER = 1 goto EHT_USEM
elseif HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER

Question ID: ALT.072_00.000  Instrument Variable Name: AYU_NUMB  QuestionnaireFileName: Adult CAM

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

*Read categories if necessary.

1 Only one time
2 2-5 times
3 6-10 times
4 11-15 times
5 16-20 times
6 More than 20 times
7 Refused
9 Don't know

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

SkipInstructions: <1,2,3,4,5,6,R,D>[goto AYU_PAY]
### Question ID: ALT.074_00.000  
**Instrument Variable Name:** AYU_PAY  
**QuestionnaireFileName:** Adult CAM

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

*Enter ‘500’ for $500 or more.*

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000-499</td>
<td>$0-$499</td>
</tr>
<tr>
<td>500</td>
<td>$500 or more</td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:** `<0-500,Refused,Don't know> [goto AYU_TRET]`

---

### Question ID: ALT.076_00.000  
**Instrument Variable Name:** AYU_TRET  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you use ayurveda for a specific health problem or condition?

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:** `<1>[goto AYU_COND] <2,R,D>[goto AYU_ENG]`
For what health problems or conditions did you use ayurveda?

*Enter all that apply, separate with commas.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Acid reflux or heartburn</td>
</tr>
<tr>
<td>02</td>
<td>Angina</td>
</tr>
<tr>
<td>03</td>
<td>Anxiety</td>
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<tr>
<td>04</td>
<td>Asthma</td>
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<tr>
<td>05</td>
<td>Arthritis</td>
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<tr>
<td>06</td>
<td>Attention Deficit Disorder/Hyperactivity</td>
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<tr>
<td>07</td>
<td>Autism</td>
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<tr>
<td>08</td>
<td>Benign tumors, cysts</td>
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<tr>
<td>09</td>
<td>Bipolar Disorder</td>
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<tr>
<td>10</td>
<td>Birth defect</td>
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<td>11</td>
<td>Cancer</td>
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<td>12</td>
<td>Cholesterol</td>
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<td>13</td>
<td>Chronic Bronchitis</td>
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<td>14</td>
<td>Circulation problems (other than in the legs)</td>
</tr>
<tr>
<td>15</td>
<td>Constipation severe enough to require medication</td>
</tr>
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<td>16</td>
<td>Coronary heart disease</td>
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<td>17</td>
<td>Dementia, including Alzheimer's Disease</td>
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<td>18</td>
<td>Dental pain</td>
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<tr>
<td>19</td>
<td>Depression</td>
</tr>
<tr>
<td>20</td>
<td>Diabetes</td>
</tr>
<tr>
<td>21</td>
<td>Emphysema</td>
</tr>
<tr>
<td>22</td>
<td>Excessive sleepiness during the day</td>
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<tr>
<td>23</td>
<td>Excessive use of alcohol or tobacco</td>
</tr>
<tr>
<td>24</td>
<td>Fibromyalgia</td>
</tr>
<tr>
<td>25</td>
<td>Fracture, bone/joint injury</td>
</tr>
<tr>
<td>26</td>
<td>Gout</td>
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<tr>
<td>27</td>
<td>Gum disease</td>
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<tr>
<td>28</td>
<td>Gynecologic problem</td>
</tr>
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<td>29</td>
<td>Hay fever</td>
</tr>
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<td>Hearing problem</td>
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<td>Heart attack</td>
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<td>Lupus</td>
</tr>
<tr>
<td>45</td>
<td>Mania or psychosis</td>
</tr>
<tr>
<td></td>
<td>Condition</td>
</tr>
<tr>
<td>---</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>46</td>
<td>Memory loss or loss of other cognitive function</td>
</tr>
<tr>
<td>47</td>
<td>Menopause</td>
</tr>
<tr>
<td>48</td>
<td>Menstrual problems</td>
</tr>
<tr>
<td>49</td>
<td>Mental retardation</td>
</tr>
<tr>
<td>50</td>
<td>Missing limbs (fingers, toes or digits), amputee</td>
</tr>
<tr>
<td>51</td>
<td>Osteoporosis, tendinitis</td>
</tr>
<tr>
<td>52</td>
<td>Other developmental problem</td>
</tr>
<tr>
<td>53</td>
<td>Other injury</td>
</tr>
<tr>
<td>54</td>
<td>Other nerve damage, including carpal tunnel syndrome</td>
</tr>
<tr>
<td>55</td>
<td>Phobia or fears</td>
</tr>
<tr>
<td>56</td>
<td>Polio (myelitis), paralysis, para/quadriplegia</td>
</tr>
<tr>
<td>57</td>
<td>Poor circulation in legs</td>
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<tr>
<td>58</td>
<td>Prostate trouble or impotence</td>
</tr>
<tr>
<td>59</td>
<td>Regular headaches</td>
</tr>
<tr>
<td>60</td>
<td>Rheumatoid arthritis</td>
</tr>
<tr>
<td>61</td>
<td>Schizophrenia</td>
</tr>
<tr>
<td>62</td>
<td>Seizures</td>
</tr>
<tr>
<td>63</td>
<td>Senility</td>
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<td>64</td>
<td>Sinusitis</td>
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<td>Skin problems</td>
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<td>66</td>
<td>Sprain or strain</td>
</tr>
<tr>
<td>67</td>
<td>Stroke</td>
</tr>
<tr>
<td>68</td>
<td>Substance abuse, other than alcohol or tobacco</td>
</tr>
<tr>
<td>69</td>
<td>Filled problem</td>
</tr>
<tr>
<td>70</td>
<td>Ulcer</td>
</tr>
<tr>
<td>71</td>
<td>Urinary problem</td>
</tr>
<tr>
<td>72</td>
<td>Varicose veins, hemorrhoids</td>
</tr>
<tr>
<td>73</td>
<td>Vision problem</td>
</tr>
<tr>
<td>74</td>
<td>Weak or failing kidneys</td>
</tr>
<tr>
<td>75</td>
<td>Weight problem</td>
</tr>
<tr>
<td>76</td>
<td>Back pain or problem</td>
</tr>
<tr>
<td>77</td>
<td>Head or chest cold</td>
</tr>
<tr>
<td>78</td>
<td>Neck pain or problem</td>
</tr>
<tr>
<td>79</td>
<td>Severe headache or migraine</td>
</tr>
<tr>
<td>80</td>
<td>Stomach or intestinal illness</td>
</tr>
<tr>
<td>81</td>
<td>Other - specify</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who use ayurveda for a specific condition

**SkipInstructions:**

- `<1-81>` If more than one condition selected, [goto AYU_MOST], elseif only one condition selected, [goto AYU_MED],
- `<82>` [goto AYU_SPEC]
- `<Refused, Don't know>` goto AYU_ENG
Question ID: ALT.079_00.000  Instrument Variable Name: AYU_SPEC  QuestionnaireFileName: Adult CAM

QuestionText: *Enter condition for which ayurveda was used. If respondent gives more than one condition, probe for condition most important for using ayurveda.

97  Refused
99  Don't know

Verbatim  Verbatim response

UniverseText: Sample adults 18+ who used ayurveda to treat other health problem or condition

SkipInstructions: <Allow 75> if more than one condition selected [goto AYU_MOST]; elseif only one condition selected [goto AYU_MED]
<Refused,Don't know> if more than one condition (1-81) selected [goto AYU_MOST]; elseif only one condition (1-81) selected, [goto AYU_MED]; else [goto AYU_ENG]
For which ONE of these health conditions did you use ayurveda the most?

*If respondent cannot choose one condition, probe for condition most important for using ayurveda.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
83 Refused
84 Don't know

UniverseText: Sample adults 18+ who used ayurveda for more than 1 condition

SkipInstructions: <1-82> [goto AYU_MED],
<Refused,Don't know> [goto AYU_ENG]
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: ALT.082_00.000  Instrument Variable Name: AYU_MED  QuestionnaireFileName: Adult CAM

QuestionText: (book) ALT2 ?[F1]
Did you receive any of these conventional medical treatments for [Fill: condition for which ayurveda used the most]?
*Enter all that apply, separate with commas.

0  None
1  Prescription medications
2  Over-the-counter medications
3  Surgery
4  Physical therapy
5  Mental health counseling
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who received ayurveda for particular condition

SkipInstructions: <1> [goto AYU_TIM1]
<2> [goto AYU_TIM2]
<3> [goto AYU_TIM3]
<4> [goto AYU_TIM4]
<5> [goto AYU_TIM5]
<0, 'R','D'> [goto AYU_ENG]]

Question ID: ALT.084_01.000  Instrument Variable Name: AYU_TIM1  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive prescription medications for [fill: condition from AYU_MOST or AYU_COND or AYU_SPEC] before, at about the same time, or after trying ayurveda?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who used prescription medications for condition they used ayurveda for the most

SkipInstructions: <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected [goto AYU_ENG]

Question ID: ALT.084_02.000  Instrument Variable Name: AYU_TIM2  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive over-the-counter medications for [fill: condition from AYU_MOST or AYU_COND or AYU_SPEC] before, at about the same time, or after trying ayurveda?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who used over-the-counter medications for condition they used ayurveda for the most

SkipInstructions: <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected [goto AYU_ENG]
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: ALT.084_03.000  Instrument Variable Name: AYU_TIM3  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive surgery for [fill: condition from AYU_MOST or AYU_COND or AYU_SPEC] before, at about the same time, or after trying ayurveda?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who had surgery for condition they used ayurveda for the most

SkipInstructions: <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected [goto AYU_ENG]

Question ID: ALT.084_04.000  Instrument Variable Name: AYU_TIM4  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive physical therapy for [fill: condition from AYU_MOST or AYU_COND or AYU_SPEC] before, at about the same time, or after trying ayurveda?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who had physical therapy for condition they used ayurveda for the most

SkipInstructions: <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected [goto AYU_ENG]

Question ID: ALT.084_05.000  Instrument Variable Name: AYU_TIM5  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive mental health counseling for [fill: condition from AYU_MOST or AYU_COND or AYU_SPEC] before, at about the same time, or after trying ayurveda?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who had mental health counseling for condition they used ayurveda for the most

SkipInstructions: <1-3,R,D> [goto AYU_ENG]
DURING THE PAST 12 MONTHS, did you use ayurveda for any of these reasons? Please say yes or no to each.

1. To improve or enhance energy
- Yes
- No
- Refused
- Don't know

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

SkipInstructions: <1,2,D,R> [goto AYU_WEL]

*Read if necessary.

DURING THE PAST 12 MONTHS, did you use ayurveda for any of these reasons?

1. For general wellness or general disease prevention
- Yes
- No
- Refused
- Don't know

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

SkipInstructions: <1,2,D,R> [goto AYU_IMM]

*Read if necessary.

DURING THE PAST 12 MONTHS, did you use ayurveda for any of these reasons?

1. To improve or enhance immune function
- Yes
- No
- Refused
- Don't know

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

SkipInstructions: <1,2,D,R> [goto AYU_NOHP]
**Question ID:** ALT.092_00.000  
**Instrument Variable Name:** AYU_NOHP  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

"*Read if necessary.  
DURING THE PAST 12 MONTHS, did you use ayurveda for any of these reasons?  
...Because medical treatments did not help  

1. Yes  
2. No  
7. Refused  
9. Don't know"

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

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

---

**Question ID:** ALT.094_00.000  
**Instrument Variable Name:** AYU_EXPS  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

"*Read if necessary.  
DURING THE PAST 12 MONTHS, did you use ayurveda for any of these reasons?  
...Because medical treatments were too expensive  

1. Yes  
2. No  
7. Refused  
9. Don't know"

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

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

---

**Question ID:** ALT.096_00.000  
**Instrument Variable Name:** AYU_SUGG  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

"*Read if necessary.  
DURING THE PAST 12 MONTHS, did you use ayurveda for any of these reasons?  
...It was recommended by a health care provider  

1. Yes  
2. No  
7. Refused  
9. Don't know"

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

**SkipInstructions:** <1,2,D,R> [goto AYU_FFC]
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: ALT.098_00.000 Instrument Variable Name: AYU_FFC QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you use ayurveda for any of these reasons?

...It was recommended by family, friends, or co-workers

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: <1,2,D,R> [goto AYU_DISC]

---

Question ID: ALT.100_00.000 Instrument Variable Name: AYU_DISC QuestionnaireFileName: Adult CAM

QuestionText: (book) ALT3 ?[F1]

DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of ayurveda?

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: <1>[goto AYUPROF]
<2,D,R>[goto BIO_USEM or next modality which respondent has used. Cycle through table below:

If BIO_EVER = 1 goto BIO_USEM
elseif CHE_EVER = 1 goto CHE_USEM
elseif COM_EVER = 1 goto COM_USEM
elseif COM_EVER = 2 goto COM_NNOT
elseif EHT_EVER = 1 goto EHT_USEM
elseif HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: ALT.102_00.000  Instrument Variable Name: AYUPROF  QuestionnaireFileName: Adult CAM

QuestionText: (book) ALT3 '?'[F1]

Which ones?

* Enter all that apply, separate with commas.

01 Medical doctor (including specialists)
02 Doctor of Osteopathy (D.O.)
03 Nurse practitioner/Physician assistant
04 Psychiatrist
05 Dentist (including specialists)
06 Psychologist/social worker
07 Pharmacist
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who have let a conventional medical prof. know about use of ayurveda

SkipInstructions: <1-7,R,D>[goto see table below]

If BIO_EVER = 1 goto BIO_USEM
elseif CHE_EVER = 1 goto CHE_USEM
elseif COM_EVER = 1 goto COM_USEM
elseif COM_EVER = 2 goto COM_NNOT
elseif EHT_EVER = 1 goto EHT_USEM
elseif HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER

Question ID: ALT.104_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 tried biofeedback

SkipInstructions: <1>[goto BIO_NUMB] <2,'R', 'D' [goto CHE_USEM or next modality respondent has used--see table below for determination:

If CHE_EVER = 1 goto CHE_USEM
elseif COM_EVER = 1 goto COM_USEM
elseif COM_EVER = 2 goto COM_NNOT
elseif EHT_EVER = 1 goto EHT_USEM
elseif HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER
Question ID: ALT.106_00.000  Instrument Variable Name: BIO_NUMB  QuestionnaireFileName: Adult CAM

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

*Read categories if necessary.

1  Only one time
2  2-5 times
3  6-10 times
4  11-15 times
5  16-20 times
6  More than 20 times
7  Refused
9  Don't know

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

SkipInstructions: <1,2,3,4,5,6,R,D>[goto BIO_PAY]

Question ID: ALT.108_00.000  Instrument Variable Name: BIO_PAY  QuestionnaireFileName: Adult CAM

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

*Enter '500' for $500 or more.

000-499  $0-$499
500  $500 or more
997  Refused
999  Don't know

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

SkipInstructions: <0-500,Refused,Don't know>[goto BIO_TRET]

Question ID: ALT.110_00.000  Instrument Variable Name: BIO_TRET  QuestionnaireFileName: Adult CAM

QuestionText: Did you use biofeedback for a specific health problem or condition?

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1>[goto BIO_COND] <2,R,D>[goto BIO_ENG]
For what health problems or conditions did you use biofeedback?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
Memory loss or loss of other cognitive function
Menopause
Menstrual problems
Mental retardation
Missing limbs (fingers, toes or digits), amputee
Osteoporosis, tendinitis
Other developmental problem
Other injury
Other nerve damage, including carpal tunnel syndrome
Phobia or fears
Polio (myelitis), paralysis, para/quadriplegia
Poor circulation in legs
Prostate trouble or impotence
Regular headaches
Rheumatoid arthritis
Schizophrenia
Seizures
Senility
Sinusitis
Skin problems
Sprain or strain
Stroke
Substance abuse, other than alcohol or tobacco
Ulcer
Urinary problem
Varicose veins, hemorrhoids
Vision problem
Weak or failing kidneys
Weight problem
Back pain or problem
Head or chest cold
Neck pain or problem
Severe headache or migraine
Stomach or intestinal illness
Other - specify
Refused
Don't know

UniverseText: Sample adults 18+ who use biofeedback for a specific condition
SkipInstructions: <1-81> If more than one condition selected, [goto BIO_MOST], elseif only one condition selected, [goto BIO_MED],
<82> [goto BIO_SPEC]
<Refused,Don't know> goto BIO_ENG
Enter condition for which biofeedback was used. If respondent gives more than one condition, probe for condition most important for using biofeedback.

97 Refused
99 Don't know

Sample adults 18+ who used biofeedback to treat other health problem or condition

<Allow 75> if more than one condition selected [goto BIO_MOST]; elseif only one condition selected [goto BIO_MED]
<R,D> [if more than one condition (1-81) selected [goto BIO_MOST]; elseif only one condition (1-81) selected [goto BIO_MED]; else [goto BIO_ENG]
For which ONE of these health conditions did you use biofeedback the most?

*If respondent cannot choose one condition, probe for condition most important for using biofeedback.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
47  Menopause
48  Menstrual problems
49  Mental retardation
50  Missing limbs (fingers, toes or digits), amputee
51  Osteoporosis, tendinitis
52  Other developmental problem
53  Other injury
54  Other nerve damage, including carpal tunnel syndrome
55  Phobia or fears
56  Polio (myelitis), paralysis, para/quadriplegia
57  Poor circulation in legs
58  Prostate trouble or impotence
59  Regular headaches
60  Rheumatoid arthritis
61  Schizophrenia
62  Seizures
63  Senility
64  Sinusitis
65  Skin problems
66  Sprain or strain
67  Stroke
68  Substance abuse, other than alcohol or tobacco
69  Filled problem
70  Filled problem
71  Ulcer
72  Urinary problem
73  Varicose veins, hemorrhoids
74  Vision problem
75  Weak or failing kidneys
76  Weight problem
77  Back pain or problem
78  Head or chest cold
79  Neck pain or problem
80  Severe headache or migraine
81  Stomach or intestinal illness
82  Other - specify
83  Refused
84  Don't know

UniverseText: Sample adults 18+ who used biofeedback for more than 1 condition

SkipInstructions: <1-82> [goto BIO_MED]
<Refused,Don't know> [goto BIO_ENG]
**Question Text:**

Did you receive any of these conventional medical treatments for [fill: condition for which biofeedback used the most]?

*Enter all that apply, separate with commas.*

0  None
1  Prescription medications
2  Over-the-counter medications
3  Surgery
4  Physical therapy
5  Mental health counseling
7  Refused
9  Don't know

**Universe Text:**

Sample adults 18+ who received biofeedback for particular condition

**Skip Instructions:**

<1> [goto BIO_TIM1]
<2> [goto BIO_TIM2]
<3> [goto BIO_TIM3]
<4> [goto BIO_TIM4]
<5> [goto BIO_TIM5]

<0, 'R','D'> [goto BIO_ENG]
2007 NHIS Questionnaire - Adult CAM

Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 28-May-08

Question ID: ALT.118_03.000  Instrument Variable Name: BIO_TIM3  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive surgery for [fill: condition from BIO_MOST or BIO_COND or BIO_SPEC] before, at about the same time, or after trying biofeedback?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who had surgery for condition they used biofeedback for the most

SkipInstructions: <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected [goto BIO_ENG]

Question ID: ALT.118_04.000  Instrument Variable Name: BIO_TIM4  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive physical therapy for [fill: condition from BIO_MOST or BIO_COND or BIO_SPEC] before, at about the same time, or after trying biofeedback?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who had physical therapy for condition they used biofeedback for the most

SkipInstructions: <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected [goto BIO_ENG]

Question ID: ALT.118_05.000  Instrument Variable Name: BIO_TIM5  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive mental health counseling for [fill: condition from BIO_MOST or BIO_COND or BIO_SPEC] before, at about the same time, or after trying biofeedback?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who had mental health counseling for condition they used biofeedback for the most

SkipInstructions: <1-3,R,D> [goto BIO_ENG]
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 28-May-08

Question ID: ALT.120_00.000
Instrument Variable Name: BIO_ENG
QuestionnaireFileName: Adult CAM

QuestionText: DURING THE PAST 12 MONTHS, did you use biofeedback for any of these reasons? Please say yes or no to each.

...To improve or enhance energy

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: <1,2,D,R> [goto BIO_WEL]

---

Question ID: ALT.122_00.000
Instrument Variable Name: BIO_WEL
QuestionnaireFileName: Adult CAM

QuestionText: DURING THE PAST 12 MONTHS, did you use biofeedback 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 seen a practitioner for biofeedback in past 12 months

SkipInstructions: <1,2,D,R> [goto BIO_IMM]

---

Question ID: ALT.124_00.000
Instrument Variable Name: BIO_IMM
QuestionnaireFileName: Adult CAM

QuestionText: DURING THE PAST 12 MONTHS, did you use biofeedback for any of these reasons?

...To improve or enhance immune function

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: <1,2,D,R> [goto BIO_NOHP]
DURING THE PAST 12 MONTHS, did you use biofeedback for any of these reasons?

...Because medical treatments did not help

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have seen a practitioner for biofeedback in past 12 months

DURING THE PAST 12 MONTHS, did you use biofeedback for any of these reasons?

...Because medical treatments were too expensive

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have seen a practitioner for biofeedback in past 12 months

DURING THE PAST 12 MONTHS, did you use biofeedback for any of these reasons?

...It was recommended by a health care provider

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have seen a practitioner for biofeedback in past 12 months
Question ID: ALT.132_00.000  Instrument Variable Name: BIO_FFC  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you use biofeedback for any of these reasons?

...It was recommended by family, friends, or co-workers

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1,2,D,R> [goto BIO_DISC]

Question ID: ALT.134_00.000  Instrument Variable Name: BIO_DISC  QuestionnaireFileName: Adult CAM

QuestionText: (book) ALT3 ?[F1]

DURING THE PAST 12 MONTHS, did you let any of the CONVENTIONAL medical professionals know about your use of Biofeedback?

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1>[goto BIOPROF]
<2,D,R>[goto CHE_USEM or next modality which respondent has used by cycling through table below:

If CHE_EVER = 1 goto CHE_USEM
elseif COM_EVER = 1 goto COM_USEM
elseif COM_EVER = 2 goto COM_NNOT
elseif EHT_EVER = 1 goto EHT_USEM
elseif HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: ALT.136_00.000 Instrument Variable Name: BIOPROF QuestionnaireFileName: Adult CAM

QuestionText: (book) ALT3 ?[F1]

Which ones?
* Enter all that apply, separate with commas.

01 Medical doctor (including specialists)
02 Doctor of Osteopathy (D.O.)
03 Nurse practitioner/Physician assistant
04 Psychiatrist
05 Dentist (including specialists)
06 Psychologist/social worker
07 Pharmacist
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who have let a conventional medical prof. know about use of biofeedback

SkipInstructions: <1-7,R,D>[goto see table below]

If CHE_EVER = 1 goto CHE_USEM
elseif COM_EVER = 1 goto COM_USEM
elseif COM_EVER = 2 goto COM_NNOT
elseif EHT_EVER = 1 goto EHT_USEM
elseif HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER

Question ID: ALT.138_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 tried chelation therapy

SkipInstructions: <1>[goto CHE_NUMB] <2, 'R', 'D'>[goto COM_USEM or next modality respondent has used, see flow from table below:

If COM_EVER = 1 goto COM_USEM
elseif COM_EVER = 2 goto COM_NNOT
elseif EHT_EVER = 1 goto EHT_USEM
elseif HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: ALT.140_00.000  Instrument Variable Name: CHE_NUMB  QuestionnaireFileName: Adult CAM

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

*Read categories if necessary.

1 Only one time
2 2-5 times
3 6-10 times
4 11-15 times
5 16-20 times
6 More than 20 times
7 Refused
9 Don't know

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

SkipInstructions: <1,2,3,4,5,6,7,8,R,D>[goto CHE_PAY]

Question ID: ALT.142_00.000  Instrument Variable Name: CHE_PAY  QuestionnaireFileName: Adult CAM

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

*Enter '500' for $500 or more.

000-499 $0-$499
500 $500 or more
997 Refused
999 Don't know

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

SkipInstructions: <0-500,Refused,Don't know>[goto CHE_TRET]

Question ID: ALT.144_00.000  Instrument Variable Name: CHE_TRET  QuestionnaireFileName: Adult CAM

QuestionText: Did you use chelation therapy for a specific health problem or condition?

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: <1>[goto CHE_COND] <2,R,D>[goto CHE_ENG]
For what health problems or conditions did you use chelation therapy?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46  Memory loss or loss of other cognitive function
47  Menopause
48  Menstrual problems
49  Mental retardation
50  Missing limbs (fingers, toes or digits), amputee
51  Osteoporosis, tendinitis
52  Other developmental problem
53  Other injury
54  Other nerve damage, including carpal tunnel syndrome
55  Phobia or fears
56  Polio (myelitis), paralysis, para/quadriplegia
57  Poor circulation in legs
58  Prostate trouble or impotence
59  Regular headaches
60  Rheumatoid arthritis
61  Schizophrenia
62  Seizures
63  Senility
64  Sinusitis
65  Skin problems
66  Sprain or strain
67  Stroke
68  Substance abuse, other than alcohol or tobacco
69  Filled problem
70  Filled problem
71  Ulcer
72  Urinary problem
73  Varicose veins, hemorrhoids
74  Vision problem
75  Weak or failing kidneys
76  Weight problem
77  Back pain or problem
78  Head or chest cold
79  Neck pain or problem
80  Severe headache or migraine
81  Stomach or intestinal illness
82  Other - specify
83  Refused
97  Don't know

UniverseText: Sample adults 18+ who use chelation therapy for a specific condition

SkipInstructions: <1-81> If more than one condition selected, [goto CHE_MOST], elseif only one condition selected, [goto CHE_MED]
<82> [goto CHE_SPEC]
<Refused,Don't know> goto CHE_ENG
Question ID: ALT.147_00.000  
Instrument Variable Name: CHE_SPEC  
QuestionnaireFileName: Adult CAM

<table>
<thead>
<tr>
<th>QuestionText</th>
<th>Refused</th>
<th>Don't know</th>
<th>Verbatim</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Enter condition for which chelation therapy was used. If respondent gives more than one condition, probe for condition most important for using chelation therapy.</td>
<td></td>
<td></td>
<td>Verbatim response</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

UniverseText: Sample adults 18+ who used chelation therapy to treat other health problem or condition

SkipInstructions:  
<Allow 75> if more than one condition selected [goto CHE_MOST]; else if only one condition selected [goto CHE_MED]  
<R,D> [if more than one condition (1-81) selected [goto CHE_MOST]; elseif only one condition (1-81) selected [goto CHE_MED]; else [goto CHE_ENG]
Question Text: For which ONE of these health conditions did you use chelation therapy the most?

*If respondent cannot choose one condition, probe for condition most important for using chelation therapy.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
Menopause
Menstrual problems
Mental retardation
Missing limbs (fingers, toes or digits), amputee
Osteoporosis, tendinitis
Other developmental problem
Other injury
Other nerve damage, including carpal tunnel syndrome
Phobia or fears
Polio (myelitis), paralysis, para/quadriplegia
Poor circulation in legs
Prostate trouble or impotence
Regular headaches
Rheumatoid arthritis
Schizophrenia
Seizures
Senility
Sinusitis
Skin problems
Sprain or strain
Stroke
Substance abuse, other than alcohol or tobacco
Filled problem
Filled problem
Ulcer
Urinary problem
Varicose veins, hemorrhoids
Vision problem
Weak or failing kidneys
Weight problem
Back pain or problem
Head or chest cold
Neck pain or problem
Severe headache or migraine
Stomach or intestinal illness
Other - specify
Refused
Don't know

Sample adults 18+ who used chelation therapy for more than 1 condition

<1-82> [goto CHE_MED],
<Refused,Don't know> [goto CHE_ENG]
Did you receive any of these conventional medical treatments for [Fill: condition for which chelation therapy used the most]?

*Enter all that apply, separate with commas.

0  None
1  Prescription medications
2  Over-the-counter medications
3  Surgery
4  Physical therapy
5  Mental health counseling
7  Refused
9  Don't know

Sample adults 18+ who received chelation therapy for particular condition

Did you receive prescription medications for [fill: condition from CHE_MOST or CHE_COND or CHE_SPEC] before, at about the same time, or after trying chelation therapy?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

Sample adults 18+ who used prescription medications for condition they used chelation therapy for the most

Did you receive over-the-counter medications for [fill: condition from CHE_MOST or CHE_COND or CHE_SPEC] before, at about the same time, or after trying chelation therapy?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

Sample adults 18+ who used over-the-counter medications for condition they used chelation therapy for the most
Did you receive surgery for [fill: condition from CHE_MOST or CHE_COND or CHE_SPEC] before, at about the same time, or after trying chelation therapy?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

Sample adults 18+ who had surgery for condition they used chelation therapy for the most

Did you receive physical therapy for [fill: condition from CHE_MOST or CHE_COND or CHE_SPEC] before, at about the same time, or after trying chelation therapy?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

Sample adults 18+ who had physical therapy for condition they used chelation therapy for the most

Did you receive mental health counseling for [fill: condition from CHE_MOST or CHE_COND or CHE_SPEC] before, at about the same time, or after trying chelation therapy?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

Sample adults 18+ who had mental health counseling for condition they used chelation therapy for the most
DURING THE PAST 12 MONTHS, did you use chelation therapy for any of these reasons? Please say yes or no to each.

...To improve or enhance energy

1 Yes
2 No
7 Refused
9 Don't know

DURING THE PAST 12 MONTHS, did you use chelation therapy for any of these reasons?

...For general wellness or general disease prevention

1 Yes
2 No
7 Refused
9 Don't know

DURING THE PAST 12 MONTHS, did you use chelation therapy for any of these reasons?

...To improve or enhance immune function

1 Yes
2 No
7 Refused
9 Don't know
**2007 NHIS Questionnaire - Adult CAM**

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

**Document Version Date:** 28-May-08

<table>
<thead>
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<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
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<td>ALT.160_00.000</td>
<td>CHE_NOHP</td>
<td>Adult CAM</td>
<td>*Read if necessary. DURING THE PAST 12 MONTHS, did you use chelation therapy for any of these reasons? ...Because medical treatments did not help</td>
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<td></td>
<td></td>
<td></td>
<td>1 Yes</td>
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<td></td>
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<td></td>
<td>2 No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7 Refused</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>9 Don't know</td>
</tr>
<tr>
<td>UniverseText</td>
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<td></td>
<td>Sample adults 18+ who have seen a practitioner for chelation therapy in past 12 months</td>
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<tr>
<td>SkipInstructions</td>
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<td></td>
<td>&lt;1,2,D,R&gt; [goto CHE_EXPS]</td>
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<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALT.162_00.000</td>
<td>CHE_EXPS</td>
<td>Adult CAM</td>
<td>*Read if necessary. DURING THE PAST 12 MONTHS, did you use chelation therapy for any of these reasons? ...Because medical treatments were too expensive</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 Yes</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>2 No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7 Refused</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9 Don't know</td>
</tr>
<tr>
<td>UniverseText</td>
<td></td>
<td></td>
<td>Sample adults 18+ who have seen a practitioner for chelation therapy in past 12 months</td>
</tr>
<tr>
<td>SkipInstructions</td>
<td></td>
<td></td>
<td>&lt;1,2,D,R&gt; [goto CHE_SUGG]</td>
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</table>

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<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
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<tbody>
<tr>
<td>ALT.164_00.000</td>
<td>CHE_SUGG</td>
<td>Adult CAM</td>
<td>*Read if necessary. DURING THE PAST 12 MONTHS, did you use chelation therapy for any of these reasons? ...It was recommended by a health care provider</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 Yes</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>2 No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7 Refused</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9 Don't know</td>
</tr>
<tr>
<td>UniverseText</td>
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<td>Sample adults 18+ who have seen a practitioner for chelation therapy in past 12 months</td>
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<tr>
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<td>&lt;1,2,D,R&gt; [goto CHE_FFC]</td>
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</table>
**Question ID:** ALT.166_00.000  
**Instrument Variable Name:** CHE_FFC  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**  
*Read if necessary.*  
DURING THE PAST 12 MONTHS, did you use chelation therapy for any of these reasons?  
...it was recommended by family, friends, or co-workers

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

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

---

**Question ID:** ALT.168_00.000  
**Instrument Variable Name:** CHE_DISC  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**  
(book) ALT3 [F1]  
DURING THE PAST 12 MONTHS, did you let any of the CONVENTIONAL medical professionals know about your use of chelation therapy?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:** <I>[goto CHEPROF]  
<2,D,R>[goto CHE_USEM or next modality which respondent has used.--see table below:  
If COM_EVER = 1 goto COM_USEM
elseif COM_EVER = 2 goto COM_NNOT
elseif EHT_EVER = 1 goto EHT_USEM
elseif HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: ALT.170_00.000  Instrument Variable Name: CHEPROF  QuestionnaireFileName: Adult CAM

QuestionText: (book) ALT3 ?[F1]

Which ones?

