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

Sample adults 18+ who have a usual place for healthcare

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

Sample adults 18+ who have a personal health care provider
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

<1-4,R,D> if AHCPLKND=1-5 [goto PROVRTN];
else if If AHCPLKND =R,D,6,' ' [goto COM_USE]

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

<1-4,R,D> [goto COM_USE]
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

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
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

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

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

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have ever used chiropractic/osteopathic manipulation but have never seen a practitioner or have not seen one in the past 12 months
Which did you see, a chiropractor or an osteopathic physician?

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

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

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

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

Sample adults 18+ who have seen both a chiropractor and osteopathic physician in the past 12 months
2012 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 30-May-13

QuestionID: ALT.016_00.000  InstrumentVariableName: 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]

QuestionID: ALT.017_00.000  InstrumentVariableName: 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]

QuestionID: ALT.018_00.000  InstrumentVariableName: 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]
DURING THE PAST 12 MONTHS, did your health insurance cover all of the cost or just some of the cost of seeing a practitioner for [fill1: chiropractic/osteopathic] manipulation?

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

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

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

1  Yes
2  No
7  Refused
9  Don't know

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

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

*Enter '0' for no cost or free.

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

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

Verify if over $1000
Do you know the average amount you paid for each visit for [chiropractic/osteopathic] manipulation (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 chiropractic or osteopathic manipulation in the past 12 months

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

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 chiropractic or osteopathic manipulation 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 [chiropractic/osteopathic] manipulation?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have seen a practitioner for chiropractic or osteopathic manipulation in the past 12 months
**Question ID**: ALT.028_00.000  **Instrument Variable Name**: COM_MATC  **QuestionnaireFileName**: Adult CAM

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

*Enter '200' for $200 or more.

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

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

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

---

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

**QuestionText**: ? [F1]

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

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

**UniverseText**: Sample adults 18+

**SkipInstructions**: <1> [goto MAS_EVER]
  <2,R,D>[goto ACU_USE]
Have you EVER seen a provider or practitioner for massage for yourself?

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

Sample adults 18+ who have ever used massage

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

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

Sample adults 18+ who have ever seen a practitioner for massage
**Question ID:** ALT.040_00.000  **Instrument Variable Name:** MAS_USM  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

? [F1]  
DURING THE PAST 12 MONTHS, did you use massage?  

1  Yes  
2  No  
7  Refused  
9  Don't know

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

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

---

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

**QuestionText:**

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

1  Yes  
2  No  
7  Refused  
9  Don't know

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

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

---

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

**QuestionText:**

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

*Enter '52' for 52 or more times.

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

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

**SkipInstructions:** <1-52,R,D> [goto MAS_HIC]
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]
### Question ID: ALT.045_00.000  
**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 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]  

### Question ID: ALT.046_00.000  
**Question Text:**  
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]  

### Question ID: ALT.047_00.000  
**Question Text:**  
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.  

<table>
<thead>
<tr>
<th>Amount</th>
<th>Code</th>
<th>宇宙文本</th>
<th>选项</th>
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</thead>
<tbody>
<tr>
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<td>Sample adults 18+ who know the amount they paid for massage in the past 12 months</td>
<td></td>
</tr>
<tr>
<td>Refused</td>
<td>99997</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
<td>99999</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**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

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

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

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

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: <1> [goto MAS_MATC]  
<2,R,D> [goto ACU_USE]
Question ID: ALT.051_00.000  Instrument Variable Name: MAS_MATC  QuestionnaireFileName: Adult CAM

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

*Enter '200' for $200 or more.

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

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

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

---

Question ID: ALT.061_00.000  Instrument Variable Name: ACU_USE  QuestionnaireFileName: Adult CAM

QuestionText: ? [F1]

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

Acupuncture (AK-you-punk-chur)?

1    Yes
2    No
7    Refused
9    Don't know

UniverseText: Sample adults 18+

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

Document Version Date: 30-May-13

Question ID: ALT.062_00.000  Instrument Variable Name: ACU_EVER  QuestionnaireFileName: Adult CAM

QuestionText: ? [F1]

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have ever used acupuncture

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

Question ID: ALT.063_00.000  Instrument Variable Name: ACU_USEM  QuestionnaireFileName: Adult CAM

QuestionText: ?[F1]

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

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1>[goto ACU_PTIM]
<2,R,D> [goto ACU_USM]
2012 NHIS Questionnaire - Adult CAM

Adult Alternative Health/Complementary And Alternative Medicine

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

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did you use acupuncture?

1  Yes
2  No
7  Refused
9  Don't know

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

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

---

Question ID: ALT.065_00.000  Instrument Variable Name: ACU_PTIM  QuestionnaireFileName: Adult CAM

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

1  Yes
2  No
7  Refused
9  Don't know

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

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

---

Question ID: ALT.066_00.000  Instrument Variable Name: ACU_TMNO  QuestionnaireFileName: Adult CAM

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

*Enter '52' for 52 or more times.

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

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

SkipInstructions: <1-52,R,D> [goto ACU_HIC]
**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]
**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

**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

**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

**Verify if over $1000**
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

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

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

Energy Healing Therapy?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+
**Question ID:** ALT.086_00.000  
**Instrument Variable Name:** EHT_EVER  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**  
> Have you EVER seen a provider or practitioner for energy healing therapy for yourself?  

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

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

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

---

**Question ID:** ALT.087_00.000  
**Instrument Variable Name:** EHT_USEM  
**QuestionnaireFileName:** Adult CAM

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

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

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

**SkipInstructions:**  
<1>[goto EHT_PTIM]  
<2,R,D> [goto EHT_USM]
# 2012 NHIS Questionnaire - Adult CAM

## Adult Alternative Health/Complementary And Alternative Medicine

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

<table>
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<th>Instrument Variable Name: EHT_USM</th>
<th>QuestionnaireFileName: Adult CAM</th>
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</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> ? [F1]</td>
<td>DURING THE PAST 12 MONTHS, did you use energy healing therapy?</td>
<td></td>
</tr>
<tr>
<td>1  Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2  No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7  Refused</td>
<td></td>
<td></td>
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<tr>
<td>9  Don't know</td>
<td></td>
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<tr>
<td><strong>UniverseText:</strong> 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</td>
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<th>Instrument Variable Name: EHT_PTIM</th>
<th>QuestionnaireFileName: Adult CAM</th>
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<tbody>
<tr>
<td><strong>QuestionText:</strong> Do you know the exact number of times you saw a practitioner for energy healing therapy in the past 12 months?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1  Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2  No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7  Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9  Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong> Sample adults 18+ who have seen a practitioner for energy healing therapy in the past 12 months</td>
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<th>Question ID: ALT.090_00.000</th>
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<tbody>
<tr>
<td><strong>QuestionText:</strong> DURING THE PAST 12 MONTHS, how many times did you see a practitioner for energy healing therapy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01-52 1-52</td>
<td></td>
<td></td>
</tr>
<tr>
<td>97  Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99  Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong> Sample adults 18+ who know the number of times they have seen a practitioner for energy healing therapy in the past 12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong> &lt;1-52,R,D&gt; [goto EHT_HIC]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**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
**2012 NHIS Questionnaire - Adult CAM**

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

Document Version Date: 30-May-13

---

**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
97  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+

<1> [goto NAT_EVER]
<2,R,D> [goto HYP_USE]
**2012 NHIS Questionnaire - Adult CAM**

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

**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
**Question ID:** ALT.115_00.000  **Instrument Variable Name:** NAT_TMCT  **QuestionnaireFileName:** Adult CAM

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

*Read categories below.

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

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

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

---

**Question ID:** ALT.116_00.000  **Instrument Variable Name:** NAT_HIC  **QuestionnaireFileName:** Adult CAM

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

1 Yes
2 No
7 Refused
9 Don't know

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

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

*Adult Alternative Health/Complementary And Alternative Medicine*

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

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<tr>
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<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
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<tbody>
<tr>
<td>ALT.117_00.000</td>
<td>NAT_HICA</td>
<td>Adult CAM</td>
<td>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?</td>
</tr>
<tr>
<td>1</td>
<td>All of the cost</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Some of the cost</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ 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]

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALT.118_00.000</td>
<td>NAT_HIT</td>
<td>Adult CAM</td>
<td>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]?</td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
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</table>

**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]

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALT.119_00.000</td>
<td>NAT_HITS</td>
<td>Adult CAM</td>
<td>What is the total amount you paid for seeing a practitioner for naturopathy in the past 12 months?</td>
</tr>
<tr>
<td>00000-26000</td>
<td>$0-26000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99997</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99999</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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
**2012 NHIS Questionnaire - Adult CAM**

Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 30-May-13

---

**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]
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 naturopathy in the past 12 months

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

Hypnosis?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+

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

1 Yes
2 No
7 Refused
9 Don't know

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

DURING THE PAST 12 MONTHS, did you use hypnosis?

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 or who have used hypnosis in the past 12 months
**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**

**<1> [goto HYP_HICA]**
**<2,R,D> [goto HYP_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 hypnosis?

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 hypnosis 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 hypnosis 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 hypnosis in the past 12 months

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

*Enter '0' for no cost or free.

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

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

Verify if over $1000
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?

Yes
No
Refused
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

$0-500
Refused
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?

Yes
No
Refused
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]
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 hypnosis in the past 12 months

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

Biofeedback?

1
Yes
2
No
7
Refused
9
Don't know

Sample adults 18+

<1> [goto BIO_EVER]
<2,R,D>=[goto AYU_USE]
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]
**Question ID:** ALT.161_00.000  
**Instrument Variable Name:** BIO_BRTH  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**  
>?[F1]

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

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

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

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

---

**Question ID:** ALT.162_00.000  
**Instrument Variable Name:** BIO_USM  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**  
>? [F1]

DURING THE PAST 12 MONTHS, did you use biofeedback?

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

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

**SkipInstructions:** <1> [goto BIO_MAT]  
<2,R,D> [goto AYU_USE]
**Do you know the exact number of times you saw a practitioner for biofeedback in the past 12 months?**

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

**During the past 12 months, how many times did you see a practitioner for biofeedback?**

*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>

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

**Sample adults 18+ who know the number of times they have seen a practitioner for biofeedback in the past 12 months**
**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]
2012 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 30-May-13

Question ID: ALT.167_00.000  Instrument Variable Name: BIO_HICA  QuestionnaireFileName: Adult CAM

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

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

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

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

---

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

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

1 Yes
2 No
7 Refused
9 Don't know

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

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

---

Question ID: ALT.169_00.000  Instrument Variable Name: BIO_HITS  QuestionnaireFileName: Adult CAM

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

*Enter '0' for no cost or free.

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

**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]
**Question ID:** ALT.173_00.000  **Instrument Variable Name:** BIO_MATC  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

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

*Enter '200' for $200 or more.

000-200

997

999

**UniverseText:**

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

**SkipInstructions:**

<0-200,R,D> [goto AYU_USE]

---

**Question ID:** ALT.183_00.000  **Instrument Variable Name:** AYU_USE  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

? [F1]

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

Ayurveda (eye-yur-VAY-duh)?

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:**

Sample adults 18+

**SkipInstructions:**

<1> [goto AYU_EVER]

<2,R,D>=[goto CHE_USE]
Question ID: ALT.184_00.000  Instrument Variable Name: AYU_EVER  QuestionnaireFileName: Adult CAM

QuestionText: 

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have ever used ayurveda

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

---

Question ID: ALT.185_00.000  Instrument Variable Name: AYU_USEM  QuestionnaireFileName: Adult CAM

QuestionText: 

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

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1> [goto AYU_PTIM]
<2,R,D> [goto AYU_USM]
Question ID: ALT.186_00.000  Instrument Variable Name: AYU_USM  QuestionnaireFileName: Adult CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did you use ayurveda?

1 Yes
2 No
7 Refused
9 Don't know

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

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

---

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

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

1 Yes
2 No
7 Refused
9 Don't know

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

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

---

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

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

*Enter '52' for 52 or more times.

