Question ID: CAL.001_00.000  Instrument Variable Name: CPROV1  QuestionnaireFileName: Child CAM

QuestionText: ? [F1]

A personal health care provider is a health professional who knows [fill S.C. name] well and is familiar with [fill: his/her] 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 [fill S.C. name]'s personal health care provider?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have a usual place for healthcare

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

Question ID: CAL.002_00.000  Instrument Variable Name: CPROVTYP  QuestionnaireFileName: Child CAM

QuestionText: ? [F1]

What type of provider(s) is it?

*Read categories if necessary.

*Enter all that apply, separate with commas.

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

UniverseText: Sample children 4+ who have a personal health care provider

SkipInstructions: <1-4,R,D> [goto CPRVUSPL]
2012 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.003_00.000  Instrument Variable Name: CPRVUSPL  QuestionnaireFileName: Child CAM

QuestionText:

? [F1]

Earlier you said [fill S.C. name] has a place where [fill: he/she] usually goes when sick. What type of provider(s) does [fill: he/she] see there?

*Read categories if necessary.

*Enter all that apply, separate with commas.

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

UniverseText: Sample children 4+ who have a usual place for healthcare

SkipInstructions: <1-4,R,D> if CHCPLKND=1-5 [goto CPROVRTN]; else if CHCPLKND=R,D,6," [goto CCO_USE]

Question ID: CAL.004_00.000  Instrument Variable Name: CPROVRTN  QuestionnaireFileName: Child CAM

QuestionText:

? [F1]

Earlier you said [fill S.C. name] has a place where [fill: he/she] usually goes for routine care. What type of provider(s) does [fill: he/she] see there?

*Read categories if necessary.

*Enter all that apply, separate with commas.

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

UniverseText: Sample children 4+ who have a routine place for healthcare that is different from a usual source for sick care

SkipInstructions: <1-4,R,D> [goto CCO_USE]
2012 NHIS Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.010_00.000  Instrument Variable Name: CCO_USE  QuestionnaireFileName: Child CAM

QuestionText: 
? [F1]

Now I am going to ask you about some health services [fill S.C. name] may have used.

Has [fill S.C. name] EVER used any of these therapies for [fill: his/her] health?

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+

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

Question ID: CAL.011_00.000  Instrument Variable Name: CCO_EVER  QuestionnaireFileName: Child CAM

QuestionText: 
? [F1]

Has [fill S.C. name] EVER seen a provider or practitioner for chiropractic (kye-row-PRAK-tik) or osteopathic manipulation for [fill: himself/herself]?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have ever used chiropractic (kye-row-PRAK-tik) or osteopathic manipulation

SkipInstructions: <1> [goto CCO_USEM]  
<2,R,D> [goto CCO_USM]
DURING THE PAST 12 MONTHS, did [fill S.C. name] see a practitioner for chiropractic or osteopathic manipulation?

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

UniverseText: Sample children 4+ who have ever seen a practitioner for chiropractic or osteopathic manipulation

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

DURING THE PAST 12 MONTHS, did [fill: S.C. name] use chiropractic or osteopathic manipulation?

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

UniverseText: Sample children 4+ who have ever used chiropractic/osteopathic manipulation but have never seen a practitioner or have not seen one in the past 12 months

SkipInstructions: <1,2,R,D> [goto CMS_USE]
### Question ID: CAL.014_00.000  
**Instrument Variable Name:** CCO_TYPE  
**QuestionnaireFileName:** Child CAM

#### QuestionText:
Which did [fill: he/she] see, a chiropractor or an osteopathic physician?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Chiropractor</td>
</tr>
<tr>
<td>2</td>
<td>Osteopathic physician</td>
</tr>
<tr>
<td>3</td>
<td>Both</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

#### UniverseText:
Sample children 4+ who have seen a practitioner for chiropractic or osteopathic manipulation in the past 12 months

#### SkipInstructions:
<1> if CPROVTYP=3 [goto CCO_PHCP];  
else [goto CCO_PTIM]  
<2,R,D> [goto CCO_PTIM]  
<3> [goto CCO_PMST]

---

### Question ID: CAL.015_00.000  
**Instrument Variable Name:** CCO_PMST  
**QuestionnaireFileName:** Child CAM

#### QuestionText:
DURING THE PAST 12 MONTHS, which practitioner did [fill: S.C. name] see the most?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Chiropractor</td>
</tr>
<tr>
<td>2</td>
<td>Osteopathic physician</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

#### UniverseText:
Sample children 4+ who have seen both a chiropractor and osteopathic physician in the past 12 months

#### SkipInstructions:
<1> if CPROVTYP=3 [goto CCO_PHCP];  
else [goto CCO_PTIM]  
<2,R,D> [goto CCO_PTIM]
Was this the personal health care provider you mentioned earlier?

1  Yes
2  No
7  Refused
9  Don't know

Sample children 4+ who see a chiropractor for their personal health care provider and who have seen a chiropractor in the past 12 months

Do you know the exact number of times [fill: S.C. name] saw a practitioner for [fill1: chiropractic/osteopathic] manipulation in the past 12 months?

1  Yes
2  No
7  Refused
9  Don't know

Sample children 4+ who have seen a practitioner for chiropractic or osteopathic manipulation in the past 12 months

DURING THE PAST 12 MONTHS, how many times did [fill S.C. name] see a practitioner for [fill1: chiropractic/osteopathic] manipulation?

*Enter '52' for 52 or more times.

01-52
97  Refused
99  Don't know

Sample children 4+ with a known number of times they have seen a practitioner for chiropractic or osteopathic manipulation in the past 12 months
2012 NHIS Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.019_00.000  Instrument Variable Name: CCO_TMCT  QuestionnaireFileName: Child CAM

QuestionText: DURING THE PAST 12 MONTHS, ABOUT how many times did [fill S.C. name] 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 children 4+ with an unknown number of specific 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 CCO_HIC]

Question ID: CAL.021_00.000  Instrument Variable Name: CCO_HIC  QuestionnaireFileName: Child 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 children 4+ who have seen a practitioner for chiropractic or osteopathic manipulation in the past 12 months

SkipInstructions: <1> [goto CCO_HICA]
<2,R,D> [goto CCO_HIT]
<table>
<thead>
<tr>
<th>Question ID</th>
<th>CAL.022_00.000</th>
<th>Instrument Variable Name: CCO_HICA</th>
<th>QuestionnaireFileName: Child CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>DURING THE PAST 12 MONTHS, was all of the cost or just some of the cost of [fill: S.C. name]'s seeing a practitioner for [fill1: chiropractic/osteopathic] manipulation covered by health insurance?</td>
<td></td>
<td></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 children 4+ whose visit(s) to a practitioner for chiropractic or osteopathic manipulation in the past 12 months were (at least partly) covered by health insurance |

| SkipInstructions: | <1> [goto CCO_MAT] <2,R,D> [goto CCO_HIT] |

<table>
<thead>
<tr>
<th>Question ID</th>
<th>CAL.023_00.000</th>
<th>Instrument Variable Name: CCO_HIT</th>
<th>QuestionnaireFileName: Child CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>Do you know the total amount that was paid for [fill: S.C. name] to see a practitioner for [fill1: chiropractic/osteopathic] manipulation in the past 12 months [fill2: not including the amount covered by insurance]?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| UniverseText: | Sample children 4+ whose health insurance covered none or some of the cost for chiropractic or osteopathic manipulation in the past 12 months |

| SkipInstructions: | <1> [goto CCO_HITS] <2,R,D> [goto CCO_AVGC] |

<table>
<thead>
<tr>
<th>Question ID</th>
<th>CAL.024_00.000</th>
<th>Instrument Variable Name: CCO_HITS</th>
<th>QuestionnaireFileName: Child CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>What is the total amount that was paid for [fill: S.C. name] to see a practitioner for [fill1: chiropractic/osteopathic] manipulation in the past 12 months [fill2: not including the amount covered by insurance]?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Enter '0' for no cost or free.</td>
<td></td>
<td></td>
<td></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 children 4+ where the amount paid is known for chiropractic or osteopathic manipulation in the past 12 months |

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

| Soft Edit: | Verify if over $1000 |
Question ID: CAL.025_00.010  
Instrument Variable Name: CCO_AVGC  
Questionnaire FileName: Child CAM

**QuestionText:** Do you know the average amount that was paid for each of [fill: S.C. name]'s visits for [fill1: chiropractic/osteopathic] manipulation [fill2: not including the amount covered by insurance] in the past 12 months?

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

**UniverseText:** Sample children 4+ who don't know the total amount they paid for chiropractic or osteopathic manipulation in the past 12 months

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

---

Question ID: CAL.026_00.000  
Instrument Variable Name: CCO_AVGS  
Questionnaire FileName: Child CAM

**QuestionText:** On average, how much was paid out-of-pocket for each of [fill: S.C name]'s visits to a practitioner for [fill1: chiropractic/osteopathic] manipulation?

*Enter '0' if no cost or free.

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

**UniverseText:** Sample children 4+ who know the average per visit they paid for chiropractic or osteopathic manipulation in the past 12 months

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

---

Question ID: CAL.027_00.000  
Instrument Variable Name: CCO_MAT  
Questionnaire FileName: Child CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you or another family member buy a self-help book or other materials such as a DVD, CD, or Video to learn about [fill: S.C. name]'s use of [fill1: chiropractic/osteopathic] manipulation?

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

**UniverseText:** Sample children 4+ who have seen a practitioner for chiropractic or osteopathic manipulation in the past 12 months

**SkipInstructions:**
<1> [goto CCO_MATC]
<2,R,D> [goto CMS_USE]
Question ID: CAL.028_00.000  Instrument Variable Name: CCO_MATC  QuestionnaireFileName: Child CAM

QuestionText: How much was paid 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 children 4+ who have bought self-help materials for chiropractic or osteopathic manipulation in the past 12 months

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

Question ID: CAL.037_00.000  Instrument Variable Name: CMS_USE  QuestionnaireFileName: Child CAM

QuestionText: ? [F1]

Has [fill: S.C. name] EVER used any of these therapies for [fill: his/her] health?

Massage?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+

SkipInstructions: <1> [goto CMS_EVER]
                <2,R,D>[goto CAC_USE]
**Question ID:** CAL.038_00.000  
**Instrument Variable Name:** CMS_EVER  
**QuestionnaireFileName:** Child CAM

**QuestionText:** ? [F1]

Has [fill: S.C. name] EVER seen a provider or practitioner for massage for [fill: himself/herself]?

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample children 4+ who have ever used massage

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

---

**Question ID:** CAL.039_00.000  
**Instrument Variable Name:** CMS_USEM  
**QuestionnaireFileName:** Child CAM

**QuestionText:** ??[F1]

DURING THE PAST 12 MONTHS, did [fill S.C. name] see a practitioner for massage?

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample children 4+ who have ever seen a practitioner for massage

**SkipInstructions:** <1>[goto CMS_PTIM]  
<2,R,D> [goto CMS_USM]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CAL.040_00.000</th>
<th>Instrument Variable Name: CMS_USM</th>
<th>QuestionnaireFileName: Child CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>DURING THE PAST 12 MONTHS, did [fill: S.C. name] use massage?</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 children 4+ who have ever used massage but have never seen a practitioner or have not seen one in the past 12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto CAC_USE]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CAL.041_00.000</th>
<th>Instrument Variable Name: CMS_PTIM</th>
<th>QuestionnaireFileName: Child CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Do you know the exact number of times [fill: S.C. name] saw a practitioner for massage in the past 12 months?</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 children 4+ who have seen a practitioner for massage in the past 12 months</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| SkipInstructions: | <1> [goto CMS_TMNO]  
|                  | <2,R,D> [goto CMS_TMCT] |

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CAL.042_00.000</th>
<th>Instrument Variable Name: CMS_TMNO</th>
<th>QuestionnaireFileName: Child CAM</th>
</tr>
</thead>
</table>
| QuestionText:   | DURING THE PAST 12 MONTHS, how many times did [fill S.C. name] see a practitioner for massage?  
|                 | *Enter ‘52’ for 52 or more times. |
| 01-52           | 1-52            |
| 97              | Refused         |
| 99              | Don't know      |
| UniverseText:   | Sample children 4+ with a known number of times they have seen a practitioner for massage in the past 12 months |
| SkipInstructions: | <1-52,R,D> [goto CMS_HIC] |
2012 NHIS Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.043_00.000  Instrument Variable Name: CMS_TMCT  QuestionnaireFileName: Child CAM

QuestionText: DURING THE PAST 12 MONTHS, ABOUT how many times did [fill S.C. name] 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 children 4+ with an unknown number of specific 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 CMS_HIC]

---

Question ID: CAL.044_00.000  Instrument Variable Name: CMS_HIC  QuestionnaireFileName: Child 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 children 4+ who have seen a practitioner for massage in the past 12 months

SkipInstructions: <1> [goto CMS_HICA]
<2,R,D> [goto CMS_HIT]
**Question ID:** CAL.045_00.000  **Instrument Variable Name:** CMS_HICA  **QuestionnaireFile Name:** Child CAM

**Question Text:**
DURING THE PAST 12 MONTHS, was all of the cost or just some of the cost of [fill: S.C. name]'s seeing a practitioner for massage covered by health insurance?