* Enter all that apply, separate with commas.

01 Medical doctor (including specialists)
02 Doctor of Osteopathy (D.O.)
03 Nurse practitioner/Physician assistant
04 Psychiatrist
05 Dentist (including specialists)
06 Psychologist/social worker
07 Pharmacist
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who have let a conventional medical prof. know about use of chelation therapy

SkipInstructions: <1-7,R,D>[goto see table below]
If COM_EVER = 1 goto COM_USEM
elseif COM_EVER = 2 goto COM_NNOT
elseif EHT_EVER = 1 goto EHT_USEM
elseif HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER

Question ID: ALT.172_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 tried chiropractic or osteopathic manipulation

SkipInstructions: <1>[goto COM_NUMB] <2>[goto COM_MNOT] <R,D>[goto EHT_USEM or next modality respondent has used.--see table below for determination:
If EHT_EVER = 1 goto EHT_USEM
elseif HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: ALT.174_00.000  Instrument Variable Name: COM_NUMB  QuestionnaireFileName: Adult CAM

QuestionText: DURING THE PAST 12 MONTHS, how many times did you see a practitioner for chiropractic or osteopathic manipulation?

*Read categories if necessary.

1  Only one time
2  2-5 times
3  6-10 times
4  11-15 times
5  16-20 times
6  More than 20 times
7  Refused
9  Don't know

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

SkipInstructions: <1,2,3,4,5,6,R,D>[goto COM_PAY]

Question ID: ALT.176_00.000  Instrument Variable Name: COM_PAY  QuestionnaireFileName: Adult CAM

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

*Enter '500' for $500 or more.

000-499  $0-$499
500    $500 or more
997    Refused
999    Don't know

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

SkipInstructions: <0-500,Refused,Don't know> [goto COM_TRET]

Question ID: ALT.178_00.000  Instrument Variable Name: COM_TRET  QuestionnaireFileName: Adult CAM

QuestionText: Did you use chiropractic or osteopathic manipulation for a specific health problem or condition?

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 past 12 months

SkipInstructions: <1>[goto COM_COND] <2,R,D>[goto COM_ENG]
For what health problems or conditions did you use chiropractic or osteopathic manipulation?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
83 Refused
84 Don't know

**UniverseText:** Sample adults 18+ who use chiropractic or osteopathic manipulation for a specific condition

**SkipInstructions:** <1-81> If more than one condition selected, [goto COM_MOST], elseif only one condition selected, [goto COM_MED]
<82> [goto COM_SPEC]
<Refused, Don't know> goto COM_ENG
*Enter condition for which chiropractic or osteopathic manipulation was used. If respondent gives more than one condition, probe for condition most important for using chiropractic or osteopathic manipulation.

Refused

Don't know

Sample adults 18+ who used chiropractic or osteopathic manipulation to treat other health problem or condition

<Allow 75> if more than one condition selected [goto COM_MOST]; else if only one condition selected [goto COM_MED]

< R, D > [if more than one condition (1-81) selected [goto COM_MOST]; elseif only one condition (1-81) selected [goto COM_MED]; else [goto COM_ENG]
For which ONE of these health conditions did you use chiropractic or osteopathic manipulation the most?

*If respondent cannot choose one condition, probe for condition most important for using chiropractic or osteopathic manipulation.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
Menopause
Menstrual problems
Mental retardation
Missing limbs (fingers, toes or digits), amputee
Osteoporosis, tendinitis
Other developmental problem
Other injury
Other nerve damage, including carpal tunnel syndrome
Phobia or fears
Polio (myelitis), paralysis, para/quadriplegia
Poor circulation in legs
Prostate trouble or impotence
Regular headaches
Rheumatoid arthritis
Schizophrenia
Seizures
Senility
Sinusitis
Skin problems
Sprain or strain
Stroke
Substance abuse, other than alcohol or tobacco
Filled problem
Filled problem
Ulcer
Urinary problem
Varicose veins, hemorrhoids
Vision problem
Weak or failing kidneys
Weight problem
Back pain or problem
Head or chest cold
Neck pain or problem
Severe headache or migraine
Stomach or intestinal illness
Other - specify
Refused
Don't know

Sample adults 18+ who used chiropractic or osteopathic manipulation for more than 1 condition

<1-82> [goto COM_MED],
<Refused,Don't know> [goto COM_ENG]
Did you receive any of these conventional medical treatments for [fill: condition for which chiropractic or osteopathic manipulation used the most]?* Enter all that apply, separate with commas.

0 None
1 Prescription medications
2 Over-the-counter medications
3 Surgery
4 Physical therapy
5 Mental health counseling
7 Refused
9 Don't know

Sample adults 18+ who received chiropractic or osteopathic manipulation for particular condition

Did you receive prescription medications for [fill: condition from COM_MOST or COM_COND or COM_SPEC] before, at about the same time, or after trying chiropractic or osteopathic manipulation?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

Sample adults 18+ who used prescription medications for condition they used chiropractic or osteopathic manipulation for the most

<1-3,R,D> [goto next selected conventional medical treatment. If no more treatments selected [goto COM_ENG]
Did you receive over-the-counter medications for [fill: condition from COM_MOST or COM_COND or COM_SPEC] before, at about the same time, or after trying chiropractic or osteopathic manipulation?

1. Before
2. At about the same time
3. After
7. Refused
9. Don't know

Sample adults 18+ who used over-the-counter medications for condition they used chiropractic or osteopathic manipulation for the most

Skip Instructions: <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected [goto COM_ENG]

Did you receive surgery for [fill: condition from COM_MOST or COM_COND or COM_SPEC] before, at about the same time, or after trying chiropractic or osteopathic manipulation?

1. Before
2. At about the same time
3. After
7. Refused
9. Don't know

Sample adults 18+ who had surgery for condition they used chiropractic or osteopathic manipulation for the most

Skip Instructions: <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected [goto COM_ENG]

Did you receive physical therapy for [fill: condition from COM_MOST or COM_COND or COM_SPEC] before, at about the same time, or after trying chiropractic or osteopathic manipulation?

1. Before
2. At about the same time
3. After
7. Refused
9. Don't know

Sample adults 18+ who had physical therapy for condition they used chiropractic or osteopathic manipulation for the most

Skip Instructions: <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected [goto COM_ENG]
### Question ID: ALT.186_05.000
**Instrument Variable Name:** COM_TIM5  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive mental health counseling for [fill: condition from COM_MOST or COM_COND or COM_SPEC] before, at about the same time, or after trying chiropractic or osteopathic manipulation?

- Before
- At about the same time
- After
- Refused
- Don't know

**UniverseText:** Sample adults 18+ who had mental health counseling for condition they used chiropractic or osteopathic manipulation for the most

**SkipInstructions:** <1-3,R,D> [goto COM_ENG]

### Question ID: ALT.188_00.000
**Instrument Variable Name:** COM_ENG  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you use chiropractic or osteopathic manipulation for any of these reasons? Please say yes or no to each.

...To improve or enhance energy

- Yes
- No
- Refused
- Don't know

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

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

### Question ID: ALT.190_00.000
**Instrument Variable Name:** COM_WEL  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** *Read if necessary.*

DURING THE PAST 12 MONTHS, did you use chiropractic or osteopathic manipulation for any of these reasons?

...For general wellness or general disease prevention

- Yes
- No
- Refused
- Don't know

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

**SkipInstructions:** <1,2,D,R> [goto COM_IMM]
**Question ID:** ALT.192_00.000  **Instrument Variable Name:** COM_IMM  **QuestionnaireFileName:** Adult CAM

**QuestionText:** *Read if necessary.*

DURING THE PAST 12 MONTHS, did you use chiropractic or osteopathic manipulation for any of these reasons?...
...To improve or enhance immune function

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 past 12 months

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

**Question ID:** ALT.194_00.000  **Instrument Variable Name:** COM_NOHP  **QuestionnaireFileName:** Adult CAM

**QuestionText:** *Read if necessary.*

DURING THE PAST 12 MONTHS, did you use chiropractic or osteopathic manipulation for any of these reasons?...
...Because medical treatments did not help

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 past 12 months

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

**Question ID:** ALT.196_00.000  **Instrument Variable Name:** COM_EXPS  **QuestionnaireFileName:** Adult CAM

**QuestionText:** *Read if necessary.*

DURING THE PAST 12 MONTHS, did you use chiropractic or osteopathic manipulation for any of these reasons?...
...Because medical treatments were too expensive

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 past 12 months

**SkipInstructions:** <1,2,D,R> [goto COM_SUGG]
DURING THE PAST 12 MONTHS, did you use chiropractic or osteopathic manipulation for any of these reasons?

...It was recommended by a health care provider

1 Yes
2 No
7 Refused
9 Don't know

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

DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of chiropractic or osteopathic manipulation?

1 Yes
2 No
7 Refused
9 Don't know

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

If EHT_EVER = 1 goto EHT_USEM
elseif HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else gotoTRD_EVER
Which ones?

* Enter all that apply, separate with commas.

01 Medical doctor (including specialists)
02 Doctor of Osteopathy (D.O.)
03 Nurse practitioner/Physician assistant
04 Psychiatrist
05 Dentist (including specialists)
06 Psychologist/social worker
07 Pharmacist
97 Refused
99 Don't know

Sample adults 18+ who have let a conventional medical prof. know about use of chiropractic or osteopathic manipulation

If EHT_EVER = 1 goto EHT_USEM
elseif HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER
Please tell me the reasons why you have not used chiropractic or osteopathic manipulation in the PAST 12 MONTHS.

*Enter all that apply, separate with commas.

01 Never thought about it
02 No reason
03 Didn't need it in the last 12 months
04 It didn't work for me before
05 It costs too much
06 I had side effects last time
07 A health care provider told me not to use it
08 Medical science has not shown that it works
09 Some other reason
97 Refused
99 Don't know

Sample adults 18+ who have not used chiropractic or osteopathic manipulation in the past 12 months

What kinds of side effects did you have?

97 Refused
99 Don't know

Sample adults 18+ who had side effects from chiropractic or osteopathic manipulation
### Question 2.10

**Question ID:** ALT.210_00.000  
**Instrument Variable Name:** COM_ATT  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** Did any of these require medical attention?

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

**UniverseText:** Sample adults 18+ who had side effects from chiropractic or osteopathic manipulation

**SkipInstructions:** `<1,2,R,D> [goto EHT_USEM or next modality respondent has used -- see table below for determination:

If EHT_EVER = 1 goto EHT_USEM
elseif HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER`

### Question 2.12

**Question ID:** ALT.212_00.000  
**Instrument Variable Name:** COM_NNOT  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT5

Please tell me the reasons why you have never used chiropractic or osteopathic manipulation.

*Enter all that apply, separate with commas.

| 01 | Never heard of it/don't know much about it |
| 02 | Never thought about it |
| 03 | No reason |
| 04 | Don't need it |
| 05 | Don't believe in it/it doesn't work |
| 06 | It costs too much |
| 07 | It is not safe to use |
| 08 | A health care provider told me not to use it |
| 09 | Medical science has not shown that it works |
| 10 | Some other reason |
| 97 | Refused |
| 99 | Don't know |

**UniverseText:** Sample adults 18+ who have never used chiropractic or osteopathic manipulation

**SkipInstructions:** `<1-10,R,D> If EHT_EVER = 1 goto EHT_USEM
elseif HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER`
2007 NHIS Questionnaire - Adult CAM  
Adult Alternative Health/Complementary And Alternative Medicine  
Document Version Date: 28-May-08

**Question ID:** ALT.214_00.000  
**Instrument Variable Name:** EHT_USEM  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**  
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 tried energy healing therapy

**SkipInstructions:** <1>[goto EHT_NUMB] <2,R,D>[cycle through other modalities respondant has used -- see table below for determination:]

- If HYP_EVER = 1 goto HYP_USEM  
- elseif MAS_EVER = 1 goto MAS_USEM  
- elseif NAT_EVER = 1 goto NAT_USEM  
- else goto TRD_EVER

---

**Question ID:** ALT.216_00.000  
**Instrument Variable Name:** EHT_NUMB  
**QuestionnaireFileName:** Adult CAM

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

*Read categories if necessary.

1. Only one time  
2. 2-5 times  
3. 6-10 times  
4. 11-15 times  
5. 16-20 times  
6. More than 20 times  
7. Refused  
9. Don't know

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

**SkipInstructions:** <1,2,3,4,5,6,R,D>[goto EHT_PAY]

---

**Question ID:** ALT.218_00.000  
**Instrument Variable Name:** EHT_PAY  
**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 ‘500’ for $500 or more.

000–499 $0-$499  
500 $500 or more  
997 Refused  
999 Don't know

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

**SkipInstructions:** <0-500,Refused,Don't know> [goto EHT_TRET]
Did you use energy healing therapy for a specific health problem or condition?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have seen a practitioner for energy healing therapy in past 12 months
For what health problems or conditions did you use energy healing therapy?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
<table>
<thead>
<tr>
<th></th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>46</td>
<td>Memory loss or loss of other cognitive function</td>
</tr>
<tr>
<td>47</td>
<td>Menopause</td>
</tr>
<tr>
<td>48</td>
<td>Menstrual problems</td>
</tr>
<tr>
<td>49</td>
<td>Mental retardation</td>
</tr>
<tr>
<td>50</td>
<td>Missing limbs (fingers, toes or digits), amputee</td>
</tr>
<tr>
<td>51</td>
<td>Osteoporosis, tendinitis</td>
</tr>
<tr>
<td>52</td>
<td>Other developmental problem</td>
</tr>
<tr>
<td>53</td>
<td>Other injury</td>
</tr>
<tr>
<td>54</td>
<td>Other nerve damage, including carpal tunnel syndrome</td>
</tr>
<tr>
<td>55</td>
<td>Phobia or fears</td>
</tr>
<tr>
<td>56</td>
<td>Polio (myelitis), paralysis, para/quadriplegia</td>
</tr>
<tr>
<td>57</td>
<td>Poor circulation in legs</td>
</tr>
<tr>
<td>58</td>
<td>Prostate trouble or impotence</td>
</tr>
<tr>
<td>59</td>
<td>Regular headaches</td>
</tr>
<tr>
<td>60</td>
<td>Rheumatoid arthritis</td>
</tr>
<tr>
<td>61</td>
<td>Schizophrenia</td>
</tr>
<tr>
<td>62</td>
<td>Seizures</td>
</tr>
<tr>
<td>63</td>
<td>Senility</td>
</tr>
<tr>
<td>64</td>
<td>Sinusitis</td>
</tr>
<tr>
<td>65</td>
<td>Skin problems</td>
</tr>
<tr>
<td>66</td>
<td>Sprain or strain</td>
</tr>
<tr>
<td>67</td>
<td>Stroke</td>
</tr>
<tr>
<td>68</td>
<td>Substance abuse, other than alcohol or tobacco</td>
</tr>
<tr>
<td>69</td>
<td>Filled problem</td>
</tr>
<tr>
<td>70</td>
<td>Ulcer</td>
</tr>
<tr>
<td>71</td>
<td>Urinary problem</td>
</tr>
<tr>
<td>72</td>
<td>Varicose veins, hemorrhoids</td>
</tr>
<tr>
<td>73</td>
<td>Vision problem</td>
</tr>
<tr>
<td>74</td>
<td>Weak or failing kidneys</td>
</tr>
<tr>
<td>75</td>
<td>Weight problem</td>
</tr>
<tr>
<td>76</td>
<td>Back pain or problem</td>
</tr>
<tr>
<td>77</td>
<td>Head or chest cold</td>
</tr>
<tr>
<td>78</td>
<td>Neck pain or problem</td>
</tr>
<tr>
<td>79</td>
<td>Severe headache or migraine</td>
</tr>
<tr>
<td>80</td>
<td>Stomach or intestinal illness</td>
</tr>
<tr>
<td>81</td>
<td>Other - specify</td>
</tr>
<tr>
<td>82</td>
<td>Refused</td>
</tr>
<tr>
<td>97</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who use energy healing therapy for a specific condition

**SkipInstructions:**

`<1-81>` If more than one condition selected, [goto EHT_MOST], elseif only one condition selected, [goto EHT_MED]

`<82>` [goto EHT_SPEC]

`<Refused,Don't know>` goto EHT_ENG
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 28-May-08

Question ID: ALT.223_00.000  Instrument Variable Name: EHT_SPEC  QuestionnaireFileName: Adult CAM

QuestionText: *Enter condition for which energy healing therapy was used. If respondent gives more than one condition, probe for condition most important for using energy healing therapy.

97 Refused
99 Don't know

Verbatim Verbatim response

UniverseText: Sample adults 18+ who used energy healing therapy to treat other health problem or condition

SkipInstructions: <Allow 75> if more than one condition selected [goto EHT_MOST]; else if only one condition selected [goto EHT_MED]
< R,D> [if more than one condition (1-81) selected [goto EHT_MOST]; elseif only one condition (1-81) selected [goto EHT_MED]; else [goto EHT_ENG]
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: ALT.224_00.000  Instrument Variable Name: EHT_MOST  QuestionnaireFileName: Adult CAM

QuestionText: For which ONE of these health conditions did you use energy healing therapy the most?

*If respondent cannot choose one condition, probe for condition most important for using energy healing therapy.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
Menopause
Menstrual problems
Mental retardation
Missing limbs (fingers, toes or digits), amputee
Osteoporosis, tendinitis
Other developmental problem
Other injury
Other nerve damage, including carpal tunnel syndrome
Phobia or fears
Polio (myelitis), paralysis, para/quadriplegia
Poor circulation in legs
Prostate trouble or impotence
Regular headaches
Rheumatoid arthritis
Schizophrenia
Seizures
Senility
Sinusitis
Skin problems
Sprain or strain
Stroke
Substance abuse, other than alcohol or tobacco
Filled problem
Filled problem
Ulcer
Urinary problem
Varicose veins, hemorrhoids
Vision problem
Weak or failing kidneys
Weight problem
Back pain or problem
Head or chest cold
Neck pain or problem
Severe headache or migraine
Stomach or intestinal illness
Other - specify
Refused
Don't know

Sample adults 18+ who used energy healing therapy for more than 1 condition

<1-82> [goto EHT_MED],
<Refused,Don't know> [goto EHT_ENG]
Did you receive any of these conventional medical treatments for [Fill: condition for which energy healing therapy used the most]?

*Enter all that apply, separate with commas.

0  None
1  Prescription medications
2  Over-the-counter medications
3  Surgery
4  Physical therapy
5  Mental health counseling
7  Refused
9  Don't know

Sample adults 18+ who received energy healing therapy for particular condition

Did you receive prescription medications for [fill: condition from EHT_MOST or EHT_COND or EHT_SPEC] before, at about the same time, or after trying energy healing therapy?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

Sample adults 18+ who used prescription medications for condition they used energy healing therapy for the most
Did you receive over-the-counter medications for [fill: condition from EHT_MOST or EHT_COND or EHT_SPEC] before, at about the same time, or after trying energy healing therapy?

1. Before
2. At about the same time
3. After
7. Refused
9. Don't know

Sample adults 18+ who used over-the-counter medications for condition they used energy healing therapy for the most

Did you receive surgery for [fill: condition from EHT_MOST or EHT_COND or EHT_SPEC] before, at about the same time, or after trying energy healing therapy?

1. Before
2. At about the same time
3. After
7. Refused
9. Don't know

Sample adults 18+ who had surgery for condition they used energy healing therapy for the most

Did you receive physical therapy for [fill: condition from EHT_MOST or EHT_COND or EHT_SPEC] before, at about the same time, or after trying energy healing therapy?

1. Before
2. At about the same time
3. After
7. Refused
9. Don't know

Sample adults 18+ who had physical therapy for condition they used energy healing therapy for the most
**2007 NHIS Questionnaire - Adult CAM**

Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 28-May-08

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**Question ID:** ALT.228_05.000  **Instrument Variable Name:** EHT_TIM5  **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive mental health counseling for [fill: condition from EHT_MOST or EHT_COND or EHT_SPEC] before, at about the same time, or after trying energy healing therapy?

1. Before
2. At about the same time
3. After
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+ who had mental health counseling for condition they used energy healing therapy for the most

**SkipInstructions:** <1-3,R,D> [goto EHT_ENG]

---

**Question ID:** ALT.230_00.000  **Instrument Variable Name:** EHT_ENG  **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you use energy healing therapy for any of these reasons? Please say yes or no to each.

...To improve or enhance energy

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

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

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

---

**Question ID:** ALT.232_00.000  **Instrument Variable Name:** EHT_WEL  **QuestionnaireFileName:** Adult CAM

**QuestionText:** *Read if necessary.

DURING THE PAST 12 MONTHS, did you use energy healing therapy 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 seen a practitioner for energy healing therapy in past 12 months

**SkipInstructions:** <1,2,D,R> [goto EHT_IMM]
DURING THE PAST 12 MONTHS, did you use energy healing therapy for any of these reasons?

...To improve or enhance immune function

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1,2,D,R> [goto EHT_NOHP]
**Question ID:** ALT.240_00.000  **Instrument Variable Name:** EHT_SUGG  **QuestionnaireFileName:** Adult CAM

**QuestionText:** *Read if necessary.

DURING THE PAST 12 MONTHS, did you use energy healing therapy for any of these reasons?

...It was recommended by a health care provider

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

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

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

---

**Question ID:** ALT.242_00.000  **Instrument Variable Name:** EHT_FFC  **QuestionnaireFileName:** Adult CAM

**QuestionText:** *Read if necessary.

DURING THE PAST 12 MONTHS, did you use energy healing therapy for any of these reasons?

...It was recommended by family, friends, or co-workers

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

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

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

---

**Question ID:** ALT.244_00.000  **Instrument Variable Name:** EHT_DISC  **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT3 ?[F1]

DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of 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 past 12 months

**SkipInstructions:** <1>[goto EHTPROF]
<2,D,R>[goto HYP_USEM or next modality which respondent has used -- see table below for determination:

If HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: ALT.246_00.000  Instrument Variable Name: EHTPROF  QuestionnaireFileName: Adult CAM

QuestionText:
(book) ALT3 ?[F1]
Which ones?
*Enter all that apply, separate with commas.

01 Medical doctor (including specialists)
02 Doctor of Osteopathy (D.O.)
03 Nurse practitioner/Physician assistant
04 Psychiatrist
05 Dentist (including specialists)
06 Psychologist/social worker
07 Pharmacist
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who have let a conventional medical prof. know about use of energy healing therapy

SkipInstructions: <1-7,R,D>[goto see table below for determination:

If HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER

Question ID: ALT.248_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 tried hypnosis

SkipInstructions: <1>[goto HYP_NUMB] <2,R,D>[cycle through other modalities respondant has used --see table below for determination:

If MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER
**Question ID:** ALT.250_00.000  **Instrument Variable Name:** HYP_NUMB  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

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

*Read categories if necessary.

1  Only one time
2  2-5 times
3  6-10 times
4  11-15 times
5  16-20 times
6  More than 20 times
7  Refused
9  Don't know

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

**SkipInstructions:** <1,2,3,4,5,6,R,D>[goto EHT_PAY]

**Question ID:** ALT.252_00.000  **Instrument Variable Name:** HYP_PAY  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

On average, how much did you pay out-of-pocket for each visit to a practitioner for hypnosis?

*Enter '500' for $500 or more.

000-499  $0-$499
500  $500 or more
997  Refused
999  Don't know

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

**SkipInstructions:** <0-500,Refused,Don't know> [goto HYP_TRET]

**Question ID:** ALT.254_00.000  **Instrument Variable Name:** HYP_TRET  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

Did you use hypnosis for a specific health problem or condition?

1  Yes
2  No
7  Refused
9  Don't know

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

**SkipInstructions:** <1>[goto HYP_COND] <2,R,D>[goto HYP_ENG]
For what health problems or conditions did you use hypnosis?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
Memory loss or loss of other cognitive function
Menopause
Menstrual problems
Mental retardation
Missing limbs (fingers, toes or digits), amputee
Osteoporosis, tendinitis
Other developmental problem
Other injury
Other nerve damage, including carpal tunnel syndrome
Phobia or fears
Polio (myelitis), paralysis, para/quadriplegia
Poor circulation in legs
Prostate trouble or impotence
Regular headaches
Rheumatoid arthritis
Schizophrenia
Seizures
Senility
Sinusitis
Skin problems
Sprain or strain
Stroke
Substance abuse, other than alcohol or tobacco
Ulcer
Urinary problem
Varicose veins, hemorrhoids
Vision problem
Weak or failing kidneys
Weight problem
Back pain or problem
Head or chest cold
Neck pain or problem
Severe headache or migraine
Stomach or intestinal illness
Other - specify
Refused
Don't know

Sample adults 18+ who use hypnosis for a specific condition

<1-81> If more than one condition selected, [goto HYP_MOST], elseif only one condition selected, [goto HYP_MED]
<82> [goto HYP_SPEC]
<Refused,Don't know> goto HYP_ENG
*Enter condition for which hypnosis was used. If respondent gives more than one condition, probe for condition most important for using hypnosis.

97 Refused
99 Don't know

Verbatim response

Sample adults 18+ who used hypnosis to treat other health problem or condition

<Allow 75> if more than one condition selected [goto HYP_MOST]; else if only one condition selected [goto HYP_MED]
<R,D> [if more than one condition (1-81) selected [goto HYP_MOST]; elseif only one condition (1-81) selected [goto HYP_MED]; else [goto HYP_ENG]
For which ONE of these health conditions did you use hypnosis the most?

*If respondent cannot choose one condition, probe for condition most important for using hypnosis.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
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17 Dementia, including Alzheimer's Disease
18 Dental pain
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20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
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25 Fracture, bone/joint injury
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28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
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34 Hypertension
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37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
Sample adults 18+ who used hypnosis for more than 1 condition

<1-82> [goto HYP_MED]
<Refused,Don't know> [goto HYP_ENG]
Question ID: ALT.260_00.000  Instrument Variable Name: HYP_MED  QuestionnaireFileName: Adult CAM

QuestionText: (book) ALT2 ?[F1]

Did you receive any of these conventional medical treatments for [Fill: condition for which hypnosis used the most]?

*Enter all that apply, separate with commas.

0 None
1 Prescription medications
2 Over-the-counter medications
3 Surgery
4 Physical therapy
5 Mental health counseling
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who received hypnosis for particular condition

SkipInstructions: <1> [goto HYP_TIM1]  
<2> [goto HYP_TIM2]  
<3> [goto HYP_TIM3]  
<4> [goto HYP_TIM4]  
<5> [goto HYP_TIM5]  
<0, 'R','D'> [goto HYP_ENG]

---

Question ID: ALT.262_01.000  Instrument Variable Name: HYP_TIM1  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive prescription medications for [fill: condition from HYP_MOST or HYP_COND or HYP_SPEC] before, at about the same time, or after trying hypnosis?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who used prescription medications for condition they used hypnosis for the most

SkipInstructions: <1-3,R,D> [goto next selected conventional medical treatment.  If no more treatments selected [goto HYP_ENG]]

---

Question ID: ALT.262_02.000  Instrument Variable Name: HYP_TIM2  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive over-the-counter medications for [fill: condition from HYP_MOST or HYP_COND or HYP_SPEC] before, at about the same time, or after trying hypnosis?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who used over-the-counter medications for condition they used hypnosis for the most

SkipInstructions: <1-3,R,D> [goto next selected conventional medical treatment.  If no more treatments selected [goto HYP_ENG]]
<table>
<thead>
<tr>
<th>Question ID: ALT.262_03.000</th>
<th>Instrument Variable Name: HYP_TIM3</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: Did you receive surgery for [fill: condition from HYP_MOST or HYP_COND or HYP_SPEC] before, at about the same time, or after trying hypnosis?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Before</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 At about the same time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 After</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText: Sample adults 18+ who had surgery for condition they used hypnosis for the most</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1-3,R,D&gt; [goto to next selected conventional medical treatment. If no more treatments selected [goto HYP_ENG]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: ALT.262_04.000</th>
<th>Instrument Variable Name: HYP_TIM4</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: Did you receive physical therapy for [fill: condition from HYP_MOST or HYP_COND or HYP_SPEC] before, at about the same time, or after trying hypnosis?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Before</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 At about the same time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 After</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText: Sample adults 18+ who had physical therapy for condition they used hypnosis for the most</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1-3,R,D&gt; [goto to next selected conventional medical treatment. If no more treatments selected [goto HYP_ENG]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: ALT.262_05.000</th>
<th>Instrument Variable Name: HYP_TIM5</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: Did you receive mental health counseling for [fill: condition from HYP_MOST or HYP_COND or HYP_SPEC] before, at about the same time, or after trying hypnosis?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Before</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 At about the same time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 After</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText: Sample adults 18+ who had mental health counseling for condition they used hypnosis for the most</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1-3,R,D&gt; [goto HYP_ENG]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 2007 NHIS Questionnaire - Adult CAM

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

**Document Version Date:** 28-May-08

<table>
<thead>
<tr>
<th>Question ID: ALT.264_00.000</th>
<th>Instrument Variable Name: HYP_ENG</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>DURING THE PAST 12 MONTHS, did you use hypnosis for any of these reasons? Please say yes or no to each.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>...To improve or enhance energy</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who have seen a practitioner for hypnosis in past 12 months</td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,D,R&gt; [goto HYP_WEL]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: ALT.266_00.000</th>
<th>Instrument Variable Name: HYP_WEL</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>*Read if necessary.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DURING THE PAST 12 MONTHS, did you use hypnosis for any of these reasons?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>...For general wellness or general disease prevention</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who have seen a practitioner for hypnosis in past 12 months</td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,D,R&gt; [goto HYP_IMM]</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Question ID: ALT.268_00.000</th>
<th>Instrument Variable Name: HYP_IMM</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>*Read if necessary.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DURING THE PAST 12 MONTHS, did you use hypnosis for any of these reasons?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>...To improve or enhance immune function</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who have seen a practitioner for hypnosis in past 12 months</td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,D,R&gt; [goto HYP_NOHP]</td>
<td></td>
</tr>
</tbody>
</table>
DURING THE PAST 12 MONTHS, did you use hypnosis for any of these reasons?

...Because medical treatments did not help

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1,2,D,R> [goto HYP_EXPS]

DURING THE PAST 12 MONTHS, did you use hypnosis for any of these reasons?

...Because medical treatments were too expensive

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1,2,D,R> [goto HYP_SUGG]

DURING THE PAST 12 MONTHS, did you use hypnosis for any of these reasons?