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

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

SkipInstructions: <1-52,R,D> [goto AYU_HIC]
2012 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 30-May-13

Question ID: ALT.189_00.000 Instrument Variable Name: AYU_TMCT QuestionnaireFileName: Adult CAM

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

*Read categories below.

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

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

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

---

Question ID: ALT.190_00.000 Instrument Variable Name: AYU_HIC QuestionnaireFileName: Adult CAM

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

1 Yes
2 No
7 Refused
9 Don't know

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

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

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
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

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

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

Sample adults 18+ who know the average per visit they paid for ayurveda 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 ayurveda?

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

Sample adults 18+ who have seen a practitioner for ayurveda 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.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]
**Question ID:** ALT.208_00.000  
**Instrument Variable Name:** CHE_EVER  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** ? [F1]  
Have you EVER seen a provider or practitioner for chelation therapy for yourself?  

<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 ever used chelation therapy

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

---

**Question ID:** ALT.209_00.000  
**Instrument Variable Name:** CHE_USEM  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]  
DURING THE PAST 12 MONTHS, did you see a practitioner for chelation therapy?  

<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 ever seen a practitioner for chelation therapy

**SkipInstructions:** <1>[goto CHE_PTIM]  
<2,R,D> [goto CHE_USM]
DURING THE PAST 12 MONTHS, did you use chelation therapy?

1  Yes
2  No
7  Refused
9  Don't know

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

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

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

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
97  Refused
99  Don't know

Sample adults 18+ who know the number of times they have seen a practitioner for chelation therapy in the past 12 months
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.213_00.000</th>
<th>Instrument Variable Name:</th>
<th>CHE_TMCT</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>DURING THE PAST 12 MONTHS, ABOUT how many times did you see a practitioner for chelation therapy? Would you say... *Read categories below.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01</td>
<td>Only 1 time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>2-5 times</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03</td>
<td>6-10 times</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>04</td>
<td>11-15 times</td>
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<td></td>
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<tr>
<td>05</td>
<td>16-20 times</td>
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<tr>
<td>06</td>
<td>21-25 times</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>07</td>
<td>More than 25 times</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09</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>
<tr>
<td><strong>UniverseText:</strong></td>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1-7,R,D&gt; [goto CHE_HIC]</td>
<td></td>
<td></td>
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</tr>
</tbody>
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<table>
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<th>ALT.214_00.000</th>
<th>Instrument Variable Name:</th>
<th>CHE_HIC</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>DURING THE PAST 12 MONTHS, were any of the costs of seeing a practitioner for chelation therapy covered by health insurance?</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><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who have seen a practitioner for chelation therapy in the past 12 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1&gt; [goto CHE_HICA] &lt;2,R,D&gt; [goto CHE_HIT]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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
**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

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

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

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

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+
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]
### Question 1
**Question ID:** ALT.234_00.000  
**Instrument Variable Name:** CST_USM  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

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 2
**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 3
**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**
- **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.*

<table>
<thead>
<tr>
<th>Number</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>

**UNIVERSAL TEXT:**
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.

**Skip Instructions:**
<1-7,R,D> [goto CST_HIC]
2012 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 30-May-13

Question ID: ALT.239_00.000  Instrument Variable Name: CST_HICA  QuestionnaireFileName: Adult CAM

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

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

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

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

---

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

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

1 Yes
2 No
7 Refused
9 Don't know

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

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

---

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

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

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

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

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

Soft Edit: Verify if over $1000
**Question ID:** ALT.242_00.000  **Instrument Variable Name:** CST_AVGC  **QuestionnaireFileName:** Adult CAM

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

1  Yes  
2  No  
7  Refused  
9  Don't know

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

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

**Question ID:** ALT.243_00.000  **Instrument Variable Name:** CST_AVGS  **QuestionnaireFileName:** Adult CAM

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

Enter '0' if no cost or free

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

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

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

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

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

1  Yes  
2  No  
7  Refused  
9  Don't know

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

**SkipInstructions:** <1> [goto CST_MATC]  
<2,R,D> [goto TRD_EVR]
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 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-BEH-oh) or Hierbista (yehr-BEE-stah)
Sobador (so-bah-DOHR)
Huesero (weh-SEHR-oh)

1 Yes
2 No
7 Refused
9 Don't know
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

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

Skip Instructions: cycle through "TRDU" questions for all selected practitioners:

- If TRD_EVR1 includes 1 goto TRDU_NAH
- If TRD_EVR1 includes 2 goto TRDU_SHA
- If TRD_EVR1 includes 3 goto TRDU_CUR
- If TRD_EVR1 includes 4 goto TRDU_YER
- If TRD_EVR1 includes 5 goto TRDU_SOB
- If TRD_EVR1 includes 6 goto TRDU_HUE
- If TRD_EVR1 includes 7 goto AVT_USE
2012 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
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Question ID: ALT.257_00.000  Instrument Variable Name: TRDU_NAH  QuestionnaireFileName: Adult CAM

QuestionText: ? [F1]

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

A Native American Healer or Medicine Man

1 Yes
2 No
7 Refused
9 Don't know

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

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

---

Question ID: ALT.258_00.000  Instrument Variable Name: TRDU_SHA  QuestionnaireFileName: Adult CAM

QuestionText: ? [F1]

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

A Shaman (SHAH-man)

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: <1,2,R,D> if TRD_EVR1='1' and more than one selected [goto next TRDU question],
<1> If no more were selected at TRD_EVR1 [goto TRD_PTIM]
<2,R,D> If If no more were selected at TRD_EVR1 [goto AVT_USE]
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
3. Refused
4. Don't know

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

DURING THE PAST 12 MONTHS, did you see...?
A Yerbero (yehr-BEH-rho) or Hierbista (yehr-BEE-stah)

1. Yes
2. No
3. Refused
4. Don't know

Sample adults 18+ who have ever seen a Yerbero or Hierbista
**Question ID:** ALT.261_00.000  
**Instrument Variable Name:** TRDU_SOB  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**  
? [F1]  
DURING THE PAST 12 MONTHS, did you see...?  
A Sobador (so-bah-DOHR)  
1 Yes  
2 No  
7 Refused  
9 Don't know

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

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

---

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

**QuestionText:**  
? [F1]  
DURING THE PAST 12 MONTHS, did you see...?  
A Huesero (weh-SEHR-oh)  
1 Yes  
2 No  
7 Refused  
9 Don't know

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

**SkipInstructions:**  
<1> [goto TRD_PTIM]  
<2,R,D> if no to all applicable TRDU, [goto AVT_USE];  
else [goto TRD_PTIM]
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

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
2012 NHIS Questionnaire - Adult CAM

Adult Alternative Health/Complementary And Alternative Medicine

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

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

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

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

1 Yes
2 No
7 Refused
9 Don't know

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

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

*Enter '0' for no cost or free.

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

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

Verify if over $1000
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 $0-200 997 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> [goto AVT_USE]

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

QuestionText: ? [F1]

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

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

1 Yes 2 No 7 Refused 9 Don't know

UniverseText: Sample adults 18+

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</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 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?}

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

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

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

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

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

**UniverseText:** Sample adults 18+

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

---

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

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

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

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

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

Sample adults 18+

DURING THE PAST 12 MONTHS, have you taken any herbal or other non-vitamin supplements listed on this card for yourself?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have ever taken herbs or other non-vitamin supplements
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

<1> [goto AHB_CHPN]
<1,2-21> if AHB_CNT>2 [goto AHB_CHPN] (then to AHB_CHP1 to AHB_TP2)
<1,2-21,22> if AHB_CNT>2 [goto AHB_CHPN] (then to AHB_CHP1 to AHB_MOTH to AHB_LU1 (if more than 1 to AHB_LU2) go to AHB_TP2
<2-21> if AHB_CNT>2 [goto AHB_TP2]
<22> [goto AHB_MOTH];
<2-21,22> if AHB_CNT>2,[goto AHB_MOTH], to AHB_LU1 (if more than 1 to AHB_LU2) go to AHB_TP2
else if AHB_CNT<=2 <2-21> [goto AHB_EVR1]
How many different "combination herb pills" did you take?

<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>

Sample adults 18+ who have taken a combination herb pill in the past 30 days

<1-50,R,D> [goto AHB_CHP1]
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]
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Question ID: ALT.305_00.000
Instrument Variable Name: AHB_CHP2
QuestionnaireFileName: Adult CAM

QuestionText:

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>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-50</td>
<td>1-50</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have taken 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.*  

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>09</td>
<td>Don't Know</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have taken a specific number of other herbs or non-vitamin supplements

**SkipInstructions:**  
<herb>  
if AHB_MOTH GE 2 [goto AHB_LU2]  
else if AHB_MOTH=1 [goto AHB_EVR1]  

<R,D,ZZ>  
if AHB_CNT>2 [goto AHB_TP2];  
else AHB_CNT<=2 [goto AHB_EVR1]
**2012 NHIS Questionnaire - Adult CAM**

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

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

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.308_00.000</th>
<th>Instrument Variable Name:</th>
<th>AHB_LU2</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td><em>Enter the second most important other herb/non-vitamin supplement as reported by the respondent</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Enter 'ZZ' if herb/non-vitamin supplement not found.</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>50 characters allowed in look-up table</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>09</td>
<td>Don't Know</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><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who have taken two or more other herbs or non-vitamin supplements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **SkipInstructions:**| `<herb,R,D,ZZ> if AHB_CNT>2 [goto AHB_TP2];
else if AHB_CNT<=2 [goto AHB_EVR1]` |
Which TWO of these herbal supplements did you take the most in the PAST 30 DAYS?

*Enter two answers, separate with commas.

*If respondent cannot choose two herbs used most often, probe for the two most important for health.

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

Sample adults 18+ who have taken more than 2 herbal or non-vitamin supplements in the past 30 days
Have you EVER seen a practitioner for herbs or other non-vitamin supplements?

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

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

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

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

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

Skip Instructions: <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 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
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

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

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

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

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

*Enter number.

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

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

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

<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]
**QuestionID:** 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]

---

**QuestionID:** 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]
2012 NHIS Questionnaire - Adult CAM

Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 30-May-13

Question ID: ALT.320_00.000  Instrument Variable Name: AHB_PTIM  QuestionnaireFileName: Adult CAM

QuestionText: Do you know the exact number of times you saw a practitioner for herbs or other non-vitamin supplements in the past 12 months?

1 Yes
2 No
7 Refused
9 Don't know

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

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

Question ID: ALT.321_00.000  Instrument Variable Name: AHB_TMNO  QuestionnaireFileName: Adult CAM

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

*Enter '52' for 52 or more times.

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

UniverseText: Sample adults 18+ who know the number of times they have seen a practitioner for herbs or other non-vitamin supplements in the past 12 months

SkipInstructions: <1-52,R,D> [goto AHB_HIC]
2012 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 30-May-13

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

QuestionText: DURING THE PAST 12 MONTHS, ABOUT how many times did you see a practitioner for herbs or other non-vitamin supplements? Would you say...

*Read categories below.

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

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

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

Question ID: ALT.323_00.000  Instrument Variable Name: AHB_HIC  QuestionnaireFileName: Adult CAM

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

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: <1> [goto AHB_HICA]
<2,R,D> [goto AHB_HIT]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.324_00.000</th>
<th>Instrument Variable Name:</th>
<th>AHB_HICA</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>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?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1</td>
<td>All of the cost</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Some of the cost</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ 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</td>
<td></td>
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| SkipInstructions: | <1> [goto AHB_MAT]  
<2,R,D> [goto AHB_HIT] |

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<th>ALT.325_00.000</th>
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<th>AHB_HIT</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
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</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>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]?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<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+ whose health insurance covered none or some of the cost for herbs or other non-vitamin supplements in the past 12 months</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
| SkipInstructions: | <1> [goto AHB_HITS]  
<2,R,D> [goto AHB_AVGC] |

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<thead>
<tr>
<th>Question ID:</th>
<th>ALT.326_00.000</th>
<th>Instrument Variable Name:</th>
<th>AHB_HITS</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>00000-26000</td>
<td>$0-26000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99997</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99999</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 amount they paid for herbs or other non-vitamin supplements in the past 12 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;0-26000,R,D&gt; [goto AHB_MAT]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

Sample adults 18+ who know the average per visit they paid for herbs or other non-vitamin supplements 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 herbs or other non-vitamin supplements?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have used herbs or other non-vitamin supplements 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.330_00.000  **Instrument Variable Name:** AHB_MATC  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

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

*Enter '200' for $200 or more.