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

**Universe Text:** Sample children 4+ 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 CMS_MAT]
<2,R,D> [goto CMS_HIT]

---

**Question ID:** CAL.046_00.000  **Instrument Variable Name:** CMS_HIT  **QuestionnaireFile Name:** Child CAM

**Question Text:**
Do you know the total amount that was paid for [fill: S.C. name] to see 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 children 4+ whose health insurance covered none or some of the cost for massage in the past 12 months

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

---

**Question ID:** CAL.047_00.000  **Instrument Variable Name:** CMS_HITS  **QuestionnaireFile Name:** Child CAM

**Question Text:**
What is the total amount that was paid for [fill: S.C. name] to see a practitioner for massage in the past 12 months [fill1: not including the amount covered by insurance]?

*Enter '0' for no cost or free.

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

**Universe Text:** Sample children 4+ where the amount paid is known for massage in the past 12 months

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

**Soft Edit:**
Verify if over $1000
Question ID: CAL.048_00.000  Instrument Variable Name: CMS_AVGC  QuestionnaireFileName: Child CAM

QuestionText: Do you know the average amount that was paid for each of [fill: S.C. name]'s visits 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 children 4+ who don't know the total amount they paid for massage in the past 12 months

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

---

Question ID: CAL.049_00.000  Instrument Variable Name: CMS_AVGS  QuestionnaireFileName: Child CAM

QuestionText: On average, how much was paid out-of-pocket for each of [fill: S.C. name]'s visits to a practitioner for massage?

*Enter '0' if no cost or free.

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

UniverseText: Sample children 4+ who know the average per visit they paid for massage in the past 12 months

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

---

Question ID: CAL.050_00.000  Instrument Variable Name: CMS_MAT  QuestionnaireFileName: Child CAM

QuestionText: DURING THE PAST 12 MONTHS, did you or another family member buy a self-help book or other materials such as a DVD, CD, or Video to learn about [fill: S.C. name]'s use of massage?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have seen a practitioner for massage in the past 12 months

SkipInstructions: <1> [goto CMS_MATC]
                 <2,R,D> [goto CAC_USE]
**2012 NHIS Questionnaire - Child CAM**

**Child Alternative Health/Complementary And Alternative Medicine**

**Document Version Date:** 24-May-13

**Question ID:** CAL.051_00.000  
**Instrument Variable Name:** CMS_MATC  
**QuestionnaireFileName:** Child CAM

**QuestionText:**
How much was paid 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 children 4+ who have bought self-help materials for massage in the past 12 months

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

---

**Question ID:** CAL.061_00.000  
**Instrument Variable Name:** CAC_USE  
**QuestionnaireFileName:** Child CAM

**QuestionText:**
? [F1]

Has [fill: S.C. name] EVER used any of these therapies for [fill: his/her] health?

Acupuncture (AK-you-punk-chur)?

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

**UniverseText:** Sample children 4+

**SkipInstructions:** <1> [goto CAC_EVER]  
<2,R,D>=[goto CEH_USE]
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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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<tr>
<td>9</td>
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<td>UniverseText:</td>
<td>Sample children 4+ who have ever used acupuncture</td>
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<td>QuestionText:</td>
<td>DURING THE PAST 12 MONTHS, did [fill: S.C. name] use acupuncture?</td>
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<td>1</td>
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<td>UniverseText:</td>
<td>Sample children 4+ who have ever used acupuncture but have never seen a practitioner or have not seen one in the past 12 months</td>
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<tr>
<td>QuestionText:</td>
<td>Do you know the exact number of times [fill: S.C. name] saw a practitioner for acupuncture in the past 12 months?</td>
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<tr>
<td>1</td>
<td>Yes</td>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>DURING THE PAST 12 MONTHS, how many times did [fill S.C. name] see a practitioner for acupuncture?</td>
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<tr>
<td>01-52</td>
<td>1-52</td>
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<tr>
<td>97</td>
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<td></td>
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<tr>
<td>UniverseText:</td>
<td>Sample children 4+ with a known number of times they have seen a practitioner for acupuncture in the past 12 months</td>
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**Question ID:** CAL.067_00.000  
**Instrument Variable Name:** CAC_TMCT  
**QuestionnaireFileName:** Child CAM

**QuestionText:**  
DURING THE PAST 12 MONTHS, ABOUT how many times did [fill S.C. name] see a practitioner for acupuncture? Would you say...  
*Read categories below.*  

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>Only 1 time</td>
<td>01</td>
</tr>
<tr>
<td>2-5 times</td>
<td>02</td>
</tr>
<tr>
<td>6-10 times</td>
<td>03</td>
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<tr>
<td>11-15 times</td>
<td>04</td>
</tr>
<tr>
<td>16-20 times</td>
<td>05</td>
</tr>
<tr>
<td>21-25 times</td>
<td>06</td>
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<tr>
<td>More than 25 times</td>
<td>07</td>
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<tr>
<td>Refused</td>
<td>97</td>
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<tr>
<td>Don't know</td>
<td>99</td>
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**UniverseText:** Sample children 4+ with an unknown number of specific 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 CAC_HIC]

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**Question ID:** CAL.068_00.000  
**Instrument Variable Name:** CAC_HIC  
**QuestionnaireFileName:** Child CAM

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

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

**UniverseText:** Sample children 4+ who have seen a practitioner for acupuncture in the past 12 months

**SkipInstructions:** <1> [goto CAC_HICA]  
<2,R,D> [goto CAC_HIT]
Question: During the past 12 months, was all of the cost or just some of the cost of [fill: S.C. name]'s seeing a practitioner for acupuncture covered by health insurance?

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

Universe: Sample children 4+ whose visit(s) to a practitioner for acupuncture in the past 12 months were (at least partly) covered by health insurance

Skip Instructions: <1> [goto CAC_MAT]
<2,R,D> [goto CAC_HIT]

Question: Do you know the total amount that was paid for [fill: S.C. name] to see a practitioner for acupuncture in the past 12 months [fill1: not including the amount covered by insurance]?

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

Universe: Sample children 4+ whose health insurance covered none or some of the cost for acupuncture in the past 12 months

Skip Instructions: <1> [goto CAC_HITS]
<2,R,D> [goto CAC_AVGC]

Question: What is the total amount that was paid for [fill: S.C. name] to see a practitioner for acupuncture in the past 12 months [fill1: not including the amount covered by insurance]?

*Enter '0' for no cost or free.

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

Universe: Sample children 4+ where the amount paid is known for acupuncture in the past 12 months

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

Soft Edit: Verify if over $1000
Question ID: CAL.072_00.000  Instrument Variable Name: CAC_AVGC  QuestionnaireFileName: Child CAM

QuestionText: Do you know the average amount that was paid for each of [fill: S.C. name]'s visits 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 children 4+ who don't know the total amount they paid for acupuncture in the past 12 months

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

Question ID: CAL.073_00.000  Instrument Variable Name: CAC_AVGS  QuestionnaireFileName: Child CAM

QuestionText: On average, how much was paid out-of-pocket for each of [fill: S.C name]'s visits to a practitioner for acupuncture?

*Enter '0' if no cost or free.

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

UniverseText: Sample children 4+ who know the average per visit they paid for acupuncture in the past 12 months

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

Question ID: CAL.074_00.000  Instrument Variable Name: CAC_MAT  QuestionnaireFileName: Child CAM

QuestionText: DURING THE PAST 12 MONTHS, did you or another family member buy a self-help book or other materials such as a DVD, CD, or Video to learn about [fill: S.C. name]'s use of acupuncture?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have seen a practitioner for acupuncture in the past 12 months

SkipInstructions: <1> [goto CAC_MATC]  
<2,R,D> [goto CEH_USE]
**Question Text:** How much was paid for these materials in the past 12 months?

*Enter ‘200’ for $200 or more.

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

**Universe Text:** Sample children 4+ who have bought self-help materials for acupuncture in the past 12 months

**Skip Instructions:** <0-200,R,D> [goto CEH_USE]
Question ID: CAL.086_00.000  Instrument Variable Name: CEH_EVER  QuestionnaireFileName: Child CAM

QuestionText: 

? [F1]

Has [fill: S.C. name] EVER seen a provider or practitioner for energy healing therapy for [fill: himself/herself]?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have ever used energy healing therapy

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

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Question ID: CAL.087_00.000  Instrument Variable Name: CEH_USEM  QuestionnaireFileName: Child CAM

QuestionText: 

? [F1]

DURING THE PAST 12 MONTHS, did [fill S.C. name] see a practitioner for energy healing therapy?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have ever seen a practitioner for energy healing therapy

SkipInstructions: <1>[goto CEH_PTIM]
<2,R,D> [goto CEH_USM]
Question ID: CAL.088_00.000  Instrument Variable Name: CEH_USM  QuestionnaireFileName: Child CAM

QuestionText:  ? [F1]

DURING THE PAST 12 MONTHS, did [fill: S.C. name] use energy healing therapy?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText:  Sample children 4+ who have ever used energy healing therapy but have never seen a practitioner or have not seen one in the past 12 months

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

Question ID: CAL.089_00.000  Instrument Variable Name: CEH_PTIM  QuestionnaireFileName: Child CAM

QuestionText:  Do you know the exact number of times [fill: S.C. name] saw a practitioner for energy healing therapy in the past 12 months?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText:  Sample children 4+ who have seen a practitioner for energy healing therapy in the past 12 months

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

Question ID: CAL.090_00.000  Instrument Variable Name: CEH_TMNO  QuestionnaireFileName: Child CAM

QuestionText:  DURING THE PAST 12 MONTHS, how many times did [fill S.C. name] see a practitioner for energy healing therapy?

*Enter ‘52’ for 52 or more times.

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

UniverseText:  Sample children 4+ with a known number of times they have seen a practitioner for energy healing therapy in the past 12 months

SkipInstructions:  <1-52,R,D> [goto CEH_HIC]
DURING THE PAST 12 MONTHS, ABOUT how many times did [fill S.C. name] 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

Sample children 4+ with an unknown number of specific times they have seen a practitioner for energy healing therapy in the past 12 months or refuse the specific number of times

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

1 Yes
2 No
7 Refused
9 Don't know

Sample children 4+ who have seen a practitioner for energy healing therapy in the past 12 months

<1> [goto CEH_HICA]
<2,R,D> [goto CEH_HIT]
DURING THE PAST 12 MONTHS, was all of the cost or just some of the cost of [fill: S.C. name]'s seeing a practitioner for energy healing therapy covered by health insurance?

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

Sample children 4+ 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 that was paid for [fill: S.C. name] to see 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 children 4+ whose health insurance covered none or some of the cost for energy healing therapy in the past 12 months

What is the total amount that was paid for [fill: S.C. name] to see 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 children 4+ where the amount paid is known for energy healing therapy in the past 12 months

Verify if over $1000
**Do you know the average amount that was paid for each of [fill: S.C. name]'s visits 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

**On average, how much was paid out-of-pocket for each of [fill: S.C name]'s visits to a practitioner for energy healing therapy?**

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

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

**DURING THE PAST 12 MONTHS, did you or another family member buy a self-help book or other materials such as a DVD, CD, or Video to learn about [fill: S.C. name]'s use of energy healing therapy?**

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

**Sample children 4+ who don't know the total amount they paid for energy healing therapy in the past 12 months**

**Sample children 4+ who know the average per visit they paid for energy healing therapy in the past 12 months**

**Sample children 4+ who have seen a practitioner for energy healing therapy in the past 12 months**
How much was paid for these materials in the past 12 months?

*Enter '200' for $200 or more.

$0-200
997 Refused
999 Don't know

Sample children 4+ who have bought self-help materials for energy healing therapy in the past 12 months

Has [fill: S.C. name] EVER used any of these therapies for [fill: his/her] health?

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

1 Yes
2 No
7 Refused
9 Don't know

Sample children 4+
Has [fill: S.C. name] EVER seen a provider or practitioner for naturopathy for [fill: himself/herself]?

1. Yes
2. No
7. Refused
9. Don’t know

has children 4+ who have ever used naturopathy

DURING THE PAST 12 MONTHS, did [fill S.C. name] see a practitioner for naturopathy?

1. Yes
2. No
7. Refused
9. Don’t know

Sample children 4+ who have ever seen a practitioner for naturopathy
### 2012 NHIS Questionnaire - Child CAM

**Child Alternative Health/Complementary And Alternative Medicine**

**Document Version Date:** 24-May-13

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<td>9</td>
<td>Don't know</td>
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**UniverseText:** Sample children 4+ who have ever used naturopathy but have never seen a practitioner or have not seen one in the past 12 months

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

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<td>QuestionText:</td>
<td></td>
<td>Do you know the exact number of times [fill: S.C. name] saw a practitioner for naturopathy in the past 12 months?</td>
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<tr>
<td>1</td>
<td>Yes</td>
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<tr>
<td>2</td>
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<td>9</td>
<td>Don't know</td>
<td></td>
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**UniverseText:** Sample children 4+ who have seen a practitioner for naturopathy in the past 12 months

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

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<td></td>
<td>DURING THE PAST 12 MONTHS, how many times did [fill S.C. name] see a practitioner for naturopathy?</td>
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<tr>
<td><em>Enter ‘52’ for 52 or more times.</em></td>
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<tr>
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<tr>
<td>97</td>
<td>Refused</td>
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<td></td>
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<tr>
<td>99</td>
<td>Don't know</td>
<td></td>
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**UniverseText:** Sample children 4+ with a known number of times they have seen a practitioner for naturopathy in the past 12 months

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

**Child Alternative Health/Complementary And Alternative Medicine**

**Document Version Date:** 24-May-13

**Question ID:** CAL.115_00.000  
**Instrument Variable Name:** CNT_TMCT  
**QuestionnaireFileName:** Child CAM

**QuestionText:**

DURING THE PAST 12 MONTHS, ABOUT how many times did [fill S.C. name] 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 children 4+ with an unknown number of specific 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 CNT_HIC]

---

**Question ID:** CAL.116_00.000  
**Instrument Variable Name:** CNT_HIC  
**QuestionnaireFileName:** Child 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 children 4+ who have seen a practitioner for naturopathy in the past 12 months

**SkipInstructions:** <1> [goto CNT_HICA]  
<2,R,D> [goto CNT_HIT]
2012 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.117_00.000  Instrument Variable Name: CNT_HICA  QuestionnaireFileName: Child CAM

QuestionText: DURING THE PAST 12 MONTHS, was all of the cost or just some of the cost of [fill: S.C. name]'s seeing a practitioner for naturopathy covered by health insurance?