...It was recommended by a health care provider

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1,2,D,R> [goto HYP_FFC]
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 28-May-08

Question ID: ALT.276_00.000  Instrument Variable Name: HYP_FFC  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you use hypnosis for any of these reasons?

...It was recommended by family, friends, or co-workers

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1,2,D,R> [goto HYP_DISC]

Question ID: ALT.278_00.000  Instrument Variable Name: HYP_DISC  QuestionnaireFileName: Adult CAM

QuestionText: (book) ALT3  *[F1]

DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of hypnosis?

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1>[goto HYPPROF]
<2,D,R>[goto MAS_USEM or next modality which respondent has used --see table below for determination:

If MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER
Question ID: ALT.280_00.000  Instrument Variable Name: HYPPROF  QuestionnaireFileName: Adult CAM

QuestionText: (book) ALT3  *[F1]

Which ones?

*Enter all that apply, separate with commas.

01 Medical doctor (including specialists)
02 Doctor of Osteopathy (D.O.)
03 Nurse practitioner/Physician assistant
04 Psychiatrist
05 Dentist (including specialists)
06 Psychologist/social worker
07 Pharmacist
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who have let a conventional medical prof. know about use of hypnosis

SkipInstructions: <1-7,R,D>[goto see table below for determination:

If MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER

Question ID: ALT.282_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 tried massage

SkipInstructions: <1>[goto MAS_NUMB] <2,R,D>[cycle through other modalities respondent has used --see table below for determination:

If NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER
**DURING THE PAST 12 MONTHS, how many times did you see a practitioner for massage?**

*Read categories if necessary.*

1. Only one time
2. 2-5 times
3. 6-10 times
4. 11-15 times
5. 16-20 times
6. More than 20 times
7. Refused
8. Don't know

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

**SkipInstructions:** <1,2,3,4,5,6,R,D> [goto MAS_PAY]

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

*Enter '500' for $500 or more.*

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0-$499</td>
<td>000-499</td>
</tr>
<tr>
<td>$500 or more</td>
<td>500</td>
</tr>
<tr>
<td>Refused</td>
<td>997</td>
</tr>
<tr>
<td>Don't know</td>
<td>999</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:** <0-500,Refused,Don't know> [goto MAS_TRET]

**Did you use massage for a specific health problem or condition?**

<table>
<thead>
<tr>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Yes</td>
</tr>
<tr>
<td>2. No</td>
</tr>
<tr>
<td>7. Refused</td>
</tr>
<tr>
<td>9. Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:** <1>[goto MAS_COND] <2,R,D>[goto MAS_ENG]
For what health problems or conditions did you use massage?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
Memory loss or loss of other cognitive function
Menopause
Menstrual problems
Mental retardation
Missing limbs (fingers, toes or digits), amputee
Osteoporosis, tendinitis
Other developmental problem
Other injury
Other nerve damage, including carpal tunnel syndrome
Phobia or fears
Polio (myelitis), paralysis, para/quadriplegia
Poor circulation in legs
Prostate trouble or impotence
Regular headaches
Rheumatoid arthritis
Schizophrenia
Seizures
Senility
Sinusitis
Skin problems
Sprain or strain
Stroke
Substance abuse, other than alcohol or tobacco
Ulcer
Urinary problem
Varicose veins, hemorrhoids
Vision problem
Weak or failing kidneys
Weight problem
Back pain or problem
Head or chest cold
Neck pain or problem
Severe headache or migraine
Stomach or intestinal illness
Other - specify
Refused
Don't know

Sample adults 18+ who use massage for a specific condition

<1-81> If more than one condition selected, [goto MAS_MOST], elseif only one condition selected, [goto MAS_MED]
<82> [goto MAS_SPEC]
<Refused,Don't know> goto MAS_ENG
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.291_00.000</th>
<th>Instrument Variable Name:</th>
<th>MAS_SPEC</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
</table>

**QuestionText:**

*Enter condition for which massage was used. If respondent gives more than one condition, probe for condition most important for using massage.*

- **97** Refused
- **99** Don't know

**UniverseText:**

Sample adults 18+ who used massage to treat other health problem or condition

**SkipInstructions:**

<Allow 75> if more than one condition selected [goto MAS_MOST]; else if only one condition selected [goto MAS_MED]

<R,D> [if more than one condition (1-81) selected [goto MAS_MOST]; elseif only one condition (1-81) selected [goto MAS_MED]; else [goto MAS_ENG]
For which ONE of these health conditions did you use massage the most?

*If respondent cannot choose one condition, probe for condition most important for using massage.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
Menopause
Menstrual problems
Mental retardation
Missing limbs (fingers, toes or digits), amputee
Osteoporosis, tendinitis
Other developmental problem
Other injury
Other nerve damage, including carpal tunnel syndrome
Phobia or fears
Polio (myelitis), paralysis, para/quadriplegia
Poor circulation in legs
Prostate trouble or impotence
Regular headaches
Rheumatoid arthritis
Schizophrenia
Seizures
Senility
Sinusitis
Skin problems
Sprain or strain
Stroke
Substance abuse, other than alcohol or tobacco
Fibbed problem
Fibbed problem
Ulcer
Urinary problem
Varicose veins, hemorrhoids
Vision problem
Weak or failing kidneys
Weight problem
Back pain or problem
Head or chest cold
Neck pain or problem
Severe headache or migraine
Stomach or intestinal illness
Other - specify
Refused
Don't know

Sample adults 18+ who used massage for more than 1 condition

<1-82> goto MAS_MED
<Refused, Don’t know> goto MAS_ENG
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.294_00.000</th>
<th>Instrument Variable Name:</th>
<th>MAS_MED</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>(book) ALT2 ?[F1]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Did you receive any of these conventional medical treatments for [Fill: condition for which massage used the most]?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Enter all that apply, separate with commas.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>None</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Prescription medications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Over-the-counter medications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Surgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Physical therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Mental health counseling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

UniverseText: Sample adults 18+ who received massage for particular condition

SkipInstructions: 

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.296_01.000</th>
<th>Instrument Variable Name:</th>
<th>MAS_TIM1</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Did you receive prescription medications for [fill: condition from MAS_MOST or MAS_COND or MAS_SPEC] before, at about the same time, or after trying massage?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Before</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>At about the same time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>After</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

UniverseText: Sample adults 18+ who used prescription medications for condition they used massage for the most

SkipInstructions: <1-3,R,D> [goto MAS_ENG]

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.296_02.000</th>
<th>Instrument Variable Name:</th>
<th>MAS_TIM2</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Did you receive over-the-counter medications for [fill: condition from MAS_MOST or MAS_COND or MAS_SPEC] before, at about the same time, or after trying massage?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Before</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>At about the same time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>After</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

UniverseText: Sample adults 18+ who used over-the-counter medications for condition they used massage for the most

SkipInstructions: <1-3,R,D> [goto MAS_ENG]
**2007 NHIS Questionnaire - Adult CAM**  
Adult Alternative Health/Complementary And Alternative Medicine  
Document Version Date: 28-May-08

**Question ID:** ALT.296_03.000  
**Instrument Variable Name:** MAS_TIM3  
**QuestionnaireFileName:** Adult CAM

**Question Text:** Did you receive surgery for [fill: condition from MAS_MOST or MAS_COND or MAS_SPEC] before, at about the same time, or after trying massage?

1. Before
2. At about the same time
3. After
7. Refused
9. Don't know

**Universe Text:** Sample adults 18+ who had surgery for condition they used massage for the most

**Skip Instructions:** <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected [goto MAS_ENG]]

**Question ID:** ALT.296_04.000  
**Instrument Variable Name:** MAS_TIM4  
**QuestionnaireFileName:** Adult CAM

**Question Text:** Did you receive physical therapy for [fill: condition from MAS_MOST or MAS_COND or MAS_SPEC] before, at about the same time, or after trying massage?

1. Before
2. At about the same time
3. After
7. Refused
9. Don't know

**Universe Text:** Sample adults 18+ who had physical therapy for condition they used massage for the most

**Skip Instructions:** <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected [goto MAS_ENG]]

**Question ID:** ALT.296_05.000  
**Instrument Variable Name:** MAS_TIM5  
**QuestionnaireFileName:** Adult CAM

**Question Text:** Did you receive mental health counseling for [fill: condition from MAS_MOST or MAS_COND or MAS_SPEC] before, at about the same time, or after trying massage?

1. Before
2. At about the same time
3. After
7. Refused
9. Don't know

**Universe Text:** Sample adults 18+ who had mental health counseling for condition they used massage for the most

**Skip Instructions:** <1-3,R,D> [goto MAS_ENG]
DURING THE PAST 12 MONTHS, did you use massage for any of these reasons? Please say yes or no to each.

...To improve or enhance energy

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have seen a practitioner for massage in past 12 months

Read if necessary.

DURING THE PAST 12 MONTHS, did you use massage for any of these reasons?

...For general wellness or general disease prevention

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have seen a practitioner for massage in past 12 months

Read if necessary.

DURING THE PAST 12 MONTHS, did you use massage for any of these reasons?

...To improve or enhance immune function

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have seen a practitioner for massage in past 12 months
**2007 NHIS Questionnaire - Adult CAM**

Adult Alternative Health/Complementary And Alternative Medicine  
Document Version Date: 28-May-08

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.304_00.000</th>
<th>Instrument Variable Name:</th>
<th>MAS_NOHP</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
</table>
| QuestionText: | *Read if necessary.  
DURING THE PAST 12 MONTHS, did you use massage for any of these reasons?  
...Because medical treatments did not help |
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |
| UniverseText: | Sample adults 18+ who have seen a practitioner for massage in past 12 months |
| SkipInstructions: | <1,2,D,R> [goto MAS_EXPS] |

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.306_00.000</th>
<th>Instrument Variable Name:</th>
<th>MAS_EXPS</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
</table>
| QuestionText: | *Read if necessary.  
DURING THE PAST 12 MONTHS, did you use massage for any of these reasons?  
...Because medical treatments were too expensive |
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |
| UniverseText: | Sample adults 18+ who have seen a practitioner for massage in past 12 months |
| SkipInstructions: | <1,2,D,R> [goto MAS_SUGG] |

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.308_00.000</th>
<th>Instrument Variable Name:</th>
<th>MAS_SUGG</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
</table>
| QuestionText: | *Read if necessary.  
DURING THE PAST 12 MONTHS, did you use massage for any of these reasons?  
...It was recommended by a health care provider |
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |
| UniverseText: | Sample adults 18+ who have seen a practitioner for massage in past 12 months |
| SkipInstructions: | <1,2,D,R> [goto MAS_FFC] |
**Question Text:**

*DURING THE PAST 12 MONTHS, did you use massage for any of these reasons?*

...It was recommended by family, friends, or co-workers

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

**UniverseText:**

Sample adults 18+ who have seen a practitioner for massage in past 12 months

**SkipInstructions:**

<1,2,D,R> [goto MAS_DISC]

**Question Text:**

*(book) ALT3 *(F1)*

*DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of massage?*

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

**UniverseText:**

Sample adults 18+ who have seen a practitioner for massage in past 12 months

**SkipInstructions:**

<1>[goto MASPROF]
<2,D,R>[goto NAT_USEM or next modality which respondent has used --see table below for determination:

If NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER
Question ID: ALT.314_00.000  Instrument Variable Name: MASPROF  QuestionnaireFileName: Adult CAM

QuestionText: (book) ALT3  

Which ones?

*Enter all that apply, separate with commas.

01 Medical doctor (including specialists)
02 Doctor of Osteopathy (D.O.)
03 Nurse practitioner/Physician assistant
04 Psychiatrist
05 Dentist (including specialists)
06 Psychologist/social worker
07 Pharmacist
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who have let a conventional medical prof. know about use of massage

SkipInstructions: <1-7,R,D> If NAT_EVER = 1 [ goto NAT_USEM]
else goto TRD_EVER 

Question ID: ALT.316_00.000  Instrument Variable Name: NAT_USEM  QuestionnaireFileName: Adult CAM

QuestionText: 

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 tried naturopathy

SkipInstructions: <1>[goto NAT_NUMB]
<2,R,D>[goto TRD_EVER]

Question ID: ALT.318_00.000  Instrument Variable Name: NAT_NUMB  QuestionnaireFileName: Adult CAM

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

*Read categories if necessary.

1  Only one time
2  2-5 times
3  6-10 times
4  11-15 times
5  16-20 times
6  More than 20 times
7  Refused
9  Don't know

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

SkipInstructions: <1,2,3,4,5,6,R,D>[goto NAT_PAY]
### Question ID: ALT.320_00.000  Instrument Variable Name: NAT_PAY  QuestionnaireFileName: Adult CAM

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

*Enter ‘500’ for $500 or more.

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000-499</td>
<td>$0-$499</td>
</tr>
<tr>
<td>500</td>
<td>$500 or more</td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:** <0-500,Refused,Don't know> [goto NAT_TRET]

### Question ID: ALT.322_00.000  Instrument Variable Name: NAT_TRET  QuestionnaireFileName: Adult CAM

**QuestionText:** Did you use naturopathy for a specific health problem or condition?

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:** <1>[goto NAT_COND] <2,R,D>[goto NAT_ENG]
For what health problems or conditions did you use naturopathy?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
83 Refused
84 Don't know

UniverseText: Sample adults 18+ who use naturopathy for a specific condition

SkipInstructions: <1-81> If more than one condition selected, [goto NAT_MOST], elseif only one condition selected, [goto NAT_MED]
<82> [goto NAT_SPEC]
<Refused,Don't know> goto NAT_ENG
**QuestionText:**

*Enter condition for which naturopathy was used. If respondent gives more than one condition, probe for condition most important for using naturopathy.*

- **97** Refused
- **99** Don't know

**Verbatim**

Verbatim response

**UniverseText:**

Sample adults 18+ who used naturopathy to treat other health problem or condition

**SkipInstructions:**

<Allow 75> if more than one condition selected [goto NAT_MOST]; else if only one condition selected [goto NAT_MED]

<R,D> [if more than one condition (1-81) selected [goto NAT_MOST]; elseif only one condition (1-81) selected [goto NAT_MED]; else [goto NAT_ENG]
For which ONE of these health conditions did you use naturopathy the most?

*If respondent cannot choose one condition, probe for condition most important for using naturopathy.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
Menopause
Menstrual problems
Mental retardation
Missing limbs (fingers, toes or digits), amputee
Osteoporosis, tendinitis
Other developmental problem
Other injury
Other nerve damage, including carpal tunnel syndrome
Phobia or fears
Polio (myelitis), paralysis, para/quadriplegia
Poor circulation in legs
Prostate trouble or impotence
Regular headaches
Rheumatoid arthritis
Schizophrenia
Seizures
Senility
Sinusitis
Skin problems
Sprain or strain
Stroke
Substance abuse, other than alcohol or tobacco
Filled problem
Filled problem
Ulcer
Urinary problem
Varicose veins, hemorrhoids
Vision problem
Weak or failing kidneys
Weight problem
Back pain or problem
Head or chest cold
Neck pain or problem
Severe headache or migraine
Stomach or intestinal illness
Other - specify
Refused
Don't know

Sample adults 18+ who used naturopathy for more than 1 condition

<1-82> goto NAT_MED
<Refused, Don't know> goto NAT_ENG
Did you receive any of these conventional medical treatments for [Fill: condition for which naturopathy used the most]?

*Enter all that apply, separate with commas.

0  None
1  Prescription medications
2  Over-the-counter medications
3  Surgery
4  Physical therapy
5  Mental health counseling
7  Refused
9  Don't know

Sample adults 18+ who received naturopathy for particular condition

Did you receive prescription medications for [fill: condition from NAT_MOST or NAT_COND or NAT_SPEC] before, at about the same time, or after trying naturopathy?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

Sample adults 18+ who used prescription medications for condition they used naturopathy for the most

Did you receive over-the-counter medications for [fill: condition from NAT_MOST or NAT_COND or NAT_SPEC] before, at about the same time, or after trying naturopathy?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

Sample adults 18+ who used over-the-counter medications for condition they used naturopathy for the most
### Question 1

**Question ID:** ALT.330_03.000  
**Instrument Variable Name:** NAT_TIM3  
**QuestionnaireFileName:** Adult CAM

**Question Text:** Did you receive surgery for [fill: condition from NAT_MOST or NAT_COND or NAT_SPEC] before, at about the same time, or after trying naturopathy?

1. Before  
2. At about the same time  
3. After  
7. Refused  
9. Don't know

**Universe Text:** Sample adults 18+ who had surgery for condition they used naturopathy for the most

**Skip Instructions:** <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected [goto NAT_ENG]

### Question 2

**Question ID:** ALT.330_04.000  
**Instrument Variable Name:** NAT_TIM4  
**QuestionnaireFileName:** Adult CAM

**Question Text:** Did you receive physical therapy for [fill: condition from NAT_MOST or NAT_COND or NAT_SPEC] before, at about the same time, or after trying naturopathy?

1. Before  
2. At about the same time  
3. After  
7. Refused  
9. Don't know

**Universe Text:** Sample adults 18+ who had physical therapy for condition they used naturopathy for the most

**Skip Instructions:** <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected [goto NAT_ENG]

### Question 3

**Question ID:** ALT.330_05.000  
**Instrument Variable Name:** NAT_TIM5  
**QuestionnaireFileName:** Adult CAM

**Question Text:** Did you receive mental health counseling for [fill: condition from NAT_MOST or NAT_COND or NAT_SPEC] before, at about the same time, or after trying naturopathy?

1. Before  
2. At about the same time  
3. After  
7. Refused  
9. Don't know

**Universe Text:** Sample adults 18+ who had mental health counseling for condition they used naturopathy for the most

**Skip Instructions:** <1-3,R,D> [goto NAT_ENG]
DURING THE PAST 12 MONTHS, did you use naturopathy for any of these reasons? Please say yes or no to each.

1. To improve or enhance energy
   - Yes
   - No
   - Refused
   - Don't know

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

SkipInstructions: <1,2,D,R> [goto NAT_WEL]

DURING THE PAST 12 MONTHS, did you use naturopathy for any of these reasons?

1. For general wellness or general disease prevention
   - Yes
   - No
   - Refused
   - Don't know

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

SkipInstructions: <1,2,D,R> [goto NAT_IMM]

DURING THE PAST 12 MONTHS, did you use naturopathy for any of these reasons?

1. To improve or enhance immune function
   - Yes
   - No
   - Refused
   - Don't know

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

SkipInstructions: <1,2,D,R> [goto NAT_NOHP]
*Read if necessary.

DURING THE PAST 12 MONTHS, did you use naturopathy for any of these reasons?

...Because medical treatments did not help

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have seen a practitioner for naturopathy in past 12 months

<1,2,D,R> [goto NAT_EXPS]

*Read if necessary.

DURING THE PAST 12 MONTHS, did you use naturopathy for any of these reasons?

...Because medical treatments were too expensive

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have seen a practitioner for naturopathy in past 12 months

<1,2,D,R> [goto NAT_SUGG]

*Read if necessary.

DURING THE PAST 12 MONTHS, did you use naturopathy for any of these reasons?

...It was recommended by a health care provider

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have seen a practitioner for naturopathy in past 12 months

<1,2,D,R> [goto NAT_FFC]
DURING THE PAST 12 MONTHS, did you use naturopathy for any of these reasons?

...It was recommended by family, friends, or co-workers

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1,2,D,R> [goto NAT_DISC]

DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of naturopathy?

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1>[goto NATPROF]
<2,D,R>[goto TRD_EVER]

Which ones?

*Enter all that apply, separate with commas.

01  Medical doctor (including specialists)
02  Doctor of Osteopathy (D.O.)
03  Nurse practitioner/Physician assistant
04  Psychiatrist
05  Dentist (including specialists)
06  Psychologist/social worker
07  Pharmacist
97  Refused
99  Don't know

UniverseText: Sample adults 18+ who have let a conventional medical prof. know about use of naturopathy

SkipInstructions: <1-7,R,D>[goto TRD_EVER]
Have you ever seen any of the following practitioners for health reasons? 
*Enter all that apply, separate with commas.

00 None
01 Curandero
02 Espiritista
03 Hierbero or Yerbera
04 Shaman
05 Botanica
06 Native American Healer/Medicine man
07 Sobador
97 Refused
99 Don't know

Sample adults 18+

If TRD_EVER includes 1 goto CUR_USEM
elseif TRD_EVER includes 2 goto ESP_USEM
elseif TRD_EVER includes 3 goto YER_USEM
elseif TRD_EVER includes 4 goto SHA_USEM
elseif TRD_EVER includes 5 goto BOT_USEM
elseif TRD_EVER includes 6 goto NAH_USEM
elseif TRD_EVER includes 7 goto SBD_USEM
else goto FELD_EVE
DURING THE PAST 12 MONTHS, did you see a Curandero (kuhr-ran-DEH-roh)?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have used Curanda

<1,2,R,D> [goto ESP_USEM or next healer respondent has used. If no more, goto TRD_NUMB if respondent has only used 1 traditional healer/practioner in past 12 months or FELD_EVE if respondent has used none in the past 12 months.]

SEE TABLE BELOW FOR DETERMINATION:

If TRD_EVER includes 2 goto ESP_USEM
elseif TRD_EVER includes 3 goto YER_USEM
elseif TRD_EVER includes 4 goto SHA_USEM
elseif TRD_EVER includes 5 goto BOT_USEM
elseif TRD_EVER includes 6 goto NAH_USEM
elseif TRD_EVER includes 7 goto SBD_USEM
elseif CUR_USEM = 1 goto TRD_NUMB
else goto FELD_EVE

DURING THE PAST 12 MONTHS, did you see an Espiritista (esp-ee-ree-TEE-sta)?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have ever seen an Espiritista

<1,2,R,D> [goto YER_USEM or next healer respondent has used. If no more, goto TRD_NUMB if respondent has only used 1 traditional healer/practioner in past 12 months, TRD_MOST if respondent has used more than 1 traditional healer/practioner in the past 12 months, or FELD_EVE if respondent has used none in the past 12 months.]

SEE TABLE BELOW FOR DETERMINATION:

If TRD_EVER includes 3 goto YER_USEM
elseif TRD_EVER includes 4 goto SHA_USEM
elseif TRD_EVER includes 5 goto BOT_USEM
elseif TRD_EVER includes 6 goto NAH_USEM
elseif TRD_EVER includes 7 goto SBD_USEM
elseif more than one of CUR_USEM and ESP_USEM = 1 goto TRD_M0ST
elseif only one of CUR_USEM and ESP_USEM = 1 goto TRD_NUMB
else goto FELD_EVE
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Question ID: ALT.368_00.000  Instrument Variable Name: YER_USEM  QuestionnaireFileName: Adult CAM

QuestionText: ?[F1]

DURING THE PAST 12 MONTHS, did you see a Hierbero (yair-BAIR-roe) or Yerbera (yehr-BEH-ra) for health reasons?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have ever seen an Hierbero/Yerbera

SkipInstructions: <1,2,R,D> [goto SHA_USEM or next healer respondent has used. If no more, goto TRD_NUMB if respondent has only used 1 traditional healer/practioner in past 12 months, TRD_MOST if respondent has used more than 1 traditional healer/practioner in the past 12 months, or FELD_EVE if respondent has used none in the past 12 months.]

SEE TABLE BELOW FOR DETERMINATION:

If TRD_EVER includes 4 goto SHA_USEM
elseif TRD_EVER includes 5 goto BOT_USEM
elseif TRD_EVER includes 6 goto NAH_USEM
elseif TRD_EVER includes 7 goto SBD_USEM
elseif more than one of CUR_USEM, ESP_USEM, and YER_USEM = 1 goto TRD_M0ST
elseif only one of CUR_USEM, ESP_USEM, and YER_USEM = 1 goto TRD_NUMB
else goto FELD_EVE

Question ID: ALT.370_00.000  Instrument Variable Name: SHA_USEM  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> [goto BOT_USEM or next healer respondent has used. If no more, goto TRD_NUMB if respondent has only used 1 traditional healer/practioner in past 12 months, TRD_MOST if respondent has used more than 1 traditional healer/practioner in the past 12 months, or FELD_EVE if respondent has used none in the past 12 months.]

SEE TABLE BELOW FOR DETERMINATION:

If TRD_EVER includes 5 goto BOT_USEM
elseif TRD_EVER includes 6 goto NAH_USEM
elseif TRD_EVER includes 7 goto SBD_USEM
elseif more than one of CUR_USEM, ESP_USEM, YER_USEM, and SHA_USEM = 1 goto TRD_M0ST
elseif only one of CUR_USEM, ESP_USEM, YER_USEM, and SHA_USEM = 1 goto TRD_NUMB
else goto FELD_EVE
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Question ID: ALT.372_00.000   Instrument Variable Name: BOT_USEM   QuestionnaireFileName: Adult CAM

QuestionText: ![F1]

DURING THE PAST 12 MONTHS, did you see a Botanica (boh-TAN-ik-ah) for health reasons?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have ever seen a Botanica

SkipInstructions: <1,2,R,D> [goto NAH_USEM or next healer respondent has used. If no more, goto TRD_NUMB if respondent has only used 1 traditional healer/practioner in past 12 months, TRD_MOST if respondent has used more than 1 traditional healer/practioner in the past 12 months, or FELD_EVE if respondent has used none in the past 12 months.]

SEE TABLE BELOW FOR DETERMINATION:
If TRD_EVER includes 6 goto NAH_USEM
elseif TRD_EVER includes 7 goto SBD_USEM
elseif more than one of CUR_USEM, ESP_USEM, YER_USEM, SHA_USEM, and BOT_USEM = 1 goto TRD_MOST
elseif only one of CUR_USEM, ESP_USEM, YER_USEM, SHA_USEM, and BOT_USEM = 1 goto TRD_NUMB
else goto FELD_EVE

Question ID: ALT.374_00.000   Instrument Variable Name: NAH_USEM   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/Medicine Man

SkipInstructions: <1,2,R,D> [goto SBD_USEM or next healer respondent has used. If no more, goto TRD_NUMB if respondent has only used 1 traditional healer/practioner in past 12 months, TRD_MOST if respondent has used more than 1 traditional healer/practioner in the past 12 months, or FELD_EVE if respondent has used none in the past 12 months.]

SEE TABLE BELOW FOR DETERMINATION:
if TRD_EVER includes 7 goto SBD_USEM
elseif more than one of CUR_USEM, ESP_USEM, YER_USEM, SHA_USEM, and BOT_USEM, and NAH_USEM = 1 goto TRD_MOST
elseif only one of CUR_USEM, ESP_USEM, YER_USEM, SHA_USEM, and BOT_USEM, and NAH_USEM = 1 goto TRD_NUMB
else goto FELD_EVE
DURING THE PAST 12 MONTHS, did you see a Sobador (soh-bah-DOOR)?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have ever seen a Sobador

SEE TABLE BELOW FOR DETERMINATION:

if more than one of CUR_USEM, ESP_USEM, YER_USEM, SHA_USEM, BOT_USEM, NAH_USEM, and SBD_USEM = 1 goto TRD_MOST
elseif only one of CUR_USEM, ESP_USEM, YER_USEM, SHA_USEM, BOT_USEM, NAH_USEM, and SBD_USEM = 1 goto TRD_NUMB
else goto FELD_EVE

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

*If respondent cannot choose one traditional healer, probe for the one most important for health.

01  Curandero
02  Espiritista
03  Hierbero or Yerbera
04  Shaman
05  Botanica
06  Native American Healer/Medicine man
07  Sobador
97  Refused
99  Don't know

Sample adults 18+ who have seen multiple traditional healers in the past 12 months

<1-7> [goto TRD_NUMB]
<Refused, Don't know> goto TRD_ENG
DURING THE PAST 12 MONTHS, how many times did you see {fill: type of traditional healer}?

*Read categories if necessary.

1. Only one time
2. 2-5 times
3. 6-10 times
4. 11-15 times
5. 16-20 times
6. More than 20 times
7. Refused
8. Don't know

Sample adults 18+ who have seen a traditional healer in the past 12 months

On average, how much did you pay out-of-pocket for each visit to {fill: type of traditional healer}?

*Enter '500' for $500 or more.

0-499 $0-$499
500 $500 or more
997 Refused
999 Don't know

Sample adults 18+ who have seen a traditional healer in the past 12 months

Did you see {fill: type of traditional healer} for a specific health problem or condition?

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

Sample adults 18+ who have seen a traditional healer in the past 12 months
For which health problems or conditions did you see [fill: type of traditional healer]?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
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46 Memory loss or loss of other cognitive function
47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
83 Refused
84 Don't know

UniverseText: Sample adults 18+ who have seen a traditional healer for a specific health problem or condition

SkipInstructions: <1-81> if more than one condition selected, [goto TRD_CONM]; else if only one condition selected [goto TRD_MED]
<82> [goto TRD_SPEC]
<Refused,Don't know> [goto TRD_ENG]
*Enter condition for which [fill: type of traditional healer] was used. If respondent gives more than one condition, probe for condition most important for using [fill: type of traditional healer].

97 Refused
99 Don't know

Verbatim response

Sample adults 18+ who used a traditional healer to treat other health problem or condition

<Allow 75> if more than one condition selected [goto TRD_CONM]; else if only one condition selected [goto TRD_MED]

<R,D> [if more than one condition (1-81) selected [goto TRD_CONM]; elseif only one condition (1-81) selected [goto TRD_MED]; else [goto TRD_ENG]
For which ONE of these health conditions did you see [fill: type of traditional healer] the most?

*If respondent cannot choose one condition, probe for condition most important for using a traditional healer.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
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31 Heart attack
32 Other heart condition or disease
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34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who have seen a traditional healer for more than one condition

SkipInstructions: <1-82> [goto TRD_MED]
<Refused,Don't know> [goto TRD_ENG]
(book) ALT2 ?[F1]

Did you receive any of these conventional medical treatments for [fill: condition]? *Enter all that apply, separate with commas.

0 None  
1 Prescription medications  
2 Over-the-counter medications  
3 Surgery  
4 Physical therapy  
5 Mental health counseling  
7 Refused  
9 Don't know

UniverseText: Sample adults 18+ who have seen a traditional healer for a specific condition

SkipInstructions: <0,Refused,Don't know> [goto TRD_ENG]  
<1> [goto TRD_TIM1]  
<2> [goto TRD_TIM2]  
<3> [goto TRD_TIM3]  
<4> [goto TRD_TIM4]  
<5> [goto TRD_TIM5]

---

Did you receive prescription medications for [fill1: condition from TRD_CONM or TRD_COND or TRD_SPEC] before, at about the same time, or after seeing [fill2: type of traditional healer]?

1 Before  
2 At about the same time  
3 After  
7 Refused  
9 Don't know

UniverseText: Sample adults 18+ who used prescription medications for condition they used traditional healer for the most

SkipInstructions: <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto TRD_ENG]

---

Did you receive over-the-counter medications for [fill1: condition from TRD_CONM or TRD_COND or TRD_SPEC] before, at about the same time, or after seeing [fill2: type of traditional healer]?