<table>
<thead>
<tr>
<th>000-200</th>
<th>$0-200</th>
</tr>
</thead>
<tbody>
<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]

---

**Question ID:** ALT.340_00.000  **Instrument Variable Name:** HOM_USE  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

People who use homeopathy (ho-mee-AH-puh-thee) to treat health problems take small pills or drops that are often placed under the tongue. They may be labeled as homeopathic remedies or medicine and they may be prescribed by practitioners of homeopathy.

Have you EVER used homeopathic treatment for your health?

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

**UniverseText:**

Sample adults 18+

**SkipInstructions:**

<1> [goto HOM_USM]

<2,R,D> [goto MBO_USE]
**2012 NHIS Questionnaire - Adult CAM**

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

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

---

**Question ID:** ALT.341_00.000  **Instrument Variable Name:** HOM_USM  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

DURING THE PAST 12 MONTHS, did you use homeopathic treatment for your health?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+ who have ever used homeopathic treatment

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

---

**Question ID:** ALT.342_00.000  **Instrument Variable Name:** HOM_OFTN  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

1 of 2

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

* Enter number.

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

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

**SkipInstructions:** <1-995> [goto HOM_OFTT]
<D> [goto HOM_COST]
<0,R> [goto HOM_EVER]
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]
2012 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 30-May-13

Question ID: ALT.345_00.000  Instrument Variable Name: HOM_EVER  QuestionnaireFileName: Adult CAM

QuestionText: ? [F1]

Have you EVER seen a practitioner for homeopathic treatment?

1 Yes
2 No
7 Refused
9 Don't know

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

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

Question ID: ALT.346_00.000  Instrument Variable Name: HOM_USEM  QuestionnaireFileName: Adult CAM

QuestionText: ? [F1]

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

1 Yes
2 No
7 Refused
9 Don't know

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

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

Question ID: ALT.347_00.000  Instrument Variable Name: HOM_PTIM  QuestionnaireFileName: Adult CAM

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

1 Yes
2 No
7 Refused
9 Don't know

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

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

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

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

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<th>Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>DURING THE PAST 12 MONTHS, how many times did you see a practitioner for homeopathic treatment?</td>
<td>*Enter '52' for 52 or more times.</td>
<td>01-52</td>
<td>01-52</td>
<td></td>
</tr>
<tr>
<td></td>
<td>01</td>
<td>Only 1 time</td>
<td></td>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td></td>
<td>02</td>
<td>2-5 times</td>
<td></td>
<td>99</td>
<td>Don't know</td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who know the number of times they have seen a practitioner for homeopathic treatment in the past 12 months</td>
<td></td>
<td>&lt;1-52,R,D&gt; [goto HOM_HIC]</td>
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<th>Instrument Variable Name:</th>
<th>HOM_TMCT</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>DURING THE PAST 12 MONTHS, ABOUT how many times did you see a practitioner for homeopathic treatment? Would you say...</td>
<td>*Read categories below.</td>
<td>01</td>
<td>01</td>
<td>Only 1 time</td>
</tr>
<tr>
<td></td>
<td>02</td>
<td>2-5 times</td>
<td></td>
<td>02</td>
<td>2-5 times</td>
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<tr>
<td></td>
<td>03</td>
<td>6-10 times</td>
<td></td>
<td>03</td>
<td>6-10 times</td>
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<tr>
<td></td>
<td>04</td>
<td>11-15 times</td>
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<td>04</td>
<td>11-15 times</td>
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<td></td>
<td>05</td>
<td>16-20 times</td>
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<td>16-20 times</td>
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<td>06</td>
<td>21-25 times</td>
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<td>06</td>
<td>21-25 times</td>
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<td></td>
<td>07</td>
<td>More than 25 times</td>
<td></td>
<td>07</td>
<td>More than 25 times</td>
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<tr>
<td></td>
<td>97</td>
<td>Refused</td>
<td></td>
<td>97</td>
<td>Refused</td>
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<tr>
<td></td>
<td>99</td>
<td>Don't know</td>
<td></td>
<td>99</td>
<td>Don't know</td>
</tr>
<tr>
<td>UniverseText:</td>
<td>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</td>
<td></td>
<td>&lt;1-7,R,D&gt; [goto HOM_HIC]</td>
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</tr>
<tr>
<td>QuestionText:</td>
<td>DURING THE PAST 12 MONTHS, were any of the costs of seeing a practitioner for homeopathic treatment covered by health insurance?</td>
<td></td>
<td></td>
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<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
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</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
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<td>9</td>
<td>Don't know</td>
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<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who have seen a practitioner for homeopathic treatment in the past 12 months</td>
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<td>SkipInstructions:</td>
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<tr>
<td>QuestionText:</td>
<td>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?</td>
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</tr>
<tr>
<td>1</td>
<td>All of the cost</td>
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<tr>
<td>2</td>
<td>Some of the cost</td>
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<tr>
<td>7</td>
<td>Refused</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
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</tr>
<tr>
<td>UniverseText:</td>
<td>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</td>
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<tr>
<td>SkipInstructions:</td>
<td>&lt;1&gt; [goto HOM_MAT] &lt;2,R,D&gt; [goto HOM_HIT]</td>
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<th>HOM_HIT</th>
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<th>Adult CAM</th>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>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]?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
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<tr>
<td>7</td>
<td>Refused</td>
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<tr>
<td>9</td>
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<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ whose health insurance covered none or some of the cost for homeopathic treatment in the past 12 months</td>
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<tr>
<td>SkipInstructions:</td>
<td>&lt;1&gt; [goto HOM_HITS] &lt;2,R,D&gt; [goto HOM_AVGC]</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
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
99997 Refused
99999 Don't know

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

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

Enter '0' if no cost or free

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

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

*Enter '200' for $200 or more.

$0-200  
997  Refused  
999  Don't know

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

Have you EVER used meditation, guided imagery, or progressive relaxation?

1  Yes  
2  No  
7  Refused  
9  Don't know

Sample adults 18+

* [F1]
2012 NHIS Questionnaire - Adult CAM

Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 30-May-13

Question ID: ALT.368_00.000  Instrument Variable Name: MBOE_MAN  QuestionnaireFileName: Adult CAM

Question Text:

? [F1]

Have you EVER used any of the following for your own health or treatment?

Mantra Meditation, including Transcendental Meditation®, Relaxation Response, and Clinically Standardized Meditation?

1 Yes
2 No
7 Refused
9 Don't know

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

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

Question ID: ALT.369_00.000  Instrument Variable Name: MBOE_MND  QuestionnaireFileName: Adult CAM

Question Text:

? [F1]

*Read if necessary.

Have you EVER used any of the following for your own health or treatment?

Mindfulness meditation, including Vipassana (vih-PAS-sah-nah), Zen Buddhist meditation, Mindfulness-based Stress Reduction, and Mindfulness-based Cognitive Therapy

1 Yes
2 No
7 Refused
9 Don't know

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

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

Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 30-May-13

Question ID: ALT.370_00.000  Instrument Variable Name: MBOE_SPR  QuestionnaireFileName: Adult CAM

QuestionText:  
? [F1]

*Read if necessary.

Have you EVER used any of the following for your own health or treatment?

Spiritual meditation including Centering Prayer and Contemplative Meditation

1  Yes
2  No
7  Refused
9  Don't know

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

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

Question ID: ALT.371_00.000  Instrument Variable Name: MBOE_IMG  QuestionnaireFileName: Adult CAM

QuestionText:  
? [F1]

*Read if necessary.

Have you EVER used any of the following for your own health or treatment?

Guided imagery

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions:  <1,2,R,D> [goto MBOE_PRO]
**Question ID:** ALT.372_00.000  **Instrument Variable Name:** MBOE_PRO  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

*Read if necessary.*

Have you EVER used any of the following for your own health or treatment?

Progressive relaxation

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</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 ever used meditation, guided imagery, or progressive relaxation

**SkipInstructions:**

<1,2,R,D> cycle through MBOU questions for all selected practitioners in MBOE_*:

if MBOE_MAN=1 [goto MBOU_MAN];
else if MBOE_MND=1 [goto MBOU_MND];
else if MBOE_SPR=1 [goto MBOU_SPR];
else if MBOE_IMG=1 [goto MBOU_IMG];
else if MBOE_PRO=1 [goto MBOU_PRO];

<2,R,D>

If (MBOE_MAN and MBOE_MND and MBOE_SPR and MBOE_IMG)=2,R,D [goto YTQE_YOG]
**2012 NHIS Questionnaire - Adult CAM**

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

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

**Question ID:** ALT.373_00.000  **Instrument Variable Name:** MBOU_MAN  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

? [F1]

DURING THE PAST 12 MONTHS, did you use...

Mantra Meditation, including Transcendental Meditation®, Relaxation Response, and Clinically Standardized Meditation?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have ever used a mantra meditation

**SkipInstructions:**

<1,2,R,D>
if MBOE_MND=1 [goto MBOU_MND];
else if MBOE_SPR=1 [goto MBOU_SPR];
else if MBOE_IMG=1 [goto MBOU_IMG];
else if MBOE_PRO=1 [goto MBOU_PRO];
else if MBOE_MAN =1 and (MBOE_MND and MBOE_SPR and MBOE_IMG and MBOE_MBOE_PRO)=2,R,D, fill value in MBO_MST1, [goto MBO_BRTH];

<2,R,D>
If (MBOE_MND and MBOE_SPR and MBOE_IMG and MBOE_MBOE_PRO)=2,R,D [goto YTQE_YOG]
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
Question ID: ALT.375_00.000  Instrument Variable Name: MBOU_SPR

Question Text:?

DURING THE PAST 12 MONTHS, did you use...

Spiritual meditation including Centering Prayer and Contemplative Meditation?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have ever used spiritual meditation

SkipInstructions: <1,2,R,D> if MBOE_IMG=1 [goto MBOU_IMG];
else if MBOE_PRO=1 [goto MBOU_PRO];
else if MBOE_SPR =1 and (MBOE_MAN and MBOE_MND and MBOE_IMG and MBOE_MBOE_PRO)=2,R,D, fill value in MBO_MST1, [goto MBO_BRTH];
else if two or more of the other MBOU 12 month series answered 1 (yes), [goto MBO_MST1]

<2,R,D>
If (MBOE_MAN and MBOE_MND and MBOE_IMG and MBOE_MBOE_PRO)=2,R,D [goto YTQE_YOG]
else if at the last cycle though of the MBOU_* variables where ALL=2,R,D, [goto YTQE_YOG]

Question ID: ALT.376_00.000  Instrument Variable Name: MBOU_IMG

Question Text:?

DURING THE PAST 12 MONTHS, did you use...

Guided imagery?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have ever used guided imagery

SkipInstructions: <1,2,R,D> if MBOE_PRO=1 [goto MBOU_PRO];
else if MBOE_IMG =1 and (MBOE_MAN and MBOE_MND and MBOE_SPR and MBOE_PRO)=2,R,D, fill value in MBO_MST1,
[goto MBO_BRTH];
else if two or more of the other MBOU 12 month series answered 1 (yes), [goto MBO_MST1]

<2,R,D>
If (MBOE_MAN and MBOE_MND and MBOE_SPR and MBOE_PRO)=2,R,D [goto YTQE_YOG]
else if at the last cycle though of the MBOU_* variables where ALL=2,R,D, [goto YTQE_YOG]
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
2012 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 30-May-13

Question ID: ALT.381_00.000  Instrument Variable Name: MBO_PTIM  QuestionnaireFileName: Adult CAM

QuestionText: Do you know the exact number of times you saw a practitioner or took a class for [fill1] in the past 12 months?