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

UniverseText: Sample children 4+ whose visit(s) to a practitioner for naturopathy in the past 12 months were (at least partly) covered by health insurance

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

Question ID: CAL.118_00.000  Instrument Variable Name: CNT_HIT  QuestionnaireFileName: Child CAM

QuestionText: Do you know the total amount that was paid for [fill: S.C. name] to see a practitioner for naturopathy in the past 12 months [fill1: not including the amount covered by insurance]?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ whose health insurance covered none or some of the cost for naturopathy in the past 12 months

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

Question ID: CAL.119_00.000  Instrument Variable Name: CNT_HITS  QuestionnaireFileName: Child CAM

QuestionText: What is the total amount that was paid for [fill: S.C. name] to see a practitioner for naturopathy 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 children 4+ where the amount paid is known for naturopathy in the past 12 months

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

Soft Edit: Verify if over $1000
Question ID: CAL.120_00.000  Instrument Variable Name: CNT_AVGC  QuestionnaireFileName: Child CAM

QuestionText: Do you know the average amount that was paid for each of [fill: S.C. name]'s visits 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 children 4+ who don't know the total amount they paid for naturopathy in the past 12 months

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

Question ID: CAL.121_00.000  Instrument Variable Name: CNT_AVGS  QuestionnaireFileName: Child CAM

QuestionText: On average, how much was paid out-of-pocket for each of [fill: S.C name]'s visits to a practitioner for naturopathy?

*Enter '0' if no cost or free.

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

UniverseText: Sample children 4+ who know the average per visit they paid for naturopathy in the past 12 months

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

Question ID: CAL.122_00.000  Instrument Variable Name: CNT_MAT  QuestionnaireFileName: Child CAM

QuestionText: DURING THE PAST 12 MONTHS, did you or another family member buy a self-help book or other materials such as a DVD, CD, or Video to learn about [fill: S.C. name]'s use of naturopathy?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have seen a practitioner for naturopathy in the past 12 months

SkipInstructions: <1> [goto CNT_MATC]  
<2,R,D> [goto CHY_USE]
Question ID: CAL.123_00.000  Instrument Variable Name: CNT_MATC  QuestionnaireFileName: Child CAM

QuestionText: How much was paid 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 children 4+ who have bought self-help materials for naturopathy in the past 12 months

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

Question ID: CAL.133_00.000  Instrument Variable Name: CHY_USE  QuestionnaireFileName: Child CAM

QuestionText: ? [F1]

Has [fill: S.C. name] EVER used any of these therapies for [fill: his/her] health?

Hypnosis?
1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+

SkipInstructions: <1> [goto CHY_EVER]
<2,R,D>[goto CBI_USE]
Has [fill: S.C. name] EVER seen a provider or practitioner for hypnosis for [fill: himself/herself]?

1 Yes
2 No
7 Refused
9 Don't know

Sample children 4+ who have ever used hypnosis

DURING THE PAST 12 MONTHS, did [fill S.C. name] see a practitioner for hypnosis?

1 Yes
2 No
7 Refused
9 Don't know

Sample children 4+ who have ever seen a practitioner for hypnosis
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<th>CAL.136_00.000</th>
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<tr>
<td>QuestionText</td>
<td>? [F1]</td>
<td></td>
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<tr>
<td></td>
<td>Did you know whether [fill: S.C. name] does 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.</td>
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<td></td>
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<tr>
<td>1</td>
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<td>No</td>
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<td></td>
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<td>QuestionText</td>
<td>? [F1]</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>DURING THE PAST 12 MONTHS, did [fill: S.C. name] use hypnosis?</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>1</td>
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<td></td>
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<td>2</td>
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<td>9</td>
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<tr>
<td>UniverseText</td>
<td>Sample children 4+ who have ever used hypnosis but have never seen a practitioner or have not seen one in the past 12 months</td>
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<td></td>
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<td></td>
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<tr>
<td></td>
<td>&lt;2,R,D&gt; [goto CBI_USE]</td>
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2012 NHIS Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.138_00.000  Instrument Variable Name: CHY_PTIM  QuestionnaireFileName: Child CAM

QuestionText: Do you know the exact number of times [fill: S.C. name] saw a practitioner for hypnosis in the past 12 months?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have seen a practitioner for hypnosis in the past 12 months

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

Question ID: CAL.139_00.000  Instrument Variable Name: CHY_TMNO  QuestionnaireFileName: Child CAM

QuestionText: DURING THE PAST 12 MONTHS, how many times did [fill S.C. name] see a practitioner for hypnosis?

*Enter ‘52’ for 52 or more times.

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

UniverseText: Sample children 4+ with a known number of times they have seen a practitioner for hypnosis in the past 12 months

SkipInstructions: <1-52,R,D> [goto CHY_HIC]
DURING THE PAST 12 MONTHS, ABOUT how many times did [fill S.C. name] 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 children 4+ with an unknown number of specific 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 children 4+ who have seen a practitioner for hypnosis in the past 12 months

<1> [goto CHY_HICA]
<2,R,D> [goto CHY_HIT]
Question ID: CAL.142_00.000  Instrument Variable Name: CHY_HICA  QuestionnaireFileName: Child CAM

QuestionText: DURING THE PAST 12 MONTHS, was all of the cost or just some of the cost of [fill: S.C. name]'s seeing a practitioner for hypnosis covered by health insurance?

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

UniverseText: Sample children 4+ whose visit(s) to a practitioner for hypnosis in the past 12 months were (at least partly) covered by health insurance

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

Question ID: CAL.143_00.000  Instrument Variable Name: CHY_HIT  QuestionnaireFileName: Child CAM

QuestionText: Do you know the total amount that was paid for [fill: S.C. name] to see a practitioner for hypnosis in the past 12 months [fill1: not including the amount covered by insurance]?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ whose health insurance covered none or some of the cost for hypnosis in the past 12 months

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

Question ID: CAL.144_00.000  Instrument Variable Name: CHY_HITS  QuestionnaireFileName: Child CAM

QuestionText: What is the total amount that was paid for [fill: S.C. name] to see a practitioner for hypnosis in the past 12 months [fill1: not including the amount covered by insurance]?

*Enter '0' for no cost or free.

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

UniverseText: Sample children 4+ where the amount paid is known for hypnosis in the past 12 months

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

Soft Edit: Verify if over $1000
**Question ID:** CAL.145_00.000  **Instrument Variable Name:** CHY_AVGC  **QuestionnaireFileName:** Child CAM

**QuestionText:**
Do you know the average amount that was paid for each of [fill: S.C. name]’s visits for hypnosis [fill1: not including the amount covered by insurance] in the past 12 months?

1  Yes
2  No
7  Refused
9  Don’t know

**UniverseText:**
Sample children 4+ who don’t know the total amount they paid for hypnosis in the past 12 months

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

---

**Question ID:** CAL.146_00.000  **Instrument Variable Name:** CHY_AVGS  **QuestionnaireFileName:** Child CAM

**QuestionText:**
On average, how much was paid out-of-pocket for each of [fill: S.C name]’s visits to a practitioner for hypnosis?

*Enter ‘0’ if no cost or free.

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

**UniverseText:**
Sample children 4+ who know the average per visit they paid for hypnosis in the past 12 months

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

---

**Question ID:** CAL.147_00.000  **Instrument Variable Name:** CHY_MAT  **QuestionnaireFileName:** Child CAM

**QuestionText:**
DURING THE PAST 12 MONTHS, did you or another family member buy a self-help book or other materials such as a DVD, CD, or Video to learn about [fill: S.C. name]’s use of hypnosis?

1  Yes
2  No
7  Refused
9  Don’t know

**UniverseText:**
Sample children 4+ 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 CHY_MATC]
<2,R,D> [goto CBI_USE]
**Question ID:** CAL.148_00.000  
**Instrument Variable Name:** CHY_MATC  
**QuestionnaireFileName:** Child CAM

**QuestionText:** How much was paid for these materials in the past 12 months?

*Enter '200' for $200 or more.

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

**UniverseText:** Sample children 4+ who have bought self-help materials for hypnosis in the past 12 months

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

---

**Question ID:** CAL.158_00.000  
**Instrument Variable Name:** CBI_USE  
**QuestionnaireFileName:** Child CAM

**QuestionText:** ? [F1]  
Has [fill: S.C. name] EVER used any of these therapies for [fill: his/her] health?

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

**UniverseText:** Sample children 4+

**SkipInstructions:** <1> [goto CBI_EVER]  
<2,R,D>[goto CAY_USE]
Question ID: CAL.159_00.000  Instrument Variable Name: CBI_EVER  QuestionnaireFileName: Child CAM

QuestionText:  ? [F1]

Has [fill: S.C. name] EVER seen a provider or practitioner for biofeedback for [fill: himself/herself]?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have ever used biofeedback

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

Question ID: CAL.160_00.000  Instrument Variable Name: CBI_USEM  QuestionnaireFileName: Child CAM

QuestionText:  ? [F1]

DURING THE PAST 12 MONTHS, did [fill S.C. name] see a practitioner for biofeedback?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have ever seen a practitioner for biofeedback

SkipInstructions: <1>[goto CBI_BRTH]
<2,R,D> [goto CBI_USM]
2012 NHIS Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.161_00.000 Instrument Variable Name: CBI_BRTH QuestionnaireFileName: Child CAM

QuestionText: ? [F1]

Did [fill: S.C. name] do breathing exercises as part of biofeedback? Breathing exercises may involve actively controlling
the way air is drawn in, or the rate or depth of breathing.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have seen a practitioner for biofeedback in the past 12 months

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

Question ID: CAL.162_00.000 Instrument Variable Name: CBI_USM QuestionnaireFileName: Child CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill: S.C. name] use biofeedback?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have ever used biofeedback but have never seen a practitioner or have not seen one in the
past 12 months

SkipInstructions: <1>[goto CBI_MAT] <2,R,D>[goto CAY_USE]
**Question ID:** CAL.163_00.000  **Instrument Variable Name:** CBI_PTIM  **QuestionnaireFileName:** Child CAM

**QuestionText:** Do you know the exact number of times [fill: S.C. name] saw a practitioner for biofeedback in the past 12 months?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children 4+ who have seen a practitioner for biofeedback in the past 12 months

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

---

**Question ID:** CAL.164_00.000  **Instrument Variable Name:** CBI_TMNO  **QuestionnaireFileName:** Child CAM

**QuestionText:** DURING THE PAST 12 MONTHS, how many times did [fill S.C. name] see a practitioner for biofeedback?

*Enter '52' for 52 or more times.

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

**UniverseText:** Sample children 4+ with a known number of times they have seen a practitioner for biofeedback in the past 12 months

**SkipInstructions:** <1-52,R,D> [goto CBI_HIC]
DURING THE PAST 12 MONTHS, ABOUT how many times did [fill S.C. name] 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

Sample children 4+ with an unknown number of specific times they have seen a practitioner for biofeedback 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 biofeedback covered by health insurance?

1 Yes
2 No
7 Refused
9 Don't know

Sample children 4+ who have seen a practitioner for biofeedback in the past 12 months
**Question ID:** CAL.167_00.000  
**Instrument Variable Name:** CBI_HICA  
**QuestionnaireFileName:** Child CAM

**QuestionText:**  
DURING THE PAST 12 MONTHS, was all of the cost or just some of the cost of [fill: S.C. name]'s seeing a practitioner for biofeedback covered by health insurance?

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

**UniverseText:**  
Sample children 4+ whose visit(s) to a practitioner for biofeedback in the past 12 months were (at least partly) covered by health insurance

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

---

**Question ID:** CAL.168_00.000  
**Instrument Variable Name:** CBI_HIT  
**QuestionnaireFileName:** Child CAM

**QuestionText:**  
Do you know the total amount that was paid for [fill: S.C. name] to see 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 children 4+ whose health insurance covered none or some of the cost for biofeedback in the past 12 months

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

---

**Question ID:** CAL.169_00.000  
**Instrument Variable Name:** CBI_HITS  
**QuestionnaireFileName:** Child CAM

**QuestionText:**  
What is the total amount that was paid for [fill: S.C. name] to see a practitioner for biofeedback in the past 12 months [fill1: not including the amount covered by insurance]?