1 Before  
2 At about the same time  
3 After  
7 Refused  
9 Don't know

UniverseText: Sample adults 18+ who used over-the-counter medications for condition they used traditional healer for the most

SkipInstructions: <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto TRD_ENG]
### 2007 NHIS Questionnaire - Adult CAM

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

**Document Version Date:** 28-May-08

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<tr>
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<th>Instrument Variable Name: TRD_TIM3</th>
<th>QuestionnaireFileName: Adult CAM</th>
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</thead>
<tbody>
<tr>
<td><strong>QuestionID:</strong> ALT.392_03.000</td>
<td><strong>Instrument Variable Name:</strong> TRD_TIM3</td>
<td><strong>QuestionnaireFileName:</strong> Adult CAM</td>
</tr>
<tr>
<td><strong>QuestionText:</strong> Did you receive surgery for [fill1: condition from TRD_CONM or TRDCOND or TRD_SPEC] before, at about the same time, or after seeing [fill2: type of traditional healer]?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Before</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 At about the same time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 After</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong> Sample adults 18+ who had surgery for condition they used traditional healer for the most</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong> &lt;1-3,Refused,Don't know&gt; [goto to next selected conventional medical treatment. If no more treatments selected [goto TRD_ENG]</td>
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<table>
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<tr>
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<th>QuestionnaireFileName: Adult CAM</th>
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<td><strong>QuestionID:</strong> ALT.392_04.000</td>
<td><strong>Instrument Variable Name:</strong> TRD_TIM4</td>
<td><strong>QuestionnaireFileName:</strong> Adult CAM</td>
</tr>
<tr>
<td><strong>QuestionText:</strong> Did you receive physical therapy for [fill1: condition from TRD_CONM or TRD_COND or TRD_SPEC] before, at about the same time, or after seeing [fill2: type of traditional healer]?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Before</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 At about the same time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 After</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong> Sample adults 18+ who had physical therapy for condition they used traditional healer for the most</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong> &lt;1-3,Refused,Don't know&gt; [goto to next selected conventional medical treatment. If no more treatments selected [goto TRD_ENG]</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Question ID: ALT.392_05.000</th>
<th>Instrument Variable Name: TRD_TIM5</th>
<th>QuestionnaireFileName: Adult CAM</th>
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<td><strong>QuestionID:</strong> ALT.392_05.000</td>
<td><strong>Instrument Variable Name:</strong> TRD_TIM5</td>
<td><strong>QuestionnaireFileName:</strong> Adult CAM</td>
</tr>
<tr>
<td><strong>QuestionText:</strong> Did you receive mental health counseling for [fill1: condition from TRD_CONM or TRD_COND or TRD_SPEC] before, at about the same time, or after seeing [fill2: type of traditional healer]?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Before</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 At about the same time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 After</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong> Sample adults 18+ who had mental health counseling for condition they used traditional healer for the most</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong> &lt;1-3,Refused,Don't know&gt; [goto TRD_ENG]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DURING THE PAST 12 MONTHS, did you see { fill: type of traditional healer } for any of these reasons? Please say yes or no to each.

...To improve or enhance energy.

1     Yes
2     No
7     Refused
9     Don't know

*Read if necessary.

DURING THE PAST 12 MONTHS, did you see { fill: type of traditional healer } for any of these reasons?

...For general wellness or general disease prevention

1     Yes
2     No
7     Refused
9     Don't know

*Read if necessary.

DURING THE PAST 12 MONTHS, did you see { fill: type of traditional healer } for any of these reasons?

...To improve or enhance immune function

1     Yes
2     No
7     Refused
9     Don't know
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Question ID: ALT.400_00.000  
Instrument Variable Name: TRD_NOHP  
QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.  

DURING THE PAST 12 MONTHS, did you see { fill: type of traditional healer } for any of these reasons?  
...Because medical treatments did not help

1 Yes  
2 No  
7 Refused  
9 Don't know

UniverseText: Sample adults 18+ who have seen a traditional healer in the past 12 months

SkipInstructions: <1,2,Refused,Don't know> [goto TRD_EXPS]

Question ID: ALT.402_00.000  
Instrument Variable Name: TRD_EXPS  
QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.  

DURING THE PAST 12 MONTHS, did you see { fill: type of traditional healer } for any of these reasons?  
...Because medical treatments were too expensive

1 Yes  
2 No  
7 Refused  
9 Don't know

UniverseText: Sample adults 18+ who have seen a traditional healer in the past 12 months

SkipInstructions: <1,2,Refused,Don't know> [goto TRD_SUGG]

Question ID: ALT.404_00.000  
Instrument Variable Name: TRD_SUGG  
QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.  

DURING THE PAST 12 MONTHS, did you see { fill: type of traditional healer } for any of these reasons?  
...It was recommended by a health care provider

1 Yes  
2 No  
7 Refused  
9 Don't know

UniverseText: Sample adults 18+ who have seen a traditional healer in the past 12 months

SkipInstructions: <1,2,Refused,Don't know> [goto TRD_FFC]
**DURING THE PAST 12 MONTHS, did you see { fill: type of traditional healer } for any of these reasons?**

...It was recommended by family, friends, or co-workers

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

**DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of (fill: type of traditional healer)?**

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

**Which ones?**

*Enter all that apply, separate with commas.*

01. Medical doctor (including specialists)
02. Doctor of Osteopathy (D. O.)
03. Nurse practitioner/Physician Assistant
04. Psychiatrist
05. Dentist (including specialists)
06. Psychologist/Social Worker
07. Pharmacist
97. Refused
99. Don't know
Have you ever seen a practitioner or teacher for any of the following? Please say yes or no to each.

...Feldenkreis (FELL-den-krice)

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+

Have you ever seen a practitioner or teacher for any of the following?

...Alexander Technique

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+

Have you ever seen a practitioner or teacher for any of the following?

...Pilates (pi-LAH-teez)

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+
*Read if necessary.

Have you ever seen a practitioner or teacher for any of the following?

...Trager (TRAY-gur) Psychophysical Integration

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

Sample adults 18+

DURING THE PAST 12 MONTHS, did you see a practitioner or teacher for Feldenkreis?

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

Sample adults 18+ who have used Feldenkreis
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 used the Alexander Technique

SkipInstructions:  <1,2,Refused,Don't know> [goto PIL_USE or next modality respondent has used. If no more, goto MOV_NUMB if respondent has only used 1 modality in past 12 months, goto MOV_MOST if respondent has used more than 1 in the past 12 months, or AHB_EVER if respondent has used none in the past 12 months.]

If PIL_EVE = 1 goto PIL_USE
elseif TRAG_EVE = 1 goto TRAG_USE
elseif more than one of FELD_USE and ALEX_USE = 1 goto MOV_MOST
elseif only one of FELD_USE and ALEX_USE = 1 goto MOV_NUMB
else goto AHB_EVER

DURING THE PAST 12 MONTHS, did you see a practitioner or teacher for Pilates?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText:  Sample adults 18+ who have used Pilates

SkipInstructions:  <1,2,Refused,Don't know> [goto TRAG_USE or next modality respondent has used. If no more, goto MOV_NUMB if respondent has only used 1 modality in past 12 months, goto MOV_MOST if respondent has used more than 1 in the past 12 months, or AHB_EVER if respondent has used none in the past 12 months.]

If TRAG_EVE = 1 goto TRAG_USE
elseif more than one of FELD_USE, ALEX_USE, and PIL_USE = 1 goto MOV_MOST
elseif only one of FELD_USE, ALEX_USE, and PIL_USE = 1 goto MOV_NUMB
else goto AHB_EVER
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

Sample adults 18+ who have used Trager Psychophysical Integration

<1,2,Refused,Don't know> [goto MOV_NUMB if respondent has only used 1 modality in past 12 months, goto MOV_MOST if respondent has used more than 1 in the past 12 months, or AHB_EVER if respondent has used none in the past 12 months.]

If more than one of FELD_USE, ALEX_USE, PIL_USE, and TRAG_USE = 1 goto MOV_MOST
else if only one of FELD_USE, ALEX_USE, PIL_USE, and TRAG_USE = 1 goto MOV_NUMB
else goto AHB_EVER

DURING THE PAST 12 MONTHS, for which technique did you see a practitioner or teacher the most?

*If respondent cannot choose one movement technique, probe for the one most important for health.

1  Feldenkrais
2  Alexander Technique
3  Pilates
4  Trager Psychophysical Integration
7  Refused
9  Don't know

Sample adults 18+ who have seen a practitioner for more than one movement technique in past 12 months

<1-4>[goto MOV_NUMB]
<Refused, Don't know> goto MOV_ENG
Question ID: ALT.430_00.000  Instrument Variable Name: MOV_NUMB  QuestionnaireFileName: Adult CAM

QuestionText: DURING THE PAST 12 MONTHS, how many times did you see a practitioner or teacher for {fill type of movement technique}?

*Read categories if necessary.

1  Only one time
2  2-5 times
3  6-10 times
4  11-15 times
5  16-20 times
6  More than 20 times
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used movement technique in the past 12 months

SkipInstructions: <1-6,Refused,Don't know> [goto MOV_PAY]

Question ID: ALT.432_00.000  Instrument Variable Name: MOV_PAY  QuestionnaireFileName: Adult CAM

QuestionText: On average, how much did you pay out-of-pocket for each visit to a practitioner or teacher for {fill: type of movement technique}?

*Enter '500' for $500 or more.

000-499 $0-$499
500 $500 or more
997 Refused
999 Don't know

UniverseText: Sample adults 18+ who have seen a movement practitioner in past 12 months

SkipInstructions: <0-500,Refused,Don't know> [goto MOV_TRET]

Question ID: ALT.434_00.000  Instrument Variable Name: MOV_TRET  QuestionnaireFileName: Adult CAM

QuestionText: Did you use {fill: type of movement technique} for a specific health problem or condition?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have seen a movement practitioner in past 12 months

SkipInstructions: <1> [goto MOV_COND] <2,Refused,Don't know> [goto MOV_ENG]
<table>
<thead>
<tr>
<th>Question ID: ALT.436_00.000</th>
<th>Instrument Variable Name: MOV_COND</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>?[F1]</td>
<td></td>
</tr>
</tbody>
</table>

For what health problems or conditions did you use [fill: type of movement technique]?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
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46 Memory loss or loss of other cognitive function
47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadruplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who have seen a movement practitioner to treat a problem or condition

SkipInstructions: <1-81> if more than one condition selected, [goto MOV_CONM]; elseif only one condition selected [goto MOV_MED]
<82> [goto MOV_SPEC]
<Refused,Don't know> [goto MOV_ENG]
*Enter condition for which [fill: type of movement technique] was used. If respondent gives more than one condition, probe for condition most important for using [fill: type of movement technique].

97  Refused
99  Don't know

Verbatim response

Sample adults 18+ who used movement technique to treat other health problem or condition

<Allow 75> if more than one condition selected [goto MOV_CONM]; else if only one condition selected [goto MOV_MED]

<Refused,Don't know> [if more than one condition (1-81) selected [goto MOV_CONM]; elseif only one condition (1-81) selected [goto MOV_MED]; else [goto MOV_ENG]
Question ID: ALT.438_00.000  Instrument Variable Name: MOV_CONM  QuestionnaireFileName: Adult CAM

QuestionText: For which ONE of these health conditions did you use [fill: type of movement technique] the most?

*If respondent cannot choose one condition, probe for condition most important for using a movement technique.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
83 Refused
84 Don't know

UniverseText: Sample adults 18+ who have seen a movement practitioner to treat more than one problem or condition

SkipInstructions: <1-82> [goto MOV_MED]
<Refused,Don't know> [goto MOV_ENG]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.440_00.000</th>
<th>Instrument Variable Name: MOV_MED</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
</table>
| QuestionText:     | (book) ALT2 ?[F1] Did you receive any of these conventional medical treatments for [fill: condition]?
|                   |                | *Enter all that apply, separate with commas. |
|                   | 0              | None                             |
|                   | 1              | Prescription medications         |
|                   | 2              | Over-the-counter medications     |
|                   | 3              | Surgery                          |
|                   | 4              | Physical therapy                 |
|                   | 5              | Mental health counseling         |
|                   | 7              | Refused                          |
|                   | 9              | Don't know                       |

UniverseText: Sample adults 18+ who have used movement technique for a specific condition

SkipInstructions: <0,Refused,Don't know> [goto MOV_ENG] 
<1> [goto MOV_TIM1] 
<2> [goto MOV_TIM2] 
<3> [goto MOV_TIM3] 
<4> [goto MOV_TIM4] 
<5> [goto MOV_TIM5]

---

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.442_01.000</th>
<th>Instrument Variable Name: MOV_TIM1</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
</table>
| QuestionText:     | Did you receive prescription medications for [fill1: condition from MOV_CONM or MOV_COND or MOV_SPEC] before, at about the same time, or after trying [fill2: type of movement technique]?
|                   | 1              | Before                           |
|                   | 2              | At about the same time           |
|                   | 3              | After                            |
|                   | 7              | Refused                          |
|                   | 9              | Don't know                       |

UniverseText: Sample adults 18+ who used prescription medications for condition they used movement technique for the most

SkipInstructions: <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto MOV_ENG]

---

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.442_02.000</th>
<th>Instrument Variable Name: MOV_TIM2</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
</table>
| QuestionText:     | Did you receive over-the-counter medications for [fill1: condition from MOV_CONM or MOV_COND or MOV_SPEC] before, at about the same time, or after trying [fill2: type of movement technique]?
|                   | 1              | Before                           |
|                   | 2              | At about the same time           |
|                   | 3              | After                            |
|                   | 7              | Refused                          |
|                   | 9              | Don't know                       |

UniverseText: Sample adults 18+ who used over-the-counter medications for condition they used movement technique for the most

SkipInstructions: <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto MOV_ENG]
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Question ID: ALT.442_03.000  Instrument Variable Name: MOV_TIM3  QuestionnaireFileName: Adult CAM

**QuestionText:**
Did you receive surgery for [fill1: condition from MOV_CONM or MOV_COND or MOV_SPEC] before, at about the same time, or after trying [fill2: type of movement technique]?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+ who had surgery for condition they used movement technique for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto MOV_ENG]

---

Question ID: ALT.442_04.000  Instrument Variable Name: MOV_TIM4  QuestionnaireFileName: Adult CAM

**QuestionText:**
Did you receive physical therapy for [fill1: condition from MOV_CONM or MOV_COND or MOV_SPEC] before, at about the same time, or after trying [fill2: type of movement technique]?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+ who had physical therapy for condition they used movement technique for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto MOV_ENG]

---

Question ID: ALT.442_05.000  Instrument Variable Name: MOV_TIM5  QuestionnaireFileName: Adult CAM

**QuestionText:**
Did you receive mental health counseling for [fill1: condition from MOV_CONM or MOV_COND or MOV_SPEC] before, at about the same time, or after trying [fill2: type of movement technique]?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+ who had mental health counseling for condition they used movement technique for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto MOV_ENG]
**Question ID:** ALT.444_00.000  **Instrument Variable Name:** MOV ENG  **QuestionnaireFileName:** Adult CAM

**QuestionText:**
DURING THE PAST 12 MONTHS, did you use {fill: type of movement technique} for any of these reasons? Please say yes or no to each.

...To improve or enhance energy

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have used movement technique in the past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto MOV_WEL]

**Question ID:** ALT.446_00.000  **Instrument Variable Name:** MOV_WEL  **QuestionnaireFileName:** Adult CAM

**QuestionText:** *
DURING THE PAST 12 MONTHS, did you use {fill: type of movement technique} 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 movement technique in the past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto MOV_IMM]

**Question ID:** ALT.448_00.000  **Instrument Variable Name:** MOV_IMM  **QuestionnaireFileName:** Adult CAM

**QuestionText:** *
DURING THE PAST 12 MONTHS, did you use {fill: type of movement technique} for any of these reasons?

...To improve or enhance immune function

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have used movement technique in the past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto MOV_NOHP]
**Question ID:** ALT.450_00.000  
**Instrument Variable Name:** MOV_NOHP  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**  
*Read if necessary.*  
DURING THE PAST 12 MONTHS, did you use {fill: type of movement technique} for any of these reasons?  
...Because medical treatments did not help

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

**UniverseText:** Sample adults 18+ who have used movement technique in the past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto MOV_EXPS]

---

**Question ID:** ALT.452_00.000  
**Instrument Variable Name:** MOV_EXPS  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**  
*Read if necessary.*  
DURING THE PAST 12 MONTHS, did you use {fill: type of movement technique} for any of these reasons?  
...Because medical treatments were too expensive

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

**UniverseText:** Sample adults 18+ who have used movement technique in the past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto MOV_SUGG]

---

**Question ID:** ALT.454_00.000  
**Instrument Variable Name:** MOV_SUGG  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**  
*Read if necessary.*  
DURING THE PAST 12 MONTHS, did you use {fill: type of movement technique} for any of these reasons?  
...It was recommended by a health care provider

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

**UniverseText:** Sample adults 18+ who have used movement technique in the past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto MOV_FFC]
DURING THE PAST 12 MONTHS, did you use {fill: type of movement technique} for any of these reasons?

...It was recommended by family, friends, or co-workers

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used movement technique in the past 12 months

SkipInstructions: <1,2,Refused,Don't know> [goto MOV_DISC]

DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of (fill: type of movement technique)?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used movement technique in the last 12 months

SkipInstructions: <1> [goto MOVPROF]
<2,Refused,Don't know> [goto AHB_EVER]

Which ones?

*Enter all that apply, separate with commas.

01  Medical doctor (including specialists)
02  Doctor of Osteopathy (D.O.)
03  Nurse practitioner/Physician assistant
04  Psychiatrist
05  Dentist (including specialists)
06  Psychologist/social worker
07  Pharmacist
97  Refused
99  Don't know

UniverseText: Sample adults 18+ who disclosed use of movement therapy

SkipInstructions: <1-7,Refused,Don't know> [goto AHB_EVER]
Now I am going to ask you about some additional health practices. The first practice I’ll ask about is herbal supplements, then later I’ll ask about vitamins and minerals.

People take herbs and other non-vitamin supplements for a variety of reasons. By herbal supplement we mean pills, capsules or tablets that have been labeled as a dietary supplement. This does NOT include drinking herbal or green tea.

Have you EVER taken any herbal supplements listed on this card for yourself?

1 Yes
2 No
7 Refused
9 Don't know

DURING THE PAST 12 MONTHS, have you taken any herbal supplements listed on this card for yourself?

1 Yes
2 No
7 Refused
9 Don't know

DURING THE PAST 30 DAYS, did you take any of these herbal supplements?

1 Yes
2 No
7 Refused
9 Don't know
Question ID: ALT.476_00.000  Instrument Variable Name: AHRBTAKE  QuestionnaireFileName: Adult CAM

QuestionText: (book) ALT7

Please tell me which of these supplements you took in the PAST 30 DAYS. If you take more than one herb in a single supplement, select "combination herb pill."

*Enter all that apply, separate with commas.

01  Combination herb pill
02  Androstenedione
03  Black cohosh
04  Carnitine
05  Chasteberry
06  Condroitin
07  Coenzyme Q-10
08  Comfrey
09  Conjugated Linolenic Acid (CLA)
10  Cranberry (pills, gelcaps)
11  Creatine
12  DHEA
13  Echinacea
14  Ephedra
15  Evening primrose
16  Feverfew
17  Fiber or Psyllium (pills or powder)
18  Fish oil or omega 3 or DHA fatty acid supplements
19  Flaxseed Oil or Pills
20  Garlic supplements (pills, gelcaps)
21  Ginger pills or gelcaps
22  Ginkgo biloba
23  Ginseng
24  Glucosamine
25  Goldenseal
26  Guarana
27  Grape Seed Extract
28  Green tea pills (not brewed tea)
29  EGCG (pills)
30  Hawthorn
31  Horny Goat Weed
32  Kava kava
33  Lecithin
34  Lutein
35  Lycopene
36  Melatonin
37  MSM (Methylsulfonylmethane)
38  Milk thistle
39  Prebiotics or Probiotics
40  SAM-e
41  Saw palmetto
42  Senna
43  Soy supplements or soy isoflavones
44  St. John's wort
How many different "combination herb pills" did you take?

*Enter '50' for 50 or more.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-50</td>
<td>1-50 pills</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

UniverseText: Sample adults 18+ who have taken combination herb pills in the past 30 days

SkipInstructions: <1-50,Refused,Don't know> [goto AHB_COM1]
 thinking of the two combination herb pills you take most often, what herbs are included in the first combination herb pill?

02 Androstenedione
03 Black cohosh
04 Carnitine
05 Chasteberry
06 Condroitin
07 Coenzyme Q-10
08 Comfrey
09 Conjugated Linolenic Acid (CLA)
10 Cranberry (pills, gelcaps)
11 Creatine
12 DHEA
13 Echinacea
14 Ephedra
15 Evening primrose
16 Feverfew
17 Fiber or Psyllium (pills or powder)
18 Fish oil or omega 3 or DHA fatty acid supplements
19 Flaxseed Oil or Pills
20 Garlic supplements (pills, gelcaps)
21 Ginger pills or gelcaps
22 Ginkgo biloba
23 Ginseng
24 Glucosamine
25 Goldenseal
26 Guarana
27 Grape Seed Extract
28 Green tea pills (not brewed tea)
29 EGCG (pills)
30 Hawthorn
31 Horny Goat Weed
32 Kava kava
33 Lecithin
34 Lutein
35 Lycopene
36 Melatonin
37 MSM (Methylsulfonylmethane)
38 Milk thistle
39 Prebiotics or Probiotics
UniverseText: Sample adults 18+ who have taken combination herb pills in the past 30 days

SkipInstructions: <2-46,R,D> if AHB.COMN=1,Refused,Don't know and AHRBTAKE=one or two herbs [goto AHB_R1A]; else if AHB.COMN=1,Refused, Don't know and AHRBTAKE=more than two herbs [goto AHB_TOP2]; else if AHB.COMN GE 2 [goto AHB.COM2]
Thinking of the two combination herb pills you take most often, what herbs are included in the second combination herb pill?

<table>
<thead>
<tr>
<th></th>
<th>Herb Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>Androstenedione</td>
</tr>
<tr>
<td>03</td>
<td>Black cohosh</td>
</tr>
<tr>
<td>04</td>
<td>Carnitine</td>
</tr>
<tr>
<td>05</td>
<td>Chasteberry</td>
</tr>
<tr>
<td>06</td>
<td>Condroitin</td>
</tr>
<tr>
<td>07</td>
<td>Coenzyme Q-10</td>
</tr>
<tr>
<td>08</td>
<td>Comfrey</td>
</tr>
<tr>
<td>09</td>
<td>Conjugated Linolenic Acid (CLA)</td>
</tr>
<tr>
<td>10</td>
<td>Cranberry (pills, gelcaps)</td>
</tr>
<tr>
<td>11</td>
<td>Creatine</td>
</tr>
<tr>
<td>12</td>
<td>DHEA</td>
</tr>
<tr>
<td>13</td>
<td>Echinacea</td>
</tr>
<tr>
<td>14</td>
<td>Ephedra</td>
</tr>
<tr>
<td>15</td>
<td>Evening primrose</td>
</tr>
<tr>
<td>16</td>
<td>Feverfew</td>
</tr>
<tr>
<td>17</td>
<td>Fiber or Psyllium (pills or powder)</td>
</tr>
<tr>
<td>18</td>
<td>Fish oil or omega 3 or DHA fatty acid supplements</td>
</tr>
<tr>
<td>19</td>
<td>Flaxseed Oil or Pills</td>
</tr>
<tr>
<td>20</td>
<td>Garlic supplements (pills, gelcaps)</td>
</tr>
<tr>
<td>21</td>
<td>Ginger pills or gelcaps</td>
</tr>
<tr>
<td>22</td>
<td>Ginkgo biloba</td>
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<tr>
<td>23</td>
<td>Ginseng</td>
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<td>24</td>
<td>Glucosamine</td>
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<tr>
<td>25</td>
<td>Goldenseal</td>
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<td>26</td>
<td>Guarana</td>
</tr>
<tr>
<td>27</td>
<td>Grape Seed Extract</td>
</tr>
<tr>
<td>28</td>
<td>Green tea pills (not brewed tea)</td>
</tr>
<tr>
<td>29</td>
<td>EGCG (pills)</td>
</tr>
<tr>
<td>30</td>
<td>Hawthorn</td>
</tr>
<tr>
<td>31</td>
<td>Horny Goat Weed</td>
</tr>
<tr>
<td>32</td>
<td>Kava kava</td>
</tr>
<tr>
<td>33</td>
<td>Lecithin</td>
</tr>
<tr>
<td>34</td>
<td>Lutein</td>
</tr>
<tr>
<td>35</td>
<td>Lycopene</td>
</tr>
<tr>
<td>36</td>
<td>Melatonin</td>
</tr>
<tr>
<td>37</td>
<td>MSM (Methylsulfonylmethane)</td>
</tr>
<tr>
<td>38</td>
<td>Milk thistle</td>
</tr>
<tr>
<td>39</td>
<td>Prebiotics or Probiotics</td>
</tr>
<tr>
<td>40</td>
<td>SAM-e</td>
</tr>
</tbody>
</table>
41  Saw palmetto
42  Senna
43  Soy supplements or soy isoflavones
44  St. John's wort
45  Valerian
46  Other
47  Refused
99  Don't know

UniverseText: Sample adults 18+ who have taken two or more combination herb pills

SkipInstructions: <2-46,R,D> if AHRBTAKE=one herb [goto AHB_R1A]; else if AHRBTAKE includes more than two herbs [goto AHB_TOP2]
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 First combination herb pill
02 Androstenedione
03 Black cohosh
04 Carnitine
05 Chasteberry
06 Condroitin
07 Coenzyme Q-10
08 Comfrey
09 Conjugated Linolenic Acid (CLA)
10 Cranberry (pills, gelcaps)
11 Creatine
12 DHEA
13 Echinacea
14 Ephedra
15 Evening primrose
16 Feverfew
17 Fiber or Psyllium (pills or powder)
18 Fish oil or omega 3 or DHA fatty acid supplements
19 Flaxseed Oil or Pills
20 Garlic supplements (pills, gelcaps)
21 Ginger pills or gelcaps
22 Ginkgo biloba
23 Ginseng
24 Glucosamine
25 Goldenseal
26 Guarana
27 Grape Seed Extract
28 Green tea pills (not brewed tea)
29 EGCG (pills)
30 Hawthorn
31 Horny Goat Weed
32 Kava kava
33 Lecithin
34 Lutein
35 Lycopene
36 Melatonin
37 MSM (Methylsulfonylmethane)
38 Milk thistle
39 Prebiotics or Probiotics
40 SAM-e
41 Saw palmetto
42 Senna
43 Soy supplements or soy isoflavones
44 St. John's wort
45 Valerian
**2007 NHIS Questionnaire - Adult CAM**

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

Document Version Date: 28-May-08

---

**Question ID:** ALT.486_00.000  **Instrument Variable Name:** AHB_R1A  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

Did you use [fill: 1st herb] for any of these reasons? Please say yes or no to each.

...For general health or wellness?

1. Yes
2. No
7. Refused
8. Not ascertained
9. Don't know

**UniverseText:**
Sample adults 18+ who have taken more than 2 herbal supplements in the past 30 days

**SkipInstructions:**
1-45,47 [goto AHB_R1A] <Refused,Don't know> [goto AHB_PRAC]

---

**Question ID:** ALT.488_00.000  **Instrument Variable Name:** AHB_R2A  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

*Read if necessary.

Did you use [fill: 1st herb] for any of these reasons?

...Prescription or over-the-counter drugs are too expensive?

1. Yes
2. No
7. Refused
8. Not ascertained
9. Don't know

**UniverseText:**
Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB_TOP2

**SkipInstructions:**
1,2,Refused,Don't know > [goto AHB_R2A]

---

**Question ID:** ALT.488_00.000  **Instrument Variable Name:** AHB_R3A  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

*Read if necessary.

Did you use [fill: 1st herb] for any of these reasons?

...Prescription or over-the-counter drugs are too expensive?

1. Yes
2. No
7. Refused
8. Not ascertained
9. Don't know

**UniverseText:**
Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB_TOP2

**SkipInstructions:**
1,2,Refused,Don't know > [goto AHB_R3A]
<table>
<thead>
<tr>
<th>Question ID: ALT.490_00.000</th>
<th>Instrument Variable Name: AHB_R3A</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
</table>
| QuestionText: *Read if necessary.  
Did you use [fill: 1st herb] for any of these reasons?  
...To treat or cure a specific disease or health problem?  
1 Yes  
2 No  
7 Refused  
8 Not ascertained  
9 Don't know |
| UniverseText: Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB_TOP2 |
| SkipInstructions: <1,2,Refused,Don't know> [goto AHB_R4A] |

<table>
<thead>
<tr>
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<th>Instrument Variable Name: AHB_R4A</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
</table>
| QuestionText: *Read if necessary.  
Did you use [fill: 1st herb] for any of these reasons?  
...To prevent a specific disease or health problem?  
1 Yes  
2 No  
7 Refused  
8 Not ascertained  
9 Don't know |
| UniverseText: Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB_TOP2 |
| SkipInstructions: <1,2,Refused,Don't know> [goto AHB_R5A] |

<table>
<thead>
<tr>
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<th>Instrument Variable Name: AHB_R5A</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
</table>
| QuestionText: *Read if necessary.  
Did you use [fill: 1st herb] for any of these reasons?  
...To improve physical performance?  
1 Yes  
2 No  
7 Refused  
8 Not ascertained  
9 Don't know |
| UniverseText: Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB_TOP2 |
| SkipInstructions: <1,2,Refused,Don't know> [goto AHB_R6A] |
Question ID: ALT.496_00.000  Instrument Variable Name: AHB_R6A  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did you use [fill: 1st herb] for any of these reasons?

...To improve sports performance?

1 Yes
2 No
7 Refused
8 Not ascertained
9 Don't know

UniverseText: Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB_TOP2

SkipInstructions: <1,2,Refused,Don't know> [goto AHB_R7A]

---

Question ID: ALT.498_00.000  Instrument Variable Name: AHB_R7A  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did you use [fill: 1st herb] for any of these reasons?

...To improve immune system function?

1 Yes
2 No
7 Refused
8 Not ascertained
9 Don't know

UniverseText: Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB_TOP2

SkipInstructions: <1,2,Refused,Don't know> [goto AHB_R8A]

---

Question ID: ALT.500_00.000  Instrument Variable Name: AHB_R8A  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did you use [fill: 1st herb] for any of these reasons?

...To improve sexual performance?

1 Yes
2 No
7 Refused
8 Not ascertained
9 Don't know

UniverseText: Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB_TOP2

SkipInstructions: <1,2,Refused,Don't know> [goto AHB_R9A]
2007 NHIS Questionnaire - Adult CAM
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Document Version Date: 28-May-08

**Question ID:** ALT.502_00.000  **Instrument Variable Name:** AHB_R9A  **QuestionnaireFileName:** Adult CAM

**QuestionText:**
*Read if necessary.

Did you use [fill: 1st herb] for any of these reasons?

...To improve mental ability or memory?

1  Yes
2  No
7  Refused
8  Not ascertained
9  Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB_R10A]

---

**Question ID:** ALT.504_00.000  **Instrument Variable Name:** AHB_R10A  **QuestionnaireFileName:** Adult CAM

**QuestionText:**
*Read if necessary.

Did you use [fill: 1st herb] for any of these reasons?

...Because medical treatments did not help?

1  Yes
2  No
7  Refused
8  Not ascertained
9  Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB_R11A]

---

**Question ID:** ALT.506_00.000  **Instrument Variable Name:** AHB_R11A  **QuestionnaireFileName:** Adult CAM

**QuestionText:**
*Read if necessary.

Did you use [fill: 1st herb] for any of these reasons?

...Because medical treatments were too expensive?

1  Yes
2  No
7  Refused
8  Not ascertained
9  Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB_R12A]
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
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Question ID: ALT.508_00.000  Instrument Variable Name: AHB_R12A  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did you use [fill: 1st herb] for any of these reasons?

...It was recommended by a health care provider?

1 Yes
2 No
7 Refused
8 Not ascertained
9 Don't know

UniverseText: Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB_TOP2

SkipInstructions: <1,2,Refused,Don't know> [goto AHB_R13A]

Question ID: ALT.510_00.000  Instrument Variable Name: AHB_R13A  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did you use [fill: 1st herb] for any of these reasons?

...It was recommended by family, friends, or co-workers?