1 Yes
2 No
7 Refused
9 Don't know

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

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

Question ID: ALT.382_00.000  Instrument Variable Name: MBO_TMNO  QuestionnaireFileName: Adult CAM

QuestionText: DURING THE PAST 12 MONTHS, how many times did you see a practitioner or take a class for [fill1]?

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

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

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

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

Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 30-May-13

<table>
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<tr>
<th>Question ID: ALT.383_00.000</th>
<th>Instrument Variable Name: MBO_TMCT</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
</table>
| **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] |

<table>
<thead>
<tr>
<th>Question ID: ALT.384_00.000</th>
<th>Instrument Variable Name: MBO_HIC</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
</table>
| **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] |
**Question ID:** ALT.385_00.000  **Instrument Variable Name:** MBO_HICA  **QuestionnaireFileName:** Adult CAM

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

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

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

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

---

**Question ID:** ALT.386_00.000  **Instrument Variable Name:** MBO_HIT  **QuestionnaireFileName:** Adult CAM

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

1  Yes
2  No
7  Refused
9  Don't know

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

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

---

**Question ID:** ALT.387_00.000  **Instrument Variable Name:** MBO_HITS  **QuestionnaireFileName:** Adult CAM

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

*Enter '0' for no cost or free.

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

**UniverseText:** Sample adults 18+ who know the amount they paid for a mind-body therapy in the past 12 months

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

**Soft Edit:** Verify if over $1000
**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.388_00.000</th>
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<th>QuestionnaireFileName: Adult CAM</th>
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<tbody>
<tr>
<td><strong>QuestionText:</strong></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>
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<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who don't know the total amount they paid for a mind-body therapy in the past 12 months</td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1&gt; [goto MBO_AVGS] &lt;2,R,D&gt; [goto MBO_MAT]</td>
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<tr>
<th>Question ID: ALT.389_00.000</th>
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<th>QuestionnaireFileName: Adult CAM</th>
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<tbody>
<tr>
<td><strong>QuestionText:</strong></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>
</tr>
<tr>
<td><em>Enter '0' if no cost or free.</em></td>
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<td></td>
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<tr>
<td>000-500</td>
<td>$0-500</td>
<td></td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
<td></td>
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<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who know the average per visit they paid for a mind-body therapy in the past 12 months</td>
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<tr>
<td><strong>SkipInstructions:</strong></td>
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<th>QuestionnaireFileName: Adult CAM</th>
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<tbody>
<tr>
<td><strong>QuestionText:</strong></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>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who have used a mind-body therapy in the past 12 months</td>
<td></td>
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<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1&gt; [goto MBO_MATC] &lt;2,R,D&gt; [goto YTQE_YOG]</td>
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</table>
# Questionnaire: Adult CAM

## 2012 NHIS Questionnaire - Adult CAM

### Adult Alternative Health/Complementary And Alternative Medicine

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

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<th>ALT.391_00.000</th>
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<th>Adult CAM</th>
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<tr>
<td>QuestionText:</td>
<td>About how much did you pay for these materials in the past 12 months?</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>*Enter '200' for $200 or more.</td>
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<tr>
<td>000-200</td>
<td>$0-200</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>997</td>
<td>Refused</td>
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<tr>
<td>999</td>
<td>Don't know</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who have bought self-help materials for a mind-body therapy in the past 12 months</td>
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<tr>
<td>SkipInstructions:</td>
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<th>YTQE_YOG</th>
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<th>Adult CAM</th>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>?[F1]</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Have you EVER practiced any of the following? Please say yes or no to each.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>...Yoga?</td>
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<td>1</td>
<td>Yes</td>
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<tr>
<td>2</td>
<td>No</td>
<td></td>
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<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+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto YTQE_TAI]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
*Read if necessary.

Have you EVER practiced any of the following?

...Tai Chi (tie-CHEE)?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto YTQE_QIG]
### Question 404_00.000

**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?  

<table>
<thead>
<tr>
<th>Number</th>
<th>Option</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 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 405_00.000

**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?  

<table>
<thead>
<tr>
<th>Number</th>
<th>Option</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 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]
2012 NHIS Questionnaire - Adult CAM

Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 30-May-13

---

**Question ID:** ALT.406_00.000  **Instrument Variable Name:** YTQU_QIG  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

?

DURING THE PAST 12 MONTHS, did you practice Qi Gong (chee-GONG) for yourself?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have ever used Qi Gong

**SkipInstructions:**

<1,2,R,D> if YTQU_YOG=1 [goto YTQ_BTHY]
Else if YTQU_TAI=1 and YTQU_YOG in (2,R,D) [goto YTQ_BTHT]
Else if YTQU_QIG=1 and (YTQU_YOG and YTQU_TAI) in (2,R,D) [goto YTQ_BTHQ]
<2,R,D> (YTQU_YOG and YTQU_TAI) in (2,R,D) [goto DITE_VEG]

---

**Question ID:** ALT.407_00.010  **Instrument Variable Name:** YTQ_BTHY  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

?

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
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:**
```python
<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(1 [goto YTQ_USEM]
<2,R,D> YTQ_BTHY in (2,R,D) and (YTQ_BTHT & YTQ_BTHQ) in (2,R,D,"'")) [goto DIT_VEG]
```

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:**
```python
<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(1 [goto YTQ_USEM]
<2,R,D> (YTQ_BTHT and YTQ_BTHY and YTQ_BTHQ and YTQ_MEDY) in (2,R,D,"'")) [goto DIT_VEG]
```
**Question ID:** ALT.412_00.030  
**Instrument Variable Name:** YTQ_MEDQ  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

Did you do meditation as part of Qi Gong (chee-GONG)?

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

**UniverseText:** Sample adults 18+ who have used Qi Gong in the past 12 months

**SkipInstructions:**

1. If YTQ_CNT ge 2 [goto YTQ_MOST];
2. else if YTQ_CNT=1, fill answer in YTQ_MOST([goto YTQ_USEM];
3. <2,R,D> (YTQ_BTHY and YTQ_BTHT and YTQ_BTHQ and YTQ_MEDY and YTQ_MEDT) in (2,R,D,’’))
4. [goto DIT_VEG]

---

**Question ID:** ALT.413_00.000  
**Instrument Variable Name:** YTQ_MOST  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

DURING THE PAST 12 MONTHS, which exercise did you practice the most?

*Read categories below.

1. Yoga
2. Tai-Chi
3. Qi Gong
7. Refused
9. Don't Know

**UniverseText:** Sample adults 18+ who have used more than one type of exercise in the past 12 months and have used breathing or meditation with exercise

**SkipInstructions:**

1. <1-3> [goto YTQ_USEM]
2. <R,D> [goto DITE_VEG]
**Question ID:** ALT.414_00.000  **Instrument Variable Name:** YTQ_USEM  **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you take a [fill1: Yoga/Tai Chi/Qi Gong] class or in some way receive formal training? Attending only one session does not count.

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+ who have used an exercise in the past 12 months

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

**Question ID:** ALT.415_00.000  **Instrument Variable Name:** YTQ_PTIM  **QuestionnaireFileName:** Adult CAM

**QuestionText:** Do you know the exact number of times you saw an instructor for [fill1: Yoga/Tai Chi/Qi Gong] in the past 12 months?

1 Yes
2 No
7 Refused
9 Don't know

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

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

**Question ID:** ALT.416_00.000  **Instrument Variable Name:** YTQ_TMNO  **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, how many times did you see an instructor for [fill1: Yoga/Tai Chi/Qi Gong]?

*Enter '52' for 52 or more times.

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

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

**SkipInstructions:**<1-52,R,D> [goto YTQ_HIC]
Question ID: ALT.417_00.000  Instrument Variable Name: YTQ_TMCT  QuestionnaireFileName: Adult CAM

QuestionText: DURING THE PAST 12 MONTHS, ABOUT how many times did you see an instructor for [fill1: Yoga/Tai Chi/Qi Gong]? Would you say...

*Read categories below.

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

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

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

Question ID: ALT.418_00.000  Instrument Variable Name: YTQ_HIC  QuestionnaireFileName: Adult CAM

QuestionText: DURING THE PAST 12 MONTHS, were any of the costs of seeing an instructor for [fill1: Yoga/Tai Chi/Qi Gong] covered by health insurance?

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1> [goto YTQ_HICA]  
<2,R,D> [goto YTQ_HIT]
**Question ID:** ALT.419_00.000  **Instrument Variable Name:** YTQ_HICA  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

DURING THE PAST 12 MONTHS, did your health insurance cover all of the cost or just some of the cost of seeing an instructor for [fill1: Yoga/Tai Chi/Qi Gong]?  

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

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

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

---

**Question ID:** ALT.420_00.000  **Instrument Variable Name:** YTQ_HIT  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

Do you know the total amount you paid for seeing an instructor for [fill1: Yoga/Tai Chi/Qi Gong] in the past 12 months [fill2: not including the amount covered by insurance]?  

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

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

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

---

**Question ID:** ALT.421_00.000  **Instrument Variable Name:** YTQ_HITS  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

What is the total amount you paid for seeing an instructor for [fill1: Yoga/Tai Chi/Qi Gong] in the past 12 months [fill2: not including the amount covered by insurance]?  

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

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

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

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

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

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

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

Sample adults 18+ who know the average per visit they paid for an exercise 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 [fill1: Yoga/Tai Chi/Qi Gong]?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have used an exercise in the past 12 months
**Question ID:** ALT.425_00.000  **Instrument Variable Name:** YTQ_MATC  **QuestionnaireFileName:** Adult CAM

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

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

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

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

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

---

**Question ID:** ALT.435_00.000  **Instrument Variable Name:** DITE_VEG  **QuestionnaireFileName:** Adult CAM

**QuestionText:**  
? [F1]  
Have you EVER used any of the following special diets for two weeks or more for health reasons?  

- Vegetarian, including Vegan

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto DITEVER2]
<table>
<thead>
<tr>
<th>Question ID: ALT.436_00.000</th>
<th>Instrument Variable Name: DITEVER2</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: ? [F1]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Read if necessary.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you EVER used any of the following special diets for two weeks or more for health reasons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Macrobiotic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1  Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2  No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7  Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9  Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText: Sample adults 18+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1,2,R,D&gt; [goto DITEVER3]</td>
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</table>

<table>
<thead>
<tr>
<th>Question ID: ALT.437_00.000</th>
<th>Instrument Variable Name: DITEVER3</th>
<th>QuestionnaireFileName: Adult CAM</th>
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</thead>
<tbody>
<tr>
<td>QuestionText: ? [F1]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Read if necessary.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you EVER used any of the following special diets for two weeks or more for health reasons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atkins</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1  Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2  No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7  Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9  Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText: Sample adults 18+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1,2,R,D&gt; [goto DITEVER4]</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

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**Question ID:** ALT.438_00.000  
**Instrument Variable Name:** DITEVER4  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

? [F1]

*Read if necessary.

Have you EVER used any of the following special diets for two weeks or more for health reasons?

Pritikin

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto DITEVER5]

---

**Question ID:** ALT.439_00.000  
**Instrument Variable Name:** DITEVER5  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

? [F1]

*Read if necessary.

Have you EVER used any of the following special diets for two weeks or more for health reasons?