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

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

**UniverseText:**  
Sample children 4+ where the amount paid is known for biofeedback in the past 12 months

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

**Soft Edit:**  
Verify if over $1000
### Question ID: CAL.170_00.000  Instrument Variable Name: CBI_AVGC  QuestionnaireFileName: Child CAM

**QuestionText:** Do you know the average amount that was paid for each of [fill: S.C. name]'s visits for biofeedback {fill1: not including the amount covered by insurance} in the past 12 months?

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

**UniverseText:** Sample children 4+ who don't know the total amount they paid for biofeedback in the past 12 months

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

### Question ID: CAL.171_00.000  Instrument Variable Name: CBI_AVGS  QuestionnaireFileName: Child CAM

**QuestionText:** On average, how much was paid out-of-pocket for each of [fill: S.C name]'s visits to a practitioner for biofeedback?

*Enter '0' if no cost or free.

<table>
<thead>
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<th>000-500</th>
<th>$0-500</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 children 4+ who know the average per visit they paid for biofeedback in the past 12 months

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

### Question ID: CAL.172_00.000  Instrument Variable Name: CBI_MAT  QuestionnaireFileName: Child CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you or another family member buy a self-help book or other materials such as a DVD, CD, or Video to learn about [fill: S.C. name]'s use of biofeedback?

<p>| | |</p>
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<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 children 4+ 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 CBI_MATC]  
<2,R,D> [goto CAY_USE]
2012 NHIS Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.173_00.000 Instrument Variable Name: CBI_MATC QuestionnaireFileName: Child CAM

QuestionText: How much was paid 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 children 4+ who have bought self-help materials for biofeedback in the past 12 months

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

---

Question ID: CAL.183_00.000 Instrument Variable Name: CAY_USE QuestionnaireFileName: Child CAM

QuestionText: ? [F1]

Has [fill: S.C. name] EVER used any of these therapies for [fill: his/her] health?

Ayurveda (eye-yur-VAY-duh)?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+

SkipInstructions: <1> [goto CAY_EVER]
<2,R,D> [goto CCH_USE]
2012 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.184_00.000  Instrument Variable Name: CAY_EVER  QuestionnaireFileName: Child CAM

Question Text:  

? [F1]  

Has [fill: S.C. name] EVER seen a provider or practitioner for ayurveda for [fill: himself/herself]?

1  Yes
2  No
7  Refused
9  Don't know

Universe Text: Sample children 4+ who have ever used ayurveda

Skip Instructions:  <1> [goto CAY_USEM]  
<2,R,D>[goto CAY_USM]

---

Question ID: CAL.185_00.000  Instrument Variable Name: CAY_USEM  QuestionnaireFileName: Child CAM

Question Text:  

? [F1]  

DURING THE PAST 12 MONTHS, did [fill S.C. name] see a practitioner for ayurveda?

1  Yes
2  No
7  Refused
9  Don't know

Universe Text: Sample children 4+ who have ever seen a practitioner for ayurveda

Skip Instructions:  <1>[goto CAY_PTIM]  
<2,R,D> [goto CAY_USM]
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<td>DURING THE PAST 12 MONTHS, did [fill: S.C. name] use ayurveda?</td>
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<tr>
<td>1</td>
<td>Yes</td>
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<td></td>
<td></td>
<td></td>
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<td>2</td>
<td>No</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
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<tr>
<td>9</td>
<td>Don't know</td>
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<td>UniverseText:</td>
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<td>QuestionText:</td>
<td>Do you know the exact number of times [fill: S.C. name] saw a practitioner for ayurveda in the past 12 months?</td>
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<td>UniverseText:</td>
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<td>QuestionText:</td>
<td>DURING THE PAST 12 MONTHS, how many times did [fill S.C. name] see a practitioner for ayurveda?</td>
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<td>*Enter '52' for 52 or more times.</td>
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<td>97</td>
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<td>UniverseText:</td>
<td>Sample children 4+ with a known number of times they have seen a practitioner for ayurveda in the past 12 months</td>
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**Question ID:** CAL.189_00.000  **Instrument Variable Name:** CAY_TMCT  **QuestionnaireFileName:** Child CAM

**QuestionText:** DURING THE PAST 12 MONTHS, ABOUT how many times did [fill S.C. name] 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 children 4+ with an unknown number of specific 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 CAY_HIC]

---

**Question ID:** CAL.190_00.000  **Instrument Variable Name:** CAY_HIC  **QuestionnaireFileName:** Child 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 children 4+ who have seen a practitioner for ayurveda in the past 12 months

**SkipInstructions:** <1> [goto CAY_HICA]  
<2,R,D> [goto CAY_HIT]
2012 NHIS Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.191_00.000 Instrument Variable Name: CAY_HICA QuestionnaireFileName: Child CAM

QuestionText: DURING THE PAST 12 MONTHS, was all of the cost or just some of the cost of [fill: S.C. name]'s seeing a practitioner for ayurveda covered by health insurance?

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

UniverseText: Sample children 4+ whose visit(s) to a practitioner for ayurveda in the past 12 months were (at least partly) covered by health insurance

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

Question ID: CAL.192_00.000 Instrument Variable Name: CAY_HIT QuestionnaireFileName: Child CAM

QuestionText: Do you know the total amount that was paid for [fill: S.C. name] to see 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 children 4+ whose health insurance covered none or some of the cost for ayurveda in the past 12 months

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

Question ID: CAL.193_00.000 Instrument Variable Name: CAY_HITS QuestionnaireFileName: Child CAM

QuestionText: What is the total amount that was paid for [fill: S.C. name] to see 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 children 4+ where the amount paid is known for ayurveda in the past 12 months

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

Soft Edit: Verify if over $1000
Do you know the average amount that was paid for each of [fill: S.C. name]'s visits 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 children 4+ who don't know the total amount they paid for ayurveda in the past 12 months

On average, how much was paid out-of-pocket for each of [fill: S.C name]'s visits to a practitioner for ayurveda?

*Enter '0' if no cost or free.

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

Sample children 4+ who know the average per visit they paid for ayurveda in the past 12 months

DURING THE PAST 12 MONTHS, did you or another family member buy a self-help book or other materials such as a DVD, CD, or Video to learn about [fill: S.C. name]'s use of ayurveda?

1  Yes
2  No
7  Refused
9  Don't know

Sample children 4+ who have seen a practitioner for ayurveda in the past 12 months
**Question ID:** CAL.197_00.000  
**Instrument Variable Name:** CAY_MATC  
**QuestionnaireFileName:** Child CAM

**QuestionText:** How much was paid 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 children 4+ who have bought self-help materials for ayurveda in the past 12 months

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

---

**Question ID:** CAL.207_00.000  
**Instrument Variable Name:** CCH_USE  
**QuestionnaireFileName:** Child CAM

**QuestionText:** ? [F1]

Has [fill: S.C. name] EVER used any of these therapies for [fill: his/her] health?

Chelation (key-LAY-shun) Therapy?

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample children 4+

**SkipInstructions:** <1> [goto CCH_EVER]  
<2,R,D>=[goto CCS_USE]
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<tr>
<td></td>
<td>Has [fill: S.C. name] EVER seen a provider or practitioner for chelation therapy for [fill: himself/herself]?</td>
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<tr>
<td>1</td>
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<tr>
<td>2</td>
<td>No</td>
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<td>7</td>
<td>Refused</td>
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<tr>
<td>9</td>
<td>Don't know</td>
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<td>UniverseText:</td>
<td>Sample children 4+ who have ever used chelation therapy</td>
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<td>? [F1]</td>
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<td>DURING THE PAST 12 MONTHS, did [fill S.C. name] see a practitioner for chelation therapy?</td>
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<tr>
<td>1</td>
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<tr>
<td>2</td>
<td>No</td>
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<tr>
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<td>UniverseText:</td>
<td>Sample children 4+ who have ever seen a practitioner for chelation therapy</td>
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<td>&lt;2,R,D&gt; [goto CCH_USM]</td>
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</table>
Question ID: CAL.210_00.000  Instrument Variable Name: CCH_USM  QuestionnaireFileName: Child CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill: S.C. name] use chelation therapy?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have ever used chelation therapy but have never seen a practitioner or have not seen one in the past 12 months

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

---

Question ID: CAL.211_00.000  Instrument Variable Name: CCH_PTIM  QuestionnaireFileName: Child CAM

QuestionText: Do you know the exact number of times [fill: S.C. name] saw a practitioner for chelation therapy in the past 12 months?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have seen a practitioner for chelation therapy in the past 12 months

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

---

Question ID: CAL.212_00.000  Instrument Variable Name: CCH_TMNO  QuestionnaireFileName: Child CAM

QuestionText: DURING THE PAST 12 MONTHS, how many times did [fill S.C. name] see a practitioner for chelation therapy?

*Enter ‘52’ for 52 or more times.

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

UniverseText: Sample children 4+ with a known number of times they have seen a practitioner for chelation therapy in the past 12 months

SkipInstructions: <1-52,R,D> [goto CCH_HIC]
Question ID: CAL.213_00.000  Instrument Variable Name: CCH_TMCT  QuestionnaireFileName: Child CAM

QuestionText: DURING THE PAST 12 MONTHS, ABOUT how many times did [fill S.C. name] see a practitioner for chelation therapy? Would you say...

*Read categories below.

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

UniverseText: Sample children 4+ with an unknown number of specific times they have seen a practitioner for chelation therapy in the past 12 months or refuse the specific number of times

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

Question ID: CAL.214_00.000  Instrument Variable Name: CCH_HIC  QuestionnaireFileName: Child CAM

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

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have seen a practitioner for chelation therapy in the past 12 months

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

DURING THE PAST 12 MONTHS, was all of the cost or just some of the cost of [fill: S.C. name]'s seeing a practitioner for chelation therapy covered by health insurance?

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

**Universe Text:** Sample children 4+ whose visit(s) to a practitioner for chelation therapy in the past 12 months were (at least partly) covered by health insurance.

**Skip Instructions:**

1. [goto CCH_MAT]
2, R, D. [goto CCH_HIT]

---

**Question Text:**

Do you know the total amount that was paid for [fill: S.C. name] to see 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

**Universe Text:** Sample children 4+ whose health insurance covered none or some of the cost for chelation therapy in the past 12 months.

**Skip Instructions:**

1. [goto CCH_HITS]
2, R, D. [goto CCH_AVGC]

---

**Question Text:**

What is the total amount that was paid for [fill: S.C. name] to see 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

**Universe Text:** Sample children 4+ where the amount paid is known for chelation therapy in the past 12 months.

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

**Soft Edit:** Verify if over $1000
Question ID: CAL.218_00.000  Instrument Variable Name: CCH_AVGC  QuestionnaireFileName: Child CAM

QuestionText: Do you know the average amount that was paid for each of [fill: S.C. name]'s visits 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 children 4+ who don't know the total amount they paid for chelation therapy in the past 12 months

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

Question ID: CAL.219_00.000  Instrument Variable Name: CCH_AVGS  QuestionnaireFileName: Child CAM

QuestionText: On average, how much was paid out-of-pocket for each of [fill: S.C. name]'s visits 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 children 4+ who know the average per visit they paid for chelation therapy in the past 12 months

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

Question ID: CAL.220_00.000  Instrument Variable Name: CCH_MAT  QuestionnaireFileName: Child CAM

QuestionText: DURING THE PAST 12 MONTHS, did you or another family member buy a self-help book or other materials such as a DVD, CD, or Video to learn about [fill: S.C. name]'s use of chelation therapy?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have seen a practitioner for chelation therapy in the past 12 months

SkipInstructions: <1> [goto CCH_MATC]
                  <2,R,D> [goto CCS_USE]
Question ID: CAL.221_00.000  Instrument Variable Name: CCH_MATC  QuestionnaireFileName: Child CAM

QuestionText: How much was paid 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 children 4+ who have bought self-help materials for chelation therapy in the past 12 months

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

Question ID: CAL.231_00.000  Instrument Variable Name: CCS_USE  QuestionnaireFileName: Child CAM

QuestionText: ? [F1]

Has [fill: S.C. name] EVER used any of these therapies for [fill: his/her] health?

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

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+

SkipInstructions: <1> [goto CCS_EVER]
<2,R,D>=[goto CTR_EVR]
Question ID: CAL.232_00.000  Instrument Variable Name: CCS_EVER  QuestionnaireFileName: Child CAM

QuestionText: ? [F1]

Has [fill: S.C. name] EVER seen a provider or practitioner for craniosacral therapy for [fill: himself/herself]?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have ever used craniosacral therapy

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

---

Question ID: CAL.233_00.000  Instrument Variable Name: CCS_USEM  QuestionnaireFileName: Child CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill S.C. name] see a practitioner for craniosacral therapy?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have ever seen a practitioner for craniosacral therapy

SkipInstructions: <1>[goto CCS_PTIM]
                 <2,R,D> [goto CCS_USM]
### Child Alternative Health/Complementary And Alternative Medicine

**2012 NHIS Questionnaire - Child CAM**

**Document Version Date:** 24-May-13

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<td>Child CAM</td>
<td><strong>? [F1]</strong> DURING THE PAST 12 MONTHS, did [fill: S.C. name] use craniosacral therapy?</td>
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<td>1 Yes</td>
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<td>7 Refused</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9 Don't know</td>
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</tbody>
</table>

**UniverseText:** Sample children 4+ 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 CTR_EVR]

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<td>1 Yes</td>
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<td></td>
<td></td>
<td></td>
<td>7 Refused</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9 Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample children 4+ who have seen a practitioner for craniosacral therapy in the past 12 months

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

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<tbody>
<tr>
<td>CAL.236_00.000</td>
<td>CCS_TMNO</td>
<td>Child CAM</td>
<td>DURING THE PAST 12 MONTHS, how many times did [fill S.C. name] see a practitioner for craniosacral therapy?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*Enter '52' for 52 or more times.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>01-52</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>97 Refused</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>99 Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample children 4+ with a known number of times they have seen a practitioner for craniosacral therapy in the past 12 months

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

*Read categories below.

