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

Question ID: ALT.001.00.000  Instrument Variable Name: PROV1  QuestionnaireFileName: Adult CAM

QuestionText: ? [F1]
A personal health care provider is a health professional who knows you well and is familiar with your health history. This can be a general doctor, a specialist doctor, a nurse practitioner, a physician’s assistant, or another type of provider. Do you have one or more persons you think of as your personal health care provider?

1  Yes
2  No
7  Refused
9  Don't know

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

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

---

Question ID: ALT.002.00.000  Instrument Variable Name: PROVTYP  QuestionnaireFileName: Adult CAM

QuestionText: ? [F1]
What type of provider(s) is it?
*Read categories if necessary.
*Enter all that apply, separate with commas.

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

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

SkipInstructions: <1-4,R,D> [goto PROVUSPL]
Earlier you said you have a place where you usually go when you are sick. What type of provider(s) do you see there?

*Read categories if necessary.

*Enter all that apply, separate with commas.

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

Sample adults 18+ who have a usual place for healthcare

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

*Read categories if necessary.

*Enter all that apply, separate with commas.

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

Sample adults 18+ who have a routine place for healthcare that is different from a usual source for sick care
Now I am going to ask you about some health services you may have used.

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

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

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+

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

1  Yes
2  No
7  Refused
9  Don't know

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

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

Skip Instructions: <1> [goto COM_TYPE]
<2,R,D> [goto COM_USM]
### Question ID: ALT.014_00.000  Instrument Variable Name: COM_TYPE  QuestionnaireFileName: Adult CAM

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

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

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

**SkipInstructions:**
- `<1>` if PROVTYP=3 [goto COM_PHCP];
- else [goto COM_PTIM]
- `<2,R,D>` [goto COM_PTIM]
- `<3>` [goto COM_PMST]

### Question ID: ALT.015_00.000  Instrument Variable Name: COM_PMST  QuestionnaireFileName: Adult CAM

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

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

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

**SkipInstructions:**
- `<1>` if PROVTYP=3 [goto COM_PHCP];
- else [goto COM_PTIM]
- `<2,R,D>` [goto COM_PTIM]
**2012 NHIS Questionnaire - Adult CAM**

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

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

---

**Question ID:** ALT.016_00.000  **Instrument Variable Name:** COM_PHCP  **QuestionnaireFileName:** Adult CAM

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

1  Yes
2  No
7  Refused
9  Don't know

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

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

---

**Question ID:** ALT.017_00.000  **Instrument Variable Name:** COM_PTIM  **QuestionnaireFileName:** Adult CAM

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

1  Yes
2  No
7  Refused
9  Don't know

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

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

---

**Question ID:** ALT.018_00.000  **Instrument Variable Name:** COM_TMNO  **QuestionnaireFileName:** Adult CAM

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

*Enter '52' for 52 or more times.

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

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

**SkipInstructions:** <1-52,R,D> [goto COM_HIC]
**Question ID:** ALT.019_00.000  **Instrument Variable Name:** COM_TMCT  **QuestionnaireFileName:** Adult CAM

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

*Read categories below.

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

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

**SkipInstructions:** <1-7,R,D> [goto COM_HIC]

---

**Question ID:** ALT.021_00.000  **Instrument Variable Name:** COM_HIC  **QuestionnaireFileName:** Adult CAM

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

1 Yes
2 No
7 Refused
9 Don't know

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

**SkipInstructions:** <1> [goto COM_HICA]  
<2,R,D> [goto COM_HIT]
**2012 NHIS Questionnaire - Adult CAM**

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

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

<table>
<thead>
<tr>
<th>Question ID: ALT.022_00.000</th>
<th>Instrument Variable Name: COM_HICA</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> DURING THE PAST 12 MONTHS, did your health insurance cover all of the cost or just some of the cost of seeing a practitioner for [fill1: chiropractic/osteopathic] manipulation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>All of the cost</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Some of the cost</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> Sample adults 18+ whose visit(s) to a practitioner for chiropractic or osteopathic manipulation in the past 12 months were (at least partly) covered by health insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong> &lt;1&gt; [goto COM_MAT] &lt;2,R,D&gt; [goto COM_HIT]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: ALT.023_00.000</th>
<th>Instrument Variable Name: COM_HIT</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> Do you know the total amount you paid for seeing a practitioner for [fill1: chiropractic/osteopathic] manipulation in the past 12 months [fill2: not including the amount covered by insurance]?</td>
<td></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> Sample adults 18+ whose health insurance covered none or some of the cost for chiropractic or osteopathic manipulation in the past 12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong> &lt;1&gt; [goto COM_HITS] &lt;2,R,D&gt; [goto COM_AVGC]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: ALT.024_00.000</th>
<th>Instrument Variable Name: COM_HITS</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> What is the total amount you paid for seeing a practitioner for [fill1: chiropractic/osteopathic] manipulation in the past 12 months [fill2: not including the amount covered by insurance]?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Enter '0' for no cost or free.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>00000-26000</td>
<td>$0-26000</td>
<td></td>
</tr>
<tr>
<td>99997</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>99999</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong> Sample adults 18+ who know the amount they paid for chiropractic or osteopathic manipulation in the past 12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong> &lt;0-26000,R,D&gt; [goto COM_MAT]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Soft Edit:** Verify if over $1000
Question ID: ALT.025_00.010  Instrument Variable Name: COM_AVGC  QuestionnaireFileName: Adult CAM

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

1  Yes
2  No
7  Refused
9  Don't know

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

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

Question ID: ALT.026_00.000  Instrument Variable Name: COM_AVGS  QuestionnaireFileName: Adult CAM

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

Enter '0' if no cost or free

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

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

SkipInstructions: <0-500,R,D> [goto COM_MAT]

Question ID: ALT.027_00.000  Instrument Variable Name: COM_MAT  QuestionnaireFileName: Adult CAM

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

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1> [goto COM_MATC]
<2,R,D> [goto MAS_USE]
**Question ID:** ALT.028_00.000  
**Instrument Variable Name:** COM_MATC  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** About how much did you pay for these materials in the past 12 months?  
*Enter '200' for $200 or more.

000-200  
997  Refused  
999  Don't know

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

**SkipInstructions:** <0-200,R,D> [goto MAS_USE]

---

**Question ID:** ALT.037_00.000  
**Instrument Variable Name:** MAS_USE  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]  
Have you EVER used any of these therapies for your health?  
Massage?  
1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto MAS_EVER]  
<2,R,D>[goto ACU_USE]
? [F1]

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have ever used massage

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

? [F1]

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

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1>[goto MAS_PTIM]
<2,R,D> [goto MAS_USM]
### Question ID: ALT.040_00.000  **Instrument Variable Name:** MAS_USM  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>? [F1]</td>
<td>DURING THE PAST 12 MONTHS, did you use massage?</td>
</tr>
<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 ever used massage but have never seen a practitioner or have not seen one in the past 12 months

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

### Question ID: ALT.041_00.000  **Instrument Variable Name:** MAS_PTIM  **QuestionnaireFileName:** Adult CAM

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></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 massage in the past 12 months

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

### Question ID: ALT.042_00.000  **Instrument Variable Name:** MAS_TMNO  **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, how many times did you see a practitioner for massage?  
*Enter '52' for 52 or more times.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01-52</td>
<td>1-52</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 know the number of times they have seen a practitioner for massage in the past 12 months

**SkipInstructions:** <1-52,R,D> [goto MAS_HIC]
**2012 NHIS Questionnaire - Adult CAM**

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

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

---

**Question ID:** ALT.043_00.000  **Instrument Variable Name:** MAS_TMCT  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

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

*Read categories below.

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

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

**SkipInstructions:** <1-7,R,D> [goto MAS_HIC]

---

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

**QuestionText:**

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

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

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

**SkipInstructions:** <1> [goto MAS_HICA]  
<2,R,D> [goto MAS_HIT]
**DURING THE PAST 12 MONTHS, did your health insurance cover all of the cost or just some of the cost of seeing a practitioner for massage?**

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

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

**Skip Instructions:** <1> [goto MAS_MAT]
<2,R,D> [goto MAS_HIT]

---

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

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

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

**Skip Instructions:** <1> [goto MAS_HITS]
<2,R,D> [goto MAS_AVGC]

---

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

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

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

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

**Skip Instructions:** <0-26000,R,D> [goto MAS_MAT]

**Soft Edit:** Verify if over $1000
2012 NHIS Questionnaire - Adult CAM

Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 30-May-13

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

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

1 Yes
2 No
7 Refused
9 Don't know

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

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

Question ID: ALT.049_00.000 Instrument Variable Name: MAS_AVGS QuestionnaireFileName: Adult CAM

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

Enter '0' if no cost or free

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

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

Skip Instructions: <0-500,R,D> [goto MAS_MAT]

Question ID: ALT.050_00.000 Instrument Variable Name: MAS_MAT QuestionnaireFileName: Adult CAM

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

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: <1> [goto MAS_MATC]
<2,R,D> [goto ACU_USE]
About how much did you pay for these materials in the past 12 months?

*Enter '200' for $200 or more.

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

Sample adults 18+ who have bought self-help materials for massage in the past 12 months
Have you EVER seen a provider or practitioner for acupuncture for yourself?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have ever used acupuncture

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

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have ever seen a practitioner for acupuncture
DURING THE PAST 12 MONTHS, did you use acupuncture?

1  Yes
2  No
7  Refused
9  Don't know

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

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

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

*Enter '52' for 52 or more times.
2012 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 30-May-13

Question ID: ALT.067_00.000  Instrument Variable Name: ACU_TMCT  QuestionnaireFileName: Adult CAM

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

*Read categories below.

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

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

SkipInstructions: <1-7,R,D> [goto ACU_HIC]

---

Question ID: ALT.068_00.000  Instrument Variable Name: ACU_HIC  QuestionnaireFileName: Adult CAM

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

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: <1> [goto ACU_HICA]
<2,R,D> [goto ACU_HIT]
**Question ID:** ALT.069_00.000  **Instrument Variable Name:** ACU_HICA  **QuestionnaireFileName:** Adult CAM

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

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

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

**Skip Instructions:** <1> [goto ACU_MAT]
<2,R,D> [goto ACU_HIT]

---

**Question ID:** ALT.070_00.000  **Instrument Variable Name:** ACU_HIT  **QuestionnaireFileName:** Adult CAM

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

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

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

**Skip Instructions:** <1> [goto ACU_HITS]
<2,R,D> [goto ACU_AVGC]

---

**Question ID:** ALT.071_00.000  **Instrument Variable Name:** ACU_HITS  **QuestionnaireFileName:** Adult CAM

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

*Enter '0' for no cost or free.

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

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

**Skip Instructions:** <0-26000,R,D> [goto ACU_MAT]

**Soft Edit:** Verify if over $1000
2012 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 30-May-13

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

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

1       Yes
2       No
7       Refused
9       Don't know

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

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

Question ID:    ALT.073_00.000   Instrument Variable Name:   ACU_AVGS   QuestionnaireFileName:   Adult CAM

QuestionText:   On average, how much did you pay out-of-pocket for each visit to a practitioner for acupuncture?
Enter '0' if no cost or free

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

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

SkipInstructions:   <0-500,R,D> [goto ACU_MAT]

Question ID:    ALT.074_00.000   Instrument Variable Name:   ACU_MAT   QuestionnaireFileName:   Adult CAM

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

1       Yes
2       No
7       Refused
9       Don't know

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

SkipInstructions:   <1> [goto ACU_MATC]
                    <2,R,D> [goto EHT_USE]
About how much did you pay for these materials in the past 12 months?

*Enter '200' for $200 or more.

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

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

**SkipInstructions:** <0-200,R,D> [goto EHT_USE]
Have you EVER seen a provider or practitioner for energy healing therapy for yourself?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have ever used energy healing therapy

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

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have ever seen a practitioner for energy healing therapy
DURING THE PAST 12 MONTHS, did you use energy healing therapy?

1 Yes
2 No
7 Refused
9 Don't know

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

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

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

1 Yes
2 No
7 Refused
9 Don't know

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

<1> [goto EHT_TMNO]
<2,R,D> [goto EHT_TMCT]

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

*Enter ‘52′ for 52 or more times.

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

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

<1-52,R,D> [goto EHT_HIC]
**Question ID:** ALT.091_00.000  **Instrument Variable Name:** EHT_TMCT  **QuestionnaireFileName:** Adult CAM

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

*Read categories below.

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

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

**SkipInstructions:** <1-7,R,D> [goto EHT_HIC]

---

**Question ID:** ALT.092_00.000  **Instrument Variable Name:** EHT_HIC  **QuestionnaireFileName:** Adult CAM

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

1 Yes
2 No
7 Refused
9 Don't know

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

**SkipInstructions:** <1> [goto EHT_HICA]  
<2,R,D> [goto EHT_HIT]
DURING THE PAST 12 MONTHS, did your health insurance cover all of the cost or just some of the cost of seeing a practitioner for energy healing therapy?

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

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

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

1  Yes
2  No
7  Refused
9  Don't know

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

What is the total amount you paid for seeing a practitioner for energy healing therapy in the past 12 months [fill1: not including the amount covered by insurance]? *Enter '0' for no cost or free.

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

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

Verify if over $1000
Question ID: ALT.096_00.000  Instrument Variable Name: EHT_AVGC  QuestionnaireFileName: Adult CAM

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

1  Yes
2  No
7  Refused
9  Don't know

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

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

---

Question ID: ALT.097_00.000  Instrument Variable Name: EHT_AVGS  QuestionnaireFileName: Adult CAM

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

Enter '0' if no cost or free

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

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

SkipInstructions: <0-500,R,D> [goto EHT_MAT]

---

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

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

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1> [goto EHT_MATC]  
<2,R,D> [goto NAT_USE]
About how much did you pay for these materials in the past 12 months?

*Enter '200' for $200 or more.

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

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

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

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

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

Sample adults 18+
Question ID: ALT.110_00.000  Instrument Variable Name: NAT_EVER  QuestionnaireFileName: Adult CAM

QuestionText:  

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

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have ever used naturopathy

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

---

Question ID: ALT.111_00.000  Instrument Variable Name: NAT_USEM  QuestionnaireFileName: Adult CAM

QuestionText:  

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

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: <1>[goto NAT_PTIM]
<2,R,D> [goto NAT_USM]
DURING THE PAST 12 MONTHS, did you use naturopathy?

1  Yes
2  No
7  Refused
9  Don't know

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

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

1  Yes
2  No
7  Refused
9  Don't know

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

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

*Enter ‘52’ for 52 or more times.

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

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

<1-52,R,D> [goto NAT_HIC]
DURING THE PAST 12 MONTHS, ABOUT how many times did you see a practitioner for naturopathy? Would you say...

*Read categories below.

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

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

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

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have seen a practitioner for naturopathy in the past 12 months
**2012 NHIS Questionnaire - Adult CAM**

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

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

---

**Question ID:** ALT.117_00.000  **Instrument Variable Name:** NAT_HICA  **QuestionnaireFileName:** Adult CAM

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

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

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

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

---

**Question ID:** ALT.118_00.000  **Instrument Variable Name:** NAT_HIT  **QuestionnaireFileName:** Adult CAM

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

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

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

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

---

**Question ID:** ALT.119_00.000  **Instrument Variable Name:** NAT_HITS  **QuestionnaireFileName:** Adult CAM

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

*Enter '0' for no cost or free.

00000-26000  S0-26000
99997  Refused
99999  Don't know

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

**SkipInstructions:** <0-26000,R,D> [goto NAT_MAT]

**Soft Edit:** Verify if over $1000
Question ID: ALT.120_00.000  Instrument Variable Name: NAT_AVGC  QuestionnaireFileName: Adult CAM

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

1  Yes
2  No
7  Refused
9  Don't know

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

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

Question ID: ALT.121_00.000  Instrument Variable Name: NAT_AVGS  QuestionnaireFileName: Adult CAM

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

Enter '0' if no cost or free

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

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

SkipInstructions: <0-500,R,D> [goto NAT_MAT]

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

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

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1> [goto NAT_MATC]
                <2,R,D> [goto HYP_USE]
**Question ID:** ALT.123_00.000  
**Instrument Variable Name:** NAT_MATC  
**QuestionnaireFileName:** Adult CAM

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

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

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

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

**Skip Instructions:** `<0-200,R,D> [goto HYP_USE]`

---

**Question ID:** ALT.133_00.000  
**Instrument Variable Name:** HYP_USE  
**QuestionnaireFileName:** Adult CAM

**Question Text:**  
Have you EVER used any of these therapies for your health?  

Hypnosis?

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

**Universe Text:** Sample adults 18+

**Skip Instructions:** `<1> [goto HYP_EVER]  
<2,R,D>[goto BIO_USE]`
Have you EVER seen a provider or practitioner for hypnosis for yourself?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have ever used hypnosis

During the past 12 months, did you see a practitioner for hypnosis?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have ever seen a practitioner for hypnosis
### Question ID: ALT.136_00.000
**Instrument Variable Name:** HYP_BRTH  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></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 hypnosis in the past 12 months

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

### Question ID: ALT.137_00.000
**Instrument Variable Name:** HYP_USM  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did you use hypnosis?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></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 hypnosis in the past 12 months or who have used hypnosis in the past 12 months

**SkipInstructions:** <1> [goto HYP_MAT]  
<2,R,D> [goto BIO_USE]
Question ID: ALT.138_00.000  Instrument Variable Name: HYP_PTIM  QuestionnaireFileName: Adult CAM

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

1  Yes
2  No
7  Refused
9  Don't know

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

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

---

Question ID: ALT.139_00.000  Instrument Variable Name: HYP_TMNO  QuestionnaireFileName: Adult CAM

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

*Enter ‘52’ for 52 or more times.

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

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

**SkipInstructions:** <1-52,R,D> [goto HYP_HIC]
DURING THE PAST 12 MONTHS, ABOUT how many times did you see a practitioner for hypnosis? Would you say...

*Read categories below.

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

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

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

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have seen a practitioner for hypnosis in the past 12 months
### 2012 NHIS Questionnaire - Adult CAM

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

Document Version Date: 30-May-13

<table>
<thead>
<tr>
<th>Question ID: ALT.142_00.000</th>
<th>Instrument Variable Name: HYP_HICA</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> DURING THE PAST 12 MONTHS, did your health insurance cover all of the cost or just some of the cost of seeing a practitioner for hypnosis?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>All of the cost</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Some of the cost</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>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Question ID: ALT.143_00.000</th>
<th>Instrument Variable Name: HYP_HIT</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> Do you know the total amount you paid for seeing a practitioner for hypnosis in the past 12 months [fill1: not including the amount covered by insurance]?</td>
<td></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>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Question ID: ALT.144_00.000</th>
<th>Instrument Variable Name: HYP_HITS</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> What is the total amount you paid for seeing a practitioner for hypnosis in the past 12 months [fill1: not including the amount covered by insurance]?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Enter '0' for no cost or free.

<table>
<thead>
<tr>
<th>00000-26000</th>
<th>$0-26000</th>
</tr>
</thead>
<tbody>
<tr>
<td>99997</td>
<td>Refused</td>
</tr>
<tr>
<td>99999</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:** <0-26000,R,D> [goto HYP_MAT]

**Soft Edit:** Verify if over $1000
2012 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 30-May-13

Question ID: ALT.145_00.000  Instrument Variable Name: HYP_AVGC  QuestionnaireFileName: Adult CAM

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

1  Yes
2  No
7  Refused
9  Don't know

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

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

Question ID: ALT.146_00.000  Instrument Variable Name: HYP_AVGS  QuestionnaireFileName: Adult CAM

QuestionText: On average, how much did you pay out-of-pocket for each visit to a practitioner for hypnosis?
Enter '0' if no cost or free

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

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

SkipInstructions: <0-500,R,D> [goto HYP_MAT]

Question ID: ALT.147_00.000  Instrument Variable Name: HYP_MAT  QuestionnaireFileName: Adult CAM

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

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1> [goto HYP_MATC]
<2,R,D> [goto BIO_USE]
**2012 NHIS Questionnaire - Adult CAM**

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

Document Version Date: 30-May-13

---

**Question ID:** ALT.148_00.000  
**Instrument Variable Name:** HYP_MATC  
**QuestionnaireFileName:** Adult CAM

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

*Enter '200' for $200 or more.

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

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

**SkipInstructions:** <0-200,R,D> [goto BIO_USE]

---

**Question ID:** ALT.158_00.000  
**Instrument Variable Name:** BIO_USE  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

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

Biofeedback?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto BIO_EVER]
<2,R,D> [goto AYU_USE]
2012 NHIS Questionnaire - Adult CAM

Adult Alternative Health/Complementary And Alternative Medicine

Question ID: ALT.159_00.000  Instrument Variable Name: BIO_EVER  QuestionnaireFileName: Adult CAM

QuestionText: ? [F1]

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

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have ever used biofeedback

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

Question ID: ALT.160_00.000  Instrument Variable Name: BIO_USEM  QuestionnaireFileName: Adult CAM

QuestionText: ?[F1]

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

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: <1>[goto BIO_BRTH]
<2,R,D> [goto BIO_USM]
Did you do breathing exercises as part of biofeedback? Breathing exercises may involve actively controlling the way air is drawn in, or the rate or depth of breathing.

1 Yes
2 No
7 Refused
9 Don't know

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

DURING THE PAST 12 MONTHS, did you use biofeedback?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have ever used biofeedback but have never seen a practitioner or have not seen one in the past 12 months
2012 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 30-May-13

Question ID: ALT.163_00.000  Instrument Variable Name: BIO_PTIM  QuestionnaireFileName: Adult CAM

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

1  Yes
2  No
7  Refused
9  Don't know

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

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

Question ID: ALT.164_00.000  Instrument Variable Name: BIO_TMNO  QuestionnaireFileName: Adult CAM

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

*Enter '52' for 52 or more times.

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

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

SkipInstructions: <1-52,R,D> [goto BIO_HIC]
Question ID: ALT.165_00.000  Instrument Variable Name: BIO_TMCT  QuestionnaireFileName: Adult CAM

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

*Read categories below.