Ornish

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> if DITE_VEG=1 or DITEVER2=1 or DITEVER3=1 or DITEVER4=1 or DITEVER5=1, cycle through applicable DIT_USM1, DIT_USM2, DIT_USM3, DIT_USM4, DIT_USM5;  
else if (DITE_VEG and DITEVER1-DITEVER5) in (2,R,D) [goto MOVE_FLD]
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 (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]
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)

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)
2012 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
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Question ID: ALT.444_00.000  Instrument Variable Name: DIT_USM5  QuestionnaireFileName: Adult CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did you use the Ornish for two weeks or more for health reasons?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have ever used special diets-Ornish

SkipInstructions: <1,2,R,D>
if (DIT_USM1 or DIT_USM2 or DIT_USM3 or DIT_USM4 or DIT_USM5)=1 [goto DIT_WGT1];
Else if <2,R,D, ' ' > to all DIT_USM_* [goto MOVE_FLD]

---

Question ID: ALT.445_00.000  Instrument Variable Name: DIT_WGT1  QuestionnaireFileName: Adult CAM

QuestionText: Did you use special diets for weight control or weight loss?

1  Yes
2  No
7  Refused
9  Don't know

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

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

---

Question ID: ALT.446_00.000  Instrument Variable Name: DIT_PRE  QuestionnaireFileName: Adult CAM

QuestionText: ? [F1]

Have you EVER seen a practitioner for special diets?

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1> [goto DIT_PRU]
<2,R,D> [goto DIT_MAT]
QUESTION ID: ALT.447_00.000  Instrument Variable Name: DIT_PRU

**QuestionText:**

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

**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

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

*Enter '52' for 52 or more times.

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

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

**SkipInstructions:** <1-52,R,D> [goto DIT_HIC]
**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]
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

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

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

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

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

Sample adults 18+ who know the amount they paid for special diets in the past 12 months

<0-26000,R,D> [goto DIT_MAT]
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
Question ID: ALT.458_00.000  Instrument Variable Name: DIT_MATC  QuestionnaireFileName: Adult CAM

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

*Enter '200' for $200 or more.

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

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

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

Question ID: ALT.468_00.000  Instrument Variable Name: MOVE_FLD  QuestionnaireFileName: Adult CAM

QuestionText: ? [F1]

Have you ever practiced any of the following movement or exercise techniques?

Feldenkrais (FELL-den-krice)

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto MOVE_ALX]
**Question Text:**

Have you ever practiced any of the following movement or exercise techniques?

 Alexander Technique

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto MOVE_PIL]
Question ID: ALT.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_TP1) ne '1') [goto MOV_FLD]
<2,R,D> if (MOVE_ALX and MOVE_PIL and MOVE_TP1) ne '1') [goto MOVU_FLD]
**2012 NHIS Questionnaire - Adult CAM**

Adult Alternative Health/Complementary And Alternative Medicine

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**Question ID:** ALT.473_00.000  **Instrument Variable Name:** MOVP_ALX  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

? [F1]

Have you ever seen a practitioner or teacher for...

Alexander Technique?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have used Alexander technique

**SkipInstructions:**

<1,2,R,D> If any other MOVE_* ="1" [goto next appropriate MOVP_* question]
Else if (MOVE_PIL and MOVE_TPI) ne '1' and any MOVP_* ="1" [goto next appropriate MOV_* question]

<2,R,D> Else if all of MOVP_* ne '1' and where there's MOVE_*=1 [goto appropriate MOVU_* question(s) ]

---

**Question ID:** ALT.474_00.000  **Instrument Variable Name:** MOVP_PIL  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

? [F1]

Have you ever seen a practitioner or teacher for...

Pilates (pih-LAH-teez)?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have used Pilates

**SkipInstructions:**

<1,2,R,D> If MOVE_TPI ="1" [goto MOVP_TPI]
<1> If any MOVP_* ="1" [goto next appropriate MOV_* question]

<2,R,D> Else if all of MOVP_* ne '1' [goto appropriate MOVU_* question(s) ]
**Question ID:** ALT.475_00.000  **Instrument Variable Name:** MOVP_TPI  **QuestionnaireFileName:** Adult CAM

**QuestionText:** 30-May-13

? [F1]

Have you ever seen a practitioner or teacher for...

Trager Psychophysical Integration?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+ who have used Trager Psychophysical Integration

**SkipInstructions:**

<1,2,R,D> If any MOVP_* ="1" [goto next appropriate MOV_* question]
<2,R,D> If all of MOVP_* ne ‘1’ and where there's MOVE_*=1 [goto appropriate MOVU_* question(s) ]

---

**Question ID:** ALT.476_00.000  **Instrument Variable Name:** MOV_FLD  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

DURING THE PAST 12 MONTHS, did you see a practitioner or teacher for...

Feldenkrais (FELL-den-krice)

1 Yes
2 No
7 Refused
9 Don't know

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

**SkipInstructions:**

<1,2,R,D> Cycle through all MOVP_* =1 [goto MOV_*] in the appropriate sequence
<2,R,D> IF all other MOVP_* ne1 [goto MOVU_FLD]
<1> IF all others MOVP_* ne1 [goto MOV_PTIM ]
? [F1]

DURING THE PAST 12 MONTHS, did you see a practitioner or teacher for...?

Alexander Technique

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have ever seen a practitioner for Alexander technique

<1,2,R,D> Cycle through all MOVP_*=1 [goto MOV_*] in the appropriate sequence
<2,R,D> IF all other MOVP_* ne1 [goto MOVU_ALX]
   Else if all other MOVP_* ne1 and MOVE_FLD=1 [goto MOVU_FLD]
<1> IF all others MOVP_* ne1 [goto MOV_PTIM]

Question ID: ALT.478_00.000  Instrument Variable Name: MOV_PIL  QuestionnaireFileName: Adult CAM

QuestionText:  ? [F1]

DURING THE PAST 12 MONTHS, did you see a practitioner or teacher for...?

Pilates (pih-LAH-teez)

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have ever seen a practitioner for Pilates

<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_*=1 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:**

? [F1]

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

Alexander Technique

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+ who have used Alexander technique

**SkipInstructions:** Cycle through all MOVU_* questions where (MOVP_ALX or MOV_ALX) IN (‘2’, ‘7’, ‘9’)

If no more skips to a MOVU_* question(s) then!

<1,2,R,D> If (any MOVU_*=1 or any MOV_*=1) [goto MOV_PTIM]
<2,R,D>   If (all MOVU_*ne1 or any MOV_*=1) [goto MOV_MAT]
          Else If (all MOVU_* and MOV_*) ne1 and
                   if more than 3 modalities not including chelation/ayurveda [goto ALT_TOP3];
                   else if <=3 modalities excluding chelation/ayurveda [goto TP1_REA1]

---

**Question ID:** ALT.482_00.000  **Instrument Variable Name:** MOVU_PIL  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

? [F1]

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

Pilates (pih-LAH-teez)

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+ who have used Pilates

**SkipInstructions:** Cycle through all MOVU_* questions where (MOVP_ALX or MOV_ALX) IN (‘2’, ‘7’, ‘9’)

If no more skips to a MOVU_* question(s) then!

<1,2,R,D> If (any MOVU_*=1 or any MOV_*=1) [goto MOV_PTIM]
<2,R,D>   If (all MOVU_*ne1 or any MOV_*=1) [goto MOV_MAT]
          Else If (all MOVU_* and MOV_*) ne1 and
                   if more than 3 modalities not including chelation/ayurveda [goto ALT TOP3];
                   else if <=3 modalities excluding chelation/ayurveda [goto TP1_REA1]
questionID: ALT.483_00.000  Instrument Variable Name: MOVU_TPI  QuestionnaireFileName: Adult CAM

QuestionText: ? [F1]

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

Trager Psychophysical Integration

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used Trager Psychophysical Integration

SkipInstructions: Cycle through all MOVU_ * questions where (MOVP_ALX or MOV_ALX) IN (‘2’,’7’,’9’) If no more skips to a MOVU_ * question(s) then!

<1,2,R,D> If (any MOVU_*=1 or any MOV_*=1) [goto MOV_PTIM]
<2,R,D>
    If (all MOVU_*=1 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]

questionID: 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  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**  
DURING THE PAST 12 MONTHS, how many times did you see a practitioner or teacher for movement and exercise techniques?  

*Enter ‘52’ for 52 or more times.

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 movement and exercise techniques in the past 12 months

**SkipInstructions:** <1-52,R,D> [goto MOV_HIC]

---

**Question ID:** ALT.486_00.000  
**Instrument Variable Name:** MOV_TMCT  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**  
DURING THE PAST 12 MONTHS, ABOUT how many times did you see a practitioner or teacher for movement and exercise techniques? Would you say...  

*Read categories below.

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 movement and exercise techniques in the past 12 months or refuse the specific number of times

**SkipInstructions:** <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
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**Question ID:** ALT.490_00.000  **Instrument Variable Name:** MOV_HITS  **QuestionnaireFileName:** Adult CAM

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

- **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]
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

Sample adults 18+ who have seen a practitioner for or have used a movement and exercise techniques 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 $0-200
997 Refused
999 Don't know

Sample adults 18+ who have bought self-help materials for movement and exercise techniques in the past 12 months
DURING THE PAST 12 MONTHS, which THREE of these therapies were the most important for your health?

*Read list below.

01 Chiropractic or Osteopathic Manipulation
02 Massage
03 Acupuncture
04 Energy Healing Therapy
05 Naturopathy
06 Hypnosis
07 Biofeedback
08 Craniosacral therapy
09 Traditional Healers
10 [fill1: Herb 1 from CHB_TP21]
11 [fill2: Herb 2 from CHB_TP22]
12 Homeopathy
13 [fill3: Mantra meditation/ Mindfulness meditation/ Spiritual meditation/Guided imagery/ Progressive relaxation from CMB]
14 [fill4: Yoga/Tai Chi/Qi Gong from CYG_MOST]
15 Special diets
16 Movement or exercise techniques
97 Refused
99 Don't know

Sample adults 18+ who have used/seen a practitioner for any of a number of therapies in the past 12 months
*Read if necessary.

Did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

To improve your energy?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto TP1_REA3]
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Question ID: ALT.513_00.000  Instrument Variable Name: TP1_REA4  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

To improve your athletic or sports performance?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto TP1_REA5]

Question ID: ALT.514_00.000  Instrument Variable Name: TP1_REA5  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

To improve your memory or concentration?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto TP1_MOT1]
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]

* 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]
**2012 NHIS Questionnaire - Adult CAM**

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

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**Question ID:** ALT.517_00.000  **Instrument Variable Name:** TP1_MOT3  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

*Read if necessary.*

Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to cut back or stop drinking alcohol?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities and who have consumed alcohol in the past 12 months

**SkipInstructions:** <1,2,R,D> if SMKNOW=1,2 [goto TP1_MOT4];
else SMKNOW ne (1,2) [goto TP1_MOT5]

---

**Question ID:** ALT.518_00.000  **Instrument Variable Name:** TP1_MOT4  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

*Read if necessary.*

Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to cut back or stop smoking cigarettes?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities and who currently smoke every day or some days

**SkipInstructions:** <1,2,R,D> [goto TP1_MOT5]
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

Sample adults 18+ who have used first of top three modalities

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

Sample adults 18+ who have used first of top three modalities

*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]

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Help you to sleep better?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto TP1_OUT4]
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<th>QuestionnaireFileName: Adult CAM</th>
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**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]

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**QuestionText:**

*Read if necessary.*

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Make it easier to cope with health problems?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP1_OUT6]
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<td>QuestionText:</td>
<td><em>Read if necessary.</em></td>
<td>Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?</td>
<td>Improve your overall health and make you feel better?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who have used first of top three modalities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto TP1_OUT7]</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.526_00.000</th>
<th>Instrument Variable Name:</th>
<th>TP1_OUT7</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td><em>Read if necessary.</em></td>
<td>Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?</td>
<td>Improve your relationships with others?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who have used first of top three modalities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; if DOINGLW2=1,2,4 or WRKLYR2=1 or SCHOOLYR=1 [goto TP1_OUT8]; else if TP1_CNT &gt;1 [goto TP1_MOST]; else if TP1_CNT=1 [goto TP1_HELP]; else TP1_CNT=0 [goto TP1_TRET]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Improve your attendance at [fill3: a job/school/a job or school]?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities and who worked or attended school in the past year

SkipInstructions: <1,2,R,D>  if TP1_CNT>1 [goto TP1_MOST];
else if TP1_CNT=1 [goto TP1_HELP];
else [goto TP1_TRET]
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

<1-18> [goto TP1_HELP]
<R,D> [goto TP1_TRET]
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]
For what health problems, symptoms, or conditions did you \{fill1: see a practitioner for/use\} \{fill2: modality\}?