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

Sample children 4+ with an unknown number of specific times they have seen a practitioner for craniosacral therapy in the past 12 months or refuse the specific number of times

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

1 Yes
2 No
7 Refused
9 Don't know

Sample children 4+ who have seen a practitioner for craniosacral therapy in the past 12 months
<table>
<thead>
<tr>
<th>Question ID: CAL.239_00.000</th>
<th>Instrument Variable Name: CCS_HICA</th>
<th>QuestionnaireFileName: Child CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>DURING THE PAST 12 MONTHS, was all of the cost or just some of the cost of [fill: S.C. name]'s seeing a practitioner for craniosacral therapy covered by health insurance?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>All of the cost</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Some of the cost</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample children 4+ whose visit(s) to a practitioner for craniosacral therapy in the past 12 months were (at least partly) covered by health insurance</td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1&gt; [goto CCS_MAT] &lt;2,R,D&gt; [goto CCS_HIT]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: CAL.240_00.000</th>
<th>Instrument Variable Name: CCS_HIT</th>
<th>QuestionnaireFileName: Child CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>Do you know the total amount that was paid for [fill: S.C. name] to see a practitioner for craniosacral therapy in the past 12 months [fill1: not including the amount covered by insurance]?</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 children 4+ whose health insurance covered none or some of the cost for craniosacral therapy in the past 12 months</td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1&gt; [goto CCS_HITS] &lt;2,R,D&gt; [goto CCS_AVGC]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: CAL.241_00.000</th>
<th>Instrument Variable Name: CCS_HITS</th>
<th>QuestionnaireFileName: Child CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>What is the total amount that was paid for [fill: S.C. name] to see a practitioner for craniosacral therapy in the past 12 months [fill1: not including the amount covered by insurance]?</td>
<td></td>
</tr>
<tr>
<td><em>Enter '0' for no cost or free.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>00000-26000</td>
<td>$0-26000</td>
<td></td>
</tr>
<tr>
<td>99997</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>99999</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample children 4+ where the amount paid is known for craniosacral therapy in the past 12 months</td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;0-26000,R,D&gt; [goto CCS_MAT]</td>
<td></td>
</tr>
</tbody>
</table>

**Soft Edit:** Verifying if over $1000
**Do you know the average amount that was paid for each of [fill: S.C. name]'s visits 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

**On average, how much was paid out-of-pocket for each of [fill: S.C name]'s visits to a practitioner for craniosacral therapy?**

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

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

**DURING THE PAST 12 MONTHS, did you or another family member buy a self-help book or other materials such as a DVD, CD, or Video to learn about [fill: S.C. name]'s use of craniosacral therapy?**

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

**Sample children 4+ who don't know the total amount they paid for craniosacral therapy in the past 12 months**

**Sample children 4+ who know the average per visit they paid for craniosacral therapy in the past 12 months**

**Sample children 4+ who have seen a practitioner for craniosacral therapy in the past 12 months**
2012 NHIS Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.245_00.000  Instrument Variable Name: CCS_MATC  QuestionnaireFileName: Child CAM

QuestionText: How much was paid 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 children 4+ who have bought self-help materials for craniosacral therapy in the past 12 months

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

Question ID: CAL.255_00.000  Instrument Variable Name: CTR_EVR  QuestionnaireFileName: Child CAM

QuestionText: ? [F1]

(book) CAM1

Has [fill: S.C. name] 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-eh-roh) or Hierbista (yehr-BEE-stah)
Sobador (so-bah-DOHR)
Huesero (weh-SEHR-oh)

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+

SkipInstructions: <1> [goto CTR_EVR1]
<2,R,D> [goto CVT_USE]
2012 NHIS Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.256_00.010  Instrument Variable Name: CTR_EVR1  QuestionnaireFileName: Child CAM

QuestionText:  

? [F1]

(book) CAM1

Which ones?

*Enter all that apply, separate with commas.

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

UniverseText:  Sample children 4+ who have ever seen one of the traditional healers from card ALT1

SkipInstructions:  cycle through "CTRU" questions for all selected practitioners:

<1> [goto CTRU_NAH]
<2> [goto CTRU_SHA]
<3> [goto CTRU_CUR]
<4> [goto CTRU_YER]
<5> [goto CTRU_SOB]
<6> [goto CTRU_HUE]
<R,D> [goto CVT_USE]

If CTR_EVR1 includes 1 goto CTRU_NAH
elseif CTR_EVR1 includes 2 goto CTRU_SHA
elseif CTR_EVR1 includes 3 goto CTRU_CUR
elseif CTR_EVR1 includes 4 goto CTRU_YER
elseif CTR_EVR1 includes 5 goto CTRU_SOB
elseif CTR_EVR1 includes 6 goto CTRU_HUE
### 2012 NHIS Questionnaire - Child CAM

**Child Alternative Health/Complementary And Alternative Medicine**

**Document Version Date:** 24-May-13

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CAL.257_00.000</th>
<th>Instrument Variable Name:</th>
<th>CTRU_NAH</th>
<th>QuestionnaireFileName:</th>
<th>Child CAM</th>
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</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>? [F1]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DURING THE PAST 12 MONTHS, did [fill S.C. name] see...?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A Native American Healer or Medicine Man</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample children 4+ who have ever seen a Native American Healer or Medicine Man</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; if CTR_EVR1='1' and more than one selected [goto next CTRU question], &lt;1&gt; If no more were selected at CTR_EVR1 [goto CTR_PTIM] &lt;2,R,D&gt; If no more were selected at CTR_EVR1 [goto CVT_USE]</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CAL.258_00.000</th>
<th>Instrument Variable Name:</th>
<th>CTRU_SHA</th>
<th>QuestionnaireFileName:</th>
<th>Child CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>? [F1]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DURING THE PAST 12 MONTHS, did [fill S.C. name] see...?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A Shaman (SHAH-man)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample children 4+ who have ever seen a Shaman</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; if CTR_EVR1='1' and more than one selected [goto next CTRU question], &lt;1&gt; If no more were selected at CTR_EVR1 [goto CTR_PTIM] &lt;2,R,D&gt; If no more were selected at CTR_EVR1 [goto CVT_USE]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2012 NHIS Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.259_00.000  Instrument Variable Name: CTRU_CUR  QuestionnaireFileName: Child CAM

QuestionText:  ? [F1]

DURING THE PAST 12 MONTHS, did [fill S.C. name] see...?

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have ever seen a Curandero, Machi, or Parchero

SkipInstructions: <1,2,R,D> if CTR_EVR1='1' and more than one selected [goto next CTRU question],
<1> If no more were selected at CTR_EVR1 [goto CTR_PTIM]
<2,R,D> If no more were selected at CTR_EVR1 [goto CVT_USE]

---

Question ID: CAL.260_00.000  Instrument Variable Name: CTRU_YER  QuestionnaireFileName: Child CAM

QuestionText:  ? [F1]

DURING THE PAST 12 MONTHS, did [fill S.C. name] see...?

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have ever seen a Yerbero or Hierbista

SkipInstructions: <1,2,R,D> if CTR_EVR1='1' and more than one selected [goto next CTRU question],
<1> If no more were selected at CTR_EVR1 [goto CTR_PTIM]
<2,R,D> If no more were selected at CTR_EVR1 [goto CVT_USE]
DURING THE PAST 12 MONTHS, did [fill S.C. name] see...?

A Sobador (so-bah-DOHR)

1 Yes
2 No
7 Refused
9 Don't know

Sample children 4+ who have ever seen a Sobador

<1,2,R,D> if CTR_EVR1='1' and more than one selected [goto next CTRU question],
<1> If no more were selected at CTR_EVR1 [goto CTR_PTIM]
<2,R,D> If If no more were selected at CTR_EVR1 [goto CVT_USE]

DURING THE PAST 12 MONTHS, did [fill S.C. name] see...?

A Huesero (weh-SEHR-oh)

1 Yes
2 No
7 Refused
9 Don't know

Sample children 4+ who have ever seen a Huesero

<1> [goto CTR_PTIM]
<2,R,D> if no to all applicable CTRU, [goto CVT_USE];
else [goto CTR_PTIM]
2012 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.263_00.000  Instrument Variable Name: CTR_PTIM  QuestionnaireFileName: Child CAM

QuestionText: Do you know the exact number of times [fill: S.C. name] saw traditional healers in the past 12 months?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have seen traditional healers in the past 12 months

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

Question ID: CAL.264_00.000  Instrument Variable Name: CTR_TMNO  QuestionnaireFileName: Child CAM

QuestionText: DURING THE PAST 12 MONTHS, how many times did [fill S.C. name] see traditional healers?

*Enter '52' for 52 or more times.

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

UniverseText: Sample children 4+ with a known number of times they have seen traditional healers in the past 12 months

SkipInstructions: <1-52,R,D> [goto CTR_HIC]
**Question ID:** CAL.265_00.000  
**Instrument Variable Name:** CTR_TMCT  
**QuestionnaireFileName:** Child CAM

**QuestionText:**  
DURING THE PAST 12 MONTHS, ABOUT how many times did [fill S.C. name] see traditional healers? Would you say...  
*Read categories below.*  

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

**UniverseText:** Sample children 4+ with an unknown number of specific times they have seen traditional healers in the past 12 months or refuse the specific number of times

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

**Question ID:** CAL.266_00.000  
**Instrument Variable Name:** CTR_HIC  
**QuestionnaireFileName:** Child CAM

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

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

**UniverseText:** Sample children 4+ who have seen traditional healers in the past 12 months

**SkipInstructions:** <1> [goto CTR_HICA]  
<2,R,D> [goto CTR_HIT]
<table>
<thead>
<tr>
<th>Question ID: CAL.267_00.000</th>
<th>Instrument Variable Name: CTR_HICA</th>
<th>QuestionnaireFileName: Child CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> DURING THE PAST 12 MONTHS, was all of the cost or just some of the cost of [fill: S.C. name]'s seeing traditional healers covered by health insurance?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>All of the cost</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Some of the cost</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong> Sample children 4+ whose visit(s) to traditional healers in the past 12 months were (at least partly) covered by health insurance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: CAL.268_00.000</th>
<th>Instrument Variable Name: CTR_HIT</th>
<th>QuestionnaireFileName: Child CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> Do you know the total amount that was paid for [fill: S.C. name] to see traditional healers in the past 12 months [fill1: not including the amount covered by insurance]?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong> Sample children 4+ whose health insurance covered none or some of the cost for traditional healers in the past 12 months</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: CAL.269_00.000</th>
<th>Instrument Variable Name: CTR_HITS</th>
<th>QuestionnaireFileName: Child CAM</th>
</tr>
</thead>
</table>
| **QuestionText:** What is the total amount that was paid for [fill: S.C. name] to see traditional healers in the past 12 months [fill1: not including the amount covered by insurance]?  
*Enter '0' for no cost or free.* |
| 00000-26000 | $0-26000 |
| 99997 | Refused |
| 99999 | Don't know |
| **UniverseText:** Sample children 4+ where the amount paid is known for traditional healers in the past 12 months |

<table>
<thead>
<tr>
<th>SkipInstructions:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1&gt; [goto CTR_MAT]</td>
<td>&lt;2,R,D&gt; [goto CTR_HIT]</td>
<td></td>
</tr>
</tbody>
</table>
Question ID: CAL.270_00.000  Instrument Variable Name: CTR_AVGC  QuestionnaireFileName: Child CAM

QuestionText: Do you know the average amount that was paid for each of [fill: S.C. name]'s visits 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 children 4+ who don't know the total amount they paid for traditional healers in the past 12 months

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

---

Question ID: CAL.271_00.000  Instrument Variable Name: CTR_AVGS  QuestionnaireFileName: Child CAM

QuestionText: On average, how much was paid out-of-pocket for each of [fill: S.C. name]'s visits to traditional healers?

*Enter '0' if no cost or free.

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

UniverseText: Sample children 4+ who know the average per visit they paid for traditional healers in the past 12 months

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

---

Question ID: CAL.272_00.000  Instrument Variable Name: CTR_MAT  QuestionnaireFileName: Child CAM

QuestionText: DURING THE PAST 12 MONTHS, did you or another family member buy a self-help book or other materials such as a DVD, CD, or Video to learn about [fill: S.C. name]'s use of traditional healers?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have seen traditional healers in the past 12 months

SkipInstructions: <1> [goto CTR_MATC]  
<2,R,D> [goto CVT_USE]
Question ID: CAL.273_00.000  Instrument Variable Name: CTR_MATC  QuestionnaireFileName: Child CAM

QuestionText: How much was paid 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 children 4+ who have bought self-help materials for traditional healers in the past 12 months

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

---

Question ID: CAL.283_00.000  Instrument Variable Name: CVT_USE  QuestionnaireFileName: Child 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.

Has [fill: S.C. name] EVER taken multi-vitamins or multi-minerals?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+

SkipInstructions: <1> [goto CVT_USM]
<2,R,D> [goto CVT_ABEV]
**Question ID:** CAL.284_00.000  
**Instrument Variable Name:** CVT_USM  
**QuestionnaireFileName:** Child CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did [fill: S.C. name] take multi-vitamins or multi-minerals?