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

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

SkipInstructions: <1-7,R,D> [goto BIO_HIC]

Question ID: ALT.166_00.000  Instrument Variable Name: BIO_HIC  QuestionnaireFileName: Adult CAM

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

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: <1> [goto BIO_HICA]
<2,R,D> [goto BIO_HIT]
<table>
<thead>
<tr>
<th>Question ID: ALT.167_00.000</th>
<th>Instrument Variable Name: BIO_HICA</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> DURING THE PAST 12 MONTHS, did your health insurance cover all of the cost or just some of the cost of seeing a practitioner for biofeedback?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 1 All of the cost  
2 Some of the cost  
7 Refused  
9 Don't know |
| **UniverseText:** Sample adults 18+ whose visit(s) to a practitioner for biofeedback in the past 12 months were (at least partly) covered by health insurance |
| **SkipInstructions:** <1> [goto BIO_MAT]  
<2,R,D> [goto BIO_HIT] |

<table>
<thead>
<tr>
<th>Question ID: ALT.168_00.000</th>
<th>Instrument Variable Name: BIO_HIT</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> Do you know the total amount you paid for seeing a practitioner for biofeedback in the past 12 months [fill1: not including the amount covered by insurance]?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 1 Yes  
2 No  
7 Refused  
9 Don't know |
| **UniverseText:** Sample adults 18+ whose health insurance covered none or some of the cost for biofeedback in the past 12 months |
| **SkipInstructions:** <1> [goto BIO_HITS]  
<2,R,D> [goto BIO_AVGC] |

<table>
<thead>
<tr>
<th>Question ID: ALT.169_00.000</th>
<th>Instrument Variable Name: BIO_HITS</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
</table>
| **QuestionText:** What is the total amount you paid for seeing a practitioner for biofeedback in the past 12 months [fill1: not including the amount covered by insurance]?  
*Enter '0' for no cost or free.* |
| 00000-26000 $0-26000  
99997 Refused  
99999 Don't know |
| **UniverseText:** Sample adults 18+ who know the amount they paid for biofeedback in the past 12 months |
| **SkipInstructions:** <0-26000,R,D> [goto BIO_MAT]  
**Soft Edit:** Verify if over $1000 |
Question ID: ALT.170_00.000  Instrument Variable Name: BIO_AVGC  QuestionnaireFileName: Adult CAM

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

1  Yes
2  No
7  Refused
9  Don't know

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

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

---

Question ID: ALT.171_00.000  Instrument Variable Name: BIO_AVGS  QuestionnaireFileName: Adult CAM

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

Enter '0' if no cost or free

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

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

SkipInstructions: <0-500,R,D> [goto BIO_MAT]

---

Question ID: ALT.172_00.000  Instrument Variable Name: BIO_MAT  QuestionnaireFileName: Adult CAM

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

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1> [goto BIO_MATC]
                 <2,R,D> [goto AYU_USE]
About how much did you pay for these materials in the past 12 months?

*Enter '200' for $200 or more.

$0-200
999

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

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

Ayurveda (eye-yur-VAY-duh)?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+

<1> [goto AYU_EVER]
<2,R,D> [goto CHE_USE]
Have you EVER seen a provider or practitioner for ayurveda for yourself?

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

Sample adults 18+ who have ever used ayurveda

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

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

Sample adults 18+ who have ever seen a practitioner for ayurveda
**2012 NHIS Questionnaire - Adult CAM**

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

Document Version Date:  30-May-13

---

**Question ID:** ALT.186_00.000  
**Instrument Variable Name:** AYU_USM  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**  
? [F1]  

DURING THE PAST 12 MONTHS, did you use ayurveda?  

1  Yes  
2  No  
7  Refused  
9  Don't know

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

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

---

**Question ID:** ALT.187_00.000  
**Instrument Variable Name:** AYU_PTIM  
**QuestionnaireFileName:** Adult CAM

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

1  Yes  
2  No  
7  Refused  
9  Don't know

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

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

---

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

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

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

01-52  
97  Refused  
99  Don't know

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

**SkipInstructions:**  
<1-52,R,D> [goto AYU_HIC]
DURING THE PAST 12 MONTHS, ABOUT how many times did you see a practitioner for ayurveda? Would you say... 

*Read categories below. 

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

Sample adults 18+ who don't know the specific number of times they have seen a practitioner for ayurveda in the past 12 months or refuse the specific number of times.
Question ID: ALT.191_00.000  Instrument Variable Name: AYU_HICA  QuestionnaireFileName: Adult CAM

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

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

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

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

Question ID: ALT.192_00.000  Instrument Variable Name: AYU_HIT  QuestionnaireFileName: Adult CAM

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

1 Yes
2 No
7 Refused
9 Don't know

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

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

Question ID: ALT.193_00.000  Instrument Variable Name: AYU_HITS  QuestionnaireFileName: Adult CAM

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

*Enter '0' for no cost or free.

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

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

SkipInstructions: <0-26000,R,D> [goto AYU_MAT]

Soft Edit: Verify if over $1000
2012 NHIS Questionnaire - Adult CAM

Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 30-May-13

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

QuestionText: Do you know the average amount you paid for each visit for ayurveda (fill1: not including the amount covered by insurance) in the past 12 months?

1  Yes
2  No
7  Refused
9  Don't know

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

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

Question ID: ALT.195_00.000  Instrument Variable Name: AYU_AVGS  QuestionnaireFileName: Adult CAM

QuestionText: On average, how much did you pay out-of-pocket for each visit to a practitioner for ayurveda?
Enter '0' if no cost or free

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

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

SkipInstructions: <0-500,R,D> [goto AYU_MAT]

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

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

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1> [goto AYU_MATC]  
                    <2,R,D> [goto CHE_USE]
**Question ID:** ALT.197_00.000  
**Instrument Variable Name:** AYU_MATC  
**QuestionnaireFileName:** Adult CAM

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

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

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

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

**SkipInstructions:** <0-200,R,D> [goto CHE_USE]

---

**Question ID:** ALT.207_00.000  
**Instrument Variable Name:** CHE_USE  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]

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

Chelation (key-LAY-shun) Therapy?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto CHE_EVER]  
<2,R,D>[goto CST_USE]
Have you EVER seen a provider or practitioner for chelation therapy for yourself?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have ever used chelation therapy

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

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have ever seen a practitioner for chelation therapy
Question ID: ALT.210_00.000  Instrument Variable Name: CHE_USM  QuestionnaireFileName: Adult CAM

QuestionText:  ? [F1]

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

1  Yes
2  No
7  Refused
9  Don't know

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

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

Question ID: ALT.211_00.000  Instrument Variable Name: CHE_PTIM  QuestionnaireFileName: Adult CAM

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

1  Yes
2  No
7  Refused
9  Don't know

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

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

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

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

*Enter '52' for 52 or more times.

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

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

SkipInstructions: <1-52,R,D> [goto CHE_HIC]
DURING THE PAST 12 MONTHS, ABOUT how many times did you see a practitioner for chelation therapy? Would you say...

*Read categories below.

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

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

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

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have seen a practitioner for chelation therapy in the past 12 months.
DURING THE PAST 12 MONTHS, did your health insurance cover all of the cost or just some of the cost of seeing a practitioner for chelation therapy?

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

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

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

1  Yes
2  No
7  Refused
9  Don't know

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

What is the total amount you paid for seeing a practitioner for chelation therapy in the past 12 months [fill1: not including the amount covered by insurance]? *Enter '0' for no cost or free.

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

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

Verify if over $1000
2012 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 30-May-13

Question ID: ALT.218_00.000  Instrument Variable Name: CHE_AVGC  QuestionnaireFileName: Adult CAM

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

1  Yes
2  No
7  Refused
9  Don't know

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

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

Question ID: ALT.219_00.000  Instrument Variable Name: CHE_AVGS  QuestionnaireFileName: Adult CAM

QuestionText: On average, how much did you pay out-of-pocket for each visit to a practitioner for chelation therapy?
Enter '0' if no cost or free

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

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

SkipInstructions: <0-500,R,D> [goto CHE_MAT]

Question ID: ALT.220_00.000  Instrument Variable Name: CHE_MAT  QuestionnaireFileName: Adult CAM

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

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1> [goto CHE_MATC]
<2,R,D> [goto CST_USE]
About how much did you pay for these materials in the past 12 months?

*Enter ‘200’ for $200 or more.

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

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

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

1 Yes
2 No
7 Refused
9 Don't know
**2012 NHIS Questionnaire - Adult CAM**

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

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

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

**QuestionText:**

? [F1]

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

1  Yes  
2  No  
7  Refused  
9  Don't know

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

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

---

**Question ID:** ALT.233_00.000  **Instrument Variable Name:** CST_USEM  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

? [F1]

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

1  Yes  
2  No  
7  Refused  
9  Don't know

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

**SkipInstructions:** <1> [goto CST_PTIM]  
<2,R,D> [goto CST_USM]
2012 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 30-May-13

Question ID: ALT.234_00.000  Instrument Variable Name: CST_USM  QuestionnaireFileName: Adult CAM

QuestionText: ? [F1]

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

1 Yes
2 No
7 Refused
9 Don't know

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

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

Question ID: ALT.235_00.000  Instrument Variable Name: CST_PTIM  QuestionnaireFileName: Adult CAM

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

1 Yes
2 No
7 Refused
9 Don't know

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

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

Question ID: ALT.236_00.000  Instrument Variable Name: CST_TMNO  QuestionnaireFileName: Adult CAM

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

*Enter ‘52’ for 52 or more times.

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

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

SkipInstructions: <1-52,R,D> [goto CST_HIC]
DURING THE PAST 12 MONTHS, ABOUT how many times did you see a practitioner for craniosacral therapy? Would you say...

*Read categories below.

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

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

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

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have seen a practitioner for craniosacral therapy in the past 12 months
### Question ID: ALT.239_00.000
**Instrument Variable Name:** CST_HICA
**QuestionnaireFileName:** Adult CAM

**QuestionText:** During the past 12 months, did your health insurance cover all of the cost or just some of the cost of seeing a practitioner for craniosacral therapy?

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

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

**SkipInstructions:** &lt;1&gt; [goto CST_MAT]  
&lt;2,R,D&gt; [goto CST_HIT]

---

### Question ID: ALT.240_00.000
**Instrument Variable Name:** CST_HIT
**QuestionnaireFileName:** Adult CAM

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

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

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

**SkipInstructions:** &lt;1&gt; [goto CST_HITS]  
&lt;2,R,D&gt; [goto CST_AVGC]

---

### Question ID: ALT.241_00.000
**Instrument Variable Name:** CST_HITS
**QuestionnaireFileName:** Adult CAM

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

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

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

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

**SkipInstructions:** &lt;0-26000,R,D&gt; [goto CST_MAT]

**Soft Edit:** Verify if over $1000
Do you know the average amount you paid for each visit for craniosacral therapy {fill1: not including the amount covered by insurance} in the past 12 months?

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

Sample adults 18+ who don't know the total amount they paid for craniosacral therapy in the past 12 months

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

Enter '0' if no cost or free

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

Sample adults 18+ who know the average per visit they paid for craniosacral therapy in the past 12 months

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

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

Sample adults 18+ who have seen a practitioner for craniosacral therapy in the past 12 months
**Question ID:** ALT.245_00.000  
**Instrument Variable Name:** CST_MATC  
**QuestionnaireFileName:** Adult CAM

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

*Enter ‘200’ for $200 or more.*

- 000-200
- 997 Refused
- 999 Don't know

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

**SkipInstructions:** <0-200,R,D> [goto TRD_EVR]

---

**Question ID:** ALT.255_00.000  
**Instrument Variable Name:** TRD_EVR  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1] (book) CAM1

Have you EVER seen any of these traditional healers?

- Native American Healer/Medicine Man
- Shaman (SHAH-man)
- Curandero (coo-rahn-DEHR-oh), Machi (MAH-chee) or Parchero (pahr-CHEH-roh)
- Yerbero (yehr-BEHR-oh) or Hierbista (yehr-BEE-stah)
- Sobador (so-bah-DOHR)
- Huesero (weh-SEHR-oh)

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto TRD_EVR1]  
<2,R,D> [goto AVT_USE]
Question ID: ALT.256_00.010  Instrument Variable Name: TRD_EVR1  QuestionnaireFileName: Adult CAM

QuestionText:  ? [F1] (book) CAM1

Which ones?

1  Native American Healer or Medicine Man
2  Shaman (SHAH-man)
3  Curandero (coo-rahn-DEHR-oh), Machi (MAH-chee), or Parchero (pahr-CHEH-roh)
4  Yerbero (yehr-BEH-roh) or Hierbista (yehr-BEE-stah)
5  Sobador (so-bah-DOHR)
6  Huesero (weh-SEHR-oh)
7  Refused
8  Don't know

UniverseText:  Sample adults 18+ who have ever seen one of the traditional healers from card ALT1

SkipInstructions:  cycle through "TRDU" questions for all selected practitioners:
<1> [goto TRDU_NAH]
<2> [goto TRDU_SHA]
<3> [goto TRDU_CUR]
<4> [goto TRDU_YER]
<5> [goto TRDU_SOB]
<6> [goto TRDU_HUE]
<R,D> [goto AVT_USE]

If TRD_EVR1 includes 1 goto TRDU_NAH
elseif TRD_EVR1 includes 2 goto TRDU_SHA
elseif TRD_EVR1 includes 3 goto TRDU_CUR
elseif TRD_EVR1 includes 4 goto TRDU_YER
elseif TRD_EVR1 includes 5 goto TRDU_SOB
elseif TRD_EVR1 includes 6 goto TRDU_HUE
**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

**Sample adults 18+ who have ever seen a Native American Healer or Medicine Man**

**DURING THE PAST 12 MONTHS, did you see...?**

**A Shaman (SHAH-man)**

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

**Sample adults 18+ who have ever seen a Shaman**
2012 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 30-May-13

Question ID: ALT.259_00.000 Instrument Variable Name: TRDU_CUR QuestionnaireFileName: Adult CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did you see...?

A Curandero (coo-rahn-DEHR-oh), Machi (MAH-chee), or Parchero (pahr-CHEH-roh)

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have ever seen a Curandero, Machi, or Parchero

SkipInstructions: <1,2,R,D> if TRD_EVR1='1' and more than one selected [goto next TRDU question],
<1> If no more were selected at TRD_EVR1 [goto TRD_PTIM]
<2,R,D> If If no more were selected at TRD_EVR1 [goto AVT_USE]

Question ID: ALT.260_00.000 Instrument Variable Name: TRDU_YER QuestionnaireFileName: Adult CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did you see...?

A Yerbero (yehr-BEH-rho) or Hierbista (yehr-BEE-stah)

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have ever seen a Yerbero or Hierbista

SkipInstructions: <1,2,R,D> if TRD_EVR1='1' and more than one selected [goto next TRDU question],
<1> If no more were selected at TRD_EVR1 [goto TRD_PTIM]
<2,R,D> If If no more were selected at TRD_EVR1 [goto AVT_USE]
Question ID: ALT.261_00.000  Instrument Variable Name: TRDU_SOB  QuestionnaireFileName: Adult CAM

QuestionText:  

DURING THE PAST 12 MONTHS, did you see...?

A Sobador (so-bah-DOHR)

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1,2,R,D> if TRD_EVR1='1' and more than one selected [goto next TRDU question],
<1> If no more were selected at TRD_EVR1 [goto TRD_PTIM]
<2,R,D> If If no more were selected at TRD_EVR1 [goto AVT_USE]

---

Question ID: ALT.262_00.000  Instrument Variable Name: TRDU_HUE  QuestionnaireFileName: Adult CAM

QuestionText:  

DURING THE PAST 12 MONTHS, did you see...?

A Huesero (weh-SEHR-oh)

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1> [goto TRD_PTIM]
<2,R,D> if no to all applicable TRDU, [goto AVT_USE];
else [goto TRD_PTIM]
Question ID: ALT.263_00.000  Instrument Variable Name: TRD_PTIM  QuestionnaireFileName: Adult CAM

QuestionText: Do you know the exact number of times you saw traditional healers in the past 12 months?

1  Yes
2  No
7  Refused
9  Don't know

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

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

Question ID: ALT.264_00.000  Instrument Variable Name: TRD_TMNO  QuestionnaireFileName: Adult CAM

QuestionText: DURING THE PAST 12 MONTHS, how many times did you see traditional healers?

*Enter '52' for 52 or more times.

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

UniverseText: Sample adults 18+ who know the number of times they have seen traditional healers in the past 12 months

SkipInstructions: <1-52,R,D> [goto TRD_HIC]
2012 NHIS Questionnaire - Adult CAM

Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 30-May-13

Question ID: ALT.265_00.000
Instrument Variable Name: TRD_TMCT
QuestionnaireFileName: Adult CAM

QuestionText: DURING THE PAST 12 MONTHS, ABOUT how many times did you see traditional healers? Would you say...

*Read categories below.

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

UniverseText: Sample adults 18+ who don't know the specific number of times they have seen traditional healers in the past 12 months or refuse the specific number of times

SkipInstructions: <1-7,R,D> [goto TRD_HIC]

---

Question ID: ALT.266_00.000
Instrument Variable Name: TRD_HIC
QuestionnaireFileName: Adult CAM

QuestionText: DURING THE PAST 12 MONTHS, were any of the costs of seeing traditional healers covered by health insurance?

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: <1> [goto TRD_HICA]
<2,R,D> [goto TRD_HIT]
### Question 267
**Question ID:** ALT.267_00.000  
**Instrument Variable Name:** TRD_HICA  
**QuestionnaireFileName:** Adult CAM

**Question Text:** DURING THE PAST 12 MONTHS, did your health insurance cover all of the cost or just some of the cost of seeing traditional healers?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>All of the cost</td>
</tr>
<tr>
<td>2</td>
<td>Some of the cost</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**Universe Text:** Sample adults 18+ whose visit(s) to traditional healers in the past 12 months were (at least partly) covered by health insurance

**Skip Instructions:** <1> [goto TRD_MAT]  
<2,R,D> [goto TRD_HIT]

### Question 268
**Question ID:** ALT.268_00.000  
**Instrument Variable Name:** TRD_HIT  
**QuestionnaireFileName:** Adult CAM

**Question Text:** Do you know the total amount you paid for seeing traditional healers in the past 12 months [fill1: not including the amount covered by insurance]?

<table>
<thead>
<tr>
<th>Code</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>

**Universe Text:** Sample adults 18+ whose health insurance covered none or some of the cost for traditional healers in the past 12 months

**Skip Instructions:** <1> [goto TRD_HITS]  
<2,R,D> [goto TRD_AVGC]

### Question 269
**Question ID:** ALT.269_00.000  
**Instrument Variable Name:** TRD_HITS  
**QuestionnaireFileName:** Adult CAM

**Question Text:** What is the total amount you paid for seeing traditional healers in the past 12 months [fill1: not including the amount covered by insurance]?

*Enter '0' for no cost or free.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-26000</td>
<td>$0-26000</td>
</tr>
<tr>
<td>99997</td>
<td>Refused</td>
</tr>
<tr>
<td>99999</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**Universe Text:** Sample adults 18+ who know the amount they paid for traditional healers in the past 12 months

**Skip Instructions:** <0-26000,R,D> [goto TRD_MAT]  
Verify if over $1000

**Soft Edit:**
2012 NHIS Questionnaire - Adult CAM

Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 30-May-13

Question ID: ALT.270_00.000  Instrument Variable Name: TRD_AVGC  QuestionnaireFileName: Adult CAM

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

1  Yes
2  No
7  Refused
9  Don't know

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

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

Question ID: ALT.271_00.000  Instrument Variable Name: TRD_AVGS  QuestionnaireFileName: Adult CAM

QuestionText: On average, how much did you pay out-of-pocket for each visit to traditional healers?

Enter '0' if no cost or free

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

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

SkipInstructions: <0-500,R,D> [goto TRD_MAT]

Question ID: ALT.272_00.000  Instrument Variable Name: TRD_MAT  QuestionnaireFileName: Adult CAM

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

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1> [goto TRD_MATC]
<2,R,D> [goto AVT_USE]
Question ID: ALT.273_00.000  Instrument Variable Name: TRD_MATC  QuestionnaireFileName: Adult CAM

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

*Enter '200' for $200 or more.

**000-200**
997  Refused
999  Don't know

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

SkipInstructions: <0-200,R,D> [go to AVT_USE]

---

Question ID: ALT.283_00.000  Instrument Variable Name: AVT_USE  QuestionnaireFileName: Adult CAM

QuestionText: ? [F1]

Now I am going to ask you about some additional health practices. The first practice I’ll ask about is vitamins and minerals. These are pills, capsules, tablets, or liquids that have been labeled as a VITAMIN OR MINERAL SUPPLEMENT. I’ll ask about herbs or other non-vitamin supplements next.

Have you EVER taken multi-vitamins or multi-minerals?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [go to AVT_USM]
<2,R,D> [go to AVT_ABEV]
**Question ID:** ALT.284_00.000  
**Instrument Variable Name:** AVT_USM  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you take multi-vitamins or multi-minerals?

1   Yes  
2   No  
7   Refused  
9   Don't know  

**UniverseText:** Sample adults 18+ who have ever taken multi-vitamins or multi-minerals

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

---

**Question ID:** ALT.285_00.000  
**Instrument Variable Name:** AVT_ABEV  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** {fill1: Other than in a multi-vitamin or mineral have/Have} you EVER taken vitamins A,B,C,D,E,H, or K?

1   Yes  
2   No  
7   Refused  
9   Don't know  

**UniverseText:** Sample adults 18+

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

---

**Question ID:** ALT.286_00.000  
**Instrument Variable Name:** AVT_ABUM  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you take vitamins A,B,C,D,E,H, or K?

1   Yes  
2   No  
7   Refused  
9   Don't know  

**UniverseText:** Sample adults 18+ who have ever taken vitamins A,B,C,D,E,H, or K

**SkipInstructions:** <1,2,R,D> [goto AVT_CAEV]
2012 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 30-May-13

Question ID: ALT.287_00.000  Instrument Variable Name: AVT_CAEV  QuestionnaireFileName: Adult CAM

QuestionText: [fill1: Other than in a multi-vitamin or mineral] Have you EVER taken calcium, magnesium, iron, chromium, zinc, selenium, or potassium?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

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

---

Question ID: ALT.288_00.000  Instrument Variable Name: AVT_CAUM  QuestionnaireFileName: Adult CAM

QuestionText: DURING THE PAST 12 MONTHS, did you take calcium, magnesium, iron, chromium, zinc, selenium, or potassium?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have taken calcium, magnesium, iron, chromium, zinc, selenium, or potassium

SkipInstructions: <1,2,R,D> [goto AHB_EVR]
Herbs or other non-vitamin supplements are pills, capsules, tablets, or liquids that have been labeled as a DIETARY SUPPLEMENT. This does NOT include vitamin or mineral supplements, homeopathic treatments, or drinking herbal or green teas.

Have you EVER taken any herbal or other non-vitamin supplements listed on this card for yourself?

*Tinctures are included.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AHB_USM]
<2,R,D> if VIT_USM=1 [goto AVT_BOFN];
else [goto HOM_USE]
Question ID: ALT.300.00.000  
Instrument Variable Name: AHB_LSTY  
QuestionnaireFileName: Adult CAM

QuestionText: ? [F1] (book) CAM2

Please tell me which of these supplements you have taken DURING THE PAST 12 MONTHS? If you took more than one herb in a single supplement, select "combination herb pill."

*Enter all that apply, separate with commas.