*Enter all that apply, separate with commas.

01 Abdominal pain
02 Acid reflux or heartburn
03 Feeling anxious, nervous or worried
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Benign tumors, cysts
08 Bipolar Disorder
09 Birth defect
10 Cancer
11 High Cholesterol
12 Chronic Bronchitis
13 Circulation problems (other than in the legs)
14 Coronary heart disease
15 Dental pain
16 Depression
17 Diabetes
18 Digestive allergy
19 Excessive sleepiness during the day
20 Excessive use of alcohol or tobacco
21 Fatigue or lack of energy more than 3 days
22 Fever more than 1 day
23 Fibromyalgia
24 Fracture, bone/joint injury
25 Gout
26 Gynecologic problem
27 Hay fever
28 Head or chest cold
29 Hearing problem
30 Heart condition or disease, other than coronary heart disease
31 Hernia
32 Hypertension
33 Infectious diseases or problems of the immune system
34 Influenza or pneumonia
35 Insomnia or trouble sleeping
36 Jaw pain
37 Joint pain or stiffness/Other joint condition
38 Knee problems (not arthritis, not joint injury)
39 Liver problem
40 Lung/breathing problem
41 Lupus
42 Memory loss or loss of other cognitive function
43 Menopause
44 Menstrual problems
45 Intellectual disability, also known as mental retardation
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46  Missing limbs (fingers, toes or digits), amputee
47  Nausea and/or vomiting
48  Neurological problems
49  Osteoporosis, tendinitis
50  Allergies other than hay fever, respiratory, food, digestive, or skin allergies
51  Chronic pain
52  Other developmental problem
53  Injury other than fracture, bone/joint injury
54  Mental health disorders
55  Muscle or bone pain
56  Nerve damage, including carpal tunnel syndrome
57  Problems with being overweight
58  Phobia or fears
59  Polio (myelitis), paralysis, para/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 first of top three modalities and saw a practitioner or used modality for a specific health problem, symptom or condition

SkipInstructions: <1-86> If TP1_CNT>1 [goto TP1_CMST], else if TP1_CNT=1 [goto TP1_CHLP]; <86> [goto TP1_SPEC]; <R,D> if self-care modality (ALT_TP31 in (6,7,10-16)) [goto TP1_RS5]; else [goto TP1_RS6]

Question ID: ALT.531_00.010 Instrument Variable Name: TP1_SPEC QuestionnaireFileName: Adult CAM

QuestionText: *Enter condition for which [fill1: modality] was used. If respondent gives more than one condition, probe for condition which is most important.

97 Refused
99 Don't Know

Verbatim Verbatim response

UniverseText: Sample adults 18+ who have used first of top three modalities and used modality to treat other health problem or condition

SkipInstructions: <Allow 75, R,D> If TP1_CNT>1 [goto TP1_CMST], elseif TP1_CNT =1 [goto TP1_CHLP]; <R,D> if TP1_CNT=1 and if self-care modality (ALT_TP31 in (6,7,10-16)) [goto TP1_RS5]; else [goto TP1_RS6]
**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.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Question ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal pain</td>
<td>01</td>
</tr>
<tr>
<td>Acid reflux or heartburn</td>
<td>02</td>
</tr>
<tr>
<td>Feeling anxious, nervous or worried</td>
<td>03</td>
</tr>
<tr>
<td>Asthma</td>
<td>04</td>
</tr>
<tr>
<td>Arthritis</td>
<td>05</td>
</tr>
<tr>
<td>Attention Deficit Disorder/Hyperactivity</td>
<td>06</td>
</tr>
<tr>
<td>Benign tumors, cysts</td>
<td>07</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>08</td>
</tr>
<tr>
<td>Birth defect</td>
<td>09</td>
</tr>
<tr>
<td>Cancer</td>
<td>10</td>
</tr>
<tr>
<td>High Cholesterol</td>
<td>11</td>
</tr>
<tr>
<td>Chronic Bronchitis</td>
<td>12</td>
</tr>
<tr>
<td>Circulation problems (other than in the legs)</td>
<td>13</td>
</tr>
<tr>
<td>Coronary heart disease</td>
<td>14</td>
</tr>
<tr>
<td>Dental pain</td>
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</tr>
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</tr>
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<td>18</td>
</tr>
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<td>Excessive sleepiness during the day</td>
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</tr>
<tr>
<td>Excessive use of alcohol or tobacco</td>
<td>20</td>
</tr>
<tr>
<td>Fatigue or lack of energy more than 3 days</td>
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</tr>
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<tr>
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</tr>
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<td>31</td>
</tr>
<tr>
<td>Hypertension</td>
<td>32</td>
</tr>
<tr>
<td>Infectious diseases or problems of the immune system</td>
<td>33</td>
</tr>
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<td>Influenza or pneumonia</td>
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</tr>
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<td>Insomnia or trouble sleeping</td>
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<td>Jaw pain</td>
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<td>Joint pain or stiffness/Other joint condition</td>
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</tr>
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<td>Liver problem</td>
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<td>Lung/breathing problem</td>
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<td>Lupus</td>
<td>41</td>
</tr>
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<td>Memory loss or loss of other cognitive function</td>
<td>42</td>
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<tr>
<td>Menopause</td>
<td>43</td>
</tr>
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<td>Menstrual problems</td>
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53 Injury other than fracture, bone/joint injury
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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
How much do you think [fill1: modality] helped your [fill2: condition from TP1_CMST]? Would you say...

*Read categories below.

1  A great deal
2  Some
3  Only a little
4  Not at all
7  Refused
9  Don't know

Did you receive any of the following medical treatments for [fill1: condition from TP1_CMST]?

Prescription medications?

1  Yes
2  No
7  Refused
9  Don't know
2012 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 30-May-13

Question ID: ALT.535_00.000  Instrument Variable Name: TP1_MTR2  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did you receive any of the following medical treatments for [fill2: condition from TP1_CMST]? 

Over-the-counter medications?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1,2,R,D> [goto TP1_MTR3]

Question ID: ALT.536_00.000  Instrument Variable Name: TP1_MTR3  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did you receive any of the following medical treatments for [fill2: condition from TP1_CMST]? 

Surgery?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1,2,R,D> [goto TP1_MTR4]
**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]
Question ID: ALT.539_00.000  Instrument Variable Name: TP1_RS1  QuestionnaireFileName: Adult CAM

QuestionText: DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

These medical treatments were too expensive?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities and used some type of treatment for specific condition(s)

SkipInstructions: <1,2,R,D> [goto TP1_RS2]

---

Question ID: ALT.540_00.000  Instrument Variable Name: TP1_RS2  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

[fill3: modality] combined with these medical treatments would help you?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities and used some type of treatment for specific condition(s)

SkipInstructions: <1,2,R,D> [goto TP1_RS3]
Question ID: ALT.541_00.000  Instrument Variable Name: TP1_RS3  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

These medical treatments do not work for the health problem you want to treat or prevent?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities and used some type of treatment for specific condition(s)

SkipInstructions: <1,2,R,D> if TP1_MTR1=1 or TP1_MTR2=1 [goto TP1_RS4];
else if self-care modality (categories 6,7 and 10-16 on ALT_TP31 variable, [goto TP1_RS5];
else [goto TP1_RS6]

Question ID: ALT.542_00.000  Instrument Variable Name: TP1_RS4  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

[fill3: Prescription medications/Over the counter medications/Prescription or over-the-counter medications] cause side effects?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities and used prescription or over-the-counter medication to treat specific condition(s)

SkipInstructions: <1,2,R,D> if self-care modality (categories 6,7 and 10-16 on ALT_TP31 variable, [goto TP1_RS5];
else goto TP1_RS6]
**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.543_00.000</th>
<th>Instrument Variable Name:</th>
<th>TP1_RS5</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>DURING THE PAST 12 MONTHS, did you {fill1: use modality} for any of these reasons? You can do it on your own?</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who have used first of top three modalities and picked a self care modality</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; [goto TP1_RS6]</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.544_00.000</th>
<th>Instrument Variable Name:</th>
<th>TP1_RS6</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons? It is natural?</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who have used first of top three modalities</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; [goto TP1_RS7]</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No</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.545_00.000  Instrument Variable Name: TP1_RS7  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

It focuses on the whole person, mind, body, and spirit?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto TP1_RS8]

Question ID: ALT.546_00.000  Instrument Variable Name: TP1_RS8  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

It treats the cause and not just the symptoms?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto TP1_RS9]
*Read if necessary.

DURING THE PAST 12 MONTHS, did you see a practitioner for/use 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 first of top three modalities

<1,2,R,D> [goto TP1_REC1]
Question ID: ALT.549_00.000  Instrument Variable Name: TP1_REC2  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did you {fill1: see a practitioner for/use} {fill2: modality} because it was recommended by any of the following people?

A family member?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto TP1_REC3]

Question ID: ALT.550_00.000  Instrument Variable Name: TP1_REC3  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did you {fill1: see a practitioner for/use} {fill2: modality} because it was recommended by any of the following people?

A friend?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText:  Sample adults 18+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto TP1_REC4]
Did you see a practitioner for use because it was recommended by any of the following people? A co-worker?

1 Yes
2 No
7 Refused
9 Don't know

During the past 12 months, how important was your use of [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
**Question ID:** ALT.553_00.000  
**Instrument Variable Name:** TP1_DS1  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**  
[fill1: Not including the practitioner you saw for] [fill2: modality] DURING THE PAST 12 MONTHS, did you let your personal health care provider know about your use of [fill3: modality]?

*If practitioner for therapy is the same person as personal health care provider, enter '1'.

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

**UniverseText:** Sample adults 18+ who have used first of top three modalities and has a personal health care provider

**SkipInstructions:**  
<1,R,D> [goto TP1_INF1]  
<2> [goto TP1_DS2]

---

**Question ID:** ALT.554_00.000  
**Instrument Variable Name:** TP1_DS2  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** Why didn't you tell your personal health care provider about your use of [fill1: modality]?

You were not using it at the time?

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

**UniverseText:** Sample adults 18+ who have used first of top three modalities and did not tell their personal health care provider about using therapy

**SkipInstructions:**  
<1,2,R,D> [goto TP1_DS3]
Question ID: ALT.555_00.000  Instrument Variable Name: TP1_DS3  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Why didn't you tell your personal health care provider about your use of {fill1: modality}?

They discouraged use of it in the past?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities and did not tell their personal health care provider about using therapy

SkipInstructions: <1,2,R,D> [goto TP1_DS4]

Question ID: ALT.556_00.000  Instrument Variable Name: TP1_DS4  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Why didn't you tell your personal health care provider about your use of {fill1: modality}?

You were worried they would discourage it?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities and did not tell their personal health care provider about using therapy

SkipInstructions: <1,2,R,D> [goto TP1_DS5]
<table>
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<th>Question ID</th>
<th>ALT.557_00.000</th>
<th>Instrument Variable Name: TP1_DS5</th>
<th>QuestionnaireFileName: Adult CAM</th>
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<td><strong>QuestionText:</strong></td>
<td></td>
<td><em>Read if necessary.</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Why didn't you tell your personal health care provider about your use of {fill1: modality}?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>You were concerned about a negative reaction?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who have used first of top three modalities and did not tell their personal health care provider about using therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; [goto TP1_DS6]</td>
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<th>ALT.558_00.000</th>
<th>Instrument Variable Name: TP1_DS6</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td></td>
<td><em>Read if necessary.</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Why didn't you tell your personal health care provider about your use of {fill1: modality}?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>You didn’t think they needed to know?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who have used first of top three modalities and did not tell their personal health care provider about using therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; [goto TP1_DS7]</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 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

<1,2,R,D> [goto TP1_DS8]
*Read if necessary.