1 Yes
2 No
7 Refused
8 Not ascertained
9 Don't know

UniverseText: Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB_TOP2

SkipInstructions: <1,2,Refused,Don't know> IF AHB_R3A=1 [goto AHB_CTRA]; else if AHB_R4A=1 and AHB_R3A NE 1 [goto AHB_CNPA]; else if another herb chosen [goto AHB_SAME]; else [goto AHB_PRAC]
For what specific health problems or conditions did you take [fill: 1st herb]?*

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
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UniverseText: Sample adults 18+ who used first selected herb to treat or cure a specific disease or health problem

SkipInstructions: <1-81> if more than one condition selected [goto AHB_CONA]; else if only one condition selected [goto AHB_MEDA];
<82> [goto AHB_SPT1]
<Refused, Don't know> if 2nd herb chosen [goto AHB_SAME]; else [goto AHB_PRAC]
**Question ID:** ALT.514_00.000  **Instrument Variable Name:** AHB_SPT1  **QuestionnaireFileName:** Adult CAM

**Question Text:**
*Enter condition for which [fill: 1st herb] was used. If respondent gives more than one condition, probe for condition most important for using [fill: 1st herb].

<table>
<thead>
<tr>
<th>Refused</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>97</td>
<td>99</td>
</tr>
</tbody>
</table>

**Universe Text:** Sample adults 18+ who took first herb to treat or cure other specified health problem or condition

**Skip Instructions:**
<Allow 75> if more than one condition selected [goto AHB_CONA]; elseif only one condition selected [goto AHB_MEDA]
<Refused,Don't know> if more than one condition (1-81) selected, [goto AHB_CONA]; elseif only one condition (1-81) selected, [goto AHB_MEDAJ]; elseif 2nd herb chosen, [goto AHB_SAME]; else [goto AHB_PRAC]
For which ONE of these health problems or conditions did you take [fill: 1st herb] the most?

*If respondent cannot choose one condition, probe for condition most important for using [fill: 1st herb].

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
83 Refused
84 Don't know

UniverseText: Sample adults 18+ who used 1st herb to treat or cure more than one problem or condition

SkipInstructions: <1-82> [goto AHB_MEDA]
<Refused,Don't know> if 2nd herb chosen [goto AHBSAME]; else [goto AHB_PRAC]
Did you receive any of these conventional medical treatments for [fill: condition]?

*Enter all that apply, separate with commas.

0 None
1 Prescription medications
2 Over-the-counter medications
3 Surgery
4 Physical therapy
5 Mental health counseling
7 Refused
9 Don't know

Sample adults 18+ who used 1st herb to treat or cure a specific problem or condition

Did you receive prescription medications before, at about the same time, or after you began taking [fill: 1st herb]?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

Sample adults 18+ who used prescription medications for condition they used herb 1 for the most

Did you receive over-the-counter medications before, at about the same time, or after you began taking [fill: 1st herb]?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

Sample adults 18+ who used over-the-counter medications for condition they used herb 1 for the most
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: ALT.524_00.000  Instrument Variable Name: AHB_TM3A  QuestionnaireFileName: Adult CAM

**QuestionText:**
Did you receive surgery before, at about the same time, or after you began taking [fill: 1st herb]?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

**UniverseText:**
Sample adults 18+ who had surgery for condition they used herb 1 for the most

**SkipInstructions:**
<1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected and if 2nd herb chosen [goto AHB_SAME]; else [goto AHB_PRAC]]

---

Question ID: ALT.526_00.000  Instrument Variable Name: AHB_TM4A  QuestionnaireFileName: Adult CAM

**QuestionText:**
Did you receive physical therapy before, at about the same time, or after you began taking [fill: 1st herb]?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

**UniverseText:**
Sample adults 18+ who had physical therapy for condition they used herb 1 for the most

**SkipInstructions:**
<1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected and if 2nd herb chosen [goto AHB_SAME]; else [goto AHB_PRAC]]

---

Question ID: ALT.528_00.000  Instrument Variable Name: AHB_TM5A  QuestionnaireFileName: Adult CAM

**QuestionText:**
Did you receive mental health counseling before, at about the same time, or after you began taking [fill: 1st herb]?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

**UniverseText:**
Sample adults 18+ who had mental health counseling for condition they used herb 1 for the most

**SkipInstructions:**
<1-3,R,D> if 2nd herb chosen [goto AHB_SAME]; else [goto AHB_PRAC]
For what specific health problems or conditions did you take [fill: 1st herb] to prevent?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
Memory loss or loss of other cognitive function
Menopause
Menstrual problems
Mental retardation
Missing limbs (fingers, toes or digits), amputee
Osteoporosis, tendinitis
Other developmental problem
Other injury
Other nerve damage, including carpal tunnel syndrome
Phobia or fears
Polio (myelitis), paralysis, para/quadriplegia
Poor circulation in legs
Prostate trouble or impotence
Regular headaches
Rheumatoid arthritis
Schizophrenia
Seizures
Senility
Sinusitis
Skin problems
Sprain or strain
Stroke
Substance abuse, other than alcohol or tobacco
Ulcer
Urinary problem
Varicose veins, hemorrhoids
Vision problem
Weak or failing kidneys
Weight problem
Back pain or problem
Head or chest cold
Neck pain or problem
Severe headache or migraine
Stomach or intestinal illness
Other - specify
Refused
Don't know

Sample adults 18+ who used 1st herb to prevent but not treat or cure a condition or health problem

Skip Instructions:
<1-81> if more than one condition chosen [goto AHB_CMPA]; elseif only one condition chosen and 2nd herb chosen [goto AHB_SAME]; else [goto AHB_PRAC]
<82> [goto AHB_SPP1]
<Refused,Don't know> if second herb chosen [goto AHB_SAME]; else [goto AHB_PRAC]
Question ID: ALT.532_00.000  Instrument Variable Name: AHB_SPP1  QuestionnaireFileName: Adult CAM

QuestionText: *Enter condition for which [fill: 1st herb] was used. If respondent gives more than one condition, probe for condition most important for using [fill: 1st herb].

97  Refused
99  Don't know

Verbatim  Verbatim response

UniverseText: Sample adults 18+ who took 1st herb to prevent but not treat or cure other specified health problem or condition

SkipInstructions: <Allow 75> if more than one condition selected [goto AHB_CMPA]; elseif 2nd herb was selected [goto AHB_SAME]; else [goto AHB_PRAC]
<Refused,Don't know> if more than one condition (1-81) selected [goto AHB_CMPA]; elseif 2nd herb was selected [goto AHB_SAME]; else [goto AHB_PRAC]
For which ONE of these health problems or conditions did you take [fill: 1st herb] the most to prevent?

*If respondent cannot choose one condition, probe for condition most important for using herbs.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
<table>
<thead>
<tr>
<th></th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>47</td>
<td>Menopause</td>
</tr>
<tr>
<td>48</td>
<td>Menstrual problems</td>
</tr>
<tr>
<td>49</td>
<td>Mental retardation</td>
</tr>
<tr>
<td>50</td>
<td>Missing limbs (fingers, toes or digits), amputee</td>
</tr>
<tr>
<td>51</td>
<td>Osteoporosis, tendinitis</td>
</tr>
<tr>
<td>52</td>
<td>Other developmental problem</td>
</tr>
<tr>
<td>53</td>
<td>Other injury</td>
</tr>
<tr>
<td>54</td>
<td>Other nerve damage, including carpal tunnel syndrome</td>
</tr>
<tr>
<td>55</td>
<td>Phobia or fears</td>
</tr>
<tr>
<td>56</td>
<td>Polio (myelitis), paralysis, para/quadriplegia</td>
</tr>
<tr>
<td>57</td>
<td>Poor circulation in legs</td>
</tr>
<tr>
<td>58</td>
<td>Prostate trouble or impotence</td>
</tr>
<tr>
<td>59</td>
<td>Regular headaches</td>
</tr>
<tr>
<td>60</td>
<td>Rheumatoid arthritis</td>
</tr>
<tr>
<td>61</td>
<td>Schizophrenia</td>
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<td>Seizures</td>
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<td>Senility</td>
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<td>Sinusitis</td>
</tr>
<tr>
<td>65</td>
<td>Skin problems</td>
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<tr>
<td>66</td>
<td>Sprain or strain</td>
</tr>
<tr>
<td>67</td>
<td>Stroke</td>
</tr>
<tr>
<td>68</td>
<td>Substance abuse, other than alcohol or tobacco</td>
</tr>
<tr>
<td>69</td>
<td>Filled problem</td>
</tr>
<tr>
<td>70</td>
<td>Filled problem</td>
</tr>
<tr>
<td>71</td>
<td>Ulcer</td>
</tr>
<tr>
<td>72</td>
<td>Urinary problem</td>
</tr>
<tr>
<td>73</td>
<td>Varicose veins, hemorrhoids</td>
</tr>
<tr>
<td>74</td>
<td>Vision problem</td>
</tr>
<tr>
<td>75</td>
<td>Weak or failing kidneys</td>
</tr>
<tr>
<td>76</td>
<td>Weight problem</td>
</tr>
<tr>
<td>77</td>
<td>Back pain or problem</td>
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<td>78</td>
<td>Head or chest cold</td>
</tr>
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<td>Neck pain or problem</td>
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<td>Severe headache or migraine</td>
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<td>81</td>
<td>Stomach or intestinal illness</td>
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<tr>
<td>82</td>
<td>Other - specify</td>
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<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who used 1st herb to prevent more than one problem or condition

**SkipInstructions:** `<1-82,Refused,Don't know> if 2nd herb selected [goto AHB_SAME]; else [goto AHB_PRAC]`
### Question ID: ALT.535_00.000  Instrument Variable Name: AHBSAME  QuestionnaireFileName: Adult CAM

**QuestionText:**  Did you take [fill: second herb] for all the same reasons you took [fill2: first herb] or for different reasons?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Same reasons</td>
</tr>
<tr>
<td>2</td>
<td>Different reasons</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
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**UniverseText:**  Sample adults 18+ who have chosen two herbs from AHRBTake or selected two herbs at AHB_TOP2

**SkipInstructions:**  <1,Refused,Don't know> [goto AHB_PRAC] <2> [goto AHB_R1B]

### Question ID: ALT.536_00.000  Instrument Variable Name: AHB_R1B  QuestionnaireFileName: Adult CAM

**QuestionText:**  Did you use [fill: 2nd herb] for any of these reasons? Please say yes or no to each.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
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**UniverseText:**  Sample adults 18+ who have chosen two herbs from AHRBTake or selected two herbs at AHB_TOP2

**SkipInstructions:**  <1,2,Refused,Don't know> [goto AHB_R2B]

### Question ID: ALT.538_00.000  Instrument Variable Name: AHB_R2B  QuestionnaireFileName: Adult CAM

**QuestionText:**  *Read if necessary.*

Did you use [fill: 2nd herb] for any of these reasons?  Prescription or over-the-counter drugs are too expensive?

<p>| | |</p>
<table>
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<tr>
<td>1</td>
<td>Yes</td>
</tr>
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<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
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<td>9</td>
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**UniverseText:**  Sample adults 18+ who have chosen two herbs from AHRBTake or selected two herbs at AHB_TOP2

**SkipInstructions:**  <1,2,Refused,Don't know> [goto AHB_R3B]
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<tr>
<td>QuestionText</td>
<td>*Read if necessary.</td>
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<tr>
<td></td>
<td>Did you use [fill: 2nd herb] for any of these reasons?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>...To treat or cure a specific disease or health problem?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
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</tr>
<tr>
<td>7</td>
<td>Refused</td>
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<tr>
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<td>Don't know</td>
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<td>UniverseText</td>
<td>Sample adults 18+ who have chosen two herbs from AHRBTAKE or selected two herbs at AHB_TOP2</td>
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<tr>
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<td>&lt;1,2,Refused,Don't know&gt; [goto AHB_R4B]</td>
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<tr>
<td>QuestionText</td>
<td>*Read if necessary.</td>
<td></td>
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<tr>
<td></td>
<td>Did you use [fill: 2nd herb] for any of these reasons?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>...To prevent a specific disease or health problem?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
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<tr>
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<tr>
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<tr>
<td>SkipInstructions</td>
<td>&lt;1,2,Refused,Don't know&gt; [goto AHB_R5B]</td>
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<td>QuestionText</td>
<td>*Read if necessary.</td>
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<tr>
<td></td>
<td>Did you use [fill: 2nd herb] for any of these reasons?</td>
<td></td>
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<tr>
<td></td>
<td>...To improve physical performance?</td>
<td></td>
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<tr>
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</tr>
<tr>
<td>2</td>
<td>No</td>
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<td>7</td>
<td>Refused</td>
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<td>&lt;1,2,Refused,Don't know&gt; [goto AHB_R6B]</td>
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<td>Question ID:</td>
<td>ALT.546_00.000</td>
<td>Instrument Variable Name:</td>
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<tr>
<td>QuestionText:</td>
<td>*Read if necessary.</td>
<td>Did you use [fill: 2nd herb] for any of these reasons?</td>
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<td>UniverseText:</td>
<td>Sample adults 18+ who have chosen two herbs from AHRBTAKE or selected two herbs at AHB_TOP2</td>
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<td>SkipInstructions:</td>
<td>&lt;1,2,Refused,Don't know&gt; [goto AHB_R7B]</td>
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<tr>
<td>QuestionText:</td>
<td>*Read if necessary.</td>
<td>Did you use [fill: 2nd herb] for any of these reasons?</td>
<td>...To improve immune system function?</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>2</td>
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<td>Don't know</td>
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<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who have chosen two herbs from AHRBTAKE or selected two herbs at AHB_TOP2</td>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>*Read if necessary.</td>
<td>Did you use [fill: 2nd herb] for any of these reasons?</td>
<td>...To improve sexual performance?</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>No</td>
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<td>7</td>
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<td></td>
<td></td>
<td>9</td>
<td>Don't know</td>
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<td>UniverseText:</td>
<td>Sample adults 18+ who have chosen two herbs from AHRBTAKE or selected two herbs at AHB_TOP2</td>
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<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,Refused,Don't know&gt; [goto AHB_R9B]</td>
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</table>
Did you use [fill: 2nd herb] for any of these reasons?

1. To improve mental ability or memory?
2. Because medical treatments did not help?
3. Because medical treatments were too expensive?

**UniverseText:** Sample adults 18+ who have chosen two herbs from AHRBTAKE or selected two herbs at AHB_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB_R10B]
**2007 NHIS Questionnaire - Adult CAM**

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

**Document Version Date:** 28-May-08

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**Question ID:** ALT.558_00.000  
**Instrument Variable Name:** AHB_R12B  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

*Read if necessary.*

Did you use [fill: 2nd herb] for any of these reasons?

,,It was recommended by a health care provider?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have chosen two herbs from AHRBTAKE or selected two herbs at AHB_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB_R13B]

---

**Question ID:** ALT.560_00.000  
**Instrument Variable Name:** AHB_R13B  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

*Read if necessary.*

Did you use [fill: 2nd herb] for any of these reasons?

,,It was recommended by family, friends, or co-workers?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have chosen two herbs from AHRBTAKE or selected two herbs at AHB_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> IF AHB_R3B=1 [goto AHB_CTRB]; else if AHB_R4B=1 and AHB_R3B NE 1 [goto AHB_CNPB]; else [goto AHB_PRAC]
For what specific health problems or conditions did you take [fill: 2nd herb]?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
Memory loss or loss of other cognitive function
Menopause
Menstrual problems
Mental retardation
Missing limbs (fingers, toes or digits), amputee
Osteoporosis, tendinitis
Other developmental problem
Other injury
Other nerve damage, including carpal tunnel syndrome
Phobia or fears
Polio (myelitis), paralysis, para/quadriplegia
Poor circulation in legs
Prostate trouble or impotence
Regular headaches
Rheumatoid arthritis
Schizophrenia
Seizures
Senility
Sinusitis
Skin problems
Sprain or strain
Stroke
Substance abuse, other than alcohol or tobacco
Ulcer
Urinary problem
Varicose veins, hemorrhoids
Vision problem
Weak or failing kidneys
Weight problem
Back pain or problem
Head or chest cold
Neck pain or problem
Severe headache or migraine
Stomach or intestinal illness
Other - specify
Refused
Don't know

UniverseText: Sample adults 18+ who used second selected herb to treat or cure a specific disease or health problem

SkipInstructions: <1-81> if more than one condition selected [goto AHB_CONB]; else if only one condition selected [goto AHB_MEDB];
<82> [goto AHB_SPT2]
<Refused, Don't know> [goto AHB_PRAC]
**2007 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date:** 28-May-08

<table>
<thead>
<tr>
<th>Question ID: ALT.564_00.000</th>
<th>Instrument Variable Name: AHB_SPT2</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: <em>Enter condition for which [fill: 2nd herb] was used. If respondent gives more than one condition, probe for condition most important for using [fill: 2nd herb].</em>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refused</td>
<td>97</td>
<td></td>
</tr>
<tr>
<td>99 Don't know</td>
<td>Verbatim</td>
<td></td>
</tr>
<tr>
<td>Verbatim response</td>
<td>UniverseText: Sample adults 18+ who took second herb to treat or cure other specified health problem or condition</td>
<td></td>
</tr>
</tbody>
</table>
| SkipInstructions: <Allow 75> if more than one condition selected [goto AHB_CONB]; elseif only one condition selected [goto AHB_MEDB]  
<Refused,Don't know> if more than one condition (1-81) selected [goto AHB_CONB]; elseif only one condition (1-81) selected [goto AHB_MEDB]; else [goto AHB_PRAC] |
For which ONE of these health problems or conditions did you take [fill: 2nd herb] the most?

*If respondent cannot choose one condition, probe for condition most important for using [fill: 2nd herb].

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
Sample adults 18+ who used 2nd herb to treat or cure more than one problem or condition

SkipInstructions:  
<1-82> [goto AHB_MEDB];  
<Refused,Don't know> [goto AHB_PRAC]
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: ALT.568_00.000  Instrument Variable Name: AHB_MEDB  QuestionnaireFileName: Adult CAM

QuestionText: (book) ALT2 ?[F1]
Did you receive any of these conventional medical treatments for [fill: condition]?
*Enter all that apply, separate with commas.
0 None
1 Prescription medications
2 Over-the-counter medications
3 Surgery
4 Physical therapy
5 Mental health counseling
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who used 2nd herb to treat or cure a specific problem or condition

SkipInstructions: <0,Refused,Don't know> [goto AHB_PRAC]
<1> [goto AHB_TM1B]
<2> [goto AHB_TM2B]
<3> [goto AHB_TM3B]
<4> [goto AHB_TM4B]
<5> [goto AHB_TM5B]

Question ID: ALT.570_00.000  Instrument Variable Name: AHB_TM1B  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive prescription medications before, at about the same time, or after you began taking [fill: 2nd herb]?
1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who used prescription medications for condition they used herb 2 for the most

SkipInstructions: <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected, goto AHB_PRAC]

Question ID: ALT.572_00.000  Instrument Variable Name: AHB_TM2B  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive over-the-counter medications before, at about the same time, or after you began taking [fill: 2nd herb]?
1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who used over-the-counter medications for condition they used herb 2 for the most

SkipInstructions: <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected, goto AHB_PRAC]
Did you receive surgery before, at about the same time, or after you began taking [fill: 2nd herb]?

1. Before
2. At about the same time
3. After
4. Refused
5. Don't know

Sample adults 18+ who had surgery for condition they used herb 2 for the most

Did you receive physical therapy before, at about the same time, or after you began taking [fill: 2nd herb]?

1. Before
2. At about the same time
3. After
4. Refused
5. Don't know

Sample adults 18+ who had physical therapy for condition they used herb 2 for the most

Did you receive mental health counseling before, at about the same time, or after you began taking [fill: 2nd herb]?

1. Before
2. At about the same time
3. After
4. Refused
5. Don't know

Sample adults 18+ who had mental health counseling for condition they used herb 2 for the most
For what specific health problems or conditions did you take [fill: 2nd herb] to prevent?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
Memory loss or loss of other cognitive function
Menopause
Menstrual problems
Mental retardation
Missing limbs (fingers, toes or digits), amputee
Osteoporosis, tendinitis
Other developmental problem
Other injury
Other nerve damage, including carpal tunnel syndrome
Phobia or fears
Polio (myelitis), paralysis, para/quadriplegia
Poor circulation in legs
Prostate trouble or impotence
Regular headaches
Rheumatoid arthritis
Schizophrenia
Seizures
Senility
Sinusitis
Skin problems
Sprain or strain
Stroke
Substance abuse, other than alcohol or tobacco
Ulcer
Urinary problem
Varicose veins, hemorrhoids
Vision problem
Weak or failing kidneys
Weight problem
Back pain or problem
Head or chest cold
Neck pain or problem
Severe headache or migraine
Stomach or intestinal illness
Other - specify
Refused
Don't know

Sample adults 18+ who used 2nd herb to prevent but not treat or cure a condition or health problem

<1-81> if more than one condition chosen [goto AHB_CMPB]; elseif only one condition chosen [goto AHB_PRAC]
<82> [goto AHB_SPP2]
<Refused,Don't know> [goto AHB_PRAC]
Question ID: ALT.582_00.000  Instrument Variable Name: AHB_SPP2  QuestionnaireFileName: Adult CAM

QuestionText: *Enter condition for which [fill: 2nd herb] was used. If respondent gives more than one condition, probe for condition most important for using [fill: 2nd herb].

97  Refused
99  Don't know

Verbatim: Verbatim response

UniverseText: Sample adults 18+ who took 2nd herb to prevent but not treat or cure other specified health problem or condition

SkipInstructions: <Allow 75> if more than one condition selected [goto AHB_CMPB]; else [goto AHB_PRAC]
<Refused,Don't know> if more than one condition (1-81) selected [goto AHB_CMPB]; else [goto AHB_PRAC]
For which ONE of these health problems or conditions did you take [fill: 2nd herb] the most to prevent?

*If respondent cannot choose one condition, probe for condition most important for using herbs.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
83 Refused
84 Don't know

UniverseText: Sample adults 18+ who used 2nd herb to prevent more than one problem or condition

SkipInstructions: <1-82,Refused,Don't know> [goto AHB_PRAC]
**Question ID:** ALT.586_00.000  **Instrument Variable Name:** AHB_PRAC  **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

Have you EVER seen a practitioner for herbal medicines?

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

**UniverseText:** Sample adults 18+ who used herbs in the past 12 months

**SkipInstructions:** <1> [goto AHB_PR12] <2,Refused,Don't know> [goto AHB_DISC]

---

**Question ID:** ALT.588_00.000  **Instrument Variable Name:** AHB_PR12  **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

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

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

**UniverseText:** Sample adults 18+ who have ever seen an herbal practitioner

**SkipInstructions:** <1> [goto AHB_PRTM] <2,Refused,Don't know> [goto AHB_DISC]

---

**Question ID:** ALT.590_00.000  **Instrument Variable Name:** AHB_PRTM  **QuestionnaireFileName:** Adult CAM

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

*Read categories if necessary.

1. Only one time
2. 2-5 times
3. 6-10 times
4. 11-15 times
5. 16-20 times
6. More than 20 times
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+ who have seen an herbal practitioner in the past 12 months

**SkipInstructions:** <1-6,Refused,Don't know> [goto AHB_PAY]
2007 NHIS Questionnaire - Adult CAM
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<table>
<thead>
<tr>
<th>Question ID: ALT.592_00.000</th>
<th>Instrument Variable Name: AHB_PAY</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: On average, how much did you pay out-of-pocket for each visit to a practitioner for herbal medicines?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Enter '500' for $500 or more.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>000-499 $0-$499</td>
<td></td>
<td></td>
</tr>
<tr>
<td>500 $500 or more</td>
<td></td>
<td></td>
</tr>
<tr>
<td>997 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>999 Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

UniverseText: Sample adults 18+ who have seen an herbal practitioner in the past 12 months

SkipInstructions: <0-500,Refused,Don't know> [goto AHB_DISC]

<table>
<thead>
<tr>
<th>Question ID: ALT.594_00.000</th>
<th>Instrument Variable Name: AHB_DISC</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: (book) ALT3 &quot;[F1] DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of herbs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

UniverseText: Sample adults 18+ who have used herbs in the past 12 months

SkipInstructions: <1> [goto AHBPROF] <2,Refused,Don't know> if AHB_MO=2 [goto AHB_N30]; else [goto AVT_EVER]

<table>
<thead>
<tr>
<th>Question ID: ALT.596_00.000</th>
<th>Instrument Variable Name: AHBPROF</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: (book) ALT3 &quot;[F1] Which ones?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Enter all that apply, separate with commas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01 Medical doctor (including specialists)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>02 Doctor of Osteopathy (D.O.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>03 Nurse practitioner/Physician assistant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>04 Psychiatrist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>05 Dentist (including specialists)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>06 Psychologist/social worker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>07 Pharmacist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>97 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99 Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

UniverseText: Sample adults 18+ who let conventional medical professionals know of their use of herbs

SkipInstructions: <1-7,Refused,Don't know> if AHB_MO=2 [goto AHB_N30]; else [goto AVT_EVER]
**2007 NHIS Questionnaire - Adult CAM**

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

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<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.598_00.000</th>
<th>Instrument Variable Name: AHB_N30</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>(book) ALT8</td>
<td>Please tell me the reasons why you have not used any of these natural herbs in the PAST 30 DAYS? *Enter all that apply, separate with commas.</td>
<td></td>
</tr>
<tr>
<td>01</td>
<td>Never thought about it</td>
<td></td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>No reason</td>
<td></td>
<td></td>
</tr>
<tr>
<td>03</td>
<td>Didn't need it in the past 30 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>04</td>
<td>It didn't work for me before</td>
<td></td>
<td></td>
</tr>
<tr>
<td>05</td>
<td>It costs too much</td>
<td></td>
<td></td>
</tr>
<tr>
<td>06</td>
<td>I had side effects last time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>07</td>
<td>A health care provider told me not to use it</td>
<td></td>
<td></td>
</tr>
<tr>
<td>08</td>
<td>Medical science has not shown that it works</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09</td>
<td>Some other reason</td>
<td></td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have not used herbs in the past 30 days

**SkipInstructions:** <1-5,7-9,Refused,Don't know> [goto AVT_EVER] <6> [goto AHB_SIDE]

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.600_00.000</th>
<th>Instrument Variable Name: AHB_NYR</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>(book) ALT4</td>
<td>Please tell me the reasons why you have not used any of these natural herbs in the PAST 12 MONTHS? *Enter all that apply, separate with commas.</td>
<td></td>
</tr>
<tr>
<td>01</td>
<td>Never thought about it</td>
<td></td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>No reason</td>
<td></td>
<td></td>
</tr>
<tr>
<td>03</td>
<td>Didn't need it in the past 12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>04</td>
<td>It didn't work for me before</td>
<td></td>
<td></td>
</tr>
<tr>
<td>05</td>
<td>It costs too much</td>
<td></td>
<td></td>
</tr>
<tr>
<td>06</td>
<td>I had side effects last time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>07</td>
<td>A health care provider told me not to use it</td>
<td></td>
<td></td>
</tr>
<tr>
<td>08</td>
<td>Medical science has not shown that it works</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09</td>
<td>Some other reason</td>
<td></td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have not used herbs in the past 12 months

**SkipInstructions:** <1-5,7-9,Refused,Don't know> [goto AVT_EVER] <6> [goto AHB_SIDE]
**Question ID:** ALT.602_00.000  **Instrument Variable Name:** AHB_SIDE  **QuestionnaireFileName:** Adult CAM

**QuestionText:** What kinds of side effects did you have?

97 Refused
99 Don't know

**Verbatim response**

**UniverseText:** Sample adults 18+ who had side effects the last time they took natural herbs

**SkipInstructions:** <allow 75,Refused,Don't know> [goto AHB_SMED]

---

**Question ID:** ALT.604_00.000  **Instrument Variable Name:** AHB_SMED  **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did any of these require medical attention?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+ who had side effects the last time they took natural herbs

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT_EVER]

---

**Question ID:** ALT.606_00.000  **Instrument Variable Name:** AHB_NEVR  **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT5

Please tell me the reasons why you have never used any of these natural herbs?

*Enter all that apply, separate with commas.*

01 Never heard of it/don't know much about it
02 Never thought about it
03 No reason
04 Don't need it
05 Don't believe in it/It doesn't work
06 It costs too much
07 It is not safe to use
08 A health care provider told me not to use it
09 Medical science has not shown that it works
10 Some other reason
97 Refused
99 Don't know

**UniverseText:** Sample adults 18+ who have never used herbs

**SkipInstructions:** <1-10,Refused,Don't know> [goto AVT_EVER]
The next questions are about any vitamins and minerals you may take. Have you EVER taken any vitamins or minerals listed on this card for yourself?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+

DURING THE PAST 12 MONTHS, have you taken any vitamins or minerals listed on this card for yourself?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have ever taken vitamin supplements

DURING THE PAST 30 DAYS, did you take any of these vitamins or minerals?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have taken vitamin supplements in the past 12 months
Please tell me which of these vitamins or minerals you took in the PAST 30 days. If you take a multi-vitamin or mineral, include it as one supplement.

*Enter all that apply, separate with commas.

01 Multivitamin and/or mineral combination
02 Calcium
03 Chromium
04 Coral Calcium
05 Folic acid/folate
06 Iron
07 Magnesium
08 Niacin
09 Potassium
10 Selenium
11 Vitamin A
12 Vitamin B complex
13 Vitamin B6
14 Vitamin B12
15 Vitamin C
16 Vitamin D
17 Vitamin E
18 Vitamin K
19 Zinc
20 Vitamin Packet
97 Refused
99 Don't know

Sample adults 18+ who have taken vitamins or minerals in the past 30 days

<1-20> if more than 2 vitamins chosen [goto AVT_TOP2]; else [goto AVT_R1A];
<Refused,Don't know> [goto AVT_DISC]
Question ID: ALT.616_00.000  Instrument Variable Name: AVT_TOP2  QuestionnaireFileName: Adult CAM

QuestionText: Which two of these vitamin supplements did you take the most in the PAST 30 DAYS?

*Enter two answers, separate with commas.

*If respondent cannot choose two vitamins/minerals used most often, probe for the two most important for health.

01 Multivitamin and/or mineral combination
02 Calcium
03 Chromium
04 Coral Calcium
05 Folic acid/folate
06 Iron
07 Magnesium
08 Niacin
09 Potassium
10 Selenium
11 Vitamin A
12 Vitamin B complex
13 Vitamin B6
14 Vitamin B12
15 Vitamin C
16 Vitamin D
17 Vitamin E
18 Vitamin K
19 Zinc
20 Vitamin Packet
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who have taken more than 2 vitamin supplements in the past 30 days

SkipInstructions: <1-20> [goto AVT_R1A]
<Refused,Don't know> [goto AVT_DISC]

Question ID: ALT.618_00.000  Instrument Variable Name: AVT_R1A  QuestionnaireFileName: Adult CAM

QuestionText: Did you use [fill: 1st vitamin] for any of these reasons? Please say yes or no to each.

...For general health or wellness?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

SkipInstructions: <1,2,Refused,Don't know> [goto AVT_R2A]
*Read if necessary.

Did you use [fill: 1st vitamin] for any of these reasons?

...Prescription or over-the-counter drugs are too expensive?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT_R3A]

*Read if necessary.

Did you use [fill: 1st vitamin] for any of these reasons?

...To treat or cure a specific disease or health problem?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT_R4A]

*Read if necessary.

Did you use [fill: 1st vitamin] for any of these reasons?