01 Combination herb pill
02 Acai (pills, gelcaps)
03 Bee Pollen and other Bee products
04 Chondroitin
05 Co-enzyme Q10 (CoQ10)
06 Cranberry (pills or capsules)
07 Digestive Enzymes (lactaid)
08 Echinacea
09 Fish Oil or omega 3 or DHA fatty acid or EPA fatty acid supplements
10 Garlic supplements (pills, gelcaps)
11 Ginkgo Biloba
12 Ginseng
13 Glucosamine
14 Green tea pills (not brewed tea) or EGCG (pills)
15 Melatonin
16 Milk Thistle (silymarin)
17 MSM (Methylsulfonylmethane)
18 Probiotics or Prebiotics
19 SAM-e
20 Saw Palmetto
21 Valerian
22 Other herbs or non-vitamin supplements
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who have taken herbs or other non-vitamin supplements in the past 12 months

SkipInstructions: <1-22> [goto AHB_MON]  
<R,D> [goto AHB_EVR1]
Did you take any of these DURING THE PAST 30 DAYS?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have taken specific herbs or other non-vitamin supplements in the past 12 months
Which of these supplements have you taken DURING THE PAST 30 DAYS? If you took more than one herb in a single supplement, select "combination herb pill."

*Enter all that apply, separate with commas.

01 Combination herb pill
02 Acai (pills, gelcaps)
03 Bee Pollen and other Bee products
04 Chondroitin
05 Co-enzyme Q10 (CoQ10)
06 Cranberry (pills or capsules)
07 Digestive Enzymes (lactaid)
08 Echinacea
09 Fish Oil or omega 3 or DHA fatty acid or EPA fatty acid supplements
10 Garlic supplements (pills, gelcaps)
11 Ginkgo Biloba
12 Ginseng
13 Glucosamine
14 Green tea pills (not brewed tea) or EGCG (pills)
15 Melatonin
16 Milk Thistle (silymarin)
17 MSM (Methylsulfonylmethane)
18 Probiotics or Prebiotics
19 SAM-e
20 Saw Palmetto
21 Valerian
22 Other herbs or non-vitamin supplements
97 Refused
99 Don't know

Sample adults 18+ who have taken herbs or other non-vitamin supplements in the past 30 days

Skip Instructions:

<1> [goto AHB_CHPN]
<1,2-21> if AHB_CNT<2 [goto AHB_CHPN] (then to AHB_CHP1 to AHB_TP2)
<1,2-21,22> if AHB_CNT>2 [goto AHB_CHPN] (then to AHB_CHP1 to AHB_MOTH to AHB_LU1 (if more than 1 to AHB_LU2) goto AHB_TP2
<2-21> if AHB_CNT<2 [goto AHB_TP2]
<22> [goto AHB_MOTH];
<2-21,22> if AHB_CNT<2 [goto AHB_MOTH], to AHB_LU1 (if more than 1 to AHB_LU2) go to AHB_TP2 else if AHB_CNT<=2 <2-21> [goto AHB_EVR1]
<table>
<thead>
<tr>
<th>Question ID: ALT.303_00.000</th>
<th>Instrument Variable Name: AHB_CHPN</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: How many different &quot;combination herb pills&quot; did you take?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01-50</td>
<td>1-50</td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td>UniverseText: Sample adults 18+ who have taken a combination herb pill in the past 30 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1-50,R,D&gt; [goto AHB_CHP1]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Question ID: ALT.304_00.000  Instrument Variable Name: AHB_CHP1  QuestionnaireFileName: Adult CAM

QuestionText: (book) CAM2

If AHB_CHPN=R,D, fill:
{Which herbs or other non-vitamin supplements are included in the combination herb pill or pills?}
If AHB_CHPN=1 fill:
{Which herbs or other non-vitamin supplements are included in the combination herb pill?}
Else if AHB_CHPN=2 fill:
{Which herbs or other non-vitamin supplements are included in the first combination herb pill?}
Else if AHB_CHPN=3-50, fill:
{Thinking of the two combination herb pills you take most often, what herbs or other non-vitamin supplements are included in the first combination herb pill?}

*Enter all that apply, separate with commas.

02  Acai (pills, gelcaps)
03  Bee Pollen and other Bee products
04  Chondroitin
05  Co-enzyme Q10 (CoQ10)
06  Cranberry (pills or capsules)
07  Digestive Enzymes (lactaid)
08  Echinacea
09  Fish Oil or omega 3 or DHA fatty acid or EPA fatty acid supplements
10  Garlic supplements (pills, gelcaps)
11  Ginkgo Biloba
12  Ginseng
13  Glucosamine
14  Green tea pills (not brewed tea) or EGCG (pills)
15  Melatonin
16  Milk Thistle (silymarin)
17  MSM (Methylsulfonylmethane)
18  Probiotics or Prebiotics
19  SAM-e
20  Saw Palmetto
21  Valerian
22  Other herbs or non-vitamin supplements
97  Refused
99  Don't know

UniverseText: Sample adults 18+ who have taken a select number of combination herb pill(s) in the past 30 days

SkipInstructions: <2-22,R,D> if AHB_CHPN GE 2 [goto AHB_CHP2];
else if AHB_LSTM=2-21 and AHB_CNT>2 [goto AHB_TP2];
else if AHB_LSTM=22 [goto AHB_MOTH];
else IF AHB_CHPN=1 [goto AHB_EVR1]
If AHB_CHPN=2, fill: {Which herbs or other non-vitamin supplements are included in the second combination herb pill?}
Else if AHB_CHPN=3-50, fill: {Thinking of the two combination herb pills you take most often, what herbs or other non-vitamin supplements are included in the second combination herb pill?}

02  Acai (pills, gelcaps)
03  Bee Pollen and other Bee products
04  Chondroitin
05  Co-enzyme Q10 (CoQ10)
06  Cranberry (pills or capsules)
07  Digestive Enzymes (lactaid)
08  Echinacea
09  Fish Oil or omega 3 or DHA fatty acid or EPA fatty acid supplements
10  Garlic supplements (pills, gelcaps)
11  Ginkgo Biloba
12  Ginseng
13  Glucosamine
14  Green tea pills (not brewed tea) or EGCG (pills)
15  Melatonin
16  Milk Thistle (silymarin)
17  MSM (Methylsulfonylmethane)
18  Probiotics or Prebiotics
19  SAM-e
20  Saw Palmetto
21  Valerian
22  Other herbs or non-vitamin supplements
97  Refused
99  Don't know

UniverseText: Sample adults 18+ who have taken two or more combination herb pills

SkipInstructions: <2-22,R,D> if AHB_CNT>2 [goto AHB_TP2];
else if AHB_LSTM=22 [goto AHB_MOTH];
else [goto AHB_EVR1]
**Question ID:** ALT.306_00.000  
**Instrument Variable Name:** AHB_MOTH  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** How many of these other herbs or non-vitamin supplements have you taken in the past 30 days?

*Enter '50' for 50 or more.

<table>
<thead>
<tr>
<th>01-50</th>
<th>1-50</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 have taken other type of herb or non-vitamin supplement

**SkipInstructions:** `<1-50> [goto AHB_LU1]; <R,D> if AHB_CNT>2[goto AHB_TP2]; else if AHB_CNT=2 [goto AHB_EVR1]`

---

**Question ID:** ALT.307_00.000  
**Instrument Variable Name:** AHB_LU1  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** {fill1: Please give me the name of the other herb or other non-vitamin supplement you took in the past 30 days./Please give me the names of the two most important herbs or other non-vitamin supplements you took in the past 30 days.}

*Enter the name of the first herb/non-vitamin supplement to locate in the look-up table.

*Enter 'ZZ' if herb/non-vitamin supplement not found.

| < | 50 characters allowed in look-up table> |
| 09 | Don't Know |
| 97 | Refused |

**UniverseText:** Sample adults 18+ who have taken other type of herb or non-vitamin supplement

**SkipInstructions:** `<herb> if AHB_MOTH GE 2 [goto AHB_LU2] else if AHB_MOTH=1 [goto AHB_EVR1]  
<herb> if AHB_CNT>2[goto AHB_TP2]; else AHB_CNT<=2 [goto AHB_EVR1]`
*Enter the second most important other herb/non-vitamin supplement as reported by the respondent

*Enter 'ZZ' if herb/non-vitamin supplement not found.

50 characters allowed in look-up table

09 Don't Know
97 Refused

Sample adults 18+ who have taken two or more herbs or non-vitamin supplements
<table>
<thead>
<tr>
<th>QuestionID:</th>
<th>ALT.309_00.000</th>
<th>InstrumentVariableName:</th>
<th>AHB_T2</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Which TWO of these herbal supplements did you take the most in the PAST 30 DAYS?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Enter two answers, separate with commas.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*If respondent cannot choose two herbs used most often, probe for the two most important for health.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01</td>
<td>Combination herb pill</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>Acai (pills, gelcaps)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03</td>
<td>Bee Pollen and other Bee products</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04</td>
<td>Chondroitin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>05</td>
<td>Co-enzyme Q10 (CoQ10)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>06</td>
<td>Cranberry (pills or capsules)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>07</td>
<td>Digestive Enzymes (lactaid)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08</td>
<td>Echinacea</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09</td>
<td>Fish Oil or omega 3 or DHA fatty acid or EPA fatty acid supplements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Garlic supplements (pills, gelcaps)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Ginkgo Biloba</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Ginseng</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Glucosamine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Green tea pills (not brewed tea) or EGCG (pills)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Melatonin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Milk Thistle (silymarin)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>MSM (Methylsulfonylmethane)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Probiotics or Prebiotics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>SAM-e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Saw Palmetto</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Valerian</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Second combination herb pill</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>{First herb from lookup table}</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>{Second herb from lookup table}</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have taken more than 2 herbal or non-vitamin supplements in the past 30 days

**SkipInstructions:** `<1-24> fill values into AHB_T21 and AHB_T22 if applicable; [goto AHB_EVR1];
<R,D> [goto AHB_EVR1]`
2012 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 30-May-13

**Question ID:** ALT.312_00.000  **Instrument Variable Name:** AHB_EVR1  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

? [F1]

Have you EVER seen a practitioner for herbs or other non-vitamin supplements?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have ever taken herbs or other non-vitamin supplements in the past 12 months

**SkipInstructions:**

<1> [goto AHB_USE1]
<2,R,D> if AVT_USM=1 [goto AVT_BOFN];
else if AVT_USM ne 1 [goto AHB_BOFN]

---

**Question ID:** ALT.313_00.000  **Instrument Variable Name:** AHB_USE1  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

? [F1]

DURING THE PAST 12 MONTHS, did you see a practitioner for herbs or other non-vitamin supplements?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for herbs or other non-vitamin supplements

**SkipInstructions:**

<1,2,R,D> if AVT_USM=1 [goto AVT_BOFN];
else AVT_USM ne 1 [goto AHB_BOFN]
Now I am going to ask you about how much you spend on vitamins and minerals, and herbs or other non-vitamin supplements. First I will ask about vitamins and minerals and then about herbs or other non-vitamin supplements.

About how many times per week, month, or year do you buy vitamins and minerals?

*Enter number.

*Enter '0' if respondent does not buy vitamins or minerals.

000-995  0-995
997  Refused
999  Don't know

Sample adults 18+ who have taken vitamins or minerals in the past year

*Enter time period for how often vitamins and minerals are bought.

0  Never/none
1  Week
2  Month
3  Year
7  Refused
9  Don't know

Sample adults 18+ who gave a number for how many times vitamins and minerals were purchased
2012 NHIS Questionnaire - Adult CAM

Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 30-May-13

Question ID: ALT.316_00.000  Instrument Variable Name: AVT_CST1  QuestionnaireFileName: Adult CAM

QuestionText: About how much did you spend the last time you bought vitamins or minerals?

*Enter '0' for none.

0000-1000  $0-1000
9997  Refused
9999  Don't know

UniverseText: Sample adults 18+ who have purchased vitamins in the past year a specific number of times or who don’t know the number of times

SkipInstructions: <0-1000,R,D> if AHB_USM=1 [goto AHB_BOFN];
else AHB_USM ne1 [goto HOM_USE]

---

Question ID: ALT.317_00.000  Instrument Variable Name: AHB_BOFN  QuestionnaireFileName: Adult CAM

QuestionText: 1 of 2

Now I am going to ask you about how much you spend on herbs or other non-vitamin supplements.

About how many times per week, month, or year do you buy herbs or other non-vitamin supplements?

*Enter number.

*Enter '0' if respondent does not buy herbs or non-vitamin supplements.

000-995  $0-995
97  Refused
999  Don't know

UniverseText: Sample adults 18+ who have taken herbs or other non-vitamin supplements in the past year

SkipInstructions: <1-995> [goto AHB_BOFT]
<D> [goto AHB_CST1]
<0,R> if AHB_USE1=1 [goto AHB_PTIM];
else AHB_USE1 ne 1 [goto AHB_MAT]
Question ID: ALT.318_00.000  Instrument Variable Name: AHB_BOFT  QuestionnaireFileName: Adult CAM

QuestionText: 2 of 2

*Enter time period for how often herbs and other non-vitamin supplements are bought.

0  Never/none
1  Week
2  Month
3  Year
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who gave a number for how many times herbs or other non-vitamin supplements were purchased

SkipInstructions: <1-3,R,D> [goto AHB_CST1]

Question ID: ALT.319_00.000  Instrument Variable Name: AHB_CST1  QuestionnaireFileName: Adult CAM

QuestionText: About how much did you spend the last time you bought herbs or other non-vitamin supplements?

*Enter '0' for none.

0000-1000 $0-1000
9997 Refused
9999 Don't know

UniverseText: Sample adults 18+ who have purchased herbs or other non-vitamin supplements in the past year a specific number of times or who don’t know the number of times

SkipInstructions: <0-1000,R,D> if AHB_USE1=1 [goto AHB_PTIM];
else if AHB_USE1 ne 1 [goto AHB_MAT]
Do you know the exact number of times you saw a practitioner for herbs or other non-vitamin supplements in the past 12 months?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have seen a practitioner for herbs or other non-vitamin supplements in the past 12 months

DURING THE PAST 12 MONTHS, how many times did you see a practitioner for herbs or other non-vitamin supplements?

*Enter ‘52’ for 52 or more times.

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

Sample adults 18+ who know the number of times they have seen a practitioner for herbs or other non-vitamin supplements in the past 12 months
**Question Text:**
DURING THE PAST 12 MONTHS, ABOUT how many times did you see a practitioner for herbs or other non-vitamin supplements? Would you say...

*Read categories below.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Only 1 time</td>
</tr>
<tr>
<td>02</td>
<td>2-5 times</td>
</tr>
<tr>
<td>03</td>
<td>6-10 times</td>
</tr>
<tr>
<td>04</td>
<td>11-15 times</td>
</tr>
<tr>
<td>05</td>
<td>16-20 times</td>
</tr>
<tr>
<td>06</td>
<td>21-25 times</td>
</tr>
<tr>
<td>07</td>
<td>More than 25 times</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**Universe Text:**
Sample adults 18+ who don't know the specific number of times they have seen a practitioner for herbs or other non-vitamin supplements in the past 12 months or refuse the specific number of times

**Skip Instructions:**
\(<1-7,R,D> \ [\text{goto AHB_HIC}]\)

---

**Question Text:**
DURING THE PAST 12 MONTHS, were any of the costs of seeing a practitioner for herbs or other non-vitamin supplements covered by health insurance?

<table>
<thead>
<tr>
<th>Category</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>

**Universe Text:**
Sample adults 18+ who have seen a practitioner for herbs or other non-vitamin supplements in the past 12 months

**Skip Instructions:**
\(<1> \ [\text{goto AHB_HICA}]\)
\(<2,R,D> \ [\text{goto AHB_HIT}]\)
Question ID: ALT.324_00.000  Instrument Variable Name: AHB_HICA  QuestionnaireFileName: Adult CAM

QuestionText: DURING THE PAST 12 MONTHS, did your health insurance cover all of the cost or just some of the cost of seeing a practitioner for herbs or other non-vitamin supplements?

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

UniverseText: Sample adults 18+ whose visit(s) to a practitioner for herbs or other non-vitamin supplements in the past 12 months were (at least partly) covered by health insurance

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

---

Question ID: ALT.325_00.000  Instrument Variable Name: AHB_HIT  QuestionnaireFileName: Adult CAM

QuestionText: Do you know the total amount you paid for seeing a practitioner for herbs or other non-vitamin supplements in the past 12 months [fill1: not including the amount covered by insurance]?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ whose health insurance covered none or some of the cost for herbs or other non-vitamin supplements in the past 12 months

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

---

Question ID: ALT.326_00.000  Instrument Variable Name: AHB_HITS  QuestionnaireFileName: Adult CAM

QuestionText: What is the total amount you paid for seeing a practitioner for herbs or other non-vitamin supplements in the past 12 months [fill1: not including the amount covered by insurance]?

*Enter '0' for no cost or free.

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

UniverseText: Sample adults 18+ who know the amount they paid for herbs or other non-vitamin supplements in the past 12 months

SkipInstructions: <0-26000,R,D> [goto AHB_MAT]

Soft Edit: Verify if over $1000
Question ID: ALT.327_00.000  
Instrument Variable Name: AHB_AVGC  
QuestionnaireFileName: Adult CAM

**QuestionText:**  
Do you know the average amount you paid for each visit for herbs or other non-vitamin supplements {fill1: not including the amount covered by insurance} in the past 12 months?

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

**UniverseText:**  
Sample adults 18+ who don't know the total amount they paid for herbs or other non-vitamin supplements in the past 12 months

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

---

Question ID: ALT.328_00.000  
Instrument Variable Name: AHB_AVGS  
QuestionnaireFileName: Adult CAM

**QuestionText:**  
On average, how much did you pay out-of-pocket for each visit to a practitioner for herbs or other non-vitamin supplements?

Enter '0' if no cost or free

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

**UniverseText:**  
Sample adults 18+ who know the average per visit they paid for herbs or other non-vitamin supplements in the past 12 months

**SkipInstructions:**  
<0-500,R,D> [goto AHB_MAT]

---

Question ID: ALT.329_00.000  
Instrument Variable Name: AHB_MAT  
QuestionnaireFileName: Adult CAM

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

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

**UniverseText:**  
Sample adults 18+ who have used herbs or other non-vitamin supplements in the past 12 months

**SkipInstructions:**  
<1> [goto AHB_MATC]  
<2,R,D> [goto HOM_USE]
### About how much did you pay for these materials in the past 12 months?

*Enter ‘200’ for $200 or more.*

<table>
<thead>
<tr>
<th>Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000-200</td>
<td>$0-200</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 bought self-help materials for herbs or other non-vitamin supplements in the past 12 months

**SkipInstructions:**
<0-200,R,D> [goto HOM_USE]

### Have you EVER used homeopathic treatment for your 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 HOM_USM]
<2,R,D> [goto MBO_USE]
DURING THE PAST 12 MONTHS, did you use homeopathic treatment for your health?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have used homeopathic treatment in the past 12 months

* Enter number.

000-995 0-995
997 Refused
999 Don't know

Sample adults 18+ who have used homeopathic treatment in the past 12 months
**Question ID:** ALT.343_00.000  **Instrument Variable Name:** HOM_OFTT  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

2 of 2

*Enter time period for how often homeopathic medicine purchased

* Read if necessary:

About how many times per week, month, or year do you buy homeopathic medicine?

*Read categories if necessary

0 Never/none
1 Week
2 Month
3 Year
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+ who have used homeopathic treatment in the past 12 months

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

---

**Question ID:** ALT.344_00.000  **Instrument Variable Name:** HOM_COST  **QuestionnaireFileName:** Adult CAM

**QuestionText:** About how much did you spend the last time you bought homeopathic medicine?

*Enter '0' for none.

0000-1000 $0-1000
9997 Refused
9999 Don't know

**UniverseText:** Sample adults 18+ who have purchased homeopathic medicine in the past year a specific number of times or who don’t know the number of times

**SkipInstructions:** <0-1000,R,D> [goto HOM_EVER]
<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALT.345_00.000</td>
<td>HOM_EVER</td>
<td>Adult CAM</td>
<td>Have you EVER seen a practitioner for homeopathic treatment?</td>
</tr>
<tr>
<td>QuestionText</td>
<td>? [F1]</td>
<td></td>
<td>1  Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<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 used homeopathic treatment in the past 12 months</td>
</tr>
<tr>
<td>SkipInstructions</td>
<td></td>
<td></td>
<td>&lt;1&gt; [goto HOM_USEM]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>&lt;2,R,D&gt; [goto HOM_MAT]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALT.346_00.000</td>
<td>HOM_USEM</td>
<td>Adult CAM</td>
<td>DURING THE PAST 12 MONTHS, did you see a practitioner for homeopathic treatment?</td>
</tr>
<tr>
<td>QuestionText</td>
<td>? [F1]</td>
<td></td>
<td>1  Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<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 ever seen a practitioner for homeopathic treatment</td>
</tr>
<tr>
<td>SkipInstructions</td>
<td></td>
<td></td>
<td>&lt;1&gt; [goto HOM_PTIM]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>&lt;2,R,D,&gt; [goto HOM_MAT]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALT.347_00.000</td>
<td>HOM_PTIM</td>
<td>Adult CAM</td>
<td>Do you know the exact number of times you saw a practitioner for homeopathic treatment in the past 12 months?</td>
</tr>
<tr>
<td>QuestionText</td>
<td></td>
<td></td>
<td>1  Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<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 homeopathic treatment in the past 12 months</td>
</tr>
<tr>
<td>SkipInstructions</td>
<td></td>
<td></td>
<td>&lt;1&gt; [goto HOM_TMNO]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>&lt;2,R,D&gt; [goto HOM_TMCT]</td>
</tr>
</tbody>
</table>
During the past 12 months, how many times did you see a practitioner for homeopathic treatment?

*Enter '52' for 52 or more times.

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

Sample adults 18+ who know the number of times they have seen a practitioner for homeopathic treatment in the past 12 months.

During the past 12 months, about how many times did you see a practitioner for homeopathic treatment? Would you say...

*Read categories below.

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

Sample adults 18+ who don't know the specific number of times they have seen a practitioner for homeopathic treatment in the past 12 months or refuse the specific number of times.
**Question Text:**
DURING THE PAST 12 MONTHS, were any of the costs of seeing a practitioner for homeopathic treatment covered by health insurance?

1  Yes
2  No
7  Refused
9  Don't know

**Universe Text:**
Sample adults 18+ who have seen a practitioner for homeopathic treatment in the past 12 months

**Skip Instructions:**
<1> [goto HOM_HICA]
<2,R,D> [goto HOM_HIT]

---

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

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

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

**Skip Instructions:**
<1> [goto HOM_MAT]
<2,R,D> [goto HOM_HIT]

---

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

1  Yes
2  No
7  Refused
9  Don't know

**Universe Text:**
Sample adults 18+ whose health insurance covered none or some of the cost for homeopathic treatment in the past 12 months

**Skip Instructions:**
<1> [goto HOM_HITS]
<2,R,D> [goto HOM_AVGC]
**2012 NHIS Questionnaire - Adult CAM**

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

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

---

**Question ID:** ALT.353_00.000  
**Instrument Variable Name:** HOM_HITS  
**QuestionnaireFileName:** Adult CAM

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

*Enter ‘0’ for no cost or free.*

- 00000-26000  
  - $0-26000  
  - Refused  
  - Don't know

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

**SkipInstructions:** <0-26000,R,D> [goto HOM_MAT]

---

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

---

**Question ID:** ALT.354_00.000  
**Instrument Variable Name:** HOM_AVGC  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**
Do you know the average amount you paid for each visit for homeopathic treatment [fill1: not including the amount covered by insurance] in the past 12 months?