Why didn't you tell your personal health care provider about your use of {fill1: modality}?

They didn't give you enough time to tell them?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used first of top three modalities and did not tell their personal health care provider about using therapy

SkipInstructions: <1,2,R,D> [goto TP1_INF1]
Question ID: ALT.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 583

**Question ID:** ALT.583_00.000  
**Instrument Variable Name:** TP1_INF4  
**Questionnaire FileName:** Adult CAM

**Question Text:** *Read if necessary.

DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

1. Television or radio?
2. Scientific articles?

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

**Universe Text:** Sample adults 18+ who have used first of top three modalities

**Skip Instructions:** <1,2,R,D> [goto TP1_INF5]

---

### Question 584

**Question ID:** ALT.584_00.000  
**Instrument Variable Name:** TP1_INF5  
**Questionnaire FileName:** Adult CAM

**Question Text:** *Read if necessary.

DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

1. Television or radio?
2. Scientific articles?

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

**Universe Text:** Sample adults 18+ who have used first of top three modalities

**Skip Instructions:** <1,2,R,D> [goto TP1_INF6]
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
*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]

---

*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

---

**Question ID:** ALT.600_00.000  **Instrument Variable Name:** TP2_MOT1  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to Eat healthier?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D>  [goto TP2_MOT2]

---

**Question ID:** ALT.601_00.000  **Instrument Variable Name:** TP2_MOT2  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to Eat more organic foods?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> if ALC1YR=1 [goto TP2_MOT3];
else if SMKNOW=1,2 [goto TP2_MOT4];
else (ALC1YR ne1 and SMKNOW ne (1,2)) [goto TP2_MOT5]
**2012 NHIS Questionnaire - Adult CAM**

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

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

**Question ID:** ALT.602_00.000  **Instrument Variable Name:** TP2_MOT3  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

*Read if necessary.*

Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to

Cut back or stop drinking alcohol?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities and who have consumed alcohol in the past 12 months

**SkipInstructions:** <1,2,R,D> if SMKNOW=1,2 [goto TP2_MOT4];
else SMKNOW ne (1,2) [goto TP2_MOT5]

---

**Question ID:** ALT.603_00.000  **Instrument Variable Name:** TP2_MOT4  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

*Read if necessary.*

Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to

Cut back or stop smoking cigarettes?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities and who currently smoke every day or some days

**SkipInstructions:** <1,2,R,D> [goto TP2_MOT5]
2012 NHIS Questionnaire - Adult CAM

Adult Alternative Health/Complementary And Alternative Medicine

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: 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]
*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Help to reduce your stress level or to relax?

1  Yes  
2  No  
7  Refused  
9  Don't know

UniverseText: Sample adults 18+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto TP2_OUT3]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.608_00.000</th>
<th>Instrument Variable Name:</th>
<th>TP2_OUT4</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>Make you feel better emotionally?</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9</td>
<td>Don't know</td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who have used second of top three modalities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto TP2_OUT5]</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.609_00.000</th>
<th>Instrument Variable Name:</th>
<th>TP2_OUT5</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>Make it easier to cope with health problems?</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9</td>
<td>Don't know</td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who have used second of top three modalities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto TP2_OUT6]</td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Question ID: ALT.610_00.000  Instrument Variable Name: TP2_OUT6  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Improve your overall health and make you feel better?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto TP2_OUT7]

Question ID: ALT.611_00.000  Instrument Variable Name: TP2_OUT7  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Improve your relationships with others?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> if DOINGLW2=1,2,4 or WRKLYR2=1 or SCHOOLYR=1 [goto TP2_OUT8]; else if TP2_CNT >1 [goto TP2_MOST]; else if TP2_CNT=1 [goto TP2_HELP]; else TP2_CNT=0 [goto TP2_TRET]
*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
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 second of top three modalities and two or more reasons for seeing a practitioner/using modality chosen.
2012 NHIS Questionnaire - Adult CAM
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Question ID: ALT.614_00.000  Instrument Variable Name: TP2_HELP  QuestionnaireFileName: Adult CAM

QuestionText: How much do you think [fill1: modality] helped {fill2: reason given in TP2_MOST question}? Would you say…

*Read categories below.

1  A great deal
2  Some
3  Only a little
4  Not at all
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used second of top three modalities and had a most important reason for using selected modality/seeing a practitioner for selected modality

SkipInstructions: <1-4,R,D> [goto TP2_TRET]

Question ID: ALT.615_00.000  Instrument Variable Name: TP2_TRET  QuestionnaireFileName: Adult CAM

QuestionText: DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for one or more specific health problems, symptoms, or conditions?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used second of top three modalities

SkipInstructions: <1> [goto TP2_COND]
  <2,R,D> ALT_TP32 in (6,7,10-16) [goto TP2_RS5];
  else ALT_TP32 ne (6,7,10-16) [goto TP2_RS6]
For what health problems, symptoms, or conditions did you {fill1: see a practitioner for/use} {fill2: modality}?

*Enter all that apply, separate with commas.

01 Abdominal pain
02 Acid reflux or heartburn
03 Feeling anxious, nervous or worried
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Benign tumors, cysts
08 Bipolar Disorder
09 Birth defect
10 Cancer
11 High Cholesterol
12 Chronic Bronchitis
13 Circulation problems (other than in the legs)
14 Coronary heart disease
15 Dental pain
16 Depression
17 Diabetes
18 Digestive allergy
19 Excessive sleepiness during the day
20 Excessive use of alcohol or tobacco
21 Fatigue or lack of energy more than 3 days
22 Fever more than 1 day
23 Fibromyalgia
24 Fracture, bone/joint injury
25 Gout
26 Gynecologic problem
27 Hay fever
28 Head or chest cold
29 Hearing problem
30 Heart condition or disease, other than coronary heart disease
31 Hernia
32 Hypertension
33 Infectious diseases or problems of the immune system
34 Influenza or pneumonia
35 Insomnia or trouble sleeping
36 Jaw pain
37 Joint pain or stiffness/Other joint condition
38 Knee problems (not arthritis, not joint injury)
39 Liver problem
40 Lung/breathing problem
41 Lupus
42 Memory loss or loss of other cognitive function
43 Menopause
44 Menstrual problems
45 Intellectual disability, also known as mental retardation
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46. Missing limbs (fingers, toes or digits), amputee
47. Nausea and/or vomiting
48. Neurological problems
49. Osteoporosis, tendinitis
50. Allergies other than hay fever, respiratory, food, digestive, or skin allergies
51. Chronic pain
52. Other developmental problem
53. Injury other than fracture, bone/joint injury
54. Mental health disorders
55. Muscle or bone pain
56. Nerve damage, including carpal tunnel syndrome
57. Problems with being overweight
58. Phobia or fears
59. Polio (myelitis), paralysis, para/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:**
- If TP2_CNT>1 [goto TP2_CMST],
- else if TP2_CNT=1 [goto TP2_CHLP];
- [goto TP2_SPEC];
- if self-care modality (ALT_TP32 in (6,7,10-16)) [goto TP2_RS5];
- else [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.

- Refused
- Don't Know

**Verbatim**

**UniverseText:** Sample adults 18+ who have used second of top three modalities and used modality to treat other health problem or condition

**SkipInstructions:**
- If TP2_CNT>1 [goto TP2_CMST],
- else if TP2_CNT=1 [goto TP2_CHLP];
- if self-care modality (ALT_TP32 in (6,7,10-16)) [goto TP2_RS5];
- else [goto TP2_RS6]
**Question ID:** ALT.617_00.000  **Instrument Variable Name:** TP2_CMST  **QuestionnaireFileName:** Adult CAM

**QuestionText:** For which ONE of these did you {fill1: see a practitioner for/use} {fill2: modality} the most?

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

<table>
<thead>
<tr>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Abdominal pain</td>
</tr>
<tr>
<td>02 Acid reflux or heartburn</td>
</tr>
<tr>
<td>03 Feeling anxious, nervous or worried</td>
</tr>
<tr>
<td>04 Asthma</td>
</tr>
<tr>
<td>05 Arthritis</td>
</tr>
<tr>
<td>06 Attention Deficit Disorder/Hyperactivity</td>
</tr>
<tr>
<td>07 Benign tumors, cysts</td>
</tr>
<tr>
<td>08 Bipolar Disorder</td>
</tr>
<tr>
<td>09 Birth defect</td>
</tr>
<tr>
<td>10 Cancer</td>
</tr>
<tr>
<td>11 High Cholesterol</td>
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<tr>
<td>12 Chronic Bronchitis</td>
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<td>13 Circulation problems (other than in the legs)</td>
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<td>14 Coronary heart disease</td>
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<tr>
<td>15 Dental pain</td>
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<td>16 Depression</td>
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<td>17 Diabetes</td>
</tr>
<tr>
<td>18 Digestive allergy</td>
</tr>
<tr>
<td>19 Excessive sleepiness during the day</td>
</tr>
<tr>
<td>20 Excessive use of alcohol or tobacco</td>
</tr>
<tr>
<td>21 Fatigue or lack of energy more than 3 days</td>
</tr>
<tr>
<td>22 Fever more than 1 day</td>
</tr>
<tr>
<td>23 Fibromyalgia</td>
</tr>
<tr>
<td>24 Fracture, bone/joint injury</td>
</tr>
<tr>
<td>25 Gout</td>
</tr>
<tr>
<td>26 Gynecologic problem</td>
</tr>
<tr>
<td>27 Hay fever</td>
</tr>
<tr>
<td>28 Head or chest cold</td>
</tr>
<tr>
<td>29 Hearing problem</td>
</tr>
<tr>
<td>30 Heart condition or disease, other than coronary heart disease</td>
</tr>
<tr>
<td>31 Hernia</td>
</tr>
<tr>
<td>32 Hypertension</td>
</tr>
<tr>
<td>33 Infectious diseases or problems of the immune system</td>
</tr>
<tr>
<td>34 Influenza or pneumonia</td>
</tr>
<tr>
<td>35 Insomnia or trouble sleeping</td>
</tr>
<tr>
<td>36 Jaw pain</td>
</tr>
<tr>
<td>37 Joint pain or stiffness/Other joint condition</td>
</tr>
<tr>
<td>38 Knee problems (not arthritis, not joint injury)</td>
</tr>
<tr>
<td>39 Liver problem</td>
</tr>
<tr>
<td>40 Lung/breathing problem</td>
</tr>
<tr>
<td>41 Lupus</td>
</tr>
<tr>
<td>42 Memory loss or loss of other cognitive function</td>
</tr>
<tr>
<td>43 Menopause</td>
</tr>
<tr>
<td>44 Menstrual problems</td>
</tr>
<tr>
<td>45 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
87 Refused
88 Don't know
Question ID: ALT.618_00.000  Instrument Variable Name: TP2_CHLP  QuestionnaireFileName: Adult CAM

Question Text: 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

Universe Text: Sample adults 18+ who have used second of top three modalities and used modality to treat specific conditions and more than one condition selected

Skip Instructions: <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

Question Text: 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

Universe Text: Sample adults 18+ who have used second of top three modalities and used modality to treat specific condition(s)

Skip Instructions: <1-4,R,D> [goto TP2_MTR1]
*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]
**2012 NHIS Questionnaire - Adult CAM**

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

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

---

**Question ID:** ALT.622_00.000  
**Instrument Variable Name:** TP2_MTR4  
**QuestionnaireFileName:** Adult CAM

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

Did you receive any of the following medical treatments for [fill2: condition from TP2_CMST]?  

Physical therapy?  