...To prevent a specific disease or health problem?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT_R5A]
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**Question ID:** ALT.626_00.000  **Instrument Variable Name:** AVT_R5A  **QuestionnaireFileName:** Adult CAM

**QuestionText:**
*Read if necessary.

Did you use [fill: 1st vitamin] for any of these reasons?

...To improve physical performance?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT_R6A]

---

**Question ID:** ALT.628_00.000  **Instrument Variable Name:** AVT_R6A  **QuestionnaireFileName:** Adult CAM

**QuestionText:**
*Read if necessary.

Did you use [fill: 1st vitamin] for any of these reasons?

...To improve sports performance?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT_R7A]

---

**Question ID:** ALT.630_00.000  **Instrument Variable Name:** AVT_R7A  **QuestionnaireFileName:** Adult CAM

**QuestionText:**
*Read if necessary.

Did you use [fill: 1st vitamin] for any of these reasons?

...To improve immune system function?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT_R8A]
**2007 NHIS Questionnaire - Adult CAM**

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---

**Question ID:** ALT.632_00.000  
**Instrument Variable Name:** AVT_R8A  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

*Read if necessary.*

Did you use [fill: 1st vitamin] for any of these reasons?

...To improve sexual performance?

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT_R9A]

---

**Question ID:** ALT.634_00.000  
**Instrument Variable Name:** AVT_R9A  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

*Read if necessary.*

Did you use [fill: 1st vitamin] for any of these reasons?

...To improve mental ability or memory?

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT_R10A]

---

**Question ID:** ALT.636_00.000  
**Instrument Variable Name:** AVT_R10A  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

*Read if necessary.*

Did you use [fill: 1st vitamin] for any of these reasons?

...Because medical treatments did not help?

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT_R11A]
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Question ID: ALT.638_00.000  Instrument Variable Name: AVT_R11A  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did you use [fill: 1st vitamin] for any of these reasons?

...Because medical treatments were too expensive?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

SkipInstructions: <1,2,Refused,Don't know> [goto AVT_R12A]

---

Question ID: ALT.640_00.000  Instrument Variable Name: AVT_R12A  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did you use [fill: 1st vitamin] for any of these reasons?

...It was recommended by a health care provider?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

SkipInstructions: <1,2,Refused,Don't know> [goto AVT_R13A]

---

Question ID: ALT.642_00.000  Instrument Variable Name: AVT_R13A  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did you use [fill: 1st vitamin] for any of these reasons?

...It was recommended by family, friends, or co-workers?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

SkipInstructions: <1,2,Refused,Don't know> If AVT_R3A=1 [goto AVT_CTRA]; else if AVT_R4A=1 and AVT_R3A NE 1 [goto AVT_CNPA]; else if 2nd vitamin used [goto AVT_SAME] else [goto AVT_DISC]
For what specific health problems or conditions did you take [fill: 1st vitamin]?

*Enter all that apply, separate with commas.

01. Acid reflux or heartburn
02. Angina
03. Anxiety
04. Asthma
05. Arthritis
06. Attention Deficit Disorder/Hyperactivity
07. Autism
08. Benign tumors, cysts
09. Bipolar Disorder
10. Birth defect
11. Cancer
12. Cholesterol
13. Chronic Bronchitis
14. Circulation problems (other than in the legs)
15. Constipation severe enough to require medication
16. Coronary heart disease
17. Dementia, including Alzheimer's Disease
18. Dental pain
19. Depression
20. Diabetes
21. Emphysema
22. Excessive sleepiness during the day
23. Excessive use of alcohol or tobacco
24. Fibromyalgia
25. Fracture, bone/joint injury
26. Gout
27. Gum disease
28. Gynecologic problem
29. Hay fever
30. Hearing problem
31. Heart attack
32. Other heart condition or disease
33. Hernia
34. Hypertension
35. Inflammatory bowel disease
36. Influenza or pneumonia
37. Insomnia or trouble sleeping
38. Irritable bowel
39. Jaw pain
40. Joint pain or stiffness/other joint condition
41. Knee problems (not arthritis, not joint injury)
42. Liver problem
43. Lung/breathing problem (not already listed)
44. Lupus
45. Mania or psychosis
Memory loss or loss of other cognitive function
Menopause
Menstrual problems
Mental retardation
Missing limbs (fingers, toes or digits), amputee
Osteoporosis, tendinitis
Other developmental problem
Other injury
Other nerve damage, including carpal tunnel syndrome
Phobia or fears
Polio (myelitis), paralysis, para/quadriplegia
Poor circulation in legs
Prostate trouble or impotence
Regular headaches
Rheumatoid arthritis
Schizophrenia
Seizures
Senility
Sinusitis
Skin problems
Sprain or strain
Stroke
Substance abuse, other than alcohol or tobacco
Ulcer
Urinary problem
Varicose veins, hemorrhoids
Vision problem
Weak or failing kidneys
Weight problem
Back pain or problem
Head or chest cold
Neck pain or problem
Severe headache or migraine
Stomach or intestinal illness
Other - specify
Refused
Don't know

Sample adults 18+ who used first selected vitamin to treat or cure a specific disease or health problem

Skip Instructions:  
<1-81> if more than one condition selected [goto AVT_CONA]; else if only one condition selected [goto AVT_MEDA];  
<Refused,Don't know> if 2nd vitamin used [goto AVT_SAME]; else [goto AVT_DISC]  
<82> [goto AVT_SPT1]
*Enter condition for which [fill: 1st vitamin] was used. If respondent gives more than one condition, probe for condition most important for using [fill: 1st vitamin].

Refused
Don't know
Verbatim response

Sample adults 18+ who took first vitamin to treat or cure other specified health problem or condition

-Allow 75> if more than one condition selected [goto AVT_CONA]; elseif only one condition selected [goto AVT_MEDA]
-<Refused,Don't know> if more than one condition (1-81) selected [goto AVT_CONA]; elseif only one condition (1-81) selected [goto AVT_MEDA]; elseif 2nd vitamin used [goto AVTSAME]; else [goto AVT_DISC]
**2007 NHIS Questionnaire - Adult CAM**

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

Document Version Date: 28-May-08

<table>
<thead>
<tr>
<th>Question ID: ALT.648_00.000</th>
<th>Instrument Variable Name: AVT_CONA</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
</table>

**QuestionText:** For which ONE of these health problems or conditions did you take [fill: 1st vitamin] the most?

*If respondent cannot choose one condition, probe for condition most important for using [fill: 1st vitamin].

01 Acid reflux or heartburn  
02 Angina  
03 Anxiety  
04 Asthma  
05 Arthritis  
06 Attention Deficit Disorder/Hyperactivity  
07 Autism  
08 Benign tumors, cysts  
09 Bipolar Disorder  
10 Birth defect  
11 Cancer  
12 Cholesterol  
13 Chronic Bronchitis  
14 Circulation problems (other than in the legs)  
15 Constipation severe enough to require medication  
16 Coronary heart disease  
17 Dementia, including Alzheimer's Disease  
18 Dental pain  
19 Depression  
20 Diabetes  
21 Emphysema  
22 Excessive sleepiness during the day  
23 Excessive use of alcohol or tobacco  
24 Fibromyalgia  
25 Fracture, bone/joint injury  
26 Gout  
27 Gum disease  
28 Gynecologic problem  
29 Hay fever  
30 Hearing problem  
31 Heart attack  
32 Other heart condition or disease  
33 Hernia  
34 Hypertension  
35 Inflammatory bowel disease  
36 Influenza or pneumonia  
37 Insomnia or trouble sleeping  
38 Irritable bowel  
39 Jaw pain  
40 Joint pain or stiffness/other joint condition  
41 Knee problems (not arthritis, not joint injury)  
42 Liver problem  
43 Lung/breathing problem (not already listed)  
44 Lupus  
45 Mania or psychosis  
46 Memory loss or loss of other cognitive function
Menopause
Menstrual problems
Mental retardation
Missing limbs (fingers, toes or digits), amputee
Osteoporosis, tendinitis
Other developmental problem
Other injury
Other nerve damage, including carpal tunnel syndrome
Phobia or fears
Polio (myelitis), paralysis, para/quadriplegia
Poor circulation in legs
Prostate trouble or impotence
Regular headaches
Rheumatoid arthritis
Schizophrenia
Seizures
Senility
Sinusitis
Skin problems
Sprain or strain
Stroke
Substance abuse, other than alcohol or tobacco
Filled problem
Ultar
Urinary problem
Varicose veins, hemorrhoids
Vision problem
Weak or failing kidneys
Weight problem
Back pain or problem
Head or chest cold
Neck pain or problem
Severe headache or migraine
Stomach or intestinal illness
Other - specify
Refused
Don't know

Sample adults 18+ who used 1st vitamin to treat or cure more than one problem or condition

Sample adults 18+ who used 1st vitamin to treat or cure more than one problem or condition

<1-82> [goto AVT_MEDA]
<Refused,Don't know> if 2nd vitamin chosen [goto AVT_SAME]; else [goto AVT_DISC]
### Question ID: ALT.650_00.000  
**Instrument Variable Name:** AVT_MEDA  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**
(book) ALT2 ?[F1]  

Did you receive any of these conventional medical treatments for [fill: condition]?  

*Enter all that apply, separate with commas.*

<table>
<thead>
<tr>
<th>ID</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>None</td>
</tr>
<tr>
<td>1</td>
<td>Prescription medications</td>
</tr>
<tr>
<td>2</td>
<td>Over-the-counter medications</td>
</tr>
<tr>
<td>3</td>
<td>Surgery</td>
</tr>
<tr>
<td>4</td>
<td>Physical therapy</td>
</tr>
<tr>
<td>5</td>
<td>Mental health counseling</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who used 1st vitamin to treat or cure one problem or condition or used vitamin to treat one condition the most

**SkipInstructions:**

- `<0,Refused,Don't know>` if 2nd vitamin chosen [goto AVT_SAME]; else [goto AVT_DISC]  
- `<1>` [goto AVT_TM1A]  
- `<2>` [goto AVT_TM2A]  
- `<3>` [goto AVT_TM3A]  
- `<4>` [goto AVT_TM4A]  
- `<5>` [goto AVT_TM5A]

---

### Question ID: ALT.652_00.000  
**Instrument Variable Name:** AVT_TM1A  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

Did you receive prescription medications before, at about the same time, or after you began taking [fill: 1st vitamin]?

<table>
<thead>
<tr>
<th>ID</th>
<th>TimePeriod</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Before</td>
</tr>
<tr>
<td>2</td>
<td>At about the same time</td>
</tr>
<tr>
<td>3</td>
<td>After</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who used prescription medications for condition they used vitamin 1 for the most

**SkipInstructions:**

- `<1-3,Refused,Don't know>` [goto to next selected conventional medical treatment. If no more treatments selected, if 2nd vitamin chosen [goto AVT_SAME]; else [goto AVT_DISC]]

---

### Question ID: ALT.654_00.000  
**Instrument Variable Name:** AVT_TM2A  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

Did you receive over-the-counter medications before, at about the same time, or after you began taking [fill: 1st vitamin]?

<table>
<thead>
<tr>
<th>ID</th>
<th>TimePeriod</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Before</td>
</tr>
<tr>
<td>2</td>
<td>At about the same time</td>
</tr>
<tr>
<td>3</td>
<td>After</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who used over-the-counter medications for condition they used vitamin 1 for the most

**SkipInstructions:**

- `<1-3,Refused,Don't know>` [goto to next selected conventional medical treatment. If no more treatments selected, if 2nd vitamin chosen [goto AVT_SAME]; else [goto AVT_DISC]]
Did you receive surgery before, at about the same time, or after you began taking [fill: 1st vitamin]?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

Sample adults 18+ who had surgery for condition they used vitamin 1 for the most

Did you receive physical therapy before, at about the same time, or after you began taking [fill: 1st vitamin]?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

Sample adults 18+ who had physical therapy for condition they used vitamin 1 for the most

Did you receive mental health counseling before, at about the same time, or after you began taking [fill: 1st vitamin]?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

Sample adults 18+ who had mental health counseling for condition they used vitamin 1 for the most
For what specific health problems or conditions did you take [fill: 1st vitamin] to prevent?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
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46 Memory loss or loss of other cognitive function
47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
83 Refused
89 Don't know

Sample adults 18+ who used 1st vitamin to prevent but not treat a condition or health problem

<1-81> if more than one condition chosen [goto AVT_CMPA]; elseif only one condition chosen and 2nd vitamin chosen [goto AVT_SAME]; else [goto AVT_DISC]
<82> [goto AVT_SPP1]
<Refused,Don't know> if 2nd vitamin chosen [goto AVT_SAME]; else [goto AVT_DISC]
Question ID: ALT.664_00.000  Instrument Variable Name: AVT_SPP1  QuestionnaireFileName: Adult CAM

QuestionText: *Enter condition for which [fill: 1st vitamin] was used. If respondent gives more than one condition, probe for condition most important for using [fill: 1st vitamin].

97 Refused
98 Not acertained
99 Don't know

Verbatim: Verbatim response

UniverseText: Sample adults 18+ who took 1st vitamin to prevent but not treat other specified health problem or condition

SkipInstructions: <Allow 75> if more than one condition selected [goto AVT_CMPA]; elseif 2nd vitamin was selected [goto AVT_SAME]; else [goto AVT_DISC]
<Refused,Don't know> if more than one condition (1-81) selected [goto AVT_CMPA]; elseif 2nd vitamin was selected [goto AVT_SAME]; else [goto AVT_DISC]
For which ONE of these health problems or conditions did you take [fill: 1st vitamin] the most to prevent?

*If respondent cannot choose one condition, probe for condition most important for using [fill: 1st vitamin].

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who used 1st vitamin to prevent more than one problem or condition
SkipInstructions: <1-82,Refused,Don't know> if 2nd vitamin chosen [goto AVT_SAME]; else [goto AVT_DISC]
Question ID: ALT.667_00.000  Instrument Variable Name: AVTSAME  QuestionnaireFileName: Adult CAM

QuestionText: Did you take [fill: second vitamin] for all the same reasons you took [fill2: first vitamin] or for different reasons?

1    Same reasons
2    Different reasons
7    Refused
9    Don't know

UniverseText: Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

SkipInstructions: <1, Refused, Don't know> [goto AVT_DISC] <2> [goto AVT_R1B]

Question ID: ALT.668_00.000  Instrument Variable Name: AVTR1B  QuestionnaireFileName: Adult CAM

QuestionText: Did you use [fill: 2nd vitamin] for any of these reasons? Please say yes or no to each.

...For general health or wellness?

1    Yes
2    No
7    Refused
9    Don't know

UniverseText: Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

SkipInstructions: <1, 2, Refused, Don't know> [goto AVT_R2B]

Question ID: ALT.670_00.000  Instrument Variable Name: AVTR2B  QuestionnaireFileName: Adult CAM

QuestionText: Did you use [fill: 2nd vitamin] for any of these reasons?  

...Prescription or over-the-counter drugs are too expensive?

1    Yes
2    No
7    Refused
9    Don't know

UniverseText: Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

SkipInstructions: <1, 2, Refused, Don't know> [goto AVT_R3B]
**Question ID:** ALT.672_00.000  **Instrument Variable Name:** AVT_R3B  **QuestionnaireFileName:** Adult CAM

**QuestionText:**  *Read if necessary.

Did you use [fill: 2nd vitamin] for any of these reasons?

...To treat or cure a specific disease or health problem?

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

**UniverseText:** Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT_R4B]

---

**Question ID:** ALT.674_00.000  **Instrument Variable Name:** AVT_R4B  **QuestionnaireFileName:** Adult CAM

**QuestionText:**  *Read if necessary.

Did you use [fill: 2nd vitamin] for any of these reasons?

...To prevent a specific disease or health problem?

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

**UniverseText:** Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT_R5B]

---

**Question ID:** ALT.676_00.000  **Instrument Variable Name:** AVT_R5B  **QuestionnaireFileName:** Adult CAM

**QuestionText:**  *Read if necessary.

Did you use [fill: 2nd vitamin] for any of these reasons?

...To improve physical performance?

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

**UniverseText:** Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT_R6B]
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Question ID: ALT.678_00.000  Instrument Variable Name: AVT_R6B  QuestionnaireFileName: Adult CAM

**QuestionText:**

*Read if necessary.*

Did you use [fill: 2nd vitamin] for any of these reasons?

...To improve sports performance?

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

**UniverseText:** Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT_R7B]

---

Question ID: ALT.680_00.000  Instrument Variable Name: AVT_R7B  QuestionnaireFileName: Adult CAM

**QuestionText:**

*Read if necessary.*

Did you use [fill: 2nd vitamin] for any of these reasons?

...To improve immune system function?

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

**UniverseText:** Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT_R8B]

---

Question ID: ALT.682_00.000  Instrument Variable Name: AVT_R8B  QuestionnaireFileName: Adult CAM

**QuestionText:**

*Read if necessary.*

Did you use [fill: 2nd vitamin] for any of these reasons?

...To improve sexual performance?

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

**UniverseText:** Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT_R9B]
Question ID: ALT.684_00.000  Instrument Variable Name: AVT_R9B  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did you use [fill: 2nd vitamin] for any of these reasons?

...To improve mental ability or memory?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

SkipInstructions: <1,2,Refused,Don't know> [goto AVT_R10B]

Question ID: ALT.686_00.000  Instrument Variable Name: AVT_R10B  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did you use [fill: 2nd vitamin] for any of these reasons?

...Because medical treatments did not help?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

SkipInstructions: <1,2,Refused,Don't know> [goto AVT_R11B]

Question ID: ALT.688_00.000  Instrument Variable Name: AVT_R11B  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did you use [fill: 2nd vitamin] for any of these reasons?

...Because medical treatments were too expensive?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

SkipInstructions: <1,2,Refused,Don't know> [goto AVT_R12B]
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Question ID: ALT.690_00.000  Instrument Variable Name: AVT_R12B  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did you use [fill: 2nd vitamin] for any of these reasons?

...It was recommended by a health care provider?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

SkipInstructions: <1,2,Refused,Don't know> [goto AVT_R13B]

Question ID: ALT.692_00.000  Instrument Variable Name: AVT_R13B  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did you use [fill: 2nd vitamin] for any of these reasons?

...It was recommended by family, friends, or co-workers?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

SkipInstructions: <1,2,Refused,Don't know> IF AVT_R3B=1 [goto AVT_CTRB]; else if AVT_R4B=1 and AVT_R3B NE 1 [goto AVT_CNPB]; else [goto AVT_DISC]
For what specific health problems or conditions did you take [fill: 2nd vitamin]?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
<table>
<thead>
<tr>
<th>Number</th>
<th>Health Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>46</td>
<td>Memory loss or loss of other cognitive function</td>
</tr>
<tr>
<td>47</td>
<td>Menopause</td>
</tr>
<tr>
<td>48</td>
<td>Menstrual problems</td>
</tr>
<tr>
<td>49</td>
<td>Mental retardation</td>
</tr>
<tr>
<td>50</td>
<td>Missing limbs (fingers, toes or digits), amputee</td>
</tr>
<tr>
<td>51</td>
<td>Osteoporosis, tendinitis</td>
</tr>
<tr>
<td>52</td>
<td>Other developmental problem</td>
</tr>
<tr>
<td>53</td>
<td>Other injury</td>
</tr>
<tr>
<td>54</td>
<td>Other nerve damage, including carpal tunnel syndrome</td>
</tr>
<tr>
<td>55</td>
<td>Phobia or fears</td>
</tr>
<tr>
<td>56</td>
<td>Polio (myelitis), paralysis, para/quadriplegia</td>
</tr>
<tr>
<td>57</td>
<td>Poor circulation in legs</td>
</tr>
<tr>
<td>58</td>
<td>Prostate trouble or impotence</td>
</tr>
<tr>
<td>59</td>
<td>Regular headaches</td>
</tr>
<tr>
<td>60</td>
<td>Rheumatoid arthritis</td>
</tr>
<tr>
<td>61</td>
<td>Schizophrenia</td>
</tr>
<tr>
<td>62</td>
<td>Seizures</td>
</tr>
<tr>
<td>63</td>
<td>Senility</td>
</tr>
<tr>
<td>64</td>
<td>Sinusitis</td>
</tr>
<tr>
<td>65</td>
<td>Skin problems</td>
</tr>
<tr>
<td>66</td>
<td>Sprain or strain</td>
</tr>
<tr>
<td>67</td>
<td>Stroke</td>
</tr>
<tr>
<td>68</td>
<td>Substance abuse, other than alcohol or tobacco</td>
</tr>
<tr>
<td>69</td>
<td>Filled problem</td>
</tr>
<tr>
<td>70</td>
<td>Filled problem</td>
</tr>
<tr>
<td>71</td>
<td>Ulcer</td>
</tr>
<tr>
<td>72</td>
<td>Urinary problem</td>
</tr>
<tr>
<td>73</td>
<td>Varicose veins, hemorrhoids</td>
</tr>
<tr>
<td>74</td>
<td>Vision problem</td>
</tr>
<tr>
<td>75</td>
<td>Weak or failing kidneys</td>
</tr>
<tr>
<td>76</td>
<td>Weight problem</td>
</tr>
<tr>
<td>77</td>
<td>Back pain or problem</td>
</tr>
<tr>
<td>78</td>
<td>Head or chest cold</td>
</tr>
<tr>
<td>79</td>
<td>Neck pain or problem</td>
</tr>
<tr>
<td>80</td>
<td>Severe headache or migraine</td>
</tr>
<tr>
<td>81</td>
<td>Stomach or intestinal illness</td>
</tr>
<tr>
<td>82</td>
<td>Other - specify</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who used 2nd selected vitamin to treat or cure a specific disease or health problem

**SkipInstructions:**
- `<1-81>` if more than one condition selected [goto AVT_CONB]; else if only one condition selected [goto AVT_MEDB];
- `<82>` [goto AVT_SPT2]
- `<Refused, Don't know>` [goto AVT_DISC]
Question ID: ALT.696_00.000  Instrument Variable Name: AVT_SPT2  QuestionnaireFileName: Adult CAM

QuestionText: *Enter condition for which [fill: 2nd vitamin] was used. If respondent gives more than one condition, probe for condition most important for using [fill: 2nd vitamin].

97 Refused
99 Don't know

Verbatim response

Verbatim

UniverseText: Sample adults 18+ who took 2nd vitamin to treat or cure other specified health problem or condition

SkipInstructions: <Allow 75> if more than one condition selected [goto AVT_CONB]; elseif only one condition selected [goto AVT_MEDB]
<Refused,Don't know> if more than one condition (1-81) selected [goto AVT_CONB]; elseif only one condition (1-81) selected [goto AVT_MEDB]; else [goto AVT_DISC]
Question ID: ALT.698_00.000  Instrument Variable Name: AVT_CONB  QuestionnaireFileName: Adult CAM

QuestionText: For which ONE of these health problems or conditions did you take [fill: 2nd vitamin] the most?

*If respondent cannot choose one condition, probe for condition most important for using [fill: 2nd vitamin]

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
83 Refused
99 Don't know

UniverseText: Sample adults 18+ who used 2nd vitamin to treat or cure more than one problem or condition

SkipInstructions: <1-82> [goto AVT_MEDB]
<Refused,Don't know> [goto AVT_DISC]
(book) ALT2  ![F1]

Did you receive any of these conventional medical treatments for [fill: condition]?

*Enter all that apply, separate with commas.

0  None
1  Prescription medications
2  Over-the-counter medications
3  Surgery
4  Physical therapy
5  Mental health counseling
7  Refused
9  Don't know

Sample adults 18+ who used 2nd vitamin to treat or cure one problem or condition or used vitamin to treat one condition the most

SkipInstructions:  
<0,<Refused,Don't know> [goto AVT_DISC]  
<1> [goto AVT_TM1B]  
<2> [goto AVT_TM2B]  
<3> [goto AVT_TM3B]  
<4> [goto AVT_TM4B]  
<5> [goto AVT_TM5B]

Sample adults 18+ who used prescription medications for condition they used vitamin 2 for the most

SkipInstructions:  
<1-3,Refused,Don't know> [goto next selected conventional medical treatment. If no more treatments selected] [goto AVT_DISC]

Sample adults 18+ who used over-the-counter medications for condition they used vitamin 2 for the most

SkipInstructions:  
<1-3,Refused,Don't know> [goto next selected conventional medical treatment. If no more treatments selected] [goto AVT_DISC]
Question ID: ALT.706_00.000  Instrument Variable Name: AVT_TM3B  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive surgery before, at about the same time, or after you began taking [fill: 2nd vitamin]?

1  Before  
2  At about the same time  
3  After  
7  Refused  
9  Don't know  

UniverseText: Sample adults 18+ who had surgery for condition they used vitamin 2 for the most

SkipInstructions: <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto AVT_DISC]

Question ID: ALT.708_00.000  Instrument Variable Name: AVT_TM4B  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive physical therapy before, at about the same time, or after you began taking [fill: 2nd vitamin]?

1  Before  
2  At about the same time  
3  After  
7  Refused  
9  Don't know  

UniverseText: Sample adults 18+ who had physical therapy for condition they used vitamin 2 for the most

SkipInstructions: <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto AVT_DISC]

Question ID: ALT.710_00.000  Instrument Variable Name: AVT_TM5B  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive mental health counseling before, at about the same time, or after you began taking [fill: 2nd vitamin]?

1  Before  
2  At about the same time  
3  After  
7  Refused  
9  Don't know  

UniverseText: Sample adults 18+ who had mental health counseling for condition they used vitamin 2 for the most

SkipInstructions: <1-3,Refused,Don't know> [goto AVT_DISC]
Question ID: ALT.712_00.000  Instrument Variable Name: AVT_CNPB  QuestionnaireFileName: Adult CAM

For what specific health problems or conditions did you take [fill: 2nd vitamin] to prevent?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
83 Refused
84 Don't know

UniverseText: Sample adults 18+ who used 2nd vitamin to prevent but not treat or cure a condition or health problem

SkipInstructions: <1-81> if more than one condition chosen [goto AVT_CMPB]; elseif only one condition chosen [goto AVT_DISC]
<82> [goto AVT_SPP2]
<Refused,Don't know> [goto AVT_DISC]
*Enter condition for which [fill: 2nd vitamin] was used. If respondent gives more than one condition, probe for condition most important for using [fill: 2nd vitamin].

**Refused**

**Don't know**

**Verbatim**

Sample adults 18+ who took 2nd vitamin to prevent but not treat or cure other specified health problem or condition

<Allow 75> if more than one condition selected [goto AVT_CMPB]; else [goto AVT_DISC]

<Refused,Don't know> if more than one condition (1-81) selected [goto AVT_CMPB]; else [goto AVT_DISC]
For which ONE of these health problems or conditions did you take [fill: 2nd vitamin] the most to prevent? *If respondent cannot choose one condition, probe for condition most important for using [fill: 2nd vitamin].

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
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61 Schizophrenia
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66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
83 Refused
99 Don't know

**UniverseText:** Sample adults 18+ who used 2nd vitamin to prevent more than one problem or condition

**SkipInstructions:** <1-82,Refused,Don't know>[goto AVT_DISC]
DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of vitamins?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have used vitamins/minerals in the past 12 months

*Enter all that apply, separate with commas.

01  Medical doctor (including specialists)
02  Doctor of Osteopathy (D.O.)
03  Nurse practitioner/Physician assistant
04  Psychiatrist
05  Dentist (including specialists)
06  Psychologist/social worker
07  Pharmacist
97  Refused
99  Don't know

Sample adults 18+ who let conventional medical professionals know of their use of vitamins
Now I am going to ask you about how much you spend on [fill1: herbs/herbs and vitamins]. [fill2: First I will ask about herbs and then about vitamins.]

About how often do you buy herbal supplements?

* If necessary prompt with: how many times per day, per week, per month or per year do you buy herbal supplements?

*Enter ‘0’ if respondent does not buy herbal supplements.

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>Never</td>
</tr>
<tr>
<td>001-995</td>
<td>1-995 times</td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

Sample adults 18+ who have taken herbal supplements in the past 30 days

* Enter time period for how often herbal supplements are bought.

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>1</td>
<td>Day</td>
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<tr>
<td>2</td>
<td>Week</td>
</tr>
<tr>
<td>3</td>
<td>Month</td>
</tr>
<tr>
<td>4</td>
<td>Year</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

Sample adults 18+ who have bought herbal supplements

* If (AHB_OFTN gt 4 and AHB_OFTT eq 1) or (AHB_OFTN gt 28 and AHB_OFTT eq 2) or (AHB_OFTN gt 31 and AHB_OFTT eq 3) or (AHB_OFTN gt 365 and AHB_OFTT eq 4) goto ERR1_AHB_OFTT
else goto AHB_COST
**2007 NHIS Questionnaire - Adult CAM**

Adult Alternative Health/Complementary And Alternative Medicine

**Document Version Date:** 28-May-08

---

**Question ID:** ALT.724_00.000  
**Instrument Variable Name:** AHB_COST  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** About how much did you spend the last time you bought herbal supplements?  
*Read categories if necessary.

1. Under $15  
2. $15-$29  
3. $30-$59  
4. $60-$89  
5. $90-$119  
6. $120 or more  
7. Refused  
9. Don't know

**UniverseText:** Sample adults 18+ who have taken herbal supplements in the past 30 days and have bought herbal supplements

**SkipInstructions:** <1-6,Refused,Don't know> if AVT_MO=1 [goto AVT_OFTN]; else [goto HOM_EVER]

---

**Question ID:** ALT.726_01.000  
**Instrument Variable Name:** AVT_OFTN  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** 1 of 2

About how often do you buy vitamins or minerals?  
* If necessary prompt with: how many times per day, per week, per month or per year do you buy vitamins or minerals?  
*Enter '0' if respondent does not buy vitamins or minerals.

000 Never  
001-995 1-995 times  
997 Refused  
999 Don't know

**UniverseText:** Sample adults 18+ who have taken vitamins or minerals in the past 30 days

**SkipInstructions:** <1-995> [goto AVT_OFTT]  
<Refused,Don't know> [goto AVT_COST]  
<0> [goto HOM_EVER]
* Enter time period for how often vitamins or minerals are bought.

0  Never
1  Day
2  Week
3  Month
4  Year
7  Refused
9  Don't know

Sample adults 18+ who have bought vitamins or minerals

<1-4> if (AVT_OFTN gt <4> and AVT_OFTT eq <1>) or
   (AVTB_OFTN gt <28> and AVT_OFTT eq <2>) or
   (AVT_OFTN gt <31> and AVT_OFTT eq <3>) or
   (AVT_OFTN gt <365> and AVT_OFTT eq <4>) goto ERR1_AVTOFTT
else [goto AVT_COST]

About how much did you spend the last time you bought vitamins or minerals?

*Read categories if necessary.

1  Under $15
2  $15-$29
3  $30-$59
4  $60-$89
5  $90-$119
6  $120 or more
7  Refused
9  Don't know

Sample adults 18+ who have taken vitamins or minerals in the past 30 days and have bought vitamins or minerals

<1-6,Refused,Don't know> [goto HOM_EVER]
People who use homeopathy (hoh-mee-AH-puh-thee) to treat health problems take small pills or drops that are placed under the tongue. These pills or drops are often prescribed by practitioners of homeopathy.

Have you EVER used homeopathic (hoh-mee-oh-PA-thik) treatment for yourself?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+

DURING THE PAST 12 MONTHS, did you use homeopathic treatment for yourself?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have ever used homeopathy

About how often do you buy homeopathic medicine?

* If necessary prompt with: how many times per day, per week, per month or per year do you buy homeopathic medicine?

*Enter '0' if respondent does not buy homeopathic medicine.