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

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

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

---

**Question ID:** ALT.355_00.000  
**Instrument Variable Name:** HOM_AVGS  
**QuestionnaireFileName:** Adult CAM

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

Enter '0' if no cost or free

- 000-500  
  - $0-500  
  - Refused  
  - Don't know

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

**SkipInstructions:** <0-500,R,D> [goto HOM_MAT]
2012 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 30-May-13

Question ID: ALT.356_00.000  Instrument Variable Name: HOM_MAT  QuestionnaireFileName: Adult CAM

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used homeopathy in the past 12 months

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

Question ID: ALT.357_00.000  Instrument Variable Name: HOM_MATC  QuestionnaireFileName: Adult CAM

QuestionText: About how much did you pay for these materials in the past 12 months?
*Enter '200' for $200 or more.

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

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

SkipInstructions: <0-200,R,D> [goto MBO_USE]

Question ID: ALT.367_00.000  Instrument Variable Name: MBO_USE  QuestionnaireFileName: Adult CAM

QuestionText: ? [F1]
Have you EVER used meditation, guided imagery, or progressive relaxation?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto MBOE_MAN]
<2,R,D> [goto YTQE_YOG]
<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALT.368_00.000</td>
<td>MBOE_MAN</td>
<td>Adult CAM</td>
</tr>
<tr>
<td>QuestionText:</td>
<td>Have you EVER used any of the following for your own health or treatment?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mantra Meditation, including Transcendental Meditation®, Relaxation Response, and Clinically Standardized Meditation?</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>
</tbody>
</table>

UniverseText: Sample adults 18+ who have ever used meditation, guided imagery, or progressive relaxation

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

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALT.369_00.000</td>
<td>MBOE_MND</td>
<td>Adult CAM</td>
</tr>
<tr>
<td>QuestionText:</td>
<td>Have you EVER used any of the following for your own health or treatment?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mindfulness meditation, including Vipassana (vih-PAS-sah-nah), Zen Buddhist meditation, Mindfulness-based Stress Reduction, and Mindfulness-based Cognitive Therapy</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>
</tbody>
</table>

UniverseText: Sample adults 18+ who have ever used meditation, guided imagery, or progressive relaxation

SkipInstructions: <1,2,R,D> [goto MBOE_SPR]
2012 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 30-May-13

<table>
<thead>
<tr>
<th>Question ID</th>
<th>ALT.370_00.000</th>
<th>Instrument Variable Name:</th>
<th>MBOE_SPR</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>? [F1]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Read if necessary.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Have you EVER used any of the following for your own health or treatment?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Spiritual meditation including Centering Prayer and Contemplative Meditation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</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>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who have ever used meditation, guided imagery, or progressive relaxation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto MBOE_IMG]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID</th>
<th>ALT.371_00.000</th>
<th>Instrument Variable Name:</th>
<th>MBOE_IMG</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>? [F1]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Read if necessary.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Have you EVER used any of the following for your own health or treatment?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Guided imagery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</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>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who have ever used meditation, guided imagery, or progressive relaxation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto MBOE_PRO]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Have you EVER used any of the following for your own health or treatment?

Progressive relaxation

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have ever used meditation, guided imagery, or progressive relaxation

If (MBOE_MAN and MBOE_MND and MBOE_SPR and MBOE_IMG)=2,R,D [goto YTQE_YOG]
DURING THE PAST 12 MONTHS, did you use...

Mantra Meditation, including Transcendental Meditation®, Relaxation Response, and Clinically Standardized Meditation?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have ever used a mantra meditation

If (MBOE_MND and MBOE_SPR and MBOE_IMG and MBOE_MBOE_PRO)=2,R,D [goto YTQE_YOG]
DURING THE PAST 12 MONTHS, did you use...

Mindfulness meditation, including Vipassana (vih-PAS-sah-nah), Zen Buddhist meditation, Mindfulness-based Stress Reduction, and Mindfulness-based Cognitive Therapy?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have ever used mindfulness meditation

<1,2,R,D>
if MBOE_SPR=1 [goto MBOU_SPR];
else if MBOE_IMG=1 [goto MBOU_IMG];
else if MBOE_PRO=1 [goto MBOU_PRO];
else if MBOE_MND =1 and (MBOE_MAN and MBOE_SPR and MBOE_IMG and MBOE_MBOE_PRO)=2,R,D, fill value in MBO_MST1, [goto MBO_BRTH];
else if two or more of the other MBOU 12 month series answered 1 (yes), [goto MBO_MST1]
<2,R,D>
If (MBOE_MAN and MBOE_SPR and MBOE_IMG and MBOE_MBOE_PRO)=2,R,D [goto YTQE_YOG]
else if at the last cycle though of the MBOU_ * variables where ALL=2,R,D, [goto YTQE_YOG]
DURING THE PAST 12 MONTHS, did you use...

Spiritual meditation including Centering Prayer and Contemplative Meditation?

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

Sample adults 18+ who have ever used spiritual meditation

DURING THE PAST 12 MONTHS, did you use...

Guided imagery?

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

Sample adults 18+ who have ever used guided imagery
**Question ID:** ALT.377_00.000  **Instrument Variable Name:** MBOU_PRO  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

? [F1]

DURING THE PAST 12 MONTHS, did you use...

Progressive relaxation?

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

**UniverseText:**

Sample adults 18+ who have ever used a progressive relaxation

**SkipInstructions:**

<1,2,R,D> if more than two types selected from: MBOU_MAN, MBOU_MND, MBOU_SPR, MBOU_IMG, and MBOU_PRO [goto MBO_MST1];
else if only one selected from (MBOU_PRO or MBOU_MAN or MBOU_MND or MBOU_SPR or MBOU_IMG)=1, fill value in MBO_MST1, [goto MBO_BRTH];

<2,R,D>
If (MBOE_MAN and MBOE_MND and MBOE_SPR and MBOE_IMG)=2,R,D [goto YTQE_YOG];

---

**Question ID:** ALT.378_00.000  **Instrument Variable Name:** MBO_MST1  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

DURING THE PAST 12 MONTHS, which of these did you use the most?

*Read categories below.

1. Mantra meditation
2. Mindfulness meditation
3. Spiritual meditation
4. Guided imagery
5. Progressive relaxation
7. Refused
9. Don't know

**UniverseText:**

Sample adults 18+ who have used more than two types of a mind-body therapy in the past 12 months

**SkipInstructions:**

<1-5>
If only one MBOU_*=1 fill value in MBO_MST1 and don't ask question [goto MBO_BRTH];
else [goto MBO_BRTH]

<R,D> [goto YTQE_YOG];
Did you do breathing exercises as part of [fill1]? Breathing exercises may involve actively controlling the way air is drawn in, or the rate or depth of breathing.

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have used a mind-body therapy in the past 12 months/used one the most in the past 12 months

DURING THE PAST 12 MONTHS, did you see a practitioner or take a class for [fill1]?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have used a mind-body therapy in the past 12 months
**Question ID:** ALT.381_00.000  **Instrument Variable Name:** MBO_PTIM  **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the exact number of times you saw a practitioner or took a class for [fill1] in the past 12 months?

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

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

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

---

**Question ID:** ALT.382_00.000  **Instrument Variable Name:** MBO_TMNO  **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, how many times did you see a practitioner or take a class for [fill1]?

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

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

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

**SkipInstructions:** <1-52,R,D> [goto MBO_HIC]
Question ID:  ALT.383_00.000  Instrument Variable Name:  MBO_TMCT  QuestionnaireFileName:  Adult CAM

QuestionText:  DURING THE PAST 12 MONTHS, ABOUT how many times did you see a practitioner or take a class for [fill1]? Would you say...

*Read categories below.

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

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

SkipInstructions:  <1-7,R,D> [goto MBO_HIC]

---

Question ID:  ALT.384_00.000  Instrument Variable Name:  MBO_HIC  QuestionnaireFileName:  Adult CAM

QuestionText:  DURING THE PAST 12 MONTHS, were any of the costs of seeing a practitioner or taking a class for [fill1] covered by health insurance?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText:  Sample adults 18+ who have seen a practitioner for a mind-body therapy in the past 12 months

SkipInstructions:  <1> [goto MBO_HICA]
<2,R,D> [goto MBO_HIT]
DURING THE PAST 12 MONTHS, did your health insurance cover all of the cost or just some of the cost of seeing a practitioner or taking a class for [fill1]?

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

Sample adults 18+ whose visit(s) to a practitioner for a mind-body therapy in the past 12 months were (at least partly) covered by health insurance

Do you know the total amount you paid for seeing a practitioner or taking a class for [fill1] in the past 12 months [fill2: not including the amount covered by insurance]?

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

Sample adults 18+ whose health insurance covered none or some of the cost for a mind-body therapy in the past 12 months

What is the total amount you paid for seeing a practitioner or taking a class for [fill1] in the past 12 months [fill2: not including the amount covered by insurance]?

*Enter '0' for no cost or free.

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

Sample adults 18+ who know the amount they paid for a mind-body therapy in the past 12 months

Verify if over $1000
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.388_00.000</th>
<th>Instrument Variable Name:</th>
<th>MBO_AVGC</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Do you know the average amount you paid for each visit or class for [fill1] [fill2: not including the amount covered by insurance] in the past 12 months?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</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>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who don't know the total amount they paid for a mind-body therapy in the past 12 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1&gt; [goto MBO_AVGS] &lt;2,R,D&gt; [goto MBO_MAT]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.389_00.000</th>
<th>Instrument Variable Name:</th>
<th>MBO_AVGS</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>On average, how much did you pay out-of-pocket for each visit to a practitioner or class for [fill1]?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>000-500</td>
<td>$0-500</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who know the average per visit they paid for a mind-body therapy in the past 12 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;0-500,R,D&gt; [goto MBO_MAT]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.390_00.000</th>
<th>Instrument Variable Name:</th>
<th>MBO_MAT</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>DURING THE PAST 12 MONTHS, did you buy a self-help book or other materials such as a DVD, CD, or Video to learn about [fill1]?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</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>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who have used a mind-body therapy in the past 12 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1&gt; [goto MBO_MATC] &lt;2,R,D&gt; [goto YTQE_YOG]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**2012 NHIS Questionnaire - Adult CAM**

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

*Document Version Date: 30-May-13*

---

**Question ID:** ALT.391_00.000  
**Instrument Variable Name:** MBO_MATC  
**QuestionnaireFileName:** Adult CAM

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

*Enter ‘200’ for $200 or more.*

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

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

**SkipInstructions:**  
<0-200,R,D> [goto YTQE_YOG]

---

**Question ID:** ALT.401_00.000  
**Instrument Variable Name:** YTQE_YOG  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**  
Have you EVER practiced any of the following? Please say yes or no to each.  

...Yoga?  

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

**UniverseText:**  
Sample adults 18+

**SkipInstructions:**  
<1,2,R,D> [goto YTQE_TAI]
Have you EVER practiced any of the following?

...Tai Chi (tie-CHEE)?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

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

Have you EVER practiced any of the following?

...Qi Gong (chee-GONG)?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: if (YTQE_YOG or YTQE_TAI or YTQE_QIG)=1 cycle through applicable YTQU questions; <1,2,R,D>
    if YTQE_YOG=1 [goto YTQU_YOG] or
    if YTQE_TAI=1 [goto YTQU_TAI] or
    if YTQE_QIG=1 [goto YTQU_QIG]
Else if <2,R,D> (YTQE_YOG and YTQE_TAI and YTQE_QIG) in (2,R,D) [goto DITE_VEG]
2012 NHIS Questionnaire - Adult CAM

Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 30-May-13

**Question ID:** ALT.404_00.000  **Instrument Variable Name:** YTQU_YOG  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

? [F1]

DURING THE PAST 12 MONTHS, did you practice Yoga for yourself?

1  Yes
2  No
7  Refused
9  Don't know

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

**SkipInstructions:**

<1,2,R,D> If YTQE_TAI=1 [goto YTQU_TAI]
    else if YTQE_TAI=2 and YTQE_QIG=1 [goto YTQU_QIG]
    <1> If (YTQE_TAI and YTQE_QIG)=2 [goto YTQ_BTHY]
    Else <2,R,D> and (YTQE_TAI and YTQE_QIG) in (2,R,D) [goto DITE_VEG]

---

**Question ID:** ALT.405_00.000  **Instrument Variable Name:** YTQU_TAI  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

? [F1]

DURING THE PAST 12 MONTHS, did you practice Tai Chi for yourself?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have ever used Tai Chi

**SkipInstructions:**

<1,2,R,D> if YTQE_QIG=1 [goto YTQU_QIG];
    else if (YTQE_QIG=2 and YTQU_YOG=1) [goto YTQ_BTHY];
    else if (YTQU_YOG and YTQU_TAI and YTQE_QIG) in (2,R,D) [goto DITE_VEG]
    <1> if (YTQE_QIG and YTQU_YOG)=2 [goto YTQ_BTHT]
DURING THE PAST 12 MONTHS, did you practice Qi Gong (chee-GONG) for yourself?

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

UniverseText: Sample adults 18+ who have ever used Qi Gong

SkipInstructions: <1,2,R,D> if YTQU_YOG=1 [goto YTQ_BTHY];
    Else if YTQU_TAI=1 and YTQU_YOG in (2,R,D) [goto YTQ_BTHT];
    Else if YTQU_QIG=1 and (YTQU_YOG and YTQU_TAI) in (2,R,D) [goto YTQ_BTHQ];
<2,R,D> (YTQU_YOG and YTQU_TAI) in (2,R,D) [goto DITE_VEG];

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

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

UniverseText: Sample adults 18+ who have used Yoga in the past 12 months

SkipInstructions: <1,2,R,D> if YTQU_TAI =1 [goto YTQ_BTHT];
    Else if YTQU_TAI in (2,R,D) and YTQU_QIG=1 [goto YTQ_BTHQ];
    Else if YTQU_YOG=1 and (YTQU_TAI and YTQU_QIG) in (2,R,D) [goto YTQ_MEDY];
Did you do breathing exercises as part of Tai Chi? Breathing exercises may involve actively controlling the way air is drawn in, or the rate or depth of breathing.

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have used Tai Chi in the past 12 months

Did you do breathing exercises as part of Qi Gong (chee-GONG)? Breathing exercises may involve actively controlling the way air is drawn in, or the rate or depth of breathing.

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have used Qi Gong in the past 12 months
Question ID: ALT.410_00.010  Instrument Variable Name: YTQ_MEDY  QuestionnaireFileName: Adult CAM

QuestionText: ? [F1]

Did you do meditation as part of Yoga?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used Yoga in the past 12 months

SkipInstructions: <1,2,R,D>

If YTQU_TAI=1 [goto YTQ_MEDT]  
Else if YTQU_QIG=1 & (YTQU_TAI) in (2,R,D)) [goto YTQ_MEDQ]  
Else if (YTQ_BTHY or YTQ_MEDY)=1 and (YTQ_BTHT & YTQ_BTHQ) in (2,R,D,"'"))  
fill answer in YTQ_MOST( [goto YTQ_USEM]  
<2,R,D> YTQ_BTHY in (2,R,D) and (YTQ_BTHT & YTQ_BTHQ) in (2,R,D,"'")) [goto DIT_VEG]

---

Question ID: ALT.411_00.020  Instrument Variable Name: YTQ_MEDT  QuestionnaireFileName: Adult CAM

QuestionText: ? [F1]

Did you do meditation as part of Tai Chi?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used Tai Chi in the past 12 months

SkipInstructions: <1,2,R,D>

If YTQU_QIG=1 [goto YTQ_MEDQ]  
else if YTQ_CNT ge 2 [goto YTQ_MOST];  
else if YTQ_CNT=1, fill answer in YTQ_MOST( [goto YTQ_USEM]  
<2,R,D> (YTQ_BTHT and YTQ_BTHY and YTQ_BTHQ and YTQ_MEDY) in (2,R,D,"'")) [goto DIT_VEG]
Did you do meditation as part of Qi Gong (chee-GONG)?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have used Qi Gong in the past 12 months

*Read categories below.

1  Yoga
2  Tai-Chi
3  Qi Gong
7  Refused
9  Don't Know

Sample adults 18+ who have used more than one type of exercise in the past 12 months and have used breathing or meditation with exercise
<table>
<thead>
<tr>
<th>Question ID: ALT.414_00.000</th>
<th>Instrument Variable Name: YTQ_USEM</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: DURING THE PAST 12 MONTHS, did you take a [fill1: Yoga/Tai Chi/Qi Gong] class or in some way receive formal training? Attending only one session does not count.</td>
<td></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>UniverseText: Sample adults 18+ who have used an exercise in the past 12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1&gt; [goto YTQ_PTIM] &lt;2,R,D&gt; [goto YTQ_MAT]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: ALT.415_00.000</th>
<th>Instrument Variable Name: YTQ_PTIM</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: Do you know the exact number of times you saw an instructor for [fill1: Yoga/Tai Chi/Qi Gong] in the past 12 months?</td>
<td></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>UniverseText: Sample adults 18+ who have seen a practitioner for an exercise in the past 12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1&gt; [goto YTQ_TMNO] &lt;2,R,D&gt; [goto YTQ_TMCT]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: ALT.416_00.000</th>
<th>Instrument Variable Name: YTQ_TMNO</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: DURING THE PAST 12 MONTHS, how many times did you see an instructor for [fill1: Yoga/Tai Chi/Qi Gong]?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Enter '52' for 52 or more times.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01-52</td>
<td>1-52</td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td>UniverseText: Sample adults 18+ who know the number of times they have seen a practitioner for an exercise in the past 12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1-52,R,D&gt; [goto YTQ_HIC]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DURING THE PAST 12 MONTHS, ABOUT how many times did you see an instructor for [fill1: Yoga/Tai Chi/Qi Gong]? Would you say...

*Read categories below.

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

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

DURING THE PAST 12 MONTHS, were any of the costs of seeing an instructor for [fill1: Yoga/Tai Chi/Qi Gong] covered by health insurance?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have seen a practitioner for an exercise therapy in the past 12 months
DURING THE PAST 12 MONTHS, did your health insurance cover all of the cost or just some of the cost of seeing an instructor for [fill1: Yoga/Tai Chi/Qi Gong]?

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

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

Do you know the total amount you paid for seeing an instructor for [fill1: Yoga/Tai Chi/Qi Gong] in the past 12 months [fill2: not including the amount covered by insurance]?

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

Sample adults 18+ whose health insurance covered none or some of the cost for an exercise in the past 12 months

What is the total amount you paid for seeing an instructor for [fill1: Yoga/Tai Chi/Qi Gong] in the past 12 months [fill2: not including the amount covered by insurance]?

*Enter '0' for no cost or free.

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

Sample adults 18+ who know the amount they paid for an exercise in the past 12 months

Verify if over $1000
**2012 NHIS Questionnaire - Adult CAM**

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

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

---

**Question ID:** ALT.422_00.000  **Instrument Variable Name:** YTQ_AVGC  **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the average amount you paid for each visit for [fill1: Yoga/Tai Chi/Qi Gong] [fill2: not including the amount covered by insurance] in the past 12 months?

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

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

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

---

**Question ID:** ALT.423_00.000  **Instrument Variable Name:** YTQ_AVGS  **QuestionnaireFileName:** Adult CAM

**QuestionText:** On average, how much did you pay out-of-pocket for each visit to an instructor for [fill1: Yoga/Tai Chi/Qi Gong]?

Enter '0' if no cost or free

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

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

**SkipInstructions:** <0-500,R,D> [goto YTQ_MAT]

---

**Question ID:** ALT.424_00.000  **Instrument Variable Name:** YTQ_MAT  **QuestionnaireFileName:** Adult CAM

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

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

**UniverseText:** Sample adults 18+ who have used an exercise in the past 12 months

**SkipInstructions:** <1> [goto YTQ_MATC]
                     <2,R,D> [goto DITE_VEG]
About how much did you pay for these materials in the past 12 months?

*Enter ‘200’ for $200 or more.

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

Sample adults 18+ who have bought self-help materials for an exercise in the past 12 months

Have you EVER used any of the following special diets for two weeks or more for health reasons?

Vegetarian, including Vegan

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+
Question ID: ALT.436_00.000  Instrument Variable Name: DITEVER2  QuestionnaireFileName: Adult CAM

QuestionText: ? [F1]

*Read if necessary.

Have you EVER used any of the following special diets for two weeks or more for health reasons?

Macrobiotic

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></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: <1,2,R,D> [goto DITEVER3]

---

Question ID: ALT.437_00.000  Instrument Variable Name: DITEVER3  QuestionnaireFileName: Adult CAM

QuestionText: ? [F1]

*Read if necessary.

Have you EVER used any of the following special diets for two weeks or more for health reasons?

Atkins

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></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: <1,2,R,D> [goto DITEVER4]
**Question ID:** ALT.438_00.000  **Instrument Variable Name:** DITEVER4  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

? [F1]

*Read if necessary.

Have you EVER used any of the following special diets for two weeks or more for health reasons?

Pritikin

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto DITEVER5]

---

**Question ID:** ALT.439_00.000  **Instrument Variable Name:** DITEVER5  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

? [F1]

*Read if necessary.

Have you EVER used any of the following special diets for two weeks or more for health reasons?