1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities and used modality to treat specific condition(s)

**SkipInstructions:**  
<1,2,R,D> [goto TP2_MTR5]

---

**Question ID:** ALT.623_00.000  
**Instrument Variable Name:** TP2_MTR5  
**QuestionnaireFileName:** Adult CAM

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

Did you receive any of the following medical treatments for [fill2: condition from TP1_CMST]?  

Mental health counseling?  

1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities and used modality to treat specific condition(s)

**SkipInstructions:**  
<1,2,R,D> if TP2_MTR1=1 or TP2_MTR2=1 or TP2_MTR3=1 or TP2_MTR4=1 or TP2_MTR5=1 [goto TP2_RS1];  
else if self-care modality (ALT_TP32=6,7,10-16) [goto TP2_RS5];  
else [goto TP2_RS6]
**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]
*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

Sample adults 18+ who have used second of top three modalities and used some type of treatment for specific condition(s)

<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.628_00.000  Instrument Variable Name: TP2_RS5  QuestionnaireFileName: Adult CAM

QuestionText: DURING THE PAST 12 MONTHS, did you [fill1: use modality] for any of these reasons?

You can do it on your own?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used second of top three modalities and picked a self care modality

SkipInstructions: <1,2,R,D> [goto TP2_RS6]

Question ID: ALT.629_00.000  Instrument Variable Name: TP2_RS6  QuestionnaireFileName: Adult CAM

QuestionText: DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

It is natural?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto TP2_RS7]
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]

Did you {fill1: see a practitioner for/use} {fill2: modality} because it was recommended by any of the following people?

A medical doctor?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto TP2_REC2]
<table>
<thead>
<tr>
<th>Question ID: ALT.634_00.000</th>
<th>Instrument Variable Name: TP2_REC2</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>*Read if necessary.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Did you {fill1: see a practitioner for/use} {fill2: modality} because it was recommended by any of the following people?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A family member?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who have used second of top three modalities</td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; [goto TP2_REC3]</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: ALT.635_00.000</th>
<th>Instrument Variable Name: TP2_REC3</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>*Read if necessary.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Did you {fill1: see a practitioner for/use} {fill2: modality} because it was recommended by any of the following people?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A friend?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who have used second of top three modalities</td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; [goto TP2_REC4]</td>
<td></td>
</tr>
</tbody>
</table>
Question ID: ALT.636_00.000  Instrument Variable Name: TP2_REC4  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did you {fill1: see a practitioner for/use} {fill2: modality} because it was recommended by any of the following people?

A co-worker?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto TP2_IMP]

---

Question ID: ALT.637_00.000  Instrument Variable Name: TP2_IMP  QuestionnaireFileName: Adult CAM

QuestionText: DURING THE PAST 12 MONTHS, how important was your use of [fill1: modality] in maintaining your health and well-being? Would you say…

*Read categories below.

1 Very important
2 Somewhat important
3 Slightly important
4 Not at all important
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used second of top three modalities

SkipInstructions: <1-4,R,D> if PROVTYP=1-4 [goto TP2_DS1]; else [goto TP2_INF1]
Question ID: ALT.638_00.000  Instrument Variable Name: TP2_DS1  QuestionnaireFileName: Adult CAM

**QuestionText:** [fill1: Not including the practitioner you saw for] [fill2: modality] DURING THE PAST 12 MONTHS, did you let your personal health care provider know about your use of [fill3: modality]?  

*If practitioner for therapy is the same person as personal health care provider, enter '1'.

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities and has a personal health care provider

**SkipInstructions:** <1,R,D> [goto TP2_INF1]  
<2> [goto TP2_DS2]

---

Question ID: ALT.639_00.000  Instrument Variable Name: TP2_DS2  QuestionnaireFileName: Adult CAM

**QuestionText:** Why didn't you tell your personal health care provider about your use of [fill1: modality]?  

You were not using it at the time?

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample adults 18+ who have used second of top three modalities and did not tell their personal health care provider about using therapy

**SkipInstructions:** <1,2,R,D> [goto TP2_DS3]
*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

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_DS4]
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

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.644_00.000  Instrument Variable Name: TP2_DS7  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Why didn't you tell your personal health care provider about your use of {fill1: modality}?

They didn't ask?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used second of top three modalities and did not tell their personal health care provider about using therapy

SkipInstructions: <1,2,R,D> [goto TP2_DS8]

---

Question ID: ALT.645_00.000  Instrument Variable Name: TP2_DS8  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Why didn't you tell your personal health care provider about your use of {fill1: modality}?

You don't think they know as much about it as you do?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used second of top three modalities and did not tell their personal health care provider about using therapy

SkipInstructions: <1,2,R,D> [goto TP2_DS9]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.646_00.000</th>
<th>Instrument Variable Name: TP2_DS9</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>*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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<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>
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</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto TP2_INF1]</td>
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<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.675_00.000</th>
<th>Instrument Variable Name: TP2_INF1</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources? The Internet?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
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</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who have used second of top three modalities</td>
<td></td>
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</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto TP2_INF2]</td>
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</table>
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]
<table>
<thead>
<tr>
<th>Question ID</th>
<th>ALT.691_00.000</th>
<th>Instrument Variable Name</th>
<th>TP3_REA2</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>Did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>To improve your energy?</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 third of top three modalities</td>
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<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto TP3_REA3]</td>
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<th>ALT.692_00.000</th>
<th>Instrument Variable Name</th>
<th>TP3_REA3</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>Did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>To improve your immune function?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
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<td>2</td>
<td>No</td>
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<tr>
<td>7</td>
<td>Refused</td>
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<td>9</td>
<td>Don't know</td>
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<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who have used third of top three modalities</td>
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<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto TP3_REA4]</td>
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</tbody>
</table>
**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]
**2012 NHIS Questionnaire - Adult CAM**

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

Document Version Date: 30-May-13

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**Question ID:** ALT.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 ne 1 and SMKNOW ne (1,2)) [goto TP3_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 third of top three modalities and who have consumed alcohol in the past 12 months

SkipInstructions: 
<1,2,R,D> if SMKNOW=1,2 [goto TP3_MOT4];
else SMKNOW ne (1,2) [[goto TP3_MOT5]}

*Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to
cut back or stop smoking cigarettes?

1 Yes
2 No
7 Refused
9 Don't know

Universetext: Sample adults 18+ who have used third of top three modalities and who currently smoke every day or some days

SkipInstructions: <1,2,R,D> [goto TP3_MOT5]
**Question ID:** ALT.699_00.000  
**Instrument Variable Name:** TP3_MOT5  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

Did {fill1: seeing a practitioner for/using} {fill2: modality} motivate you to Exercise more regularly?

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3_OUT1]

---

**Question ID:** ALT.700_00.000  
**Instrument Variable Name:** TP3_OUT1  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

*Read if necessary.*

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Give you a sense of control over your health?

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3_OUT2]
*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]

*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]
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]

---

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]
2012 NHIS Questionnaire - Adult CAM

Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 30-May-13

Question ID: ALT.705_00.000  Instrument Variable Name: TP3_OUT6  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Improve your overall health and make you feel better?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto TP3_OUT7]

Question ID: ALT.706_00.000  Instrument Variable Name: TP3_OUT7  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did {fill1: seeing a practitioner for/using} {fill2: modality} lead to any of these outcomes?

Improve your relationships with others?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> if DOINGLW2=1,2,4 or WRKLYR2=1 or SCHOOLYR=1 [goto TP3_OUT8];
    else if TP3_CNT >1 [goto TP3_MOST];
    else if TP3_CNT=1 [goto TP3_HELP];
    else TP3_CNT=0 [goto TP3_TRET]
*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
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
**Question ID:** ALT.709_00.000  
**Instrument Variable Name:** TP3_HELP  
**QuestionnaireFileName:** Adult CAM

**Question Text:**
How much do you think [fill1: modality] helped {fill2: reason given in TP3_MOST question}? Would you say…

*Read categories below.

1. A great deal
2. Some
3. Only a little
4. Not at all
7. Refused
9. Don't know

**Universe Text:**
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

**Skip Instructions:**  
<1-4,R,D> [goto TP3_TRET]

---

**Question ID:** ALT.710_00.000  
**Instrument Variable Name:** TP3_TRET  
**QuestionnaireFileName:** Adult CAM

**Question Text:**
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

**Universe Text:**
Sample adults 18+ who have used third of top three modalities

**Skip Instructions:**  
<1> [goto TP3_COND]  
<2,R,D> ALT_TP33 in (6,7,10-16) [goto TP3_RS5];  
 else ALT_TP33 ne (6,7,10-16) [goto TP3_RS6]
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 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

**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 {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
97  Refused
99  Don't know
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]
*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

Sample adults 18+ who have used third of top three modalities and used modality to treat specific condition(s)

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

Sample adults 18+ who have used third of top three modalities and used modality to treat specific condition(s)
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]

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

Question ID: ALT.719_00.000  Instrument Variable Name: TP3_RS1  QuestionnaireFileName: Adult CAM

QuestionText: DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

These medical treatments were too expensive?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used third of top three modalities and used treatments for specific condition(s)

SkipInstructions: <1,2,R,D> [goto TP3_RS2]

Question ID: ALT.720_00.000  Instrument Variable Name: TP3_RS2  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

[fill3: modality] combined with these medical treatments would help you?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used third of top three modalities and used treatments for specific condition(s)

SkipInstructions: <1,2,R,D> [goto TP3_RS3]
Question ID: ALT.721_00.000  Instrument Variable Name: TP3_RS3  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

These medical treatments do not work for the health problem you want to treat or prevent?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used third of top three modalities and used treatments for specific condition(s)

SkipInstructions: <1,2,R,D> if TP3_MTR1=1 or TP3_MTR2=1 [goto TP3_RS4];
else if self-care modality (ALT_TP33=6,7,10-16) [goto TP3_RS5];
else [goto TP3_RS6]

Question ID: ALT.722_00.000  Instrument Variable Name: TP3_RS4  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

{fill3: Prescription medications/Over the counter medications/Prescription or over-the-counter medications} cause side effects?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used third of top three modalities and used prescription or over-the-counter medication to treat specific condition(s)

SkipInstructions: <1,2,R,D> if self-care modality (ALT_TP33=6,7,10-16) [goto TP3_RS5];
else [goto TP3_RS6]
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} {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
DURING THE PAST 12 MONTHS, did you \{fill1: see a practitioner for\}/\{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

Sample adults 18+ who have used third of top three modalities

DURING THE PAST 12 MONTHS, did you \{fill1: see a practitioner for\}/\{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

Sample adults 18+ who have used third of top three modalities
Question ID: ALT.727_00.000  Instrument Variable Name: TP3_RS9  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons?

It was part of your upbringing?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto TP3_REC1]

Question ID: ALT.728_00.000  Instrument Variable Name: TP3_REC1  QuestionnaireFileName: Adult CAM

QuestionText: Did you {fill1: see a practitioner for/use} {fill2: modality} because it was recommended by any of the following people?

A medical doctor?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto TP3_REC2]
2012 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 30-May-13

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.

- Very important
- Somewhat important
- Slightly important
- Not at all important
- Refused
- 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'.

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<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>
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<tr>
<td>1</td>
<td>Yes</td>
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<td>7</td>
<td>Refused</td>
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<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]
2012 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 30-May-13

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]
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 third of top three modalities and did not tell their personal health care provider about using therapy

*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

Sample adults 18+ who have used third of top three modalities and did not tell their personal health care provider about using therapy

*Read if necessary.
*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 third 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?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have used third of top three modalities
*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]
**Question ID:** ALT.763_00.000  **Instrument Variable Name:** TP3_INF4  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

*Read if necessary.*

DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

Television or radio?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3_INF5]

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**Question ID:** ALT.764_00.000  **Instrument Variable Name:** TP3_INF5  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

*Read if necessary.*

DURING THE PAST 12 MONTHS, did you get information about [fill1: modality] from any of the following sources?

Scientific articles?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto TP3_INF6]
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