000 Do not buy
001-995 1-995 times
997 Refused
999 Don't know

Sample adults 18+ who have used homeopathy past 12 mos
**2007 NHIS Questionnaire - Adult CAM**

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

**Document Version Date:** 28-May-08

---

**Question ID:** ALT.736_00.000  
**Instrument Variable Name:** HOMTP  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

2 of 2

* Enter time period for buying homeopathic medicine

0  Do not buy
1  Day
2  Week
3  Month
4  Year
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have bought homeopathic medicine

**SkipInstructions:** <1-4> if (HOMNO gt <4> and HOMTP eq <1>) or (HOMNO gt <28> and HOMTP eq <2>) or (HOMNO gt <31> and HOMTP eq <3>) or (HOMNO gt <365> and HOMTP eq <4>) goto ERR1_HOMTP] else [goto HOM_SPEN]

---

**Question ID:** ALT.738_00.000  
**Instrument Variable Name:** HOM_SPEN  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

About how much did you spend the last time you bought homeopathic medicine?

*Enter '500' for $500 or more.

000–499  $0-$499
500    $500 or more
997    Refused
999    Don't know

**UniverseText:** Sample adults 18+ who have used homeopathy in the past 12 mos and have bought homeopathic medicine

**SkipInstructions:** <0-500,Refused,Don't know> goto HOM_TRET

---

**Question ID:** ALT.740_00.000  
**Instrument Variable Name:** HOM_TRET  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

Did you use homeopathic treatment for a specific health problem or condition?

1    Yes
2    No
7    Refused
9    Don't know

**UniverseText:** Sample adults 18+ who have used homeopathy past 12 mos

**SkipInstructions:** <1> [goto HOM_COND] <2,Refused,Don't know> [goto HOM_ENG]
For what health problems or conditions did you use homeopathic treatment?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
Memory loss or loss of other cognitive function
Menopause
Menstrual problems
Mental retardation
Missing limbs (fingers, toes or digits), amputee
Osteoporosis, tendinitis
Other developmental problem
Other injury
Other nerve damage, including carpal tunnel syndrome
Phobia or fears
Polio (myelitis), paralysis, para/quadruplegia
Poor circulation in legs
Prostate trouble or impotence
Regular headaches
Rheumatoid arthritis
Schizophrenia
Seizures
Senility
Sinusitis
Skin problems
Sprain or strain
Stroke
Substance abuse, other than alcohol or tobacco
Ulcer
Urinary problem
Varicose veins, hemorrhoids
Vision problem
Weak or failing kidneys
Weight problem
Back pain or problem
Head or chest cold
Neck pain or problem
Severe headache or migraine
Stomach or intestinal illness
Other - specify
Refused
Don't know

Sample adults 18+ who have used homeopathy to treat health condition

If more than one condition selected, go to HOM_MOST, elseif only one condition selected go to HOM_MED
<82> goto HOM_SPEC
<Refused,Don't know> goto HOM_ENG
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<th>Instrument Variable Name: HOM_SPEC</th>
<th>QuestionnaireFileName: Adult CAM</th>
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<tbody>
<tr>
<td>QuestionText: *Enter condition for which homeopathic treatment was used. If respondent gives more than one condition, probe for condition most important for using homeopathic treatment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>97 Refused</td>
<td>99 Don't know</td>
<td>Verbatim Verbatim response</td>
</tr>
<tr>
<td>UniverseText: Sample adults 18+ who used homeopathic treatment to treat other health problem or condition</td>
<td>&lt;Allow 75&gt; if more than one condition selected [goto HOM_MOST]; else if only one condition selected [goto HOM_MED] &lt;R,D&gt; [if more than one condition (1-81) selected [goto HOM_MOST]; elseif only one condition (1-81) selected [goto HOM_MED]; else [goto HOM_ENG]</td>
<td></td>
</tr>
</tbody>
</table>
For which ONE of these health problems or conditions did you use homeopathic treatment the most?

*If respondent cannot choose one condition, probe for condition most important for using homeopathic treatment.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive functions
47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problems
75 Weak or failing kidneys
76 Weight problems
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
97 Refused
99 Don't know

Universe Text: Sample adults 18+ who have used homeopathy to treat health condition

Skip Instructions: <1-82> [goto HOM_MED]
<Refused, Don't know> [goto HOM_ENG]
Did you receive any of these conventional medical treatments for [fill condition]?

*Enter all that apply, separate with commas.

0 None
1 Prescription medications
2 Over-the-counter medications
3 Surgery
4 Physical therapy
5 Mental health counseling
7 Refused
9 Don't know

Sample adults 18+ who have used homeopathy to treat health condition

Did you receive prescription medications for [fill: condition from HOM_MOST or HOM_COND or HOM_SPEC] before, at about the same time, or after trying homeopathic treatment?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

Sample adults 18+ who used prescription medications for condition they used homeopathic treatment for the most

Did you receive over-the-counter medications for [fill: condition from HOM_MOST or HOM_COND or HOM_SPEC] before, at about the same time, or after trying homeopathic treatment?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

Sample adults 18+ who used over-the-counter medications for condition they used homeopathic treatment for the most
<table>
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<tr>
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<th>ALT.748_03.000</th>
<th>Instrument Variable Name:</th>
<th>HOM_TIM3</th>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>Did you receive surgery for [fill: condition from HOM_MOST or HOM_COND or HOM_SPEC] before, at about the same time, or after trying homeopathic treatment?</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Before</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>At about the same time</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td>After</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
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<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who had surgery for condition they used homeopathic treatment for the most</td>
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<tr>
<td>SkipInstructions:</td>
<td>&lt;1-3,Refused,Don't know&gt; [goto to next selected conventional medical treatment. If no more treatments selected [goto HOM_ENG]</td>
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<th>ALT.748_04.000</th>
<th>Instrument Variable Name:</th>
<th>HOM_TIM4</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Did you receive physical therapy for [fill: condition from HOM_MOST or HOM_COND or HOM_SPEC] before, at about the same time, or after trying homeopathic treatment?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Before</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>At about the same time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>After</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who had physical therapy for condition they used homeopathic treatment for the most</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1-3,Refused,Don't know&gt; [goto to next selected conventional medical treatment. If no more treatments selected [goto HOM_ENG]</td>
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</table>

<table>
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<th>ALT.748_05.000</th>
<th>Instrument Variable Name:</th>
<th>HOM_TIM5</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Did you receive mental health counseling for [fill: condition from HOM_MOST or HOM_COND or HOM_SPEC] before, at about the same time, or after trying homeopathic treatment?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Before</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>At about the same time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>After</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who had mental health counseling for condition they used homeopathic treatment for the most</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1-3,Refused,Don't know&gt; [goto HOM_ENG]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DURING THE PAST 12 MONTHS, did you use homeopathic treatment for any of these reasons? Please say yes or no to each.

...To improve or enhance energy

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used homeopathy past 12 mos

SkipInstructions: <1,2,Refused,Don't know> [goto HOM_WEL]

* Read if necessary

DURING THE PAST 12 MONTHS, did you use homeopathic treatment 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 homeopathy past 12 mos

SkipInstructions: <1,2,Refused,Don't know> [goto HOM_IMM]

* Read if necessary

DURING THE PAST 12 MONTHS, did you use homeopathic treatment for any of these reasons?

...To improve or enhance immune function

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used homeopathy past 12 mos

SkipInstructions: <1,2,Refused,Don't know> [goto HOM_NOHP]
**2007 NHIS Questionnaire - Adult CAM**

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

**Document Version Date:** 28-May-08

**Question ID:** ALT.756_00.000  **Instrument Variable Name:** HOM_NOHP  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

* Read if necessary

DURING THE PAST 12 MONTHS, did you use homeopathic treatment for any of these reasons?

...Because medical treatments did not help

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have used homeopathy past 12 mos

**SkipInstructions:** <1,2,Refused,Don't know> [goto HOM_EXPS]

---

**Question ID:** ALT.758_00.000  **Instrument Variable Name:** HOM_EXPS  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

* Read if necessary

DURING THE PAST 12 MONTHS, did you use homeopathic treatment for any of these reasons?

...Because medical treatments were too expensive

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have used homeopathy past 12 mos

**SkipInstructions:** <1,2,Refused,Don't know> [goto HOM_SUGG]

---

**Question ID:** ALT.760_00.000  **Instrument Variable Name:** HOM_SUGG  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

* Read if necessary

DURING THE PAST 12 MONTHS, did you use homeopathic treatment for any of these reasons?

...It was recommended by a health care provider

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have used homeopathy past 12 mos

**SkipInstructions:** <1,2,Refused,Don't know> [goto HOM_FFC]
DURING THE PAST 12 MONTHS, did you use homeopathic treatment for any of these reasons?

...It was recommended by family, friends, or co-workers

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have used homeopathy past 12 mos

Have you EVER seen a practitioner for homeopathic treatment?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have used homeopathy past 12 mos

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

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have ever seen a practitioner for homeopathic medicine
DURING THE PAST 12 MONTHS, how many times did you see a practitioner for homeopathic treatment?

*Read categories if necessary.

1. Only one time
2. 2-5 times
3. 6-10 times
4. 11-15 times
5. 16-20 times
6. More than 20 times
7. Refused
8. Don't know

Sample adults 18+ who have seen a practitioner for homeopathic medicine in past 12 mos

On average how much did you pay out-of-pocket for each visit to a practitioner for homeopathic treatments?

*Enter '500' for $500 or more.

000-499 $0-$499
500 $500 or more
997 Refused
999 Don't know

Sample adults 18+ who have seen a practitioner for homeopathic medicine in past 12 mos

DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of homeopathic treatment?

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

Sample adults 18+ who have used homeopathy past 12 mos

<1> [goto HOM_PROF]
<2,Refused,Don't know> [goto DITEVER1]
(book) ALT3 ?[F1]

Which ones?

*Enter all that apply, separate with commas.

01 Medical doctor (including specialists)
02 Doctor of Osteopathy (D. O.)
03 Nurse practitioner/Physician Assistant
04 Psychiatrist
05 Dentist (including specialists)
06 Psychologist/Social Worker
07 Pharmacist
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who have told conventional providers about homeopathy use

SkipInstructions: <1-7,Refused,Don't know> [goto DITEVER1]

Have you EVER used any of the following special diets for two weeks or more for health reasons? Please say yes or no to each.

...Vegetarian?

*Include vegan

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,Refused,Don't know> [goto DITEVER2]
*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,Refused,Don't know> [goto DITEVER3]

*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,Refused,Don't know> [goto DITEVER4]

*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,Refused,Don't know> [goto DITEVER5]
*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

*Read if necessary.

Have you EVER used any of the following special diets for two weeks or more for health reasons?

...Zone?

1  Yes
2  No
7  Refused
9  Don't know
Have you EVER used any of the following special diets for two weeks or more for health reasons?

...South Beach?

1  Yes
2  No
7  Refused
9  Don't know

DURING THE PAST 12 MONTHS, did you use a vegetarian diet for two weeks or more for health reasons?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18 ever used vegetarian
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine

Question ID: ALT.792_00.000  Instrument Variable Name: DITUSEM2  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+ ever used macrobiotic diet

SkipInstructions: <1,2,Refused,Don't know> cycle through DITUSEM1-7 for yes responses to DITEVER1-7; if no, refused, don't know to all DITEVER1-7, goto YTQE_YOG

If DITEVER3 = 1 goto DITUSEM3
elseif DITEVER4 = 1 goto DITUSEM4
delseif DITEVER5 = 1 goto DITUSEM5
delseif DITEVER6 = 1 goto DITUSEM6
delseif DITEVER7 = 1 goto DITUSEM7
delseif (DITUSEM1 = 1 and DITUSEM2 = 1) goto DIT_DMST
delseif (DITUSEM1 = 1 and DITUSEM2 ne 1) or (DITUSEM1 ne 1 and DITUSEM2 = 1) goto DIT_WGHT
delse goto YTQE_YOG

Question ID: ALT.794_00.000  Instrument Variable Name: DITUSEM3  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+ ever used Atkins diet

SkipInstructions: <1,2,Refused,Don't know> cycle through DITUSEM1-7 for yes responses to DITEVER1-7; if no, refused, don't know to all DITEVER1-7, goto YTQE_YOG

If DITEVER4 = 1 goto DITUSEM4
delseif DITEVER5 = 1 goto DITUSEM5
delseif DITEVER6 = 1 goto DITUSEM6
delseif DITEVER7 = 1 goto DITUSEM7
delseif more than one of DITUSEM1, DITUSEM2, and DITUSEM3 = 1 goto DIT_DMST
delseif only one of DITUSEM1, DITUSEM2, and DITUSEM3 = 1 goto DIT_WGHT
delse goto YTQE_YOG
DURING THE PAST 12 MONTHS, did you use a Pritikin diet for two weeks or more for health reasons?

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

Sample adults 18+ ever used Pritikin diet

DURING THE PAST 12 MONTHS, did you use an Ornish diet for two weeks or more for health reasons?

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

Sample adults 18+ ever used Ornish diet
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: ALT.800_00.000  Instrument Variable Name: DITUSEM6  QuestionnaireFileName: Adult CAM

QuestionText: ?[F1]
DURING THE PAST 12 MONTHS, did you use a Zone diet for two weeks or more for health reasons?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ ever used zone diet

SkipInstructions: <1,2,Refused,Don't know> cycle through DITUSEM1-7 for yes responses to DITEVER1-7; if no, refused, don't know to all DITEVER1-7, goto YTQE_YOG

If DITEVER7 = 1 goto DITUSEM7
elseif more than one of DITUSEM1, DITUSEM2, DITUSEM3, DITUSEM4, DITUSEM5, and DITUSEM6 = 1 goto DIT_DMST
elseif only one of DITUSEM1, DITUSEM2, DITUSEM3, DITUSEM4, DITUSEM5, and DITUSEM6 = 1 goto DIT_WGHT
else goto YTQE_YOG

Question ID: ALT.802_00.000  Instrument Variable Name: DITUSEM7  QuestionnaireFileName: Adult CAM

QuestionText: ?[F1]
DURING THE PAST 12 MONTHS, did you use the South Beach diet for two weeks or more for health reasons?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ ever used South Beach diet

SkipInstructions: <1,2,Refused,Don't know> if no, refused, or don't know to all DITUSEM1-7, goto YTQE_YOG; if more than one yes response in DITUSEM1-7, goto DIT_DMST, else goto DIT_WGHT

If more than one of DITUSEM1, DITUSEM2, DITUSEM3, DITUSEM4, DITUSEM5, DITUSEM6, and DITUSEM7 = 1 goto DIT_DMST
elseif only one of DITUSEM1, DITUSEM2, DITUSEM3, DITUSEM4, DITUSEM5, DITUSEM6, and DITUSEM7 = 1 goto DIT_WGHT
else goto YTQE_YOG
DURING THE PAST 12 MONTHS, which diet did you use the most?

*If respondent cannot choose one special diet, probe for the one most important for health.

01 Vegetarian
02 Macrobiotic
03 Atkins
04 Pritikin
05 Ornish
06 Zone
07 South Beach
97 Refused
99 Don't Know

Sample adults 18+ who have used more than one special diet in past 12 mos

Did you use the [diet used most] diet for weight control or weight loss?

1 Yes
2 No
7 Refused
9 Don't Know

Sample adults 18+ who have used a special diet in past 12 mos

Did you use the [diet used most] diet to treat a specific health problem or condition?

1 Yes
2 No
7 Refused
9 Don't Know

Sample adults 18+ who have used a special diet in past 12 mos
For what health problems or conditions did you use the {fill: diet used most} diet?

*Enter all that apply, separate with commas.

<table>
<thead>
<tr>
<th></th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Acid reflux or heartburn</td>
</tr>
<tr>
<td>02</td>
<td>Angina</td>
</tr>
<tr>
<td>03</td>
<td>Anxiety</td>
</tr>
<tr>
<td>04</td>
<td>Asthma</td>
</tr>
<tr>
<td>05</td>
<td>Arthritis</td>
</tr>
<tr>
<td>06</td>
<td>Attention Deficit Disorder/Hyperactivity</td>
</tr>
<tr>
<td>07</td>
<td>Autism</td>
</tr>
<tr>
<td>08</td>
<td>Benign tumors, cysts</td>
</tr>
<tr>
<td>09</td>
<td>Bipolar Disorder</td>
</tr>
<tr>
<td>10</td>
<td>Birth defect</td>
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<tr>
<td>11</td>
<td>Cancer</td>
</tr>
<tr>
<td>12</td>
<td>Cholesterol</td>
</tr>
<tr>
<td>13</td>
<td>Chronic Bronchitis</td>
</tr>
<tr>
<td>14</td>
<td>Circulation problems (other than in the legs)</td>
</tr>
<tr>
<td>15</td>
<td>Constipation severe enough to require medication</td>
</tr>
<tr>
<td>16</td>
<td>Coronary heart disease</td>
</tr>
<tr>
<td>17</td>
<td>Dementia, including Alzheimer's Disease</td>
</tr>
<tr>
<td>18</td>
<td>Dental pain</td>
</tr>
<tr>
<td>19</td>
<td>Depression</td>
</tr>
<tr>
<td>20</td>
<td>Diabetes</td>
</tr>
<tr>
<td>21</td>
<td>Emphysema</td>
</tr>
<tr>
<td>22</td>
<td>Excessive sleepiness during the day</td>
</tr>
<tr>
<td>23</td>
<td>Excessive use of alcohol or tobacco</td>
</tr>
<tr>
<td>24</td>
<td>Fibromyalgia</td>
</tr>
<tr>
<td>25</td>
<td>Fracture, bone/joint injury</td>
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<tr>
<td>26</td>
<td>Gout</td>
</tr>
<tr>
<td>27</td>
<td>Gum disease</td>
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<td>28</td>
<td>Gynecologic problem</td>
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<td>29</td>
<td>Hay fever</td>
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<td>30</td>
<td>Hearing problem</td>
</tr>
<tr>
<td>31</td>
<td>Heart attack</td>
</tr>
<tr>
<td>32</td>
<td>Other heart condition or disease</td>
</tr>
<tr>
<td>33</td>
<td>Hernia</td>
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<tr>
<td>34</td>
<td>Hypertension</td>
</tr>
<tr>
<td>35</td>
<td>Inflammatory bowel disease</td>
</tr>
<tr>
<td>36</td>
<td>Influenza or pneumonia</td>
</tr>
<tr>
<td>37</td>
<td>Insomnia or trouble sleeping</td>
</tr>
<tr>
<td>38</td>
<td>Irritable bowel</td>
</tr>
<tr>
<td>39</td>
<td>Jaw pain</td>
</tr>
<tr>
<td>40</td>
<td>Joint pain or stiffness/other joint condition</td>
</tr>
<tr>
<td>41</td>
<td>Knee problems (not arthritis, not joint injury)</td>
</tr>
<tr>
<td>42</td>
<td>Liver problem</td>
</tr>
<tr>
<td>43</td>
<td>Lung/breathing problem (not already listed)</td>
</tr>
<tr>
<td>44</td>
<td>Lupus</td>
</tr>
<tr>
<td>45</td>
<td>Mania or psychosis</td>
</tr>
</tbody>
</table>
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

46  Memory loss or loss of other cognitive function
47  Menopause
48  Menstrual problems
49  Mental retardation
50  Missing limbs (fingers, toes or digits), amputee
51  Osteoporosis, tendinitis
52  Other developmental problem
53  Other injury
54  Other nerve damage, including carpal tunnel syndrome
55  Phobia or fears
56  Polio (myelitis), paralysis, para/quadriplegia
57  Poor circulation in legs
58  Prostate trouble or impotence
59  Regular headaches
60  Rheumatoid arthritis
61  Schizophrenia
62  Seizures
63  Senility
64  Sinusitis
65  Skin problems
66  Sprain or strain
67  Stroke
68  Substance abuse, other than alcohol or tobacco
69  Filled problem
70  Filled problem
71  Ulcer
72  Urinary problem
73  Varicose veins, hemorrhoids
74  Vision problem
75  Weak or failing kidneys
76  Weight problem
77  Back pain or problem
78  Head or chest cold
79  Neck pain or problem
80  Severe headache or migraine
81  Stomach or intestinal illness
82  Other - specify
83  Refused
97  Refused
99  Don't know

**UniverseText**: Sample adults 18+ who have used a special diet to treat health condition

**SkipInstructions**: <1-81> if more than one condition selected, goto DIT_MOST; elseif only one condition selected goto DIT_MED
<82> goto DIT_SPEC
<Refused,Don't know> goto DIT_ENG
**Question ID:** ALT.811_00.000  **Instrument Variable Name:** DIT_SPEC  **QuestionnaireFileName:** Adult CAM

**QuestionText:** *Enter condition for which the [fill: diet used most] diet was used. If respondent gives more than one condition, probe for condition most important for using the [fill: diet used most] diet.*

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**Verbatim:** Verbatim response

**UniverseText:** Sample adults 18+ who used special diet to treat other specified health problem or condition

**SkipInstructions:**

<Allow 75> if more than one condition selected [goto DIT_MOST]; elseif only one condition selected [goto DIT_MED]

<Refused,Don't know> [if more than one condition (1-81) selected [goto DIT_MOST]; elseif only one condition (1-81) selected [goto DIT_MED]; else [goto DIT_ENG]
For which ONE of these health problems or conditions did you use the {fill: diet used most} diet the most?

*If respondent cannot choose one condition, probe for condition most important for using the [fill: diet used most] diet.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
83 Refused
99 Don't know

UniverseText: Sample adults 18+ who have used a special diet to treat health condition

SkipInstructions: <1-82> goto DIT_MED
<Refused, Don't know> goto DIT_ENG
Did you receive any of these conventional medical treatments for [fill condition]?
*Enter all that apply, separate with commas.

0 None
1 Prescription
2 Over-the-counter medications
3 Surgery
4 Physical Therapy
5 Mental Health Counseling
7 Refused
9 Don't Know

Sample adults 18+ who have used a special diet to treat health condition

Did you receive prescription medications for [fill1: condition from DIT_MOST or DIT_COND or DIT_SPEC] before, at about the same time, or after trying the [fill2: diet used most] diet?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

Sample adults 18+ who used prescription medications for condition they used a special diet for the most

Did you receive over-the-counter medications for [fill1: condition from DIT_MOST or DIT_COND or DIT_SPEC] before, at about the same time, or after trying the [fill2: diet used most] diet?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

Sample adults 18+ who used over-the-counter medications for condition they used a special diet for the most
### 2007 NHIS Questionnaire - Adult CAM

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

**Document Version Date:** 28-May-08

<table>
<thead>
<tr>
<th>Question ID: ALT.816_03.000</th>
<th>Instrument Variable Name: DIT_TIM3</th>
<th>QuestionnaireFileName: Adult CAM</th>
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<tbody>
<tr>
<td><strong>QuestionText:</strong> Did you receive surgery for [fill1: condition from DIT_MOST or DIT_COND or DIT_SPEC] before, at about the same time, or after trying the [fill2: diet used most] diet?</td>
<td></td>
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</tr>
<tr>
<td>1  Before</td>
<td>2  At about the same time</td>
<td>3  After</td>
</tr>
<tr>
<td>7  Refused</td>
<td>9  Don't know</td>
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<tr>
<td><strong>UniverseText:</strong> Sample adults 18+ who had surgery for condition they used a special diet for the most</td>
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<tr>
<td><strong>SkipInstructions:</strong> &lt;1-3,Refused,Don't know&gt; [goto next selected conventional medical treatment. If no more treatments selected [goto DIT_ENG]</td>
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<tr>
<td><strong>QuestionText:</strong> Did you receive physical therapy for [fill1: condition from DIT_MOST or DIT_COND or DIT_SPEC] before, at about the same time, or after trying the [fill2: diet used most] diet?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1  Before</td>
<td>2  At about the same time</td>
<td>3  After</td>
</tr>
<tr>
<td>7  Refused</td>
<td>9  Don't know</td>
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<tr>
<td><strong>UniverseText:</strong> Sample adults 18+ who had physical therapy for condition they used a special diet for the most</td>
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</tr>
<tr>
<td><strong>SkipInstructions:</strong> &lt;1-3,Refused,Don't know&gt; [goto next selected conventional medical treatment. If no more treatments selected [goto DIT_ENG]</td>
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<th>Instrument Variable Name: DIT_TIM5</th>
<th>QuestionnaireFileName: Adult CAM</th>
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<tr>
<td><strong>QuestionText:</strong> Did you receive mental health counseling for [fill1: condition from DIT_MOST or DIT_COND or DIT_SPEC] before, at about the same time, or after trying the [fill2: diet used most] diet?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1  Before</td>
<td>2  At about the same time</td>
<td>3  After</td>
</tr>
<tr>
<td>7  Refused</td>
<td>9  Don't know</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong> Sample adults 18+ who had mental health counseling for condition they used a special diet for the most</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong> &lt;1-3,Refused,Don't know&gt; [goto DIT_ENG]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DURING THE PAST 12 MONTHS, did you use the {fill: diet used most} diet for any of these reasons? Please say yes or no to each.

...To improve or enhance energy

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have used a special diet in past 12 mos

DURING THE PAST 12 MONTHS, did you use the {fill: diet used most} diet for any of these reasons?

...For general wellness or general disease prevention

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have used a special diet in past 12 mos

DURING THE PAST 12 MONTHS, did you use the {fill: diet used most} diet for any of these reasons?

...To improve or enhance immune function

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have used a special diet in past 12 mos
DURING THE PAST 12 MONTHS, did you use the {fill: diet used most} diet for any of these reasons?

...Because medical treatments did not help

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

Sample adults 18+ who have used a special diet in past 12 mos

<1,2,Refused,Don't know> [goto DIT_EXPS]

DURING THE PAST 12 MONTHS, did you use the {fill: diet used most} diet for any of these reasons?

...Because medical treatments were too expensive

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

Sample adults 18+ who have used a special diet in past 12 mos

<1,2,Refused,Don't know> [goto DIT_SUGG]

DURING THE PAST 12 MONTHS, did you use the {fill: diet used most} diet for any of these reasons?

... It was recommended by a health care provider

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

Sample adults 18+ who have used a special diet in past 12 mos

<1,2,Refused,Don't know> [goto DIT_FFC]
**Question Text:**

*DURING THE PAST 12 MONTHS, did you use the {fill: diet used most} diet for any of these reasons?

...It was recommended by family, friends, or co-workers

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

**Universe Text:** Sample adults 18+ who have used a special diet in past 12 mos

**Skip Instructions:** <1,2,Refused,Don't know> [goto DIT_PRAC]

---

**Question Text:**

Have you EVER seen a practitioner for the {fill: diet used most} diet?

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

**Universe Text:** Sample adults 18+ who have used a special diet in past 12 mos

**Skip Instructions:** <1> [goto DIT_TYPE] <2,Refused,Don't know> [goto DIT_DISC]

---

**Question Text:**

*DURING THE PAST 12 MONTHS, did you see a practitioner for the {fill: diet used most} diet?

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

**Universe Text:** Sample adults 18+ who have ever seen a practitioner for a special diet

**Skip Instructions:** <1> [goto DIT_TYPE] <2,Refused,Don't know> [goto DIT_DISC]
What type of practitioner did you see?

*Enter all that apply, separate with commas.

*Read categories if necessary.

1. Medical doctor
2. Nurse
3. Dietician/Nutritionist
4. Alternate provider such as Acupuncturist, Chiropractor, Massage Therapist, Naturopath, etc.
5. Other
6. Refused
7. Don't know

Sample adults 18+ who saw practitioner for a special diet in past 12 mos

<1-5,Refused,Don't know> [goto DIT_NUMB]

DURING THE PAST 12 MONTHS, how many times did you see a practitioner for the {fill: diet used most} diet?

*Read categories if necessary.

1. Only one time
2. 2-5 times
3. 6-10 times
4. 11-15 times
5. 16-20 times
6. More than 20 times
7. Refused
8. Don't know

Sample adults 18+ who saw practitioner for a special diet in past 12 mos

<1-6,Refused,Don't know> [goto DIT_PAY]

On average how much did you pay out-of-pocket for each visit to a practitioner for the {fill: diet used most} diet?

*Enter '500' for $500 or more.

000-499 $0-$499
500 $500 or more
997 Refused
999 Don't know

Sample adults 18+ who saw practitioner for a special diet in past 12 mos

<0-500,Refused,Don't know> [goto DIT_DISC]
During the past 12 months, did you let any of these conventional medical professionals know about your use of the [fill: diet used most] diet?

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

Universe Text: Sample adults 18+ who have used a special diet in past 12 mos

Skip Instructions: <1> [goto DITPROF]
<2,Refused,Don't know> [goto YTQE_YOG]

Which ones?

*Enter all that apply, separate with commas.

01. Medical doctor
02. Doctor of Osteopathy (D.O.)
03. Nurse practitioner/Physician assistant
04. Psychiatrist
05. Dentist (including specialists)
06. Psychologist/social worker
07. Pharmacist
97. Refused
99. Don't know

Universe Text: Sample adults 18+ who have told a conventional provider about using a special diet in past 12 mos

Skip Instructions: <1-7,Refused,Don't know> [goto YTQE_YOG]

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

Universe Text: Sample adults 18+

Skip Instructions: <1,2,Refused,Don't know> [goto YTQE_TAI]
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,Refused,Don't know> [goto YTQE_QIG]

Have you EVER practiced any of the following?