Ornish

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> if DITE_VEG=1 or DITEVER2=1 or DITEVER3=1 or DITEVER4=1 or DITEVER5=1, cycle through applicable DIT_USM1, DIT_USM2, DIT_USM3, DIT_USM4, DIT_USM5;

else if (DITE_VEG and DITEVER1-DITEVER5) in (2,R,D [goto MOVE_FLD]
**2012 NHIS Questionnaire - Adult CAM**
**Adult Alternative Health/Complementary And Alternative Medicine**

**Question ID:** ALT.440_00.000  **Instrument Variable Name:** DIT_USM1  **QuestionnaireFileName:** Adult CAM

**QuestionText:**
? [F1]

DURING THE PAST 12 MONTHS, did you use a vegetarian, including Vegan diet for two weeks or more for health reasons?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have ever used special diets-vegetarian, including vegan

**SkipInstructions:**
<1,2,R,D>
If DITEVER2 =1 [goto DIT_USM2]
else if DITEVER3 =1 [goto DIT_USM3;]
else if DITEVER4=1 [goto DIT_USM4]
else if DITEVER5=1 [goto DIT_USM5]

<1> if (DITEVER3 and DITEVER4 and DITEVER5) in (2,R,D) [goto DIT_WGT1];
Else if <2,R,D,' '> if (DITEVER3 and DITEVER4 and DITEVER5) in (2,R,D) [goto MOVE_FLD]

---

**Question ID:** ALT.441_00.000  **Instrument Variable Name:** DIT_USM2  **QuestionnaireFileName:** Adult CAM

**QuestionText:**
? [F1]

DURING THE PAST 12 MONTHS, did you use a macrobiotic diet for two weeks or more for health reasons?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have ever used special diets-macrobiotic

**SkipInstructions:**
<1,2,R,D>
If DITEVER3 =1 [goto DIT_USM3;]
else if DITEVER4=1 [goto DIT_USM4]
else if DITEVER5=1 [goto DIT_USM5]

<1> if (DIT_USM1=1) and (DITEVER3 and DITEVER4 and DITEVER5) in (2,R,D) [goto DIT_WGT1];
Else if <2,R,D,' '> if (DITEVER3 and DITEVER4 and DITEVER5) in (2,R,D) and ((DIT_USM1) ne 1) [goto MOVE_FLD]
Question ID: ALT.442_00.000  Instrument Variable Name: DIT_USM3  QuestionnaireFileName: Adult CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did you use the Atkins diet for two weeks or more for health reasons?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have ever used special diets-Atkins

SkipInstructions: <1,2,R,D>
     If DITEVER4 =1 [goto DIT_USM4];
     else if DITEVER5=1 [goto DIT_USM5]

<1> if (DIT_USM1=1 or DIT_USM2=1) and (DITEVER4 and DITEVER5) in (2,R,D) [goto DIT_WGT1];
Else if <2,R,D,' '> if (DITEVER4 and DITEVER5) in (2,R,D) and (DIT_USM1 and DIT_USM2) ne 1) [goto MOVE_FLD]

---

Question ID: ALT.443_00.000  Instrument Variable Name: DIT_USM4  QuestionnaireFileName: Adult CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did you use the Pritikin diet for two weeks or more for health reasons?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have ever used special diets-Pritikin

SkipInstructions: <1,2,R,D>
     If DITEVER5 =1 [goto DIT_USM5]
     Else if (DIT_USM1=1 or DIT_USM2=1 or DIT_USM3=1 or DIT_USM4=1) [goto DIT_WGT1];
Else <2,R,D,' '> if (DITEVER5) in (2,R,D)) and ((DIT_USM1 and DIT_USM2 and DIT_USM3) ne 1) [goto MOVE_FLD]
DURING THE PAST 12 MONTHS, did you use the Ornish for two weeks or more for health reasons?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have ever used special diets-Ornish

SkipInstructions: <1,2,R,D>
    if (DIT_USM1 or DIT_USM2 or DIT_USM3 or DIT_USM4 or DIT_USM5)=1 [goto DIT_WGT1];
    Else if <2,R,D, ' ' > to all DIT_USM_* [goto MOVE_FLD]

Did you use special diets for weight control or weight loss?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used special diets in the past 12 months

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

Have you EVER seen a practitioner for special diets?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used special diets in the past 12 months

SkipInstructions: <1> [goto DIT_PRU]
<2,R,D> [goto DIT_MAT]
**2012 NHIS Questionnaire - Adult CAM**

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

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

---

**Question ID:** ALT.447_00.000  **Instrument Variable Name:** DIT_PRU  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

? [F1]

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

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

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

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

---

**Question ID:** ALT.448_00.000  **Instrument Variable Name:** DIT_PTIM  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

Do you know the exact number of times you saw a practitioner for special diets in the past 12 months?

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

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

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

---

**Question ID:** ALT.449_00.000  **Instrument Variable Name:** DIT_TMNO  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

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

*Enter ‘52’ for 52 or more times.*

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

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

**SkipInstructions:** <1-52,R,D> [goto DIT_HIC]
**Question ID:** ALT.450_00.000  **Instrument Variable Name:** DIT_TMCT  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

DURING THE PAST 12 MONTHS, ABOUT how many times did you see a practitioner for special diets? Would you say...

*Read categories below.

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

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

**SkipInstructions:** <1-7,R,D> [goto DIT_HIC]

---

**Question ID:** ALT.451_00.000  **Instrument Variable Name:** DIT_HIC  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

DURING THE PAST 12 MONTHS, were any of the costs of seeing a practitioner for special diets covered by health insurance?

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

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

**SkipInstructions:** <1> [goto DIT_HICA]  
<2,R,D> [goto DIT_HIT]
2012 NHIS Questionnaire - Adult CAM

Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 30-May-13

Question ID: ALT.452_00.000  Instrument Variable Name: DIT_HICA  QuestionnaireFileName: Adult CAM

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

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

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

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

Question ID: ALT.453_00.000  Instrument Variable Name: DIT_HIT  QuestionnaireFileName: Adult CAM

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

1 Yes
2 No
7 Refused
9 Don't know

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

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

Question ID: ALT.454_00.000  Instrument Variable Name: DIT_HITS  QuestionnaireFileName: Adult CAM

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

*Enter '0' for no cost or free.

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

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

SkipInstructions: <0-26000,R,D> [goto DIT_MAT]

Soft Edit: Verify if over $1000
Do you know the average amount you paid for each visit for special diets {fill1: not including the amount covered by insurance} in the past 12 months?

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

Sample adults 18+ who don't know the total amount they paid for special diets in the past 12 months

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

Enter '0' if no cost or free

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

Sample adults 18+ who know the average per visit they paid for special diets in the past 12 months

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

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

Sample adults 18+ who have used special diets in the past 12 months
**About how much did you pay for these materials in the past 12 months?**

*Enter ‘200’ for $200 or more.*

- 000-200
- 997 Refused
- 999 Don't know

**Have you ever practiced any of the following movement or exercise techniques?**

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

**Sample adults 18+ who have bought self-help materials for special diets in the past 12 months**
<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
<th>UniverseText</th>
<th>SkipInstructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALT.469_00.000</td>
<td>MOVE_ALX</td>
<td>Adult CAM</td>
<td><strong>Have you ever practiced any of the following movement or exercise techniques?</strong></td>
<td>Sample adults 18+</td>
<td>&lt;1,2,R,D&gt; [goto MOVE_PIL]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Alexander Technique</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</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>

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
<th>UniverseText</th>
<th>SkipInstructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALT.470_00.000</td>
<td>MOVE_PIL</td>
<td>Adult CAM</td>
<td><strong>Have you ever practiced any of the following movement or exercise techniques?</strong></td>
<td>Sample adults 18+</td>
<td>&lt;1,2,R,D&gt; [goto MOVE_TPI]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Pilates (pih-LAH-teez)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</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>
Question ID: ALT.471_00.000  Instrument Variable Name: MOVE_TPI  QuestionnaireFileName: Adult CAM

QuestionText: ? [F1]

Have you ever practiced any of the following movement or exercise techniques?

Trager Psychophysical Integration

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> if MOVE_FLD=1 or MOVE_ALX=1 or MOVE_PIL=1 or MOVE_TP1=1 [cycle through applicable MOVP questions]; <2,R,D> if (All MOVE* ne 1) and (more than 3 modalities excluding chelation/ayurveda) [goto ALT_TOP3]; else If (All MOVE* ne 1) and (3 or less modalities chosen excluding chelation/ayurveda) [goto TP1_REA1]

Question ID: ALT.472_00.000  Instrument Variable Name: MOVP_FLD  QuestionnaireFileName: Adult CAM

QuestionText: ? [F1]

Have you ever seen a practitioner or teacher for...

Feldenkrais (FELL-den-krice)?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used Feldenkrais

SkipInstructions: <1,2,R,D> if any other MOVE_* =’1’ [goto next appropriate MOVP_* question] <1> If (MOVE_ALX and MOVE_PIL and MOVE_TPI) ne ‘1’) [goto MOV_FLD] <2,R,D> if (MOVE_ALX and MOVE_PIL and MOVE_TPI) ne ‘1’) [goto MOVU_FLD]
**2012 NHIS Questionnaire - Adult CAM**

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

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

---

**Question ID:** ALT.473_00.000  **Instrument Variable Name:** MOVP_ALX  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

> ? [F1]

Have you ever seen a practitioner or teacher for...

Alexander Technique?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:**

Sample adults 18+ who have used Alexander technique

**SkipInstructions:**

<1,2,R,D> If any other MOVE_* = '1' [goto next appropriate MOVP_* question]
Else if (MOVE_PIL and MOVE_TPI) ne '1' and any MOVP_* = '1' [goto next appropriate MOV_* question]

<2,R,D> Else if all of MOVP_* ne '1' and where there's MOVE_*='1' [goto appropriate MOVU_* question(s)]

---

**Question ID:** ALT.474_00.000  **Instrument Variable Name:** MOVP_PIL  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

> ? [F1]

Have you ever seen a practitioner or teacher for...

Pilates (pih-LAH-teez)?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:**

Sample adults 18+ who have used Pilates

**SkipInstructions:**

<1,2,R,D> If MOVE_TPI = '1' [goto MOVP_TPI]
<1> If any MOVP_* = '1' [goto next appropriate MOV_* question]

<2,R,D> Else if all of MOVP_* ne '1' [goto appropriate MOVU_* question(s)]
2012 NHIS Questionnaire - Adult CAM

Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 30-May-13

**Question ID:** ALT.475_00.000  **Instrument Variable Name:** MOVP_TPI  **QuestionnaireFileName:** Adult CAM

**QuestionText:** ![Image](image1.png)

**UniverseText:** Sample adults 18+ who have used Trager Psychophysical Integration

**SkipInstructions:** ![Image](image2.png)

**Question ID:** ALT.476_00.000  **Instrument Variable Name:** MOV_FLD  **QuestionnaireFileName:** Adult CAM

**QuestionText:** ![Image](image3.png)

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

**SkipInstructions:** ![Image](image4.png)
Question ID: ALT.477_00.000  Instrument Variable Name: MOV_ALX  QuestionnaireFileName: Adult CAM

QuestionText:  

DURING THE PAST 12 MONTHS, did you see a practitioner or teacher for...?

Alexander Technique

1  Yes
2  No
7  Refused
9  Don't know

UniverseText:  Sample adults 18+ who have ever seen a practitioner for Alexander technique

SkipInstructions:  

<1,2,R,D> Cycle through all MOVP_*=1 [goto MOV_*] in the appropriate sequence
<2,R,D>   IF all other MOVP_* ne1 [goto MOVU_ALX]
   Else if all other MOVP_* ne1 and MOVE_FLD=1 [goto MOVU_FLD]
<1>  IF all others MOVP_* ne1 [goto MOV_PTIM ]

Question ID: ALT.478_00.000  Instrument Variable Name: MOV_PIL  QuestionnaireFileName: Adult CAM

QuestionText:  

DURING THE PAST 12 MONTHS, did you see a practitioner or teacher for...?

Pilates (pih-LAH-teez)

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions:  

<1,2,R,D> If MOVP_TPI=1 [goto MOV_TPI]

<2,R,D>   IF (MOVP_TPI ne1) and (MOV_FLD in [2,R,D])  [goto MOVU_FLD]
   Else if (MOVP_FLD and MOVP_ALX and MOVP_TP) in [2,R,D]) [goto MOVU_FLD]
<1>  IF all others MOVP_* in [2,R,D] [goto MOV_PTIM ]
Question ID: ALT.479_00.000  Instrument Variable Name: MOV_TPI  QuestionnaireFileName: Adult CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did you see a practitioner or teacher for...?

Trager Psychophysical Integration

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have ever seen a practitioner for Trager Psychophysical Integration

SkipInstructions: <1> [goto MOV_PTIM]
<2,R,D> if no to all MOV, go to MOVU question for first relevant MOVE answer;
else [goto MOV_PTIM]

---

Question ID: ALT.480_00.000  Instrument Variable Name: MOVU_FLD  QuestionnaireFileName: Adult CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did you use...?

Feldenkrais (FELL-den-krice)

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used Feldenkrais

SkipInstructions: Cycle through all MOVU_* questions where (MOVP_ALX or MOV_ALX) IN ('2','7','9')
If no more skips to a MOVU_* question(s) then!

<1,2,R,D> If (any MOVU_*==1 or any MOV_*==1) [goto MOV_PTIM]
<2,R,D>
  If (all MOVU_*ne1 or any MOV_*==1) [goto MOV_MAT]
  Else If (all MOVU_* and MOV_*) ne1 and
  if more than 3 modalities not including chelation/ayurveda [goto ALT_TOP3];
  else if <=3 modalities excluding chelation/ayurveda [goto TP1_REA1]
### Question ID: ALT.481_00.000
**Instrument Variable Name:** MOVU_ALX  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

> DURING THE PAST 12 MONTHS, did you use...?  

**Alexander Technique**

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

**UniverseText:** Sample adults 18+ who have used Alexander technique  

**SkipInstructions:** Cycle through all MOVU_* questions where (MOVP_ALX or MOV_ALX) IN (‘2’, ‘7’, ‘9’)  
If no more skips to a MOVU_* question(s) then!  

<1,2,R,D> If (any MOVU_*=1 or any MOV_*=1) [goto MOV_PTIM]  
<2,R,D>  
If (all MOVU_*ne1 or any MOV_*=1) [goto MOV_MAT]  
Else If (all MOVU_* and MOV_*) ne1 and  
if more than 3 modalities not including chelation/ayurveda [goto ALT_TOP3];  
else if <=3 modalities excluding chelation/ayurveda [goto TP1_REA1]

---

### Question ID: ALT.482_00.000
**Instrument Variable Name:** MOVU_PIL  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

> DURING THE PAST 12 MONTHS, did you use...?  

**Pilates (pih-LAH-teez)**

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

**UniverseText:** Sample adults 18+ who have used Pilates  

**SkipInstructions:** Cycle through all MOVU_* questions where (MOVP_ALX or MOV_ALX) IN (‘2’, ‘7’, ‘9’)  
If no more skips to a MOVU_* question(s) then!  

<1,2,R,D> If (any MOVU_*=1 or any MOV_*=1) [goto MOV_PTIM]  
<2,R,D>  
If (all MOVU_*ne1 or any MOV_*=1) [goto MOV_MAT]  
Else If (all MOVU_* and MOV_*) ne1 and  
if more than 3 modalities not including chelation/ayurveda [goto ALT_TOP3];  
else if <=3 modalities excluding chelation/ayurveda [goto TP1_REA1]
2012 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine

Question ID: ALT.483_00.000  Instrument Variable Name: MOVU_TPI  QuestionnaireFileName: Adult CAM

QuestionText:  

DURING THE PAST 12 MONTHS, did you use...?  
Trager Psychophysical Integration

1  Yes
2  No
7  Refused
9  Don't know

UniverseText:  Sample adults 18+ who have used Trager Psychophysical Integration

SkipInstructions:  Cycle through all MOVU_* questions where (MOVP_ALX or MOV_ALX) IN ('2','7','9')
If no more skips to a MOVU_* question(s) then!

<1,2,R,D> If (any MOVU_*=1 or any MOV_*=1) [goto MOV_PTIM]
<2,R,D>
  If (all MOVU_*ne1 or any MOV_*=1) [goto MOV_MAT]
  Else If (all MOVU_* and MOV_*) ne1 and
  if more than 3 modalities not including chelation/ayurveda [goto ALT_TOP3];
  else if <=3 modalities excluding chelation/ayurveda [goto TP1_REA1]

Question ID: ALT.484_00.000  Instrument Variable Name: MOV_PTIM  QuestionnaireFileName: Adult CAM

QuestionText:  Do you know the exact number of times you saw a practitioner or teacher for movement and exercise techniques in the past 12 months?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText:  Sample adults 18+ who have seen a practitioner for movement and exercise techniques in the past 12 months

SkipInstructions:  <1> [goto MOV_TMNO]
<2,R,D> [goto MOV_TMCT]
**Question ID:** ALT.485_00.000  
**Instrument Variable Name:** MOV_TMNO  
**Questionnaire FileName:** Adult CAM  

**Question Text:**  
DURING THE PAST 12 MONTHS, how many times did you see a practitioner or teacher for movement and exercise techniques?  

*Enter ‘52’ for 52 or more times.  

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

**Universe Text:**  
Sample adults 18+ who know the number of times they have seen a practitioner for movement and exercise techniques in the past 12 months  

**Skip Instructions:**  
<1-52,R,D> [goto MOV_HIC]  

---

**Question ID:** ALT.486_00.000  
**Instrument Variable Name:** MOV_TMCT  
**Questionnaire FileName:** Adult CAM  

**Question Text:**  
DURING THE PAST 12 MONTHS, ABOUT how many times did you see a practitioner or teacher for movement and exercise techniques? Would you say...  

*Read categories below.  

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

**Universe Text:**  
Sample adults 18+ who don't know the specific number of times they have seen a practitioner for movement and exercise techniques in the past 12 months or refuse the specific number of times  

**Skip Instructions:**  
<1-7,R,D> [goto MOV_HIC]
DURING THE PAST 12 MONTHS, were any of the costs of seeing a practitioner or teacher for movement and exercise techniques covered by health insurance?

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

Sample adults 18+ who have seen a practitioner for movement and exercise techniques in the past 12 months

DURING THE PAST 12 MONTHS, did your health insurance cover all of the cost or just some of the cost of seeing a practitioner or teacher for movement and exercise techniques?

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

Sample adults 18+ whose visit(s) to a practitioner for movement and exercise techniques in the past 12 months were (at least partly) covered by health insurance

Do you know the total amount you paid for seeing a practitioner or teacher for movement and exercise techniques in the past 12 months [fill1: not including the amount covered by insurance]?

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

Sample adults 18+ whose health insurance covered none or some of the cost for movement and exercise techniques in the past 12 months
**Question ID:** ALT.490_00.000  **Instrument Variable Name:** MOV_HITS  **QuestionnaireFileName:** Adult CAM

**QuestionText:** What is the total amount you paid for seeing a practitioner or teacher for movement and exercise techniques in the past 12 months [fill1: not including the amount covered by insurance]?

*Enter '0' for no cost or free.

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

**UniverseText:** Sample adults 18+ who know the amount they paid for movement and exercise techniques in the past 12 months

**SkipInstructions:** <0-26000,R,D> [goto MOV_MAT]

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

---

**Question ID:** ALT.491_00.000  **Instrument Variable Name:** MOV_AVGC  **QuestionnaireFileName:** Adult CAM

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

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

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

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

---

**Question ID:** ALT.492_00.000  **Instrument Variable Name:** MOV_AVGS  **QuestionnaireFileName:** Adult CAM

**QuestionText:** On average, how much did you pay out-of-pocket for each visit to a practitioner or teacher for movement and exercise techniques?

*Enter '0' if no cost or free.

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

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

**SkipInstructions:** <0-500,R,D> [goto MOV_MAT]
Question ID: ALT.493_00.000  Instrument Variable Name: MOV_MAT  QuestionnaireFileName: Adult CAM

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have seen a practitioner for or have used a movement and exercise techniques in the past 12 months

SkipInstructions: <1> [goto MOV_MAT]  
<2,R,D> if more than 3 modalities [goto ALT_TOP3];  
else less than 4 chosen [goto TP1_REA1]

---

Question ID: ALT.494_00.000  Instrument Variable Name: MOV_MATC  QuestionnaireFileName: Adult CAM

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

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

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

UniverseText: Sample adults 18+ who have bought self-help materials for movement and exercise techniques in the past 12 months

SkipInstructions: <0-200,R,D>  
if more than 3 modalities [goto ALT_TOP3];  
else less than 4 chosen [goto TP1_REA1]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.504_00.000</th>
<th>Instrument Variable Name: ALT_TOP3</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>DURING THE PAST 12 MONTHS, which THREE of these therapies were the most important for your health?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Read list below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01</td>
<td>Chiropractic or Osteopathic Manipulation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>Massage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>03</td>
<td>Acupuncture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>04</td>
<td>Energy Healing Therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>05</td>
<td>Naturopathy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>06</td>
<td>Hypnosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>07</td>
<td>Biofeedback</td>
<td></td>
<td></td>
</tr>
<tr>
<td>08</td>
<td>Craniosacral therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09</td>
<td>Traditional Healers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>[fill1: Herb 1 from CHB_TP21]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>[fill2: Herb 2 from CHB_TP22]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Homeopathy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>[fill3: Mantra meditation/ Mindfulness meditation/ Spiritual meditation/Guided imagery/ Progressive relaxation from CMB]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>[fill4: Yoga/Tai Chi/Qi Gong from CYG_MOST]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Special diets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Movement or exercise techniques</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 used/seen a practitioner for any of a number of therapies in the past 12 months

**SkipInstructions:** <1-16> If less than three selected [goto ERR_ALT_TOP3]

Did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

For general wellness or general disease prevention?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP1_REA2]
Did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

To improve your energy?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto TP1_REA3]
Did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

To improve your athletic or sports performance?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto TP1_REA5]

---

Did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

To improve your memory or concentration?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto TP1_MOT1]
2012 NHIS Questionnaire - Adult CAM

Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 30-May-13

Question ID: ALT.515_00.000  Instrument Variable Name: TP1_MOT1  QuestionnaireFileName: Adult CAM

QuestionText: Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to

Eat healthier?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto TP1_MOT2]

---

Question ID: ALT.516_00.000  Instrument Variable Name: TP1_MOT2  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to

Eat more organic foods?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> if ALC1YR=1 [goto TP1_MOT3];
else if SMKNOW=1,2 [goto TP1_MOT4];
else (ALC1YR ne1 and SMKNOW ne (1,2)) [goto TP1_MOT5]
Question ID: ALT.517_00.000  Instrument Variable Name: TP1_MOT3  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to cut back or stop drinking alcohol?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities and who have consumed alcohol in the past 12 months

SkipInstructions: <1,2,R,D> if SMKNOW=1,2 [goto TP1_MOT4]; else SMKNOW ne (1,2) [goto TP1_MOT5]

Question ID: ALT.518_00.000  Instrument Variable Name: TP1_MOT4  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to cut back or stop smoking cigarettes?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities and who currently smoke every day or some days

SkipInstructions: <1,2,R,D> [goto TP1_MOT5]
Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to Exercise more regularly?

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

UniverseText: Sample adults 18+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto TP1_OUT1]

---

*Read if necessary.*

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes? Give you a sense of control over your health?

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

UniverseText: Sample adults 18+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto TP1_OUT2]
Question ID: ALT.521_00.000  Instrument Variable Name: TP1_OUT2  QuestionnaireFileName: Adult CAM

*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Help to reduce your stress level or to relax?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto TP1_OUT3]

---

Question ID: ALT.522_00.000  Instrument Variable Name: TP1_OUT3  QuestionnaireFileName: Adult CAM

*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Help you to sleep better?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto TP1_OUT4]
2012 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 30-May-13

Question ID: ALT.523_00.000  Instrument Variable Name: TP1_OUT4  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Make you feel better emotionally?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto TP1_OUT5]

---

Question ID: ALT.524_00.000  Instrument Variable Name: TP1_OUT5  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Make it easier to cope with health problems?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto TP1_OUT6]
Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

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

UniverseText: Sample adults 18+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto TP1_OUT7]
**2012 NHIS Questionnaire - Adult CAM**  
*Adult Alternative Health/Complementary And Alternative Medicine*

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

**Question ID:** ALT.527_00.000  
**Instrument Variable Name:** TP1_OUT8  
**QuestionnaireFileName:** Adult CAM

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

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Improve your attendance at [fill3: a job/school/a job or school]?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have used first of top three modalities and who worked or attended school in the past year

**SkipInstructions:**  
<1,2,R,D> if TP1_CNT>1 [goto TP1_MOST];  
else if TP1_CNT=1 [goto TP1_HELP];  
else [goto TP1_TRET]
Of these reasons, which ONE was the most important for using [fill1: modality]?