1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:** Sample children 4+ who have ever taken multi-vitamins or multi-minerals

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

---

**Question ID:** CAL.285_00.000  
**Instrument Variable Name:** CVT_ABEV  
**QuestionnaireFileName:** Child CAM

**QuestionText:** {fill1: Other than in a multi-vitamin or mineral has/Has} [fill: S.C. name] EVER taken vitamins A,B,C,D,E,H, or K?

1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:** Sample children 4+

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

---

**Question ID:** CAL.286_00.000  
**Instrument Variable Name:** CVT_ABUM  
**QuestionnaireFileName:** Child CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did [fill: S.C. name] take vitamins A,B,C,D,E,H, or K?

1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:** Sample children 4+ who have ever taken vitamins A,B,C,D,E,H, or K

**SkipInstructions:** <1,2,R,D> [goto CVT_CAEV]
Question ID: CAL.287_00.000  Instrument Variable Name: CVT_CAEV  QuestionnaireFileName: Child CAM

QuestionText: [fill1: Other than in a multi-vitamin or mineral has/Has] [fill: S.C. name] EVER taken calcium, magnesium, iron, chromium, zinc, selenium, or potassium?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+

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

Question ID: CAL.288_00.000  Instrument Variable Name: CVT_CAUM  QuestionnaireFileName: Child CAM

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] take calcium, magnesium, iron, chromium, zinc, selenium, or potassium?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have taken calcium, magnesium, iron, chromium, zinc, selenium, or potassium

SkipInstructions: <1,2,R,D> [goto CHB_EVR]
? [F1] (book) CAM2

Herbs or other non-vitamin supplements are pills, capsules, tablets, or liquids that have been labeled as a DIETARY SUPPLEMENT. This does NOT include vitamin or mineral supplements, homeopathic treatments, or drinking herbal or green teas.

Has [fill: S.C. name] EVER taken any herbal or other non-vitamin supplements listed on this card for [fill: himself/herself]?

*Tinctures are included.

1 Yes
2 No
7 Refused
9 Don't know

Sample children 4+

DURING THE PAST 12 MONTHS, has [S.C. name] taken any herbal or other non-vitamin supplements listed on this card for [fill: himself/herself]?

1 Yes
2 No
7 Refused
9 Don't know

Sample children 4+ who have ever taken herbs or other non-vitamin supplements
2012 NHIS Questionnaire - Child CAM

Question ID: CAL.300_00.000  Instrument Variable Name: CHB_LSTY  QuestionnaireFileName: Child CAM

**QuestionText:**

? [F1] (book) CAM2

Please tell me which of these supplements [S.C. name] has taken DURING THE PAST 12 MONTHS? If [fill: he/she] 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 children 4+ who have taken herbs or other non-vitamin supplements in the past 12 months

**SkipInstructions:** <1-22> [goto CHB_MON]  
<R,D> [goto CHB_EVR1]
**Question ID:** CAL.301_00.000  **Instrument Variable Name:** CHB_MON  **QuestionnaireFileName:** Child CAM

<table>
<thead>
<tr>
<th>QuestionText:</th>
<th>UniverseText:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(book) CAM2</td>
<td>Sample children 4+ who have taken specific herbs or other non-vitamin supplements in the past 12 months</td>
</tr>
<tr>
<td>Did [fill: S.C.] take any of these DURING THE PAST 30 DAYS?</td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
</tr>
</tbody>
</table>

**SkipInstructions:**
- `<1> [goto CHB_LSTM]`
- `<2,R,D> [goto CHB_EVR1]`
Which of these supplements has [S.C. name] taken DURING THE PAST 30 DAYS? If [fill: he/she] 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 children 4+ who have taken herbs or other non-vitamin supplements in the past 30 days

SkipInstructions:

<1> [goto CHB_CHPN]
<1,2-21> if CHB_CNT>2 [goto CHB_CHPN] (then to CHB_CHPN to CHB_TP2)
<1,2-21,22> if CHB_CNT>2 [goto CHB_CHPN] (then to CHB_CHPN to CHB_MOTH to CHB_LU1 (if more than 1 to CHB_LU2)
[goto CHB_TP2]
<2-21> if CHB_CNT>2 [goto CHB_TP2]
<22> [goto CHB_MOTH];
<2-21,22> if CHB_CNT>2 [goto CHB_MOTH], to CHB_LU1 (if more than 1 to CHB_LU2) go to AHB_TP2 else if CHB_CNT<=<2-21> [goto CHB_EVR1]
How many different "combination herb pills" did [fill: S.C. name] take?

- 01-50: 1-50
- 97: Refused
- 99: Don't know

Sample children 4+ who have taken a combination herb pill in the past 30 days.
(book) CAM2

If CHB_CHPN=R,D, fill:

{Which herbs or other non-vitamin supplements are included in the combination herb pill or pills?}

If CHB_CHPN=1 fill:

{Which herbs or other non-vitamin supplements are included in the combination herb pill?}

Else if CHB_CHPN=2 fill:

{Which herbs or other non-vitamin supplements are included in the first combination herb pill?}

Else if CHB_CHPN=3-50, fill:

{Thinking of the two combination herb pills [fill: he/she] took 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 children 4+ who have taken a select number of combination herb pill(s) in the past 30 days

SkipInstructions: <2-22,R,D> if CHB_CHPN GE 2 [goto CHB_CHP2];
else if CHB_LSTM=2-21 and CHB_CNT>2 [goto CHB_TP2];
else if CHB_LSTM=22 [goto CHB_MOTH];
else if CHB_CHPN=1 [goto CHB_EVR1]
**Question ID:** CAL.305_00.000  
**Instrument Variable Name:** CHB_CHP2  
**QuestionnaireFileName:** Child CAM

**QuestionText:**

If CHB_CHPN=2, fill:  
{Which herbs or other non-vitamin supplements are included in the second combination herb pill?}  
Else if CHB_CHPN=3-50, fill:  
{Thinking of the two combination herb pills [fill: he/she] took most often, what herbs or other non-vitamin supplements are included in the second combination herb pill?}

*Enter all that apply, separate with commas.

<table>
<thead>
<tr>
<th>No.</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>Acai (pills, gelcaps)</td>
</tr>
<tr>
<td>03</td>
<td>Bee Pollen and other Bee products</td>
</tr>
<tr>
<td>04</td>
<td>Chondroitin</td>
</tr>
<tr>
<td>05</td>
<td>Co-enzyme Q10 (CoQ10)</td>
</tr>
<tr>
<td>06</td>
<td>Cranberry (pills or capsules)</td>
</tr>
<tr>
<td>07</td>
<td>Digestive Enzymes (lactaid)</td>
</tr>
<tr>
<td>08</td>
<td>Echinacea</td>
</tr>
<tr>
<td>09</td>
<td>Fish Oil or omega 3 or DHA fatty acid or EPA fatty acid supplements</td>
</tr>
<tr>
<td>10</td>
<td>Garlic supplements (pills, gelcaps)</td>
</tr>
<tr>
<td>11</td>
<td>Ginkgo Biloba</td>
</tr>
<tr>
<td>12</td>
<td>Ginseng</td>
</tr>
<tr>
<td>13</td>
<td>Glucosamine</td>
</tr>
<tr>
<td>14</td>
<td>Green tea pills (not brewed tea) or EGCG (pills)</td>
</tr>
<tr>
<td>15</td>
<td>Melatonin</td>
</tr>
<tr>
<td>16</td>
<td>Milk Thistle (silymarin)</td>
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<td>17</td>
<td>MSM (Methylsulfonylmethane)</td>
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<tr>
<td>18</td>
<td>Probiotics or Prebiotics</td>
</tr>
<tr>
<td>19</td>
<td>SAM-e</td>
</tr>
<tr>
<td>20</td>
<td>Saw Palmetto</td>
</tr>
<tr>
<td>21</td>
<td>Valerian</td>
</tr>
<tr>
<td>22</td>
<td>Other herbs or non-vitamin supplements</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample children 4+ who have taken two or more combination herb pills

**SkipInstructions:**

<2-22,R,D> if CHB_CNT>2 [goto CHB_TP2];  
else if CHB_LSTM=22 [goto CHB_MOTH];  
else [goto CHB_EVR1]
**Question ID:** CAL.306_00.000  
**Instrument Variable Name:** CHB_MOTH  
**QuestionnaireFileName:** Child CAM

**QuestionText:** How many of these other herbs or non-vitamin supplements has [fill: S.C. name] taken in the past 30 days?

*Enter ‘50’ for 50 or more.*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></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 children 4+ who have taken other type of herb or non-vitamin supplement

**SkipInstructions:**

<1-50> [goto CHB_LU1];  
<R,D> if CHB_CNT>2 [goto CHB_TP2];  
else if CHB_CNT=2 [goto CHB_EVR1]

---

**Question ID:** CAL.307_00.000  
**Instrument Variable Name:** CHB_LU1  
**QuestionnaireFileName:** Child CAM

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don’t Know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample children 4+ who have taken a specific number of other herbs or non-vitamin supplements

**SkipInstructions:**

<herb>  
if CHB_MOTH GE 2 [goto CHB_LU2]  
else if CHB_MOTH=1 [goto CHB_EVR1]

<R,D,ZZ>  
if CHB_CNT>2 [goto CHB_TP2];  
else CHB_CNT <=2 [goto CHB_EVR1]
Question ID: CAL.308_00.000  Instrument Variable Name: CHB_LU2  QuestionnaireFileName: Child CAM

QuestionText: *Enter the second most important other herb/non-vitamin supplement as reported by the respondent

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

50 characters allowed in look-up table

97 Refused
99 Don't Know

UniverseText: Sample children 4+ who have taken two or more other herbs or non-vitamin supplements

SkipInstructions: <herb,R,D,ZZ> if CHB_CNT>2 herbs [goto CHB_TP2];
else if CHB_CNT <=2 [goto CHB_EVR1]
Question ID: CAL.309_00.000  Instrument Variable Name: CHB_TP2  QuestionnaireFileName: Child CAM

QuestionText: Which TWO of these herbal supplements did [fill: S.C. name] take the most in the PAST 30 DAYS?

*Enter two answers, separate with commas.

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

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

UniverseText: Sample children 4+ who have taken more than 2 herbal or non-vitamin supplements in the past 30 days

SkipInstructions: <1-24> fill values into CHB_TP21 and CHB_TP22 if applicable; [goto CHB_EVR1]; <R,D> [goto CHB_EVR1]
2012 NHIS Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.312_00.000  Instrument Variable Name: CHB_EVR1  QuestionnaireFileName: Child CAM

QuestionText: ? [F1]

Has [fill: S.C. name] EVER seen a practitioner for herbs or other non-vitamin supplements?

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

UniverseText: Sample children 4+ who have ever taken herbs or other non-vitamin supplements in the past 12 months

SkipInstructions: <1> [goto CHB_USE1]
<2,R,D> if CVT_USM=1 [goto CVT_BOFN];
else if CVT_USM ne 1 [goto CHB_BOFN]

Question ID: CAL.313_00.000  Instrument Variable Name: CHB_USE1  QuestionnaireFileName: Child CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill S.C. name] see a practitioner for herbs or other non-vitamin supplements?

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

UniverseText: Sample children 4+ who have seen a practitioner for herbs or other non-vitamin supplements

SkipInstructions: <1,2,R,D> if CVT_USM=1 [goto CVT_BOFN];
else CVT_USM ne 1 [goto CHB_BOFN]
Now I am going to ask you about how much you spend on {fill1: vitamins and minerals./vitamins and minerals and herbs or other non-vitamin supplements. First I will ask about vitamins and minerals and then about herbs or other non-vitamin supplements.}

About how many times per week, month, or year do you or another family member buy vitamins and minerals for {fill: S.C. name}?  

*Enter number.  
*Enter '0' if vitamins or minerals are not bought.

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

Sample children 4+ 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 children 4+ who gave a number for how many times vitamins and minerals were purchased
**About how much did you or another family member spend the last time you bought vitamins or minerals for \{fill: S.C. name\}?**

*Enter '0' for none.*

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

**Sample children 4+ who have purchased vitamins in the past year a specific number of times or who don't know the number of times**

**Now I am going to ask you about how much you spend on herbs or other non-vitamin supplements for \{fill: S.C. name\}.**

About how many times per week, month, or year do you or another family member buy herbs or other non-vitamin supplements for \{fill: S.C. name\}?**

*Enter number.*

*Enter '0' if herbs or non-vitamin supplements are not bought.*

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

**Sample children 4+ who have taken herbs or other non-vitamin supplements in the past year**
Question ID: CAL.318_00.000  Instrument Variable Name: CHB_BOFT  QuestionnaireFileName: Child 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 children 4+ who gave a number for how many times herbs or other non-vitamin supplements were purchased

SkipInstructions: <1-3,R,D> [goto CHB_CST1]

---

Question ID: CAL.319_00.000  Instrument Variable Name: CHB_CST1  QuestionnaireFileName: Child CAM

QuestionText: About how much did you or another family member spend the last time you bought herbs or other non-vitamin supplements {for S.C. name}?

*Enter '0' for none.