...Qi Gong (chee-KUNG)?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,Refused,Don't know> cycle through YTQU for yes responses to YTQE; if no to YTQE_YOG, goto [YTQ_NEVU]; if no, refused, don't know to all other YTQE and refused, don't know to YTQE_YOG goto RELE_MED

If YTQE_YOG = 1 goto YTQU_YOG
elseif YTQE_TAI = 1 goto YTQU_TAI
elseif YTQE_QIG = 1 goto YTQU_QIG
elseif YTQE_YOG = 2 goto YTQ_NEVU
else goto RELE_MED
DURING THE PAST 12 MONTHS, did you practice Yoga for yourself?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have used Yoga

<1,2,Refused,Don't know> cycle through YTQU for yes responses to YTQE; if no to YTQE_YOG, goto [YTQ_NEVU]; if no, refused, don't know to all other YTQE and refused, don't know to YTQE_YOG goto RELE_MED

If YTQE_TAI = 1 goto YTQU_TAI
elseif YTQE_QIG = 1 goto YTQU_QIG
elseif YTQU_YOG = 1 goto YTQ_TRET
elseif YTQU_YOG = 2 goto YTQ_NOTU
else goto RELE_MED

DURING THE PAST 12 MONTHS, did you practice Tai Chi for yourself?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have used Tai Chi

<1,2,Refused,Don't know> cycle through YTQU for yes responses to YTQE; if no to YTQE_YOG, goto [YTQ_NEVU]; if no, refused, don't know to all other YTQE and refused, don't know to YTQE_YOG goto RELE_MED

If YTQE_QIG = 1 goto YTQU_QIG
elseif more than one of YTQU_YOG and YTQU_TAI = 1 goto YTQ_MOST
elseif only one of YTQU_YOG and YTQU_TAI = 1 goto YTQ_TRET
elseif YTQU_YOG = 2 goto YTQ_NOTU
else goto RELE_MED
DURING THE PAST 12 MONTHS, did you practice Qi Gong for yourself?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have used Qi Gong

<1,2,Refused,Don't know> cycle through YTQU for yes responses to YTQE; if no to YTQE_YOG, goto [YTQ_NEVU]; if no, refused, don't know to all other YTQE and refused, don't know to YTQE_YOG goto RELE_MED

If more than one of YTQU_YOG, YTQU_TAI, and YTQU_QIG = 1 goto YTQ_MOST
elseif only one of YTQU_YOG, YTQU_TAI, and YTQU_QIG = 1 goto YTQ_TRET
elseif YTQU_YOG = 2 goto YTQ_NOTU
else goto RELE_MED

Sample adults 18+ who have used more than 1 exercise in the past 12 months

<1-3> [goto YTQ_TRET]
<Refused,Don't know> goto YTQ_ENG

Sample adults 18+ who have used at least one of Yoga, Tai Chi, or Qi Gong in the past 12 months

<1> [goto YTQ_COND] <2,Refused,Don't know> [goto YTQ_ENG]
For what health problems or conditions did you practice [fill: practice used most]?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
<table>
<thead>
<tr>
<th></th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>46</td>
<td>Memory loss or loss of other cognitive function</td>
</tr>
<tr>
<td>47</td>
<td>Menopause</td>
</tr>
<tr>
<td>48</td>
<td>Menstrual problems</td>
</tr>
<tr>
<td>49</td>
<td>Mental retardation</td>
</tr>
<tr>
<td>50</td>
<td>Missing limbs (fingers, toes or digits), amputee</td>
</tr>
<tr>
<td>51</td>
<td>Osteoporosis, tendinitis</td>
</tr>
<tr>
<td>52</td>
<td>Other developmental problem</td>
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<td>Other injury</td>
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<td>Other nerve damage, including carpal tunnel syndrome</td>
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<td>Schizophrenia</td>
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<td>Seizures</td>
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<td>Substance abuse, other than alcohol or tobacco</td>
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<td>Vision problem</td>
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<td>Weak or failing kidneys</td>
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<td>Neck pain or problem</td>
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<td>Severe headache or migraine</td>
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<td>Stomach or intestinal illness</td>
</tr>
<tr>
<td>82</td>
<td>Other - specify</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
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**UniverseText:** Sample adults 18+ who have used Yoga, Tai Chi, or Qi Gong in the past 12 months for a specific health problem or condition

**SkipInstructions:**

<1-81> if more than one condition selected, goto YTQ_CONM; elseif only one condition selected, goto YTQ_MED
<82> goto YTQ_SPEC
<Refused,Don't know> goto YTQ_ENG
**2007 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 28-May-08**

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<thead>
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<th>ALT.863_00.000</th>
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<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
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<tr>
<td>QuestionText:</td>
<td>*Enter condition for which [fill: practice used most] was used. If respondent gives more than one condition, probe for condition most important for using [fill: practice used most].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
<td></td>
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<tr>
<td>99</td>
<td>Don't know</td>
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<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who used yoga/tai chi/qi gong to treat other health problem or condition</td>
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</tbody>
</table>
| SkipInstructions: | <Allow 75> if more than one condition selected [goto YTQ_CONM]; elseif only one condition selected [goto YTQ_MED]  
<Refused,Don't know> [if more than one condition (1-81) selected [goto YTQ_CONM]; elseif only one condition (1-81) selected [goto YTQ_MED]; else [goto YTQ_ENG] | | | | |
For which ONE of these health problems or conditions did you practice [fill: practice used most] the most?

*If respondent cannot choose one condition, probe for condition most important for using [fill: practice used most].

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
Sample adults 18+ who have used yoga/tai chi/qi gong for a specific condition

<1-82> [goto YTQ_MED]
<Refused,Don't know> [goto YTQ_ENG]
Did you receive any of these conventional medical treatments for [fill: condition]?

*Enter all that apply, separate with commas.

0 None
1 Prescription medications
2 Over-the-counter medications
3 Surgery
4 Physical therapy
5 Mental health counseling
7 Refused
9 Don't know

Sample adults 18+ who practice exercise for a specific health problem or condition

Did you receive prescription medications for [fill1: condition] before, at about the same time, or after trying [fill2: practice used most]?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

Sample adults 18+ who used prescription medications for condition they used yoga/tai chi/qi gong for the most

Did you receive over-the-counter medications for [fill1: condition] before, at about the same time, or after trying [fill2: practice used most]?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

Sample adults 18+ who used over-the-counter medications for condition they used yoga/tai chi/qi gong for the most
Did you receive surgery for [fill1: condition] before, at about the same time, or after trying [fill2: practice used most]?

1. Before
2. At about the same time
3. After
7. Refused
9. Don't know

Sample adults 18+ who had surgery for condition they used yoga/tai chi/qi gong for the most

Did you receive physical therapy for [fill1: condition] before, at about the same time, or after trying [fill2: practice used most]?

1. Before
2. At about the same time
3. After
7. Refused
9. Don't know

Sample adults 18+ who had physical therapy for condition they used yoga/tai chi/qi gong for the most

Did you receive mental health counseling for [fill1: condition] before, at about the same time, or after trying [fill2: practice used most]?

1. Before
2. At about the same time
3. After
7. Refused
9. Don't know

Sample adults 18+ who had mental health counseling for condition they used yoga/tai chi/qi gong for the most
DURING THE PAST 12 MONTHS, did you practice (fill: practice used most) for any of these reasons? Please say yes or no to each.

...To improve or enhance energy?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have used at least one of Yoga, Tai Chi, or Qi Gong in the past 12 months

DURING THE PAST 12 MONTHS, did you practice [fill: practice used most] for any of these reasons?

...For general wellness or general disease prevention?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have used at least one of Yoga, Tai Chi, or Qi Gong in the past 12 months

DURING THE PAST 12 MONTHS, did you practice [fill: practice used most] for any of these reasons?

...To improve or enhance immune function?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have used at least one of Yoga, Tai Chi, or Qi Gong in the past 12 months
DURING THE PAST 12 MONTHS, did you practice [fill: practice used most] for any of these reasons?

...Because medical treatments did not help?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have used at least one of Yoga, Tai Chi, or Qi Gong in the past 12 months

DURING THE PAST 12 MONTHS, did you practice [fill: practice used most] for any of these reasons?

...Because medical treatments were too expensive?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have used at least one of Yoga, Tai Chi, or Qi Gong in the past 12 months

DURING THE PAST 12 MONTHS, did you practice [fill: practice used most] for any of these reasons?

...It was recommended by a health care provider?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have used at least one of Yoga, Tai Chi, or Qi Gong in the past 12 months
Question ID: ALT.882_00.000  Instrument Variable Name: YTQ_FFC  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you practice [fill: practice used most] for any of these reasons?

...It was recommended by family, friends, or co-workers?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used at least one of Yoga, Tai Chi, or Qi Gong in the past 12 months

SkipInstructions: <1,2,Refused,Don't know> [goto YTQ_CLAS]

Question ID: ALT.883_00.000  Instrument Variable Name: YTQ_CLAS  QuestionnaireFileName: Adult CAM

QuestionText: DURING THE PAST 12 MONTHS, did you take a class or in some way receive formal training for [fill: practice used most]? Attending only one session does not count.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used at least one of Yoga, Tai Chi, or Qi Gong in the past 12 months

SkipInstructions: <1> [goto YTQ_CLSO] <2,Refused,Don't know> [goto YTQ_DISC]

Question ID: ALT.884_00.000  Instrument Variable Name: YTQ_CLSO  QuestionnaireFileName: Adult CAM

QuestionText: DURING THE PAST 12 MONTHS, on average, how often did you take a class or in some way receive formal training for [fill: practice used most]?

01  2-11 times a year
02  Monthly
03  2-3 times per month
04  Weekly
05  2-3 times per week
06  4-6 times per week
07  Daily
97  Refused
99  Don't know

UniverseText: Sample adults 18+ who have taken a class or received formal training for a practice in the past 12 months

SkipInstructions: <1-7,Refused,Don't know> [goto YTQ_PAY]
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: ALT.885_00.000  Instrument Variable Name: YTQ_PAY  QuestionnaireFileName: Adult CAM

QuestionText: On average, how much did you pay out-of-pocket for each class or other formal training for [fill: practice used most]?

*Enter '500' for $500 or more.

<table>
<thead>
<tr>
<th>Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000-499</td>
<td>$0-$499</td>
</tr>
<tr>
<td>500</td>
<td>$500 or more</td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

UniverseText: Sample adults 18+ who have taken a class or received formal training for a practice in the past 12 months

SkipInstructions: <0-500,Refused,Don't know> goto [YTQ_DISC]

Question ID: ALT.886_00.000  Instrument Variable Name: YTQ_DISC  QuestionnaireFileName: Adult CAM

QuestionText: (book) ALT3 *?F1*

DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your practice of (fill: practice used most)?

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

UniverseText: Sample adults 18+ who have used at least one of Yoga, Tai Chi, or Qi Gong in the past 12 months

SkipInstructions: <1> [goto YTQPROF]
<2,Refused,Don't know> if YTQE_YOG=2 [goto YTQ_NEVU];
else if YTQU_YOG=2 [goto YTQ_NOTU];
else [goto RELE_MED]

Question ID: ALT.887_00.000  Instrument Variable Name: YTQPROF  QuestionnaireFileName: Adult CAM

QuestionText: (book) ALT3 *?F1*

Which ones?

*Enter all that apply, separate with commas.

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Medical doctor (including specialists)</td>
</tr>
<tr>
<td>02</td>
<td>Doctor of Osteopathy (D.O.)</td>
</tr>
<tr>
<td>03</td>
<td>Nurse practitioner/Physician assistant</td>
</tr>
<tr>
<td>04</td>
<td>Psychiatrist</td>
</tr>
<tr>
<td>05</td>
<td>Dentist (including specialists)</td>
</tr>
<tr>
<td>06</td>
<td>Psychologist/social worker</td>
</tr>
<tr>
<td>07</td>
<td>Pharmacist</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

UniverseText: Sample adults 18+ who have told a conventional medical professional about their use of Yoga, Tai Chi, or Qi Gong in the past 12 months

SkipInstructions: <1-7,Refused,Don't know> if YTQE_YOG=2 [goto YTQ_NEVU];
else if YTQU_YOG=2 [goto YTQ_NOTU];
else [goto RELE_MED]
Please tell me the reasons why you have not practiced yoga in the PAST 12 MONTHS.

*Enter all that apply, separate with commas

1. Never thought about it
2. No reason
3. Didn't need it in the last 12 months
4. It didn't work for me before
5. It costs too much
6. I had side effects last time
7. A health care provider told me not to use it
8. Medical science has not shown that it works
9. Some other reason
97. Refused
99. Don't know

Sample adults 18+ who have practiced yoga, but not in the past 12 months

<allow 75,Refused,Don't know> goto YTQ_ATT
<6> goto YTQ_SDEF
Please tell me the reasons why you have never practiced yoga.

*Enter all that apply, separate with commas.

01 Never heard of it/don't know much about it
02 Never thought about it
03 No reason
04 Don't need it
05 Don't believe in it/it doesn't work
06 It costs too much
07 It is not safe to use
08 A health care provider told me not to use it
09 Medical science has not shown that it works
10 Some other reason
97 Refused
99 Don't know

Sample adults 18+ who have never practiced yoga

Have you EVER used any of the following relaxation or stress management techniques for yourself? Please say yes or no to each.

...Meditation

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+

<1,2,Refused,Don't know> [goto RELE_GIM]
Have you EVER used any of the following relaxation or stress management techniques for yourself?

...Guided imagery

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

Have you EVER used any of the following relaxation or stress management techniques for yourself?

...Progressive relaxation

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

Have you EVER used any of the following relaxation or stress management techniques for yourself?

...Deep breathing exercises

1. Yes
2. No
7. Refused
9. Don't know
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: ALT.902_00.000  Instrument Variable Name: RELE_SUP  QuestionnaireFileName: Adult CAM

QuestionText: *[F1]

Have you EVER used any of the following relaxation or stress management techniques for yourself?

...Support group meeting

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,Refused,Don't know> [goto RELE_STR]

Question ID: ALT.904_00.000  Instrument Variable Name: RELE_STR  QuestionnaireFileName: Adult CAM

QuestionText: *[F1]

Have you EVER used any of the following relaxation or stress management techniques for yourself?

...Stress management class

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,Refused,Don't know> cycle through RELU_MED-RELU_STR for yes responses to RELU_MED-RELU_STR ; if no to RELU_MED, goto RELNOUSE; if no, refused, don't know to all other RELU and refused, don't know to RELU_MED goto END

If RELU_MED = 1 goto RELU_MED
elseif RELU_GIM = 1 goto RELU_GIM
elseif RELU_PRO = 1 goto RELU_PRO
elseif RELU_DBE = 1 goto RELU_DBE
elseif RELU_SUP = 1 goto RELU_SUP
elseif RELU_STR = 1 goto RELU_STR
elseif RELU_MED = 2 goto RELNOUSE
else goto END
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine

Question ID: ALT.906_00.000  Instrument Variable Name: RELU_MED  QuestionnaireFileName: Adult CAM

QuestionText: 

DURING THE PAST 12 MONTHS, did you use meditation for yourself?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have ever used meditation

SkipInstructions: <1,2,Refused,Don't know> cycle through RELU_MED-RELU_STR for yes responses to RELE_MED-RELE_STR ; if no to RELE_MED, goto RELNOUSE; if no, refused, don't know to all other RELE and refused, don't know to RELU_MED goto END

If RELE_GIM = 1 goto RELU_GIM
elseif RELE_PRO = 1 goto RELU_PRO
elseif RELE_DBE = 1 goto RELU_DBE
elseif RELE_SUP = 1 goto RELU_SUP
elseif RELE_STR = 1 goto RELU_STR
elseif RELU_MED = 1 goto RELNOYR
else goto END

Question ID: ALT.908_00.000  Instrument Variable Name: RELU_GIM  QuestionnaireFileName: Adult CAM

QuestionText: 

DURING THE PAST 12 MONTHS, did you use guided imagery for yourself?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ ever used guided imagery

SkipInstructions: <1,2,Refused,Don't know> cycle through RELU_MED-RELU_STR for yes responses to RELE_MED-RELE_STR ; if no to RELE_MED, goto RELNOUSE; if no, refused, don't know to all other RELE and refused, don't know to RELU_MED goto END

If RELE_PRO = 1 goto RELU_PRO
elseif RELE_DBE = 1 goto RELU_DBE
elseif RELE_SUP = 1 goto RELU_SUP
elseif RELE_STR = 1 goto RELU_STR
elseif more than one of RELU_MED and RELU_GIM = 1 goto REL_RMST
elseif only one of RELU_MED and RELU_GIM = 1 goto REL_TRET
elseif RELU_MED = 2 goto RELNOYR
else goto END
DURING THE PAST 12 MONTHS, did you use progressive relaxation for yourself?

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

Sample adults 18+ ever used progressive relaxation

SKIP INSTRUCTIONS: <1,2,Refused,Don't know> cycle through RELU_MED-RELU_STR for yes responses to RELE_MED-RELE_STR ; if no to RELE_MED, goto RELNOUSE; if no, refused, don't know to all other RELE and refused, don't know to RELU_MED goto END

If RELU_DBE = 1 goto RELU_DBE
elseif RELU_SUP = 1 goto RELU_SUP
elseif RELU_STR = 1 goto RELU_STR
elseif more than one of RELU_MED, RELU_GIM, and RELU_PRO = 1 goto REL_RMST
elseif only one of RELU_MED, RELU_GIM, and RELU_PRO = 1 goto REL_TRET
elseif RELU_MED = 2 goto RELNOYR
else goto END

DURING THE PAST 12 MONTHS, did you use deep breathing exercises for yourself?

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

Sample adults 18+ ever used deep breathing

SKIP INSTRUCTIONS: <1,2,Refused,Don't know> cycle through RELU_MED-RELU_STR for yes responses to RELE_MED-RELE_STR ; if no to RELE_MED, goto RELNOUSE; if no, refused, don't know to all other RELE and refused, don't know to RELU_MED goto END

If RELU_SUP = 1 goto RELU_SUP
elseif RELU_STR = 1 goto RELU_STR
elseif more than one of RELU_MED, RELU_GIM, RELU_PRO, and RELU_DBE = 1 goto REL_RMST
elseif RELU_MED = 1goto REL_TRET
elseif RELU_MED = 2 goto RELNOYR
else goto END
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: ALT.914_00.000  Instrument Variable Name: RELU_SUP  QuestionnaireFileName: Adult CAM

QuestionText: ![F1]

DURING THE PAST 12 MONTHS, did you use support group meetings for yourself?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ ever used support group meeting

SkipInstructions: <1,2,Refused,Don't know> cycle through RELU_MED-RELU_STR for yes responses to RELE_MED-RELU_STR ; if no to RELE_MED, goto RELNOUSE; if no, refused, don't know to all other RELE and refused, don't know to RELE_MED goto END

If RELU_STR = 1 goto RELU_STR
elseif more than one of RELU_MED, RELU_GIM, RELU_PRO, RELU_DBE, and RELU_SUP = 1 goto REL_RMST
elseif only one of RELU_MED, RELU_GIM, RELU_PRO, RELU_DBE, and RELU_SUP = 1 goto REL_TRET
elseif RELU_MED = 2 goto RELNOYR
else goto END

---

Question ID: ALT.916_00.000  Instrument Variable Name: RELU_STR  QuestionnaireFileName: Adult CAM

QuestionText: ![F1]

DURING THE PAST 12 MONTHS, did you use stress management classes for yourself?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ ever used stress management class

SkipInstructions: <1,2,Refused,Don't know> cycle through RELU_MED-RELU_STR for yes responses to RELE_MED-RELU_STR ; if no to RELE_MED, goto RELNOUSE; if no, refused, don't know to all other RELE and refused, don't know to RELE_MED goto END

If more than one of RELU_MED, RELU_GIM, RELU_PRO, RELU_DBE, and RELU_SUP and RELU_STR = 1 goto REL_RMST
elseif only one of RELU_MED, RELU_GIM, RELU_PRO, RELU_DBE, and RELU_SUP = 1 goto REL_TRET
elseif RELU_MED = 2 goto RELNOYR
else goto END
During the past 12 months, which relaxation technique did you use the most?

*If respondent cannot choose one relaxation technique, probe for the one most important for health.

1. Meditation
2. Guided imagery
3. Progressive relaxation
4. Deep breathing exercises
5. Support group meeting
6. Stress management class
7. Refused
8. Don't know

**Question ID:** ALT.918_00.000  **Instrument Variable Name:** REL_RMST  **QuestionnaireFileName:** Adult CAM

**UniverseText:** Sample adults 18+ who have used 2 or more relaxation techniques in past 12 mos

**SkipInstructions:** <1-6> [goto RELE_TRET]  
<Refused,Don't know> [goto REL_ENG]

Did you use [fill relaxation technique used most] for a specific health problem or condition?

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

**Question ID:** ALT.920_00.000  **Instrument Variable Name:** REL_TRET  **QuestionnaireFileName:** Adult CAM

**UniverseText:** Sample adults 18+ who have used at least one relaxation technique in the past 12 months

**SkipInstructions:** <1> [goto REL_COND]  
<2,Refused,Don't know> [goto REL_ENG]
For what health problems or conditions did you use (fill: relaxation technique used most)?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
83 Refused
99 Don't know

UniverseText: Sample adults 18+ who have used relaxation techniques for health problem

SkipInstructions: <1-81> if more than one condition selected, goto REL_MOST; elseif only one condition selected, goto REL_MED
<82> goto REL_SPEC
<Refused, Don't know> got REL_ENG
*Enter condition for which [fill: relaxation technique used most] was used. If respondent gives more than one condition, probe for condition most important for using [fill: relaxation technique used most].

97 Refused
99 Don't know

Verbatim response

Sample adults 18+ who used relaxation technique to treat other specified health problem or condition

<Allow 75> if more than one condition selected [goto REL_MOST]; elseif only one condition selected [goto REL_MED]
<Refused,Don't know> [if more than one condition (1-81) selected [goto REL_MOST]; elseif only one condition (1-81) selected [goto REL_MED]; else [goto REL_ENG]
For which ONE of these health problems or conditions did you use (fill: relaxation technique used most) the most?

*If respondent cannot choose one condition, probe for condition most important for using (fill: relaxation technique used most).

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
Menopause
Menstrual problems
Mental retardation
Missing limbs (fingers, toes or digits), amputee
Osteoporosis, tendinitis
Other developmental problem
Other injury
Other nerve damage, including carpal tunnel syndrome
Phobia or fears
Polio (myelitis), paralysis, para/quadriplegia
Poor circulation in legs
Prostate trouble or impotence
Regular headaches
Rheumatoid arthritis
Schizophrenia
Seizures
Senility
Sinusitis
Skin problems
Sprain or strain
Stroke
Substance abuse, other than alcohol or tobacco
Filled problem
Filled problem
Ulcer
Urinary problem
Varicose veins, hemorrhoids
Vision problem
Weak or failing kidneys
Weight problem
Back pain or problem
Head or chest cold
Neck pain or problem
Severe headache or migraine
Stomach or intestinal illness
Other - specify
Refused
Don't know

Sample adults 18+ who have used a relaxation technique for more than one condition

<1-82> goto REL_MED
<Refused,Don't know> goto REL_ENG
**2007 NHIS Questionnaire - Adult CAM**

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

**Document Version Date:** 28-May-08

**Question ID:** ALT.926_00.000  **Instrument Variable Name:** REL_MED  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

(book) ALT2 ?[F1]

Did you receive any of these conventional medical treatments for [fill condition]?

*Enter all that apply, separate with commas.

0 None
1 Prescription medications
2 Over-the-counter medications
3 Surgery
4 Physical therapy
5 Mental health counseling
7 Refused
9 Don't know

**UniverseText:** Sample Adult 18+ who used relaxation technique for health condition

**SkipInstructions:** <0, Refused, Don't know> [goto REL_ENG]

**Question ID:** ALT.928_01.000  **Instrument Variable Name:** REL_TIM1  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

Did you receive prescription medications for [fill1: condition from REL_MOST or REL_COND or REL_SPEC] before, at about the same time, or after trying [fill2: relaxation technique used most]?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+ who used prescription medications for condition they used a relaxation technique for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto REL_ENG]

**Question ID:** ALT.928_02.000  **Instrument Variable Name:** REL_TIM2  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

Did you receive over-the-counter medications for [fill1: condition from REL_MOST or REL_COND or REL_SPEC] before, at about the same time, or after trying [fill2: relaxation technique used most]?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+ who used over-the-counter medications for condition they used a relaxation technique for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto REL_ENG]
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine

Question ID: ALT.928_03.000  Instrument Variable Name: REL_TIM3  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive surgery for [fill1: condition from REL_MOST or REL_COND or REL_SPEC] before, at about the same time, or after trying [fill2: relaxation technique used most]?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who had surgery for condition they used a relaxation technique for the most

SkipInstructions: <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto REL_ENG]

Question ID: ALT.928_04.000  Instrument Variable Name: REL_TIM4  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive physical therapy for [fill1: condition from REL_MOST or REL_COND or REL_SPEC] before, at about the same time, or after trying [fill2: relaxation technique used most]?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who had physical therapy for condition they used a relaxation technique for the most

SkipInstructions: <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto REL_ENG]

Question ID: ALT.928_05.000  Instrument Variable Name: REL_TIM5  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive mental health counseling for [fill1: condition from REL_MOST or REL_COND or REL_SPEC] before, at about the same time, or after trying [fill2: relaxation technique used most]?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who had mental health counseling for condition they used a relaxation technique for the most

SkipInstructions: <1-3,Refused,Don't know> [goto REL_ENG]
**Question ID:** ALT.930_00.000  **Instrument Variable Name:** REL_ENG  **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you use {fill relaxation technique used most} for any of these reasons? Please say yes or no to each.

...To improve or enhance energy

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample Adult 18+ who used a relaxation technique past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto REL_WEL]

---

**Question ID:** ALT.932_00.000  **Instrument Variable Name:** REL_WEL  **QuestionnaireFileName:** Adult CAM

**QuestionText:** *Read if necessary.

DURING THE PAST 12 MONTHS, did you use {fill relaxation technique used most} for any of these reasons?

...For general wellness or general disease prevention

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample Adult 18+ who used a relaxation technique past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto REL_IMM]

---

**Question ID:** ALT.934_00.000  **Instrument Variable Name:** REL_IMM  **QuestionnaireFileName:** Adult CAM

**QuestionText:** *Read if necessary.

DURING THE PAST 12 MONTHS, did you use {fill relaxation technique used most} for any of these reasons?

...To improve or enhance immune function

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample Adult 18+ who used a relaxation technique past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto REL_COP]
DURING THE PAST 12 MONTHS, did you use (fill relaxation technique used most) for any of these reasons?

...To cope with having an illness

1  Yes
2  No
7  Refused
9  Don't know

DURING THE PAST 12 MONTHS, did you use (fill relaxation technique used most) for any of these reasons?

...Because medical treatments did not help

1  Yes
2  No
7  Refused
9  Don't know

DURING THE PAST 12 MONTHS, did you use (fill relaxation technique used most) for any of these reasons?

...Because medical treatments were too expensive

1  Yes
2  No
7  Refused
9  Don't know
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: ALT.942_00.000  Instrument Variable Name: REL_SUGG  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you use {fill relaxation technique used most} for any of these reasons?

...It was recommended by a health care provider

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample Adult 18+ who used a relaxation technique past 12 months

SkipInstructions: <1,2,Refused,Don't know> [goto REL_FFC]

Question ID: ALT.944_00.000  Instrument Variable Name: REL_FFC  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you use {fill relaxation technique used most} for any of these reasons?

...It was recommended by family friends or coworkers

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample Adult 18+ who used a relaxation technique past 12 months

SkipInstructions: <1,2,Refused,Don't know> [goto REL_PRAC]

Question ID: ALT.946_00.000  Instrument Variable Name: REL_PRAC  QuestionnaireFileName: Adult CAM

QuestionText: ?[F1]

DURING THE PAST 12 MONTHS, did you see a practitioner or take a class for {fill relaxation technique used most}?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample Adult 18+ who used a relaxation technique past 12 months

SkipInstructions: <1> [goto REL_YR] <2,Refused,Don't know> [goto REL_BKS]
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine

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Question ID: ALT.948_00.000  Instrument Variable Name: REL_YR  QuestionnaireFileName: Adult CAM

QuestionText: ![F1]

DURING THE PAST 12 MONTHS, how often did you see a practitioner or take a class for {fill relaxation technique used most}?

*Read categories if necessary.

1  Only one time
2  2-5 times
3  6-10 times
4  11-15 times
5  16-20 times
6  More than 20 times
7  Refused
9  Don't know

UniverseText: Sample Adult 18+ who saw practitioner or took a class for relaxation technique in the past 12 months

SkipInstructions: <1-6,Refused,Don't know> [goto REL_PAY]

Question ID: ALT.950_00.000  Instrument Variable Name: REL_PAY  QuestionnaireFileName: Adult CAM

QuestionText: On average, how much did you pay out-of-pocket for each visit to a practitioner or to take a class for {fill relaxation technique used most}?

*Enter '500' for $500 or more.

000-499  $0-$499
500    $500 or more
997    Refused
999    Don't know

UniverseText: Sample Adult 18+ who saw practitioner or took a class for relaxation technique in the past 12 months

SkipInstructions: <0-500,Refused,Don't know> [goto REL_BKS]

Question ID: ALT.952_00.000  Instrument Variable Name: REL_BKS  QuestionnaireFileName: Adult CAM

QuestionText: Did you buy a self-help book or other materials to learn about {fill relaxation technique used most}?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample Adult 18+ who used a relaxation technique past 12 months

SkipInstructions: <1> [goto REL_BPAY] <2,Refused,Don't know> [goto REL_DISC]
**2007 NHIS Questionnaire - Adult CAM**

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

Document Version Date: 28-May-08

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**Question ID:** ALT.954_00.000  **Instrument Variable Name:** REL_BPAY  **QuestionnaireFileName:** Adult CAM

**QuestionText:**  How much did you pay for these materials?

* Enter 500 for more than 500.

- **000-499**  0-499
- **500**  $500 or more
- **997**  Refused
- **999**  Don't know

**UniverseText:** Sample adults 18+ who bought self-help book

**SkipInstructions:** <0-500,Refused,Don't know> [goto REL_DISC]

---

**Question ID:** ALT.956_00.000  **Instrument Variable Name:** REL_DISC  **QuestionnaireFileName:** Adult CAM

**QuestionText:**  (book) ALT3  ?[F1]

DURING THE PAST 12 MONTHS, did you let any of the CONVENTIONAL medical professionals know about your use of {fill relaxation technique used most}?

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

**UniverseText:** Sample Adult 18+ who used a relaxation technique past 12 months

**SkipInstructions:** <1> [goto RELPROF]

* Enter all that apply, separate with commas.

- **01**  Medical doctor (including specialists)
- **02**  Doctor of Osteopathy (D.O.)
- **03**  Nurse practitioner/Physician assistant
- **04**  Psychiatrist
- **05**  Dentist (including specialists)
- **06**  Psychologist/social worker
- **07**  Pharmacist
- **97**  Refused
- **99**  Don't know

**UniverseText:** Sample adults 18+ who told conventional provider about use of relaxation techniques

**SkipInstructions:** <1-7,Refused,Don't know> if RELU_MED=2 [goto RELNOUSE];

* Enter all that apply, separate with commas.

- **01**  Medical doctor (including specialists)
- **02**  Doctor of Osteopathy (D.O.)
- **03**  Nurse practitioner/Physician assistant
- **04**  Psychiatrist
- **05**  Dentist (including specialists)
- **06**  Psychologist/social worker
- **07**  Pharmacist
- **97**  Refused
- **99**  Don't know

---
Please tell me the reasons why you have not used meditation in the PAST 12 MONTHS?

*Enter all that apply, separate with commas.

01 Never thought about it
02 No reason
03 Didn't need it in the last 12 months
04 It didn't work for me before
05 It costs too much
06 I had side effects last time
07 A health care provider told me not to use it
08 Medical science has not shown that it works
09 Some other reason
97 Refused
99 Don't know

Sample adults 18+ who have not used meditation in the past 12 months

What kinds of side effects did you have?

97 Refused
99 Don't know

Verbatim response

Sample adults 18+ who had side effect from using relaxation technique

Did any of these require medical attention?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who had side effect from using relaxation technique
**2007 NHIS Questionnaire - Adult CAM**

Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 28-May-08

### Question ID: ALT.966_00.000  
**Instrument Variable Name:** RELNOUSE  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT5

Please tell me the reasons why you have never used meditation?

*Enter all that apply, separate with commas.

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Never heard of it/don't know much about it</td>
</tr>
<tr>
<td>02</td>
<td>Never thought about it</td>
</tr>
<tr>
<td>03</td>
<td>No reason</td>
</tr>
<tr>
<td>04</td>
<td>Don't need it</td>
</tr>
<tr>
<td>05</td>
<td>Don't believe in it/it doesn't work</td>
</tr>
<tr>
<td>06</td>
<td>It costs too much</td>
</tr>
<tr>
<td>07</td>
<td>It is not safe to use</td>
</tr>
<tr>
<td>08</td>
<td>A health care provider told me not to use it</td>
</tr>
<tr>
<td>09</td>
<td>Medical science has not shown that it works</td>
</tr>
<tr>
<td>10</td>
<td>Some other reason</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have never used meditation

**SkipInstructions:** <1-10,Refused,Don't know> [goto PRA_SLFE]

---

### Question ID: ALT.968_00.000  
**Instrument Variable Name:** PRA_SLFE  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** Now I am going to ask you about your use of prayer for your own health.

Have you EVER prayed specifically for the purpose of your OWN health?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1 > [goto PRA_SLFM] <2,Refused,Don't know> [goto PRA_OTHE]

---

### Question ID: ALT.970_00.000  
**Instrument Variable Name:** PRA_SLFM  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you pray specifically for the purpose of your OWN health?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ ever prayed for own health

**SkipInstructions:** <1,2,Refused,Don't know> [goto PRA_OTHE]
Have you EVER asked or had OTHERS pray for your OWN health?

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

DURING THE PAST 12 MONTHS, did you ask or have OTHERS pray for your OWN health?

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

Sample adults 18+

Sample adults 18+ who ever had others pray for their health