*Read list below.

01  Your general wellness or general disease prevention
02  To improve your energy
03  To improve your immune function
04  To improve your athletic or sports performance
05  To improve your memory or concentration
06  To eat healthier
07  To eat more organic foods
08  To cut back or stop drinking alcohol
09  To cut back or stop smoking cigarettes
10  To exercise more regularly
11  To give you a sense of control over your health
12  To help to reduce your stress level or to relax
13  To help you to sleep better
14  To make you feel better emotionally
15  To make it easier to cope with health problems
16  To improve your overall health and make you feel better
17  To improve your relationships with others
18  To improve your attendance at a job or school
97  Refused
99  Don't know

Sample adults 18+ who have used first of top three modalities and two or more reasons for seeing a practitioner/using modality chosen
**Question ID:** ALT.529_00.000  **Instrument Variable Name:** TP1_HELP  **QuestionnaireFileName:** Adult CAM

**QuestionText:** How much do you think [fill1: modality] helped [fill2: reason given in TP1_MOST question]? Would you say…

*Read categories below.

1. A great deal
2. Some
3. Only a little
4. Not at all
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities and had a most important reason for using selected modality/seeing a practitioner for selected modality

**SkipInstructions:** <1-4,R,D> [goto TP1_TRET]

---

**Question ID:** ALT.530_00.000  **Instrument Variable Name:** TP1_TRET  **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you [fill1: see a practitioner for/use] [fill2: modality] for one or more specific health problems, symptoms, or conditions?

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

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1> [goto TP1_COND]  
<2,R,D> ALT_TP31 in (6,7,10-16) [goto TP1_RS5];  
else ALT_TP31 ne (6,7,10-16) [goto TP1_RS6]
**Question ID:** ALT.531_00.000  
**Instrument Variable Name:** TP1_COND  
**QuestionnaireFileName:** Adult CAM  

**QuestionText:** For what health problems, symptoms, or conditions did you {fill1: see a practitioner for/use} {fill2: modality}?

*Enter all that apply, separate with commas.*

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Question Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Abdominal pain</td>
</tr>
<tr>
<td>02</td>
<td>Acid reflux or heartburn</td>
</tr>
<tr>
<td>03</td>
<td>Feeling anxious, nervous or worried</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>Benign tumors, cysts</td>
</tr>
<tr>
<td>08</td>
<td>Bipolar Disorder</td>
</tr>
<tr>
<td>09</td>
<td>Birth defect</td>
</tr>
<tr>
<td>10</td>
<td>Cancer</td>
</tr>
<tr>
<td>11</td>
<td>High Cholesterol</td>
</tr>
<tr>
<td>12</td>
<td>Chronic Bronchitis</td>
</tr>
<tr>
<td>13</td>
<td>Circulation problems (other than in the legs)</td>
</tr>
<tr>
<td>14</td>
<td>Coronary heart disease</td>
</tr>
<tr>
<td>15</td>
<td>Dental pain</td>
</tr>
<tr>
<td>16</td>
<td>Depression</td>
</tr>
<tr>
<td>17</td>
<td>Diabetes</td>
</tr>
<tr>
<td>18</td>
<td>Digestive allergy</td>
</tr>
<tr>
<td>19</td>
<td>Excessive sleepiness during the day</td>
</tr>
<tr>
<td>20</td>
<td>Excessive use of alcohol or tobacco</td>
</tr>
<tr>
<td>21</td>
<td>Fatigue or lack of energy more than 3 days</td>
</tr>
<tr>
<td>22</td>
<td>Fever more than 1 day</td>
</tr>
<tr>
<td>23</td>
<td>Fibromyalgia</td>
</tr>
<tr>
<td>24</td>
<td>Fracture, bone/joint injury</td>
</tr>
<tr>
<td>25</td>
<td>Gout</td>
</tr>
<tr>
<td>26</td>
<td>Gynecologic problem</td>
</tr>
<tr>
<td>27</td>
<td>Hay fever</td>
</tr>
<tr>
<td>28</td>
<td>Head or chest cold</td>
</tr>
<tr>
<td>29</td>
<td>Hearing problem</td>
</tr>
<tr>
<td>30</td>
<td>Heart condition or disease, other than coronary heart disease</td>
</tr>
<tr>
<td>31</td>
<td>Hernia</td>
</tr>
<tr>
<td>32</td>
<td>Hypertension</td>
</tr>
<tr>
<td>33</td>
<td>Infectious diseases or problems of the immune system</td>
</tr>
<tr>
<td>34</td>
<td>Influenza or pneumonia</td>
</tr>
<tr>
<td>35</td>
<td>Insomnia or trouble sleeping</td>
</tr>
<tr>
<td>36</td>
<td>Jaw pain</td>
</tr>
<tr>
<td>37</td>
<td>Joint pain or stiffness/Other joint condition</td>
</tr>
<tr>
<td>38</td>
<td>Knee problems (not arthritis, not joint injury)</td>
</tr>
<tr>
<td>39</td>
<td>Liver problem</td>
</tr>
<tr>
<td>40</td>
<td>Lung/breathing problem</td>
</tr>
<tr>
<td>41</td>
<td>Lupus</td>
</tr>
<tr>
<td>42</td>
<td>Memory loss or loss of other cognitive function</td>
</tr>
<tr>
<td>43</td>
<td>Menopause</td>
</tr>
<tr>
<td>44</td>
<td>Menstrual problems</td>
</tr>
<tr>
<td>45</td>
<td>Intellectual disability, also known as mental retardation</td>
</tr>
</tbody>
</table>
46 Missing limbs (fingers, toes or digits), amputee
47 Nausea and/or vomiting
48 Neurological problems
49 Osteoporosis, tendinitis
50 Allergies other than hay fever, respiratory, food, digestive, or skin allergies
51 Chronic pain
52 Other developmental problem
53 Injury other than fracture, bone/joint injury
54 Mental health disorders
55 Muscle or bone pain
56 Nerve damage, including carpal tunnel syndrome
57 Problems with being overweight
58 Phobia or fears
59 Polio (myelitis), paralysis, para/quadriplegia
60 Poor circulation in your legs
61 Prostate trouble or impotence
62 Recurring headache, other than migraine
63 Respiratory allergy
64 Rheumatoid arthritis
65 Senility
66 Sinusitis
67 Eczema or any kind of skin allergy
68 Skin problems, other than eczema or skin allergies
69 Sore throat other than strep or tonsillitis
70 Sprain or strain
71 Frequent stress
72 Strep throat or tonsillitis
73 Substance abuse, other than alcohol or tobacco
74 Filled problem from AFLHCA_S1
75 Filled problem from AFLHCA_S2
76 Ulcer
77 Urinary problems
78 Varicose veins, hemorrhoids
79 Vision problem
80 Weak or failing kidneys
81 COPD
82 Back pain or problem
83 Neck pain or problem
84 Severe headache or migraine
85 Stomach or intestinal illness
86 Other specify
97 Refused
99 Don't know
**2012 NHIS Questionnaire - Adult CAM**

Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 30-May-13

**UniverseText:** Sample adults 18+ who have used first of top three modalities and saw a practitioner or used modality for a specific health problem, symptom or condition

**SkipInstructions:**

<1-86> If TP1_CNT>1 [goto TP1_CMST],
else if TP1_CNT=1 [goto TP1_CHLP];
<br>86> [goto TP1_SPEC];
<R,D> if self-care modality (ALT_TP31 in (6,7,10-16)) [goto TP1_RS5];
else [goto TP1_RS6]

---

**Question ID:** ALT.531_00.010  **Instrument Variable Name:** TP1_SPEC  **QuestionnaireFileName:** Adult CAM

**QuestionText:** *Enter condition for which [fill1: modality] was used. If respondent gives more than one condition, probe for condition which is most important.

97 Refused
99 Don't Know

**Verbatim**

Verbatim response

**UniverseText:** Sample adults 18+ who have used first of top three modalities and used modality to treat other health problem or condition

**SkipInstructions:**

<Allow 75, R,D> If TP1_CNT>1 [goto TP1_CMST],
else if TP1_CNT =1 [goto TP1_CHLP];
<br>R,D> If TP1_CNT=1 and if self-care modality (ALT_TP31 in (6,7,10-16)) [goto TP1_RS5];
else [goto TP1_RS6]
Question ID: ALT.532_00.000  Instrument Variable Name: TP1_CMST  QuestionnaireFileName: Adult CAM

QuestionText: For which ONE of these did you {fill1: see a practitioner for/use} {fill2: modality} the most?

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

01 Abdominal pain
02 Acid reflux or heartburn
03 Feeling anxious, nervous or worried
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Benign tumors, cysts
08 Bipolar Disorder
09 Birth defect
10 Cancer
11 High Cholesterol
12 Chronic Bronchitis
13 Circulation problems (other than in the legs)
14 Coronary heart disease
15 Dental pain
16 Depression
17 Diabetes
18 Digestive allergy
19 Excessive sleepiness during the day
20 Excessive use of alcohol or tobacco
21 Fatigue or lack of energy more than 3 days
22 Fever more than 1 day
23 Fibromyalgia
24 Fracture, bone/joint injury
25 Gout
26 Gynecologic problem
27 Hay fever
28 Head or chest cold
29 Hearing problem
30 Heart condition or disease, other than coronary heart disease
31 Hernia
32 Hypertension
33 Infectious diseases or problems of the immune system
34 Influenza or pneumonia
35 Insomnia or trouble sleeping
36 Jaw pain
37 Joint pain or stiffness/Other joint condition
38 Knee problems (not arthritis, not joint injury)
39 Liver problem
40 Lung/breathing problem
41 Lupus
42 Memory loss or loss of other cognitive function
43 Menopause
44 Menstrual problems
45 Intellectual disability, also known as mental retardation
46 Missing limbs (fingers, toes or digits), amputee
47 Nausea and/or vomiting
48 Neurological problems
49 Osteoporosis, tendinitis
50 Allergies other than hay fever, respiratory, food, digestive, or skin allergies
51 Chronic pain
52 Other developmental problem
53 Injury other than fracture, bone/joint injury
54 Mental health disorders
55 Muscle or bone pain
56 Nerve damage, including carpal tunnel syndrome
57 Problems with being overweight
58 Phobia or fears
59 Polio (myelitis), paralysis, para/quadriplegia
60 Poor circulation in your legs
61 Prostate trouble or impotence
62 Recurring headache, other than migraine
63 Respiratory allergy
64 Rheumatoid arthritis
65 Senility
66 Sinusitis
67 Eczema or any kind of skin allergy
68 Skin problems, other than eczema or skin allergies
69 Sore throat other than strep or tonsillitis
70 Sprain or strain
71 Frequent stress
72 Strep throat or tonsillitis
73 Substance abuse, other than alcohol or tobacco
74 Filled problem from AFLHCA_S1
75 Filled problem from AFLHCA_S2
76 Ulcer
77 Urinary problems
78 Varicose veins, hemorrhoids
79 Vision problem
80 Weak or failing kidneys
81 COPD
82 Back pain or problem
83 Neck pain or problem
84 Severe headache or migraine
85 Stomach or intestinal illness
86 Other specify
87 Refused
88 Don't know
**2012 NHIS Questionnaire - Adult CAM**

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

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

---

**UniverseText:** Sample adults 18+ who have used first of top three modalities and used modality to treat specific conditions and more than one condition selected

**SkipInstructions:**

1. <1-86> [goto TP1_CHLP]
2. <R,D> if self-care modality (ALT_TP31=6,7,10-16) [goto TP1_RS5];
3. else [goto TP1_RS6]

---

**Question ID:** ALT.533_00.000  
**Instrument Variable Name:** TP1_CHLP  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** How much do you think [fill1: modality] helped your [fill2: condition from TP1_CMST]? Would you say...

*Read categories below.*

1. A great deal
2. Some
3. Only a little
4. Not at all
5. Refused
6. Don't know

---

**UniverseText:** Sample adults 18+ who have used first of top three modalities and used modality to treat specific condition(s)

**SkipInstructions:**

1. <1-4,R,D> [goto TP1_MTR1]

---

**Question ID:** ALT.534_00.000  
**Instrument Variable Name:** TP1_MTR1  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive any of the following medical treatments for [fill1: condition from TP1_CMST]?

1. Prescription medications?
2. Yes
3. No
4. Refused
5. Don't know

---

**UniverseText:** Sample adults 18+ who have used first of top three modalities and used modality to treat specific condition(s)

**SkipInstructions:**

1. <1,2,R,D> [goto TP1_MTR2]
Did you receive any of the following medical treatments for [fill2: condition from TP1_CMST]?

Over-the-counter medications?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have used first of top three modalities and used modality to treat specific condition(s)

<1,2,R,D> [goto TP1_MTR3]

Did you receive any of the following medical treatments for [fill2: condition from TP1_CMST]?

Surgery?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have used first of top three modalities and used modality to treat specific condition(s)

<1,2,R,D> [goto TP1_MTR4]
2012 NHIS Questionnaire - Adult CAM

Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 30-May-13

Question ID: ALT.537_00.000
Instrument Variable Name: TP1_MTR4
QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did you receive any of the following medical treatments for [fill2: condition from TP1_CMST]? Physical therapy?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1,2,R,D> [goto TP1_MTR5]

Question ID: ALT.538_00.000
Instrument Variable Name: TP1_MTR5
QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did you receive any of the following medical treatments for [fill2: condition from TP1_CMST]? Mental health counseling?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1,2,R,D> if TP1_MTR1=1 or TP1_MTR2=1 or TP1_MTR3=1 or TP1_MTR4=1 or TP1_MTR5=1 [goto TP1_RS1];
else if self-care modality (ALT_TP31=6,7,10-16) [goto TP1_RS5];
else [goto TP1_RS6]
QuestionID:  ALT.539_00.000  Instrument Variable Name:  TP1_RS1  QuestionnaireFileName:  Adult CAM

QuestionText:  DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

These medical treatments were too expensive?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText:  Sample adults 18+ who have used first of top three modalities and used some type of treatment for specific condition(s)

SkipInstructions:  <1,2,R,D> [goto TP1_RS2]

QuestionID:  ALT.540_00.000  Instrument Variable Name:  TP1_RS2  QuestionnaireFileName:  Adult CAM

QuestionText:  *Read if necessary.

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

[fill3: modality] combined with these medical treatments would help you?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText:  Sample adults 18+ who have used first of top three modalities and used some type of treatment for specific condition(s)

SkipInstructions:  <1,2,R,D> [goto TP1_RS3]
**Question ID:** ALT.541_00.000  **Instrument Variable Name:** TP1_RS3  **QuestionnaireFileName:** Adult CAM

**Question Text:** *Read if necessary.

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

These medical treatments do not work for the health problem you want to treat or prevent?

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

**Universe Text:** Sample adults 18+ who have used first of top three modalities and used some type of treatment for specific condition(s)

**Skip Instructions:** <1,2,R,D> if TP1_MTR1=1 or TP1_MTR2=1 [goto TP1_RS4];
else if self-care modality (categories 6,7 and 10-16 on ALT_TP31 variable, [goto TP1_RS5];
else [goto TP1_RS6]

---

**Question ID:** ALT.542_00.000  **Instrument Variable Name:** TP1_RS4  **QuestionnaireFileName:** Adult CAM

**Question Text:** *Read if necessary.

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

{fill3: Prescription medications/Over the counter medications/Prescription or over-the-counter medications} cause side effects?

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

**Universe Text:** Sample adults 18+ who have used first of top three modalities and used prescription or over-the-counter medication to treat specific condition(s)

**Skip Instructions:** <1,2,R,D> if self-care modality (categories 6,7 and 10-16 on ALT_TP31 variable, [goto TP1_RS5];
else goto TP1_RS6]
2012 NHIS Questionnaire - Adult CAM

Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 30-May-13

Question ID: ALT.543_00.000  Instrument Variable Name: TP1_RS5  QuestionnaireFileName: Adult CAM

QuestionText: DURING THE PAST 12 MONTHS, did you {fill1: use modality} for any of these reasons? You can do it on your own?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities and picked a self care modality

SkipInstructions: <1,2,R,D> [goto TP1_RS6]

Question ID: ALT.544_00.000  Instrument Variable Name: TP1_RS6  QuestionnaireFileName: Adult CAM

QuestionText: DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for} {fill2: modality} for any of these reasons? It is natural?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto TP1_RS7]
*Read if necessary.

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

It focuses on the whole person, mind, body, and spirit?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto TP1_RS8]

*Read if necessary.

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

It treats the cause and not just the symptoms?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto TP1_RS9]
*Read if necessary.

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

It was part of your upbringing?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto TP1_REC1]

Did you {fill1: see a practitioner for/use} {fill2: modality} because it was recommended by any of the following people?

A medical doctor?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto TP1_REC2]
Did you {fill1: see a practitioner for/use} {fill2: modality} because it was recommended by any of the following people?

A family member?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto TP1_REC3]
### Question ID: ALT.551_00.000  Instrument Variable Name: TP1_REC4  QuestionnaireFileName: Adult CAM

**QuestionText:**

*Read if necessary.

Did you {fill1: see a practitioner for/use} {fill2: modality} because it was recommended by any of the following people?

- A co-worker?

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

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP1_IMP]

---

### Question ID: ALT.552_00.000  Instrument Variable Name: TP1_IMP  QuestionnaireFileName: Adult CAM

**QuestionText:**

DURING THE PAST 12 MONTHS, how important was your use of [fill1: modality] in maintaining your health and well-being? Would you say…

*Read categories below.

1. Very important
2. Somewhat important
3. Slightly important
4. Not at all important
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1-4,R,D> if PROVTYP=1-4 [goto TP1_DS1]; else [goto TP1_INF1]
[fill1: Not including the practitioner you saw for] [fill2: modality] DURING THE PAST 12 MONTHS, did you let your personal health care provider know about your use of [fill3: modality]?

*If practitioner for therapy is the same person as personal health care provider, enter '1'.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities and has a personal health care provider

SkipInstructions: <1,R,D> [goto TP1_INF1]
                 <2> [goto TP1_DS2]

Why didn't you tell your personal health care provider about your use of [fill1: modality]?

You were not using it at the time?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities and did not tell their personal health care provider about using therapy

SkipInstructions: <1,2,R,D> [goto TP1_DS3]
Why didn't you tell your personal health care provider about your use of {fill1: modality}?  

They discouraged use of it in the past?

1  Yes  
2  No  
7  Refused  
9  Don't know

Sample adults 18+ who have used first of top three modalities and did not tell their personal health care provider about using therapy

<1,2,R,D> [goto TP1_DS4]

*Read if necessary.

Why didn't you tell your personal health care provider about your use of {fill1: modality}?  

You were worried they would discourage it?

1  Yes  
2  No  
7  Refused  
9  Don't know

Sample adults 18+ who have used first of top three modalities and did not tell their personal health care provider about using therapy

<1,2,R,D> [goto TP1_DS5]
*Read if necessary.

Why didn't you tell your personal health care provider about your use of {fill1: modality}?

You were concerned about a negative reaction?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have used first of top three modalities and did not tell their personal health care provider about using therapy

<1,2,R,D> [goto TP1_DS6]
Why didn't you tell your personal health care provider about your use of {fill1: modality}?

They didn't ask?

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

Sample adults 18+ who have used first of top three modalities and did not tell their personal health care provider about using therapy

*Read if necessary.

You don't think they know as much about it as you do?

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

Sample adults 18+ who have used first of top three modalities and did not tell their personal health care provider about using therapy
Why didn't you tell your personal health care provider about your use of {fill1: modality}? 

They didn't give you enough time to tell them?

1  Yes 
2  No 
7  Refused 
9  Don't know 

Sample adults 18+ who have used first of top three modalities and did not tell their personal health care provider about using therapy

DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

The Internet?

1  Yes 
2  No 
7  Refused 
9  Don't know 

Sample adults 18+ who have used first of top three modalities
**2012 NHIS Questionnaire - Adult CAM**

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

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

---

**Question ID:** ALT.581_00.000  
**Instrument Variable Name:** TP1_INF2  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

*Read if necessary.*

DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

Books, magazines, or newspapers?

1  Yes  
2  No  
7  Refused  
9  Don't know  

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP1_INF3]

---

**Question ID:** ALT.582_00.000  
**Instrument Variable Name:** TP1_INF3  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

*Read if necessary.*

DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

DVDs, videos, or CDs?

1  Yes  
2  No  
7  Refused  
9  Don't know  

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP1_INF4]
Question ID: ALT.583_00.000  Instrument Variable Name: TP1_INF4  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

Television or radio?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto TP1_INF5]

---

Question ID: ALT.584_00.000  Instrument Variable Name: TP1_INF5  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

Scientific articles?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto TP1_INF6]
*Read if necessary.

DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

Health food stores?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have used first of top three modalities

Did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

For general wellness or general disease prevention?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have used second of top three modalities

<1,2,R,D> if ALT_TP32 ne ' ' [goto TP2_REA1];
else [goto next section]
Question ID: ALT.596_00.000  Instrument Variable Name: TP2_REA2  QuestionnaireFileName: Adult CAM

*Read if necessary.

Did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

To improve your energy?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto TP2_REA3]

Question ID: ALT.597_00.000  Instrument Variable Name: TP2_REA3  QuestionnaireFileName: Adult CAM

*Read if necessary.

Did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

To improve your immune function?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto TP2_REA4]
Question ID: ALT.598_00.000  Instrument Variable Name: TP2_REA4  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

To improve your athletic or sports performance?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto TP2_REA5]

Question ID: ALT.599_00.000  Instrument Variable Name: TP2_REA5  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

To improve your memory or concentration?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto TP2_MOT1]
**2012 NHIS Questionnaire - Adult CAM**

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

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

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.600_00.000</th>
<th>Instrument Variable Name:</th>
<th>TP2_MOT1</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to Eat healthier?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</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 have used second of top three modalities

**SkipInstructions:** `<1,2,R,D> [goto TP2_MOT2]

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.601_00.000</th>
<th>Instrument Variable Name:</th>
<th>TP2_MOT2</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>*Read if necessary. Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to Eat more organic foods?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</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 have used second of top three modalities

**SkipInstructions:** `<1,2,R,D> if ALC1YR=1 [goto TP2_MOT3];
else if SMKNOW=1,2 [goto TP2_MOT4];
else (ALC1YR ne1 and SMKNOW ne (1,2)) [goto TP2_MOT5]`
*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to cut back or stop drinking alcohol?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used second of top three modalities and who have consumed alcohol in the past 12 months

SkipInstructions: <1,2,R,D> if SMKNOW=1,2 [goto TP2_MOT4]; else SMKNOW ne (1,2) [goto TP2_MOT5]
**2012 NHIS Questionnaire - Adult CAM**

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

Document Version Date: 30-May-13

---

**Question ID:** ALT.604_00.000  
**Instrument Variable Name:** TP2_MOT5  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to Exercise more regularly?