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

UniverseText: Sample children 4+ who have purchased vitamins in the past year a specific number of times or who don't know the number of times

SkipInstructions: <0-1000,R,D> if CHB_USE1=1 [goto CHB_PTIM]; else if CHB_USE1 ne 1 [goto CHB_MAT]
2012 NHIS Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.320_00.000  Instrument Variable Name: CHB_PTIM  QuestionnaireFileName: Child CAM

QuestionText: Do you know the exact number of times [fill: S.C. name] 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 children 4+ who have seen a practitioner for herbs or other non-vitamin supplements in the past 12 months

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

---

Question ID: CAL.321_00.000  Instrument Variable Name: CHB_TMNO  QuestionnaireFileName: Child CAM

QuestionText: DURING THE PAST 12 MONTHS, how many times did [fill S.C. name] 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 children 4+ with a known 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 CHB_HIC]
**Question ID:** CAL.322_00.000  
**Instrument Variable Name:** CHB_TMCT

**Question Text:** DURING THE PAST 12 MONTHS, ABOUT how many times did [fill S.C. name] 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

**Universe Text:** Sample children 4+ with an unknown number of specific times they have seen a practitioner for herbs or other non-vitamin supplements in the past 12 months or refuse the specific number of times

**Skip Instructions:** <1-7,R,D> [goto CHB_HIC]

---

**Question ID:** CAL.323_00.000  
**Instrument Variable Name:** CHB_HIC

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

1  Yes
2  No
7  Refused
9  Don't know

**Universe Text:** Sample children 4+ who have seen a practitioner for herbs or other non-vitamin supplements in the past 12 months

**Skip Instructions:** <1> [goto CHB_HICA]  
<2,R,D> [goto CHB_HIT]
DURING THE PAST 12 MONTHS, was all of the cost or just some of the cost of [fill: S.C. name]'s seeing a practitioner for herbs or other non-vitamin supplements covered by health insurance?

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

Sample children 4+ 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

Do you know the total amount that was paid for [fill: S.C. name] to see a practitioner for herbs or other non-vitamin supplements in the past 12 months [fill1: not including the amount covered by insurance]?

1 Yes
2 No
7 Refused
9 Don't know

Sample children 4+ whose health insurance covered none or some of the cost for herbs or other non-vitamin supplements in the past 12 months

What is the total amount that was paid for [fill: S.C. name] to see a practitioner for herbs or other non-vitamin supplements in the past 12 months [fill1: not including the amount covered by insurance]?

*Enter '0' for no cost or free.

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

Sample children 4+ where the amount paid is known for herbs or other non-vitamin supplements in the past 12 months

Verify if over $1000
Child Alternative Health/Complementary And Alternative Medicine

2012 NHIS Questionnaire - Child CAM

Document Version Date: 24-May-13

Question ID: CAL.327_00.000  Instrument Variable Name: CHB_AVGC  QuestionnaireFileName: Child CAM

QuestionText: Do you know the average amount that was paid for each of [fill: S.C. name]'s visits for herbs or other non-vitamin supplements {fill1: not including the amount covered by insurance} in the past 12 months?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who don't know the total amount they paid for herbs or other non-vitamin supplements in the past 12 months

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

Question ID: CAL.328_00.000  Instrument Variable Name: CHB_AVGS  QuestionnaireFileName: Child CAM

QuestionText: On average, how much was paid out-of-pocket for each of [fill: S.C name]'s visits to a practitioner for herbs or other non-vitamin supplements?

*Enter '0' if no cost or free.

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

UniverseText: Sample children 4+ who know the average per visit they paid for herbs or other non-vitamin supplements in the past 12 months

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

Question ID: CAL.329_00.000  Instrument Variable Name: CHB_MAT  QuestionnaireFileName: Child CAM

QuestionText: DURING THE PAST 12 MONTHS, did you or another family member buy a self-help book or other materials such as a DVD, CD, or Video to learn about [fill: S.C. name]'s use of herbs or other non-vitamin supplements?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have seen a practitioner for herbs or other non-vitamin supplements in the past 12 months

SkipInstructions: <1> [goto CHB_MATC]
<2,R,D> [goto CHM_USE]
Child Alternative Health/Complementary And Alternative Medicine

**Question ID:** CAL.330_00.000  **Instrument Variable Name:** CHB_MATC  **QuestionnaireFileName:** Child CAM

**QuestionText:**
How much was paid 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 children 4+ who have bought self-help materials for herbs or other non-vitamin supplements in the past 12 months

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

---

**Question ID:** CAL.340_00.000  **Instrument Variable Name:** CHM_USE  **QuestionnaireFileName:** Child 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.

Has [fill: S.C. name] EVER used homeopathic treatment for [fill: his/her] health?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children 4+

**SkipInstructions:** <1> [goto CHM_USM]
<2,R,D> [goto CMB_USE]
DURING THE PAST 12 MONTHS, did [fill: S.C. name] use homeopathic treatment for [fill: his/her] health?

1  Yes
2  No
7  Refused
9  Don't know

About how many times per week, month, or year do you or another family member buy homeopathic medicine for {fill: S.C. name}?

* Enter number.

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

Sample children 4+ who have used homeopathic treatment in the past 12 months
**2012 NHIS Questionnaire - Child CAM**

**Child Alternative Health/Complementary And Alternative Medicine**

**Document Version Date:** 24-May-13

---

**Question ID:** CAL.343_00.000  **Instrument Variable Name:** CHM_OFTT  **QuestionnaireFileName:** Child 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 children 4+ who have used homeopathic treatment in the past 12 months

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

---

**Question ID:** CAL.344_00.000  **Instrument Variable Name:** CHM_COST  **QuestionnaireFileName:** Child CAM

**QuestionText:**

About how much did you or another family member spend the last time you bought homeopathic medicine for [fill:S.C. name]?

*Enter '0' for none.

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

**UniverseText:** Sample children 4+ who have purchased homeopathic medicine in the past year a specified number of times or who don't know the number of times

**SkipInstructions:** <0-1000,R,D> [goto CHM_EVER]
### Question ID: CAL.345_00.000
**Instrument Variable Name:** CHM_EVER  
**QuestionnaireFileName:** Child CAM

#### QuestionText:
> ? [F1]

Has [fill: S.C. name] EVER seen a practitioner for homeopathic treatment?

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

#### UniverseText:
Sample children 4+ who have used homeopathic treatment in the past 12 months

#### SkipInstructions:
<1> [goto CHM_USEM]  
<2,R,D> [goto CHM_MAT]

---

### Question ID: CAL.346_00.000
**Instrument Variable Name:** CHM_USEM  
**QuestionnaireFileName:** Child CAM

#### QuestionText:
> ? [F1]

DURING THE PAST 12 MONTHS, did [fill S.C. name] see a practitioner for homeopathic treatment?

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

#### UniverseText:
Sample children 4+ who have ever seen a practitioner for homeopathic treatment

#### SkipInstructions:
<1> [goto CHM_PTIM]  
<2,R,D,> [goto CHM_MAT]

---

### Question ID: CAL.347_00.000
**Instrument Variable Name:** CHM_PTIM  
**QuestionnaireFileName:** Child CAM

#### QuestionText:
Do you know the exact number of times [fill: S.C. name] saw a practitioner for homeopathic treatment in the past 12 months?

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

#### UniverseText:
Sample children 4+ who have seen a practitioner for homeopathic treatment in the past 12 months

#### SkipInstructions:
<1> [goto CHM_TMNO]  
<2,R,D,> [goto CHM_TMCT]
2012 NHIS Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.348_00.000  Instrument Variable Name: CHM_TMNO  QuestionnaireFileName: Child CAM

QuestionText: DURING THE PAST 12 MONTHS, how many times did [fill S.C. name] see a practitioner for homeopathic treatment?

*Enter '52' for 52 or more times.

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

UniverseText: Sample children 4+ with a known number of times they have seen a practitioner for homeopathic treatment in the past 12 months

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

---

Question ID: CAL.349_00.000  Instrument Variable Name: CHM_TMCT  QuestionnaireFileName: Child CAM

QuestionText: DURING THE PAST 12 MONTHS, ABOUT how many times did [fill S.C. name] see a practitioner for homeopathic treatment? Would you say...

*Read categories below.

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

UniverseText: Sample children 4+ with an unknown number of specific times they have seen a practitioner for homeopathic treatment in the past 12 months or refuse the specific number of times

SkipInstructions: <1-7,R,D> [goto CHM_HIC]
### Question ID: CAL.350_00.000
**Instrument Variable Name:** CHM_HIC  
**QuestionnaireFileName:** Child CAM

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

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

**UniverseText:** Sample children 4+ who have seen a practitioner for homeopathic treatment in the past 12 months

**SkipInstructions:**  
1. <1> [goto CHM_HICA]  
2. <R,D> [goto CHM_HIT]

---

### Question ID: CAL.351_00.000
**Instrument Variable Name:** CHM_HICA  
**QuestionnaireFileName:** Child CAM

**QuestionText:** DURING THE PAST 12 MONTHS, was all of the cost or just some of the cost of [fill: S.C. name]'s seeing a practitioner for homeopathic treatment covered by health insurance?

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

**UniverseText:** Sample children 4+ whose visit(s) to a practitioner for homeopathic treatment in the past 12 months were (at least partly) covered by health insurance

**SkipInstructions:**  
1. <1> [goto CHM_MAT]  
2. <R,D> [goto CHM_HIT]

---

### Question ID: CAL.352_00.000
**Instrument Variable Name:** CHM_HIT  
**QuestionnaireFileName:** Child CAM

**QuestionText:** Do you know the total amount that was paid for [fill: S.C. name] to see a practitioner for homeopathic treatment in the past 12 months [fill1: not including the amount covered by insurance]?

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

**UniverseText:** Sample children 4+ whose health insurance covered none or some of the cost for homeopathic treatment in the past 12 months

**SkipInstructions:**  
1. <1> [goto CHM_HITS]  
2. <R,D> [goto CHM_AVGC]
Question ID: CAL.353_00.000  Instrument Variable Name: CHM_HITS  QuestionnaireFileName: Child CAM  

QuestionText: What is the total amount that was paid for [fill: S.C. name] to see 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  

UniverseText: Sample children 4+ where the amount paid is known for homeopathic treatment in the past 12 months  

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

Soft Edit: Verify if over $1000  

Question ID: CAL.354_00.000  Instrument Variable Name: CHM_AVGC  QuestionnaireFileName: Child CAM  

QuestionText: Do you know the average amount that was paid for each of [fill: S.C. name]'s visits for homeopathic treatment {fill1: not including the amount covered by insurance} in the past 12 months?  

1  Yes  
2  No  
7  Refused  
9  Don't know  

UniverseText: Sample children 4+ who don't know the total amount they paid for homeopathic treatment in the past 12 months  

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

Question ID: CAL.355_00.000  Instrument Variable Name: CHM_AVGS  QuestionnaireFileName: Child CAM  

QuestionText: On average, how much was paid out-of-pocket for each of [fill: S.C name]'s visits to a practitioner for homeopathic treatment?  

*Enter '0' if no cost or free.  

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

UniverseText: Sample children 4+ who know the average per visit they paid for homeopathic treatment in the past 12 months  

SkipInstructions: <0-500,R,D> [goto CHM_MAT]
DURING THE PAST 12 MONTHS, did you or another family member buy a self-help book or other materials such as a DVD, CD, or Video to learn about [fill: S.C. name]'s use of homeopathic treatment?

1  Yes
2  No
7  Refused
9  Don't know

Sample children 4+ who have used homeopathy in the past 12 months

Sample children 4+ who have bought self-help materials for homeopathic treatment in the past 12 months

Has [fill: S.C. name] EVER used meditation, guided imagery, or progressive relaxation?

1  Yes
2  No
7  Refused
9  Don't know

Sample children 4+
Has [fill: S.C. name] EVER used any of the following for health or treatment?

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

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

Sample children 4+ who have ever used meditation, guided imagery, or progressive relaxation

*Read if necessary.

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

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

Sample children 4+ who have ever used meditation, guided imagery, or progressive relaxation
**2012 NHIS Questionnaire - Child CAM**

**Child Alternative Health/Complementary And Alternative Medicine**

**Document Version Date:** 24-May-13

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**Question ID:** CAL.370_00.000  **Instrument Variable Name:** CMBE_SPR  **QuestionnaireFileName:** Child CAM

**QuestionText:**

? [F1]

*Read if necessary.

Has [fill: S.C. name] EVER used any of the following for health or treatment?

Spiritual meditation including Centering Prayer and Contemplative Meditation

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children 4+ who have ever used meditation, guided imagery, or progressive relaxation

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

---

**Question ID:** CAL.371_00.000  **Instrument Variable Name:** CMBE_IMG  **QuestionnaireFileName:** Child CAM

**QuestionText:**

? [F1]

*Read if necessary.

Has [fill: S.C. name] EVER used any of the following for health or treatment?

Guided imagery

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children 4+ who have ever used meditation, guided imagery, or progressive relaxation

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

QuestionText: ? [F1]

*Read if necessary.

Has [fill: S.C. name] EVER used any of the following for health or treatment?

Progressive relaxation

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have ever used meditation, guided imagery, or progressive relaxation

SkipInstructions: <1,2,R,D> cycle through CMBU questions for all selected practitioners in CMBE_*:
    if CMBE_MAN=1 [goto CMBU_MAN];
    else if CMBE_MND=1 [goto CMBU_MND];
    else if CMBE_SPR=1 [goto CMBU_SPR];
    else if CMBE_IMG=1 [goto CMBU_IMG];
    else if CMBE_PRO=1 [goto CMBU_PRO];

    <2,R,D>
    If (CMBE_MAN and CMBE_MND and CMBE_SPR and CMBE_IMG)=2,R,D [goto CYGE_YOG]
DURING THE PAST 12 MONTHS, did [fill: S.C. name] use...