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

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP2_OUT1]

---

**Question ID:** ALT.605_00.000  
**Instrument Variable Name:** TP2_OUT1  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** *Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Give you a sense of control over your health?

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

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP2_OUT2]
<table>
<thead>
<tr>
<th>Question ID</th>
<th>ALT.606_00.000</th>
<th>Instrument Variable Name:</th>
<th>TP2_OUT2</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>*Read if necessary.</td>
<td>Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?</td>
<td>Help to reduce your stress level or to relax?</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP2_OUT3]

<table>
<thead>
<tr>
<th>Question ID</th>
<th>ALT.607_00.000</th>
<th>Instrument Variable Name:</th>
<th>TP2_OUT3</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>*Read if necessary.</td>
<td>Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?</td>
<td>Help you to sleep better?</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP2_OUT4]
*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Make you feel better emotionally?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have used second of top three modalities

<1,2,R,D> [goto TP2_OUT5]

*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Make it easier to cope with health problems?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have used second of top three modalities

<1,2,R,D> [goto TP2_OUT6]
### Question ID: ALT.610_00.000

**Instrument Variable Name:** TP2_OUT6  
**QuestionnaireFileName:** Adult CAM

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

Did \{fill1: seeing a practitioner for/using\} \{fill2: modality\} lead to any of these outcomes?  

Improve your overall health and make you feel better?  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></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 second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP2_OUT7]

### Question ID: ALT.611_00.000

**Instrument Variable Name:** TP2_OUT7  
**QuestionnaireFileName:** Adult CAM

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

Did \{fill1: seeing a practitioner for/using\} \{fill2: modality\} lead to any of these outcomes?  

Improve your relationships with others?  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></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 second of top three modalities

**SkipInstructions:** <1,2,R,D> if DOINGLW2=1,2,4 or WRKLYR2=1 or SCHOOLYR=1 [goto TP2_OUT8];  
else if TP2_CNT >1 [goto TP2_MOST];  
else if TP2_CNT=1 [goto TP2_HELP];  
else TP2_CNT=0 [goto TP2_TRET]
*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Improve your attendance at a job or school?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have used second of top three modalities and who worked or attended school in the past year

if TP2_CNT>1 [goto TP2_MOST];
else if TP2_CNT=1 [goto TP2_HELP];
else [goto TP2_TRET]
Question ID: ALT.613_00.000  Instrument Variable Name: TP2_MOST  QuestionnaireFileName: Adult CAM

QuestionText: Of these reasons, which ONE was the most important for using [fill1: modality]?

*Read list below.

01 Your general wellness or general disease prevention
02 To improve your energy
03 To improve your immune function
04 To improve your athletic or sports performance
05 To improve your memory or concentration
06 To eat healthier
07 To eat more organic foods
08 To cut back or stop drinking alcohol
09 To cut back or stop smoking cigarettes
10 To exercise more regularly
11 To give you a sense of control over your health
12 To help to reduce your stress level or to relax
13 To help you to sleep better
14 To make you feel better emotionally
15 To make it easier to cope with health problems
16 To improve your overall health and make you feel better
17 To improve your relationships with others
18 To improve your attendance at a job or school
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who have used second of top three modalities and two or more reasons for seeing a practitioner/using modality chosen

SkipInstructions: <1-18> [goto TP2_HELP]
<R,D> [goto TP2_TRET]
Question ID: ALT.614_00.000  Instrument Variable Name: TP2_HELP  QuestionnaireFileName: Adult CAM

QuestionText: How much do you think [fill1: modality] helped {fill2: reason given in TP2_MOST question}? Would you say…

*Read categories below.

1 A great deal
2 Some
3 Only a little
4 Not at all
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used second of top three modalities and had a most important reason for using selected modality/seeing a practitioner for selected modality

SkipInstructions: <1-4,R,D> [goto TP2_TRET]

Question ID: ALT.615_00.000  Instrument Variable Name: TP2_TRET  QuestionnaireFileName: Adult CAM

QuestionText: DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for one or more specific health problems, symptoms, or conditions?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used second of top three modalities

SkipInstructions: <1> [goto TP2_COND]
<2,R,D> ALT_TP32 in (6,7,10-16) [goto TP2_RS5];
else ALT_TP32 ne (6,7,10-16) [goto TP2_RS6]
For what health problems, symptoms, or conditions did you {fill1: see a practitioner for/use} {fill2: modality}?  
*Enter all that apply, separate with commas.

01 Abdominal pain
02 Acid reflux or heartburn
03 Feeling anxious, nervous or worried
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Benign tumors, cysts
08 Bipolar Disorder
09 Birth defect
10 Cancer
11 High Cholesterol
12 Chronic Bronchitis
13 Circulation problems (other than in the legs)
14 Coronary heart disease
15 Dental pain
16 Depression
17 Diabetes
18 Digestive allergy
19 Excessive sleepiness during the day
20 Excessive use of alcohol or tobacco
21 Fatigue or lack of energy more than 3 days
22 Fever more than 1 day
23 Fibromyalgia
24 Fracture, bone/joint injury
25 Gout
26 Gynecologic problem
27 Hay fever
28 Head or chest cold
29 Hearing problem
30 Heart condition or disease, other than coronary heart disease
31 Hernia
32 Hypertension
33 Infectious diseases or problems of the immune system
34 Influenza or pneumonia
35 Insomnia or trouble sleeping
36 Jaw pain
37 Joint pain or stiffness/Other joint condition
38 Knee problems (not arthritis, not joint injury)
39 Liver problem
40 Lung/breathing problem
41 Lupus
42 Memory loss or loss of other cognitive function
43 Menopause
44 Menstrual problems
45 Intellectual disability, also known as mental retardation
46  Missing limbs (fingers, toes or digits), amputee
47  Nausea and/or vomiting
48  Neurological problems
49  Osteoporosis, tendinitis
50  Allergies other than hay fever, respiratory, food, digestive, or skin allergies
51  Chronic pain
52  Other developmental problem
53  Injury other than fracture, bone/joint injury
54  Mental health disorders
55  Muscle or bone pain
56  Nerve damage, including carpal tunnel syndrome
57  Problems with being overweight
58  Phobia or fears
59  Polio (myelitis), paralysis, para/quadriplegia
60  Poor circulation in your legs
61  Prostate trouble or impotence
62  Recurring headache, other than migraine
63  Respiratory allergy
64  Rheumatoid arthritis
65  Senility
66  Sinusitis
67  Eczema or any kind of skin allergy
68  Skin problems, other than eczema or skin allergies
69  Sore throat other than strep or tonsillitis
70  Sprain or strain
71  Frequent stress
72  Strep throat or tonsillitis
73  Substance abuse, other than alcohol or tobacco
74  Filled problem from AFLHCA_S1
75  Filled problem from AFLHCA_S2
76  Ulcer
77  Urinary problems
78  Varicose veins, hemorrhoids
79  Vision problem
80  Weak or failing kidneys
81  COPD
82  Back pain or problem
83  Neck pain or problem
84  Severe headache or migraine
85  Stomach or intestinal illness
86  Other specify
87  Refused
88  Don't know
**UniverseText:** Sample adults 18+ who have used second of top three modalities and saw a practitioner or used modality for a specific health problem, symptom or condition

**SkipInstructions:**
- `<1-86>` If TP2_CNT>1 [goto TP2_CMST],
  - else if TP2_CNT=1 [goto TP2_CHLP];
- `<86>` [goto TP2_SPEC];
- `<R,D>` if self-care modality (ALT_TP32 in (6,7,10-16)) [goto TP2_RS5];
  - else (ALT_TP32 ne (6,7,10-16)) [goto TP2_RS6]

**Question ID:** ALT.616_00.010  **Instrument Variable Name:** TP2_SPEC  **QuestionnaireFileName:** Adult CAM

**QuestionText:** *Enter condition for which [fill1: modality] was used. If respondent gives more than one condition, probe for condition which is most important.

97 Refused
99 Don't Know

**Verbatim** Verbatim response

**UniverseText:** Sample adults 18+ who have used second of top three modalities and used modality to treat other health problem or condition

**SkipInstructions:**
- `<Allow 75, R,D>` If TP2_CNT>1 [goto TP2_CMST],
  - elseif TP2_CNT =1 [goto TP2_CHLP];
- `<R,D>` If TP2_CNT=1 and if self-care modality (ALT_TP32 in (6,7,10-16)) [goto TP2_RS5];
  - else [goto TP2_RS6]
For which ONE of these did you see a practitioner the most?

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

01 Abdominal pain
02 Acid reflux or heartburn
03 Feeling anxious, nervous or worried
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Benign tumors, cysts
08 Bipolar Disorder
09 Birth defect
10 Cancer
11 High Cholesterol
12 Chronic Bronchitis
13 Circulation problems (other than in the legs)
14 Coronary heart disease
15 Dental pain
16 Depression
17 Diabetes
18 Digestive allergy
19 Excessive sleepiness during the day
20 Excessive use of alcohol or tobacco
21 Fatigue or lack of energy more than 3 days
22 Fever more than 1 day
23 Fibromyalgia
24 Fracture, bone/joint injury
25 Gout
26 Gynecologic problem
27 Hay fever
28 Head or chest cold
29 Hearing problem
30 Heart condition or disease, other than coronary heart disease
31 Hernia
32 Hypertension
33 Infectious diseases or problems of the immune system
34 Influenza or pneumonia
35 Insomnia or trouble sleeping
36 Jaw pain
37 Joint pain or stiffness/Other joint condition
38 Knee problems (not arthritis, not joint injury)
39 Liver problem
40 Lung/breathing problem
41 Lupus
42 Memory loss or loss of other cognitive function
43 Menopause
44 Menstrual problems
45 Intellectual disability, also known as mental retardation
46 Missing limbs (fingers, toes or digits), amputee
47 Nausea and/or vomiting
48 Neurological problems
49 Osteoporosis, tendinitis
50 Allergies other than hay fever, respiratory, food, digestive, or skin allergies
51 Chronic pain
52 Other developmental problem
53 Injury other than fracture, bone/joint injury
54 Mental health disorders
55 Muscle or bone pain
56 Nerve damage, including carpal tunnel syndrome
57 Problems with being overweight
58 Phobia or fears
59 Polio (myelitis), paralysis, para/quadriplegia
60 Poor circulation in your legs
61 Prostate trouble or impotence
62 Recurring headache, other than migraine
63 Respiratory allergy
64 Rheumatoid arthritis
65 Senility
66 Sinusitis
67 Eczema or any kind of skin allergy
68 Skin problems, other than eczema or skin allergies
69 Sore throat other than strep or tonsillitis
70 Sprain or strain
71 Frequent stress
72 Strep throat or tonsillitis
73 Substance abuse, other than alcohol or tobacco
74 Filled problem from AFLHCA_S1
75 Filled problem from AFLHCA_S2
76 Ulcer
77 Urinary problems
78 Varicose veins, hemorrhoids
79 Vision problem
80 Weak or failing kidneys
81 COPD
82 Back pain or problem
83 Neck pain or problem
84 Severe headache or migraine
85 Stomach or intestinal illness
86 Other specify
97 Refused
99 Don't know
2012 NHIS Questionnaire - Adult CAM

Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 30-May-13

Question ID: ALT.618_00.000  Instrument Variable Name: TP2_CHLP  QuestionnaireFileName: Adult CAM

QuestionText: How much do you think [fill1: modality] helped your [fill2: condition from TP2_CMST]? Would you say...

*Read categories below.

1  A great deal
2  Some
3  Only a little
4  Not at all
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used second of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1-86> [goto TP2_CHLP]
<R,D> if self-care modality (ALT_TP32=6,7,10-16) [goto TP2_RS5]; else [goto TP2_RS6]

Question ID: ALT.619_00.000  Instrument Variable Name: TP2_MTR1  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive any of the following medical treatments for [fill1: condition from TP2_CMST]?

Prescription medications?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used second of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1-4,R,D> [goto TP2_MTR1]

Question ID: ALT.619_00.000  Instrument Variable Name: TP2_MTR2  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive any of the following medical treatments for [fill1: condition from TP2_CMST]?

Prescription medications?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used second of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1,2,R,D> [goto TP2_MTR2]
*Read if necessary.

Did you receive any of the following medical treatments for [fill2: condition from TP2_CMST]? 

Over-the-counter medications?

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

UniverseText: Sample adults 18+ who have used second of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1,2,R,D> [goto TP2_MTR3]

*Read if necessary.

Did you receive any of the following medical treatments for [fill2: condition from TP2_CMST]? 

Surgery?

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

UniverseText: Sample adults 18+ who have used second of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1,2,R,D> [goto TP2_MTR4]
**Question ID:** ALT.622_00.000  **Instrument Variable Name:** TP2_MTR4  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

*Read if necessary.

Did you receive any of the following medical treatments for [fill2: condition from TP2_CMST]?  

1. Physical therapy?  
   - Yes
   - No
   - Refused
   - Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities and used modality to treat specific condition(s)

**SkipInstructions:** <1,2,R,D> [goto TP2_MTR5]

---

**Question ID:** ALT.623_00.000  **Instrument Variable Name:** TP2_MTR5  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

*Read if necessary.

Did you receive any of the following medical treatments for [fill2: condition from TP1_CMST]?  

1. Mental health counseling?  
   - Yes
   - No
   - Refused
   - Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities and used modality to treat specific condition(s)

**SkipInstructions:** <1,2,R,D> if TP2_MTR1=1 or TP2_MTR2=1 or TP2_MTR3=1 or TP2_MTR4=1 or TP2_MTR5=1  [goto TP2_RS1];  
else if self-care modality (ALT_TP32=6,7,10-16) [goto TP2_RS5];  
else [goto TP2_RS6]
**Question ID:** ALT.624_00.000  **Instrument Variable Name:** TP2_RS1  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

These medical treatments were too expensive?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities and used some type of treatment for specific condition(s)

**SkipInstructions:** <1,2,R,D> [goto TP2_RS2]

---

**Question ID:** ALT.625_00.000  **Instrument Variable Name:** TP2_RS2  **QuestionnaireFileName:** Adult CAM

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

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

[fill3: modality] combined with these medical treatments would help you?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities and used some type of treatment for specific condition(s)

**SkipInstructions:** <1,2,R,D> [goto TP2_RS3]
**Question ID:** ALT.626_00.000  **Instrument Variable Name:** TP2_RS3  **QuestionnaireFileName:** Adult CAM

**QuestionText:** *Read if necessary.

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

These medical treatments do not work for the health problem you want to treat or prevent?

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

**UniverseText:** Sample adults 18+ who have used second of top three modalities and used some type of treatment for specific condition(s)

**SkipInstructions:** <1,2,R,D> if TP2_MTR1=1 or TP2_MTR2=1 [goto TP2_RS4];
else if self-care modality (ALT_TP32=6,7,10-16) [goto TP2_RS5];
else [goto TP2_RS6]

---

**Question ID:** ALT.627_00.000  **Instrument Variable Name:** TP2_RS4  **QuestionnaireFileName:** Adult CAM

**QuestionText:** *Read if necessary.

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

{fill3: Prescription medications/Over the counter medications/Prescription or over-the-counter medications} cause side effects?

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

**UniverseText:** Sample adults 18+ who have used second of top three modalities and used prescription or over-the-counter medications to treat specific condition(s)

**SkipInstructions:** <1,2,R,D> if self-care modality (ALT_TP32=6,7,10-16) [goto TP2_RS5];
else [goto TP2_RS6]
DURING THE PAST 12 MONTHS, did you [fill1: use modality] for any of these reasons?

You can do it on your own?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have used second of top three modalities and picked a self care modality

<1,2,R,D> [goto TP2_RS6]

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

It is natural?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have used second of top three modalities

<1,2,R,D> [goto TP2_RS7]
Question ID: ALT.630_00.000  Instrument Variable Name: TP2_RS7  QuestionnaireFileName: Adult CAM

QuestionText:  *Read if necessary.

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

It focuses on the whole person, mind, body, and spirit?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto TP2_RS8]

Question ID: ALT.631_00.000  Instrument Variable Name: TP2_RS8  QuestionnaireFileName: Adult CAM

QuestionText:  *Read if necessary.

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

It treats the cause and not just the symptoms?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto TP2_RS9]
*Read if necessary.

DURING THE PAST 12 MONTHS, did you \{fill1: see a practitioner for/use\} \{fill2: modality\} for any of these reasons?

It was part of your upbringing?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto TP2_REC1]
**2012 NHIS Questionnaire - Adult CAM**

Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 30-May-13

**Question ID:** ALT.634_00.000  **Instrument Variable Name:** TP2_REC2  **QuestionnaireFileName:** Adult CAM

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

Did you {fill1: see a practitioner for}/use {fill2: modality} because it was recommended by any of the following people?

A family member?

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP2_REC3]

---

**Question ID:** ALT.635_00.000  **Instrument Variable Name:** TP2_REC3  **QuestionnaireFileName:** Adult CAM

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

Did you {fill1: see a practitioner for}/use {fill2: modality} because it was recommended by any of the following people?

A friend?

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP2_REC4]
**2012 NHIS Questionnaire - Adult CAM**

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

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

---

**Question ID:** ALT.636_00.000  
**Instrument Variable Name:** TP2_REC4  
**QuestionnaireFileName:** Adult CAM

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

Did you {fill1: see a practitioner for/use} {fill2: modality} because it was recommended by any of the following people?

A co-worker?

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

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** &lt;1,2,R,D&gt; [goto TP2_IMP]

---

**Question ID:** ALT.637_00.000  
**Instrument Variable Name:** TP2_IMP  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**  
DURING THE PAST 12 MONTHS, how important was your use of [fill1: modality] in maintaining your health and well-being? Would you say…

*Read categories below.

1. Very important
2. Somewhat important
3. Slightly important
4. Not at all important
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** &lt;1-4,R,D&gt; if PROVTYP=1-4 [goto TP2_DS1];  
else [goto TP2_INF1]
[fill1: Not including the practitioner you saw for] [fill2: modality] DURING THE PAST 12 MONTHS, did you let your personal health care provider know about your use of [fill3: modality]?

*If practitioner for therapy is the same person as personal health care provider, enter '1'.

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have used second of top three modalities and has a personal health care provider

Why didn't you tell your personal health care provider about your use of [fill1: modality]?

You were not using it at the time?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have used second of top three modalities and did not tell their personal health care provider about using therapy
Question ID: ALT.640_00.000  Instrument Variable Name: TP2_DS3  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Why didn't you tell your personal health care provider about your use of {fill1: modality}? They discouraged use of it in the past?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used second of top three modalities and did not tell their personal health care provider about using therapy

SkipInstructions: <1,2,R,D> [goto TP2_DS4]

Question ID: ALT.641_00.000  Instrument Variable Name: TP2_DS4  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Why didn't you tell your personal health care provider about your use of {fill1: modality}? You were worried they would discourage it?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used second of top three modalities and did not tell their personal health care provider about using therapy

SkipInstructions: <1,2,R,D> [goto TP2_DS5]
*Read if necessary.

Why didn’t you tell your personal health care provider about your use of {fill1: modality}?

You were concerned about a negative reaction?

1   Yes
2   No
7   Refused
9   Don't know

Sample adults 18+ who have used second of top three modalities and did not tell their personal health care provider about using therapy

<1,2,R,D> [goto TP2_DS6]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.644_00.000</th>
<th>Instrument Variable Name:</th>
<th>TP2_DS7</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>*Read if necessary.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Why didn't you tell your personal health care provider about your use of {fill1: modality}?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>They didn't ask?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</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>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who have used second of top three modalities and did not tell their personal health care provider about using therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto TP2_DS8]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.645_00.000</th>
<th>Instrument Variable Name:</th>
<th>TP2_DS8</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>*Read if necessary.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Why didn't you tell your personal health care provider about your use of {fill1: modality}?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>You don't think they know as much about it as you do?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</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>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who have used second of top three modalities and did not tell their personal health care provider about using therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto TP2_DS9]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
*Read if necessary.

Why didn't you tell your personal health care provider about your use of {fill1: modality}?

They didn't give you enough time to tell them?

1   Yes
2   No
7   Refused
9   Don't know

Sample adults 18+ who have used second of top three modalities and did not tell their personal health care provider about using therapy

DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

The Internet?

1   Yes
2   No
7   Refused
9   Don't know

Sample adults 18+ who have used second of top three modalities

<1,2,R,D> [goto TP2_INF1]
2012 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 30-May-13

Question ID: ALT.676_00.000  Instrument Variable Name: TP2_INF2  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

Books, magazines, or newspapers?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto TP2_INF3]

Question ID: ALT.677_00.000  Instrument Variable Name: TP2_INF3  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

DVDs, videos, or CDs?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto TP2_INF4]
DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

Television or radio?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have used second of top three modalities

<1,2,R,D> [goto TP2_INF5]
**Question ID:** ALT.680_00.000  
**Instrument Variable Name:** TP2_INF6  
**QuestionnaireFileName:** Adult CAM

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

DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

Health food stores?

1. Yes
2. No
7. Refused
9. Don’t know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> if ALT_TP33 ne ‘ ’ [goto TP3_REA1]; else [goto next section]

---

**Question ID:** ALT.690_00.000  
**Instrument Variable Name:** TP3_REA1  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

For general wellness or general disease prevention?

1. Yes
2. No
7. Refused
9. Don’t know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3_REA2]
**Question ID:** ALT.691_00.000  **Instrument Variable Name:** TP3_REA2  **QuestionnaireFileName:** Adult CAM

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

Did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?  
To improve your energy?  

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

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3_REA3]

---

**Question ID:** ALT.692_00.000  **Instrument Variable Name:** TP3_REA3  **QuestionnaireFileName:** Adult CAM

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

Did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?  
To improve your immune function?  

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

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3_REA4]
**Question ID:** ALT.693_00.000  
**Instrument Variable Name:** TP3_REA4  
**QuestionnaireFileName:** Adult CAM

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

> Did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?  

To improve your athletic or sports performance?

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3_REA5]

---

**Question ID:** ALT.694_00.000  
**Instrument Variable Name:** TP3_REA5  
**QuestionnaireFileName:** Adult CAM

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

> Did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?  

To improve your memory or concentration?