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

1  Yes
2  No
7  Refused
9  Don't know

Sample children 4+ who have ever used a mantra meditation

SkipInstructions:
<1,2,R,D>
if CMBE_MND=1 [goto CMBU_MND];
else if CMBE_SPR=1 [goto CMBU_SPR];
else if CMBE_IMG=1 [goto CMBU_IMG];
else if CMBE_PRO=1 [goto CMBU_PRO];
else if CMBE_MAN=1 and (CMBE_MND and CMBE_SPR and CMBE_IMG and CBME_PRO)=2,R,D, fill value in CMB_MST1, [goto CMB_BRTH];

<2,R,D>
(CMBE_MND and CMBE_SPR and CMBE_IMG and CBME_PRO)=2,R,D [goto CYGE_YOG]
Question ID: CAL.374_00.000  Instrument Variable Name: CMBU_MND  QuestionnaireFileName: Child CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill: S.C. name] use...

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have ever used mindfulness meditation

SkipInstructions: <1,2,R,D>
if CMBE_SPR=1 [goto CMBU_SPR];
ext else if CMBE_IMG=1 [goto CMBU_IMG];
ext else if CMBE_PRO=1 [goto CMBU_PRO];
ext else if CMBE_MND =1 and (CMBE_MAN and CMBE_SPR and CMBE_IMG and CMBE_PRO)=2,R,D, fill value in CMB_MST1, [goto CMB_BRTH];
ext else if two or more of the other CMBU 12 month series answered 1 (yes), [goto CMB_MST1]

<2,R,D>
If (CMBE_MAN and CMBE_SPR and CMBE_IMG and CMBE_PRO)=2,R,D [goto CYGE_YOG]
ext else if at the last cycle though of the CMBU_* variables where ALL=2,R,D, [goto CYGE_YOG]
During the past 12 months, did [fill: S.C. name] use spiritual meditation including Centering Prayer and Contemplative Meditation?

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

**Universe Text:** Sample children 4+ who have ever used spiritual meditation

**Skip Instructions:**

<1,2,R,D> if CMBE_IMG=1 [goto CMBU_IMG];
else if CMBE_PRO=1 [goto CMBU_PRO];
else if CMBE_SPR=1 and (CMBE_MAN and CMBE_MND and CMBE_IMG and CMBE_PRO)=2,R,D, fill value in CMB_MST1, [goto CMB_BRTH];
else if two or more of the other CMBU 12 month series answered 1 (yes), [goto CMB_MST1]

<2,R,D>
If (CMBE_MAN and CMBE_MND and CMBE_IMG and CMBE_PRO)=2,R,D [goto CYGE_YOG]
else if at the last cycle through of the CMBU_* variables where ALL=2,R,D, [goto CYGE_YOG]
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Question ID: CAL.377_00.000  Instrument Variable Name: CMBU_PRO  QuestionnaireFileName: Child CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill: S.C. name] use...

Progressive relaxation?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have ever used a progressive relaxation

SkipInstructions: <1,2,R,D> if more than two types selected from: CMBU_MAN, CMBU_MND, CMBU_SPR, CMBU_IMG, and CMBU_PRO [goto CMB_MST1]; else if only one selected from (CMBU_MAN or CMBU_MND or CMBU_SPR or CMBU_IMG or CMBU_PRO)=1, fill value in CMB_MST1, [goto CMB_BRTH];

<2,R,D> If (CMBE_MAN and CMBE_MND and CMBE_SPR and CMBE_IMG)=2,R,D [goto CYGE_YOG]

Question ID: CAL.378_00.000  Instrument Variable Name: CMB_MST1  QuestionnaireFileName: Child CAM

QuestionText: DURING THE PAST 12 MONTHS, which of these did [fill: S.C. name] 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 children 4+ who have used more than two types of a mind-body therapy in the past 12 months

SkipInstructions: <1-5> If only one CMBU_*=1 fill value in CMB_MST1 and don't ask question [goto CMB_BRTH]; else [goto CMB_BRTH]

<R,D> [goto CYGE_YOG];
**Question ID:** CAL.379_00.000  **Instrument Variable Name:** CMB_BRTH  **QuestionnaireFileName:** Child CAM

**QuestionText:**

? [F1]

Did [fill: S.C. name] do breathing exercises as part of [fill1]? Breathing exercises may involve actively controlling the way air is drawn in, or the rate or depth of breathing.

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children 4+ who have used a mind-body therapy in the past 12 months/used one the most in the past 12 months

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

---

**Question ID:** CAL.380_00.000  **Instrument Variable Name:** CMB_USEM  **QuestionnaireFileName:** Child CAM

**QuestionText:**

? [F1]

DURING THE PAST 12 MONTHS, did [fill S.C. name] see a practitioner or take a class for [fill1]?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children 4+ who have used a mind-body therapy in the past 12 months

**SkipInstructions:** <1> [goto CMB_PTIM]
<2,R,D> [goto CMB_MAT]
Child Alternative Health/Complementary And Alternative Medicine

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

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

Sample children 4+ who have seen a practitioner for a mind-body therapy in the past 12 months

DURING THE PAST 12 MONTHS, how many times did [fill S.C. name] 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

Sample children 4+ with a known number of times they have seen a practitioner for a mind-body therapy in the past 12 months
DURING THE PAST 12 MONTHS, ABOUT how many times did [fill S.C. name] 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

Sample children 4+ with an unknown number of specific times they have seen a practitioner for a mind-body therapy in the past 12 months or refuse the specific number of times

DURING THE PAST 12 MONTHS, were any of the costs of seeing a practitioner or taking a class for [fill1] covered by health insurance?

1 Yes
2 No
7 Refused
9 Don't know

Sample children 4+ who have seen a practitioner for a mind-body therapy in the past 12 months
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Question ID: CAL.385_00.000  Instrument Variable Name: CMB_HICA  QuestionnaireFileName: Child CAM

QuestionText: DURING THE PAST 12 MONTHS, was all of the cost or just some of the cost of [fill: S.C. name]'s seeing a practitioner or taking a class for [fill1] covered by health insurance?

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

UniverseText: Sample children 4+ 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 CMB_MAT]
<2,R,D> [goto CMB_HIT]

---

Question ID: CAL.386_00.000  Instrument Variable Name: CMB_HIT  QuestionnaireFileName: Child CAM

QuestionText: Do you know the total amount that was paid for [fill: S.C. name] to see 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 children 4+ whose health insurance covered none or some of the cost for a mind-body therapy in the past 12 months

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

---

Question ID: CAL.387_00.000  Instrument Variable Name: CMB_HITS  QuestionnaireFileName: Child CAM

QuestionText: What is the total amount that was paid for [fill: S.C. name] to see 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 children 4+ where the amount paid is known for a mind-body therapy in the past 12 months

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

Soft Edit: Verify if over $1000
Question ID: CAL.388_00.000  Instrument Variable Name: CMB_AVGC  QuestionnaireFileName: Child CAM

QuestionText: Do you know the average amount that was paid for each of [fill: S.C. name]'s visits or class for [fill1] {fill2: not including the amount covered by insurance} in the past 12 months?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who don't know the total amount they paid for a mind-body therapy in the past 12 months

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

---

Question ID: CAL.389_00.000  Instrument Variable Name: CMB_AVGS  QuestionnaireFileName: Child CAM

QuestionText: On average, how much was paid out-of-pocket for each of [fill: S.C. name]'s visits to a practitioner or class for [fill1]?

*Enter '0' if no cost or free.

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

UniverseText: Sample children 4+ who know the average per visit they paid for a mind-body therapy in the past 12 months

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

---

Question ID: CAL.390_00.000  Instrument Variable Name: CMB_MAT  QuestionnaireFileName: Child CAM

QuestionText: DURING THE PAST 12 MONTHS, did you or another family member buy a self-help book or other materials such as a DVD, CD, or Video to learn about [fill: S.C. name]'s use of[fill1]?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have used a mind-body therapy in the past 12 months

SkipInstructions: <1> [goto CMB_MATC]  
<2,R,D> [goto CYGE_YOG]
Question ID: CAL.391_00.000  Instrument Variable Name: CMB_MATC  QuestionnaireFileName: Child CAM

QuestionText: How much was paid 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 children 4+ who have bought self-help materials for a mind-body therapy in the past 12 months

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

Question ID: CAL.401_00.000  Instrument Variable Name: CYGE_YOG  QuestionnaireFileName: Child CAM

QuestionText: ? [F1]

Has [fill: S.C. name] EVER practiced any of the following? Please say yes or no to each.

...Yoga?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+

SkipInstructions: <1,2,R,D> [goto CYGE_TAI]
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Question ID: CAL.402_00.000  Instrument Variable Name: CYGE_TAI  QuestionnaireFileName: Child CAM

QuestionText: [F1]
*Read if necessary.

Has [fill: S.C. name] EVER practiced any of the following?

...Tai Chi (tie-CHEE)?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+

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

---

Question ID: CAL.403_00.000  Instrument Variable Name: CYGE_QIG  QuestionnaireFileName: Child CAM

QuestionText: [F1]
*Read if necessary.

Has [fill: S.C. name] EVER practiced any of the following?

...Qi Gong (chee-GONG)?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+

SkipInstructions: If (CYGE_YOG or CYGE_TAI=1 or CYGE_QIG)=1 cycle through applicable CYGU questions; <1,2,R,D> if CYGE_YOG=1 [goto CYGU_YOG] or if CYGE_TAI=1 [goto CYGU_TAI] or if CYGE_QIG=1 [goto CYGU_QIG] else if <2,R,D> (CYGE_YOG and CYGE_TAI and CYGE_QIG) in (2,R,D) [goto CDTE_VEG]
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Question ID: CAL.404_00.000  Instrument Variable Name: CYGU_YOG  QuestionnaireFileName: Child CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill: S.C. name] practice Yoga for [fill: himself/herself]?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have ever used Yoga

SkipInstructions: <1,2,R,D> if CYGE_TAI=1 [goto CYGU_TAI]
else if CYGE_TAI=2 and CYGE_QIG=1 [goto CYGU_QIG]
<1> if (CYGE_TAI and CYGE_QIG)=2 [goto CYG_BTHY]
Else <2,R,D> and (CYGE_TAI and CYGE_QIG) in (2,R,D) [goto CDTE_VEG]

Question ID: CAL.405_00.000  Instrument Variable Name: CYGU_TAI  QuestionnaireFileName: Child CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill: S.C. name] practice Tai Chi for [fill: himself/herself]?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have ever used Tai Chi

SkipInstructions: <1,2,R,D> if CYGE_QIG=1 [goto CYGU_QIG]
else if (CYGE_QIG=2 and CYGU_YOG=1) [goto CYG_BTHY]
else if (CYGU_YOG and CYGU_TAI and CYGE_QIG) in (2,R,D) [goto CDTE_VEG]
<1> if (CYGE_QIG and CYGU_YOG)=2 [goto CYG_BTHT]
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**Question ID:** CAL.406_00.000  **Instrument Variable Name:** CYGU_QIG  **QuestionnaireFileName:** Child CAM

**QuestionText:**

? [F1]

DURING THE PAST 12 MONTHS, did [fill: S.C. name] practice Qi Gong (chee-GONG) for [fill: himself/herself]?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children 4+ who have ever used Qi Gong

**SkipInstructions:**

<1,2,R,D> if CYGU_YOG=1 [goto CYG_BTHY]
Else if CYGU_TAI=1 and CYGU_YOG in (2,R,D) [goto CYG_BTHT]
Else if CYGU_QIG=1 and (CYGU_YOG and CYGU_TAI) in (2,R,D) [goto CYG_BTHQ]
<2,R,D> (CYGU_YOG and CYGU_TAI) in (2,R,D) [goto CDTE_VEG]

---

**Question ID:** CAL.407_00.010  **Instrument Variable Name:** CYG_BTHY  **QuestionnaireFileName:** Child CAM

**QuestionText:**

? [F1]

Do you know whether [fill: S.C. name] did 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 children 4+ who have used Yoga in the past 12 months

**SkipInstructions:**

<1,2,R,D> if CYGU_TAI=1 [goto CYG_BTHT];
Else if CYGU_TAI in (2,R,D) and CYGU_QIG=1 [goto CYG_BTHQ]
Else if CYGU_YOG=1 and (CYGU_TAI and CYGU_QIG) in (2,R,D) [goto CYG_MEDY]
Do you know whether [fill: S.C. name] did 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 children 4+ who have used Tai Chi in the past 12 months

Do you know whether [S.C. name] did 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 children 4+ who have used Qi Gong in the past 12 months
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Question ID: CAL.410_00.010  Instrument Variable Name: CYG_MEDY  QuestionnaireFileName: Child CAM

QuestionText: ? [F1]

Did [fill: S.C. name] do meditation as part of Yoga?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have used Yoga in the past 12 months

SkipInstructions: <1,2,R,D>
If CYGU_TAI=1 [goto CYG_MEDT]
Else if CYGU_QIG=1 and (CYGU_TAI) in (2,R,D)) [goto CYG_MEDQ]