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3_MOT1]
Question ID: ALT.695_00.000  Instrument Variable Name: TP3_MOT1  QuestionnaireFileName: Adult CAM

QuestionText: Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to
Eat healthier?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto TP3_MOT2]

Question ID: ALT.696_00.000  Instrument Variable Name: TP3_MOT2  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to
Eat more organic foods?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> if ALC1YR=1 [goto TP3_MOT3];
else if SMKNOW=1,2 [goto TP3_MOT4];
else (ALC1YR ne1 and SMKNOW ne (1,2)) [goto TP3_MOT5]
### Question ID: ALT.697_00.000  Instrument Variable Name: TP3_MOT3  QuestionnaireFileName: Adult CAM

**Question Text:**

*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to

Cut back or stop drinking alcohol?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></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>

**Universe Text:**

Sample adults 18+ who have used third of top three modalities and who have consumed alcohol in the past 12 months

**Skip Instructions:**

<1,2,R,D> if SMKNOW=1,2 [goto TP3_MOT4];
else SMKNOW ne (1,2) [[goto TP3_MOT5]

### Question ID: ALT.698_00.000  Instrument Variable Name: TP3_MOT4  QuestionnaireFileName: Adult CAM

**Question Text:**

*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to

Cut back or stop smoking cigarettes?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></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>

**Universe Text:**

Sample adults 18+ who have used third of top three modalities and who currently smoke every day or some days

**Skip Instructions:**

<1,2,R,D> [goto TP3_MOT5]
**2012 NHIS Questionnaire - Adult CAM**

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

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

**Question ID:** ALT.699_00.000  **Instrument Variable Name:** TP3_MOT5  **QuestionnaireFileName:** Adult CAM

**Question Text:** Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to Exercise more regularly?

1  Yes
2  No
7  Refused
9  Don't know

**Universe Text:** Sample adults 18+ who have used third of top three modalities

**Skip Instructions:** <1,2,R,D> [goto TP3_OUT1]

---

**Question ID:** ALT.700_00.000  **Instrument Variable Name:** TP3_OUT1  **QuestionnaireFileName:** Adult CAM

**Question Text:** *Read if necessary.*

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes? Give you a sense of control over your health?

1  Yes
2  No
7  Refused
9  Don't know

**Universe Text:** Sample adults 18+ who have used third of top three modalities

**Skip Instructions:** <1,2,R,D> [goto TP3_OUT2]
Question ID: ALT.701_00.000  Instrument Variable Name: TP3_OUT2  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Help to reduce your stress level or to relax?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto TP3_OUT3]

Question ID: ALT.702_00.000  Instrument Variable Name: TP3_OUT3  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Help you to sleep better?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto TP3_OUT4]
*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Make you feel better emotionally?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto TP3_OUT5]

*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Make it easier to cope with health problems?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto TP3_OUT6]
Question ID: ALT.705_00.000  
Instrument Variable Name: TP3_OUT6  
QuestionnaireFileName: Adult CAM

Question Text:  
*Read if necessary.  
Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?  
Improve your overall health and make you feel better?  
1 Yes  
2 No  
7 Refused  
9 Don't know

UniverseText: Sample adults 18+ who have used third of top three modalities

Skip Instructions: <1,2,R,D> [goto TP3_OUT7]

---

Question ID: ALT.706_00.000  
Instrument Variable Name: TP3_OUT7  
QuestionnaireFileName: Adult CAM

Question Text:  
*Read if necessary.  
Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?  
Improve your relationships with others?  
1 Yes  
2 No  
7 Refused  
9 Don't know

UniverseText: Sample adults 18+ who have used third of top three modalities

Skip Instructions: <1,2,R,D> if DOINGLW2=1,2,4 or WRKLYR2=1 or SCHOOLYR=1 [goto TP3_OUT8];  
else if TP3_CNT >1 [goto TP3_MOST];  
else if TP3_CNT=1 [goto TP3_HELP];  
else TP3_CNT=0 [goto TP3_TRET]
*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Improve your attendance at a job or school?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have used third of top three modalities and who worked or attended school in the past year

<1,2,R,D>  if TP3_CNT>1 [goto TP3_MOST];
else if TP3_CNT=1 [goto TP3_HELP];
else [goto TP3_TRET]
Of these reasons, which ONE was the most important for using [fill1: modality]?

*Read list below.

01 Your general wellness or general disease prevention
02 To improve your energy
03 To improve your immune function
04 To improve your athletic or sports performance
05 To improve your memory or concentration
06 To eat healthier
07 To eat more organic foods
08 To cut back or stop drinking alcohol
09 To cut back or stop smoking cigarettes
10 To exercise more regularly
11 To give you a sense of control over your health
12 To help to reduce your stress level or to relax
13 To help you to sleep better
14 To make you feel better emotionally
15 To make it easier to cope with health problems
16 To improve your overall health and make you feel better
17 To improve your relationships with others
18 To improve your attendance at a job or school
97 Refused
99 Don't know

Sample adults 18+ who have used third of top three modalities and had two or more reasons for seeing a practitioner/using modality chosen
2012 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 30-May-13

Question ID: ALT.709_00.000  Instrument Variable Name: TP3.Help  QuestionnaireFileName: Adult CAM


*Read categories below.
1  A great deal
2  Some
3  Only a little
4  Not at all
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used third of top three modalities and had a most important reason for using selected modality/seeing a practitioner for selected modality

SkipInstructions: <1-4,R,D> [goto TP3.TRET]

Question ID: ALT.710_00.000  Instrument Variable Name: TP3.TRET  QuestionnaireFileName: Adult CAM

QuestionText: DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for one or more specific health problems, symptoms, or conditions?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used third of top three modalities

SkipInstructions: <1> [goto TP3.COND]
<2,R,D> ALT_TP33 in (6,7,10-16) [goto TP3.RS5];
else ALT_TP33 ne (6,7,10-16) [goto TP3.RS]
Question ID: ALT.711_00.000  Instrument Variable Name: TP3_COND  QuestionnaireFileName: Adult CAM

QuestionText: For what health problems, symptoms, or conditions did you {fill1: see a practitioner for/use} {fill2: modality}?

*Enter all that apply, separate with commas.

01 Abdominal pain
02 Acid reflux or heartburn
03 Feeling anxious, nervous or worried
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Benign tumors, cysts
08 Bipolar Disorder
09 Birth defect
10 Cancer
11 High Cholesterol
12 Chronic Bronchitis
13 Circulation problems (other than in the legs)
14 Coronary heart disease
15 Dental pain
16 Depression
17 Diabetes
18 Digestive allergy
19 Excessive sleepiness during the day
20 Excessive use of alcohol or tobacco
21 Fatigue or lack of energy more than 3 days
22 Fever more than 1 day
23 Fibromyalgia
24 Fracture, bone/joint injury
25 Gout
26 Gynecologic problem
27 Hay fever
28 Head or chest cold
29 Hearing problem
30 Heart condition or disease, other than coronary heart disease
31 Hernia
32 Hypertension
33 Infectious diseases or problems of the immune system
34 Influenza or pneumonia
35 Insomnia or trouble sleeping
36 Jaw pain
37 Joint pain or stiffness/Other joint condition
38 Knee problems (not arthritis, not joint injury)
39 Liver problem
40 Lung/breathing problem
41 Lupus
42 Memory loss or loss of other cognitive function
43 Menopause
44 Menstrual problems
45 Intellectual disability, also known as mental retardation
Missing limbs (fingers, toes or digits), amputee
Nausea and/or vomiting
Neurological problems
Osteoporosis, tendinitis
Allergies other than hay fever, respiratory, food, digestive, or skin allergies
Chronic pain
Other developmental problem
Injury other than fracture, bone/joint injury
Mental health disorders
Muscle or bone pain
Nerve damage, including carpal tunnel syndrome
Problems with being overweight
Phobia or fears
Polio (myelitis), paralysis, para/quadriplegia
Poor circulation in your legs
Prostate trouble or impotence
Recurring headache, other than migraine
Respiratory allergy
Rheumatoid arthritis
Senility
Sinusitis
Eczema or any kind of skin allergy
Skin problems, other than eczema or skin allergies
Sore throat other than strep or tonsillitis
Sprain or strain
Frequent stress
Strep throat or tonsillitis
Substance abuse, other than alcohol or tobacco
Filled problem from AFLHCA_S1
Filled problem from AFLHCA_S2
Ulcer
Urinary problems
Varicose veins, hemorrhoids
Vision problem
Weak or failing kidneys
COPD
Back pain or problem
Neck pain or problem
Severe headache or migraine
Stomach or intestinal illness
Other specify
Refused
Don't know
UniverseText: Sample adults 18+ who have used third of top three modalities and saw a practitioner or used modality for a specific health problem, symptom or condition

SkipInstructions: <1-86> If TP3_CNT>1 [goto TP3_CMST],
              else if TP3_CNT=1 [goto TP3_CHLP];
<86> [goto TP3_SPEC];
<R,D> if self-care modality (ALT_TP33 in (6,7,10-16)) [goto TP3_RS5];
              else (ALT_TP33 ne (6,7,10-16)) [goto TP3_RS6]

Question ID: ALT.711_00.010 Instrument Variable Name: TP3_SPEC QuestionnaireFileName: Adult CAM

QuestionText: *Enter condition for which [fill1: modality] was used. If respondent gives more than one condition, probe for condition which is most important.

   97 Refused
   99 Don't Know

Verbatim Verbatim response

UniverseText: Sample adults 18+ who have used third of top three modalities and used modality to treat other health problem or condition

SkipInstructions: <Allow 75, R,D> If TP3_CNT>1 [goto TP3_CMST],
              elseif TP3_CNT =1 [goto TP3_CHLP];
              <R,D> If TP3_CNT=1 and if self-care modality (ALT_TP33 in (6,7,10-16)) [goto TP3_RS5];
              else [goto TP3_RS6]
For which ONE of these did you see a practitioner for/use the most?

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

01 Abdominal pain
02 Acid reflux or heartburn
03 Feeling anxious, nervous or worried
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Benign tumors, cysts
08 Bipolar Disorder
09 Birth defect
10 Cancer
11 High Cholesterol
12 Chronic Bronchitis
13 Circulation problems (other than in the legs)
14 Coronary heart disease
15 Dental pain
16 Depression
17 Diabetes
18 Digestive allergy
19 Excessive sleepiness during the day
20 Excessive use of alcohol or tobacco
21 Fatigue or lack of energy more than 3 days
22 Fever more than 1 day
23 Fibromyalgia
24 Fracture, bone/joint injury
25 Gout
26 Gynecologic problem
27 Hay fever
28 Head or chest cold
29 Hearing problem
30 Heart condition or disease, other than coronary heart disease
31 Hernia
32 Hypertension
33 Infectious diseases or problems of the immune system
34 Influenza or pneumonia
35 Insomnia or trouble sleeping
36 Jaw pain
37 Joint pain or stiffness/Other joint condition
38 Knee problems (not arthritis, not joint injury)
39 Liver problem
40 Lung/breathing problem
41 Lupus
42 Memory loss or loss of other cognitive function
43 Menopause
44 Menstrual problems
45 Intellectual disability, also known as mental retardation
46 Missing limbs (fingers, toes or digits), amputee
47 Nausea and/or vomiting
48 Neurological problems
49 Osteoporosis, tendinitis
50 Allergies other than hay fever, respiratory, food, digestive, or skin allergies
51 Chronic pain
52 Other developmental problem
53 Injury other than fracture, bone/joint injury
54 Mental health disorders
55 Muscle or bone pain
56 Nerve damage, including carpal tunnel syndrome
57 Problems with being overweight
58 Phobia or fears
59 Polio (myelitis), paralysis, para/quadriplegia
60 Poor circulation in your legs
61 Prostate trouble or impotence
62 Recurring headache, other than migraine
63 Respiratory allergy
64 Rheumatoid arthritis
65 Senility
66 Sinusitis
67 Eczema or any kind of skin allergy
68 Skin problems, other than eczema or skin allergies
69 Sore throat other than strep or tonsillitis
70 Sprain or strain
71 Frequent stress
72 Strep throat or tonsillitis
73 Substance abuse, other than alcohol or tobacco
74 Filled problem from AFLHCA_S1
75 Filled problem from AFLHCA_S2
76 Ulcer
77 Urinary problems
78 Varicose veins, hemorrhoids
79 Vision problem
80 Weak or failing kidneys
81 COPD
82 Back pain or problem
83 Neck pain or problem
84 Severe headache or migraine
85 Stomach or intestinal illness
86 Other specify
97 Refused
99 Don't know
2012 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 30-May-13

UniverseText: Sample adults 18+ who have used third of top three modalities and used modality to treat specific conditions and more than one condition selected

SkipInstructions: <1-86> [goto TP3_CHLP]
<R,D> if self-care modality (ALT_TP33=6,7,10-16) [goto TP3_RS5]; else [goto TP3_RS6]

Question ID: ALT.713_00.000  Instrument Variable Name: TP3_CHLP  QuestionnaireFileName: Adult CAM

QuestionText: How much do you think [fill1: modality] helped your [fill2: condition from TP3_CMST]? Would you say...

*Read categories below.
1 A great deal
2 Some
3 Only a little
4 Not at all
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used third of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1-4,R,D> [goto TP3_MTR1]

Question ID: ALT.714_00.000  Instrument Variable Name: TP3_MTR1  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive any of the following medical treatments for [fill1: condition from TP3_CMST]?

Prescription medications?
1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used third of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1,2,R,D> [goto TP3_MTR2]
Question ID: ALT.715_00.000  Instrument Variable Name: TP3_MTR2  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did you receive any of the following medical treatments for [fill2: condition from TP3_CMST]? 

Over-the-counter medications?

1  Yes  
2  No  
7  Refused  
9  Don't know

UniverseText: Sample adults 18+ who have used third of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1,2,R,D> [goto TP3_MTR3]

Question ID: ALT.716_00.000  Instrument Variable Name: TP3_MTR3  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did you receive any of the following medical treatments for [fill2: condition from TP3_CMST]? 

Surgery?

1  Yes  
2  No  
7  Refused  
9  Don't know

UniverseText: Sample adults 18+ who have used third of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1,2,R,D> [goto TP3_MTR4]
**2012 NHIS Questionnaire - Adult CAM**

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

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

---

**Question ID:** ALT.717_00.000  *Instrument Variable Name:* TP3_MTR4  *QuestionnaireFileName:* Adult CAM

**QuestionText:** *Read if necessary.

Did you receive any of the following medical treatments for [fill2: condition from TP3_CMST]?  

Physical therapy?

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

**UniverseText:** Sample adults 18+ who have used third of top three modalities and used modality to treat specific condition(s)

**SkipInstructions:** <1,2,R,D> [goto TP3_MTR5]

---

**Question ID:** ALT.718_00.000  *Instrument Variable Name:* TP3_MTR5  *QuestionnaireFileName:* Adult CAM

**QuestionText:** *Read if necessary.

Did you receive any of the following medical treatments for [fill2: condition from TP3_CMST]?

Mental health counseling?

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

**UniverseText:** Sample adults 18+ who have used third of top three modalities and used modality to treat specific condition(s)

**SkipInstructions:** <1,2,R,D> if TP3_MTR1=1 or TP3_MTR2=1 or TP3_MTR3=1 or TP3_MTR4=1 or TP3_MTR5=1  [goto TP3_RS1];  
else if self-care modality (ALT_TP33=6,7,10-16) [goto TP3_RS5];  
else [goto TP3_RS6]
DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

These medical treatments were too expensive?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have used third of top three modalities and used treatments for specific condition(s)

*Read if necessary.

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

[fill3: modality] combined with these medical treatments would help you?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have used third of top three modalities and used treatments for specific condition(s)
**2012 NHIS Questionnaire - Adult CAM**

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

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

---

**Question ID:** ALT.721.00.000  
**Instrument Variable Name:** TP3_RS3  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** *

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

These medical treatments do not work for the health problem you want to treat or prevent?

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities and used treatments for specific condition(s)

**SkipInstructions:** <1,2,R,D> if TP3_MTR1=1 or TP3_MTR2=1 [goto TP3_RS4];  
else if self-care modality (ALT_TP33=6,7,10-16) [goto TP3_RS5];  
else [goto TP3_RS6]

---

**Question ID:** ALT.722.00.000  
**Instrument Variable Name:** TP3_RS4  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** *

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

[fill3: Prescription medications/Over the counter medications/Prescription or over-the-counter medications] cause side effects?

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities and used prescription or over-the-counter medication to treat specific condition(s)

**SkipInstructions:** <1,2,R,D> if self-care modality (ALT_TP33=6,7,10-16) [goto TP3_RS5];  
else [goto TP3_RS6]
DURING THE PAST 12 MONTHS, did you {fill1: use modality} for any of these reasons?

You can do it on your own?

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

Sample adults 18+ who have used third of top three modalities and picked a self care modality

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

It is natural?

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

Sample adults 18+ who have used third of top three modalities

<1,2,R,D> [goto TP3_RS6]
<table>
<thead>
<tr>
<th>Question ID: ALT.725_00.000</th>
<th>Instrument Variable Name: TP3_RS7</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>DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>It focuses on the whole person, mind, body, and spirit?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1  Yes</td>
<td>2  No</td>
<td>7  Refused</td>
</tr>
<tr>
<td>9  Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who have used third of top three modalities</td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; [goto TP3_RS8]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: ALT.726_00.000</th>
<th>Instrument Variable Name: TP3_RS8</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>DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>It treats the cause and not just the symptoms?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1  Yes</td>
<td>2  No</td>
<td>7  Refused</td>
</tr>
<tr>
<td>9  Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who have used third of top three modalities</td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; [goto TP3_RS9]</td>
<td></td>
</tr>
</tbody>
</table>
*Read if necessary.

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

It was part of your upbringing?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have used third of top three modalities

Did you {fill1: see a practitioner for/use} {fill2: modality} because it was recommended by any of the following people?

A medical doctor?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have used third of top three modalities

<1,2,R,D> [goto TP3_REC1]
**Question ID:** ALT.729_00.000  **Instrument Variable Name:** TP3_REC2  **QuestionnaireFileName:** Adult CAM

**QuestionText:** *Read if necessary.

Did you {fill1: see a practitioner for/use} {fill2: modality} because it was recommended by any of the following people?

A family member?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3_REC3]

---

**Question ID:** ALT.730_00.000  **Instrument Variable Name:** TP3_REC3  **QuestionnaireFileName:** Adult CAM

**QuestionText:** *Read if necessary.

Did you {fill1: see a practitioner for/use} {fill2: modality} because it was recommended by any of the following people?

A friend?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3_REC4]
Question ID: ALT.731_00.000  Instrument Variable Name: TP3_REC4  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did you {fill1: see a practitioner for/use} {fill2: modality} because it was recommended by any of the following people?

A co-worker?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto TP3_IMP]

---

Question ID: ALT.732_00.000  Instrument Variable Name: TP3_IMP  QuestionnaireFileName: Adult CAM

QuestionText: DURING THE PAST 12 MONTHS, how important was your use of [fill1: modality] in maintaining your health and well-being? Would you say…

*Read categories below.

1  Very important
2  Somewhat important
3  Slightly important
4  Not at all important
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used third of top three modalities

SkipInstructions: <1-4,R,D> if PROVTYP=1-4 [goto TP3_DS1];
else [goto TP3_INF1]
**Question ID:** ALT.733_00.000  **Instrument Variable Name:** TP3_DS1  **QuestionnaireFileName:** Adult CAM

**QuestionText:**  [fill1: Not including the practitioner you saw for] [fill2: modality] DURING THE PAST 12 MONTHS, did you let your personal health care provider know about your use of [fill3: modality]?

*If practitioner for therapy is the same person as personal health care provider, enter '1'.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></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 third of top three modalities and has a personal health care provider

**SkipInstructions:**<1,R,D> [goto TP3_INF1]  
<2> [goto TP3_DS2]

---

**Question ID:** ALT.734_00.000  **Instrument Variable Name:** TP3_DS2  **QuestionnaireFileName:** Adult CAM

**QuestionText:** Why didn't you tell your personal health care provider about your use of [fill1: modality]?

You were not using it at the time?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></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 third of top three modalities and did not tell their personal health care provider about using therapy

**SkipInstructions:**<1,2,R,D> [goto TP3_DS3]
Question ID: ALT.735_00.000  Instrument Variable Name: TP3_DS3  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Why didn't you tell your personal health care provider about your use of {fill1: modality}?

They discouraged use of it in the past?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used third of top three modalities and did not tell their personal health care provider about using therapy

SkipInstructions: <1,2,R,D> [goto TP3_DS4]

---

Question ID: ALT.736_00.000  Instrument Variable Name: TP3_DS4  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Why didn't you tell your personal health care provider about your use of {fill1: modality}?

You were worried they would discourage it?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used third of top three modalities and did not tell their personal health care provider about using therapy

SkipInstructions: <1,2,R,D> [goto TP3_DS5]
Question ID: ALT.737_00.000  Instrument Variable Name: TP3_DS5  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Why didn't you tell your personal health care provider about your use of {fill1: modality}? You were concerned about a negative reaction?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used third of top three modalities and did not tell their personal health care provider about using therapy

SkipInstructions: <1,2,R,D> [goto TP3_DS6]

Question ID: ALT.738_00.000  Instrument Variable Name: TP3_DS6  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Why didn't you tell your personal health care provider about your use of {fill1: modality}? You didn’t think they needed to know?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used third of top three modalities and did not tell their personal health care provider about using therapy

SkipInstructions: <1,2,R,D> [goto TP3_DS7]
<table>
<thead>
<tr>
<th>Question ID: ALT.739_00.000</th>
<th>Instrument Variable Name: TP3_DS7</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
</table>
| **QuestionText:** *Read if necessary.*  
  Why didn't you tell your personal health care provider about your use of {fill1: modality}?  
  They didn't ask?  
  1. Yes  
  2. No  
  7. Refused  
  9. Don't know |
| **UniverseText:** Sample adults 18+ who have used third of top three modalities and did not tell their personal health care provider about using therapy |
| **SkipInstructions:** <1,2,R,D> [goto TP3_DS8] |

<table>
<thead>
<tr>
<th>Question ID: ALT.740_00.000</th>
<th>Instrument Variable Name: TP3_DS8</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
</table>
| **QuestionText:** *Read if necessary.*  
  Why didn't you tell your personal health care provider about your use of {fill1: modality}?  
  You don't think they know as much about it as you do?  
  1. Yes  
  2. No  
  7. Refused  
  9. Don't know |
| **UniverseText:** Sample adults 18+ who have used third of top three modalities and did not tell their personal health care provider about using therapy |
| **SkipInstructions:** <1,2,R,D> [goto TP3_DS9] |
**Question ID:** ALT.741_00.000  **Instrument Variable Name:** TP3_DS9  **QuestionnaireFileName:** Adult CAM

**QuestionText:** *Read if necessary.

Why didn't you tell your personal health care provider about your use of {fill1: modality}? They didn't give you enough time to tell them?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities and did not tell their personal health care provider about using therapy

**SkipInstructions:** <1,2,R,D> [goto TP3_INF1]

---

**Question ID:** ALT.760_00.000  **Instrument Variable Name:** TP3_INF1  **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources? The Internet?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3_INF2]
*Read if necessary.

DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

Books, magazines, or newspapers?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto TP3_INF3]

*Read if necessary.

DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

DVDs, videos, or CDs?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto TP3_INF4]
**Question Text**

DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

Television or radio?

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

**Universe Text**

Sample adults 18+ who have used third of top three modalities

**Skip Instructions**

<1,2,R,D> [goto TP3_INF5]
*Read if necessary.

DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

Health food stores?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have used third of top three modalities

<1,2,R,D> [goto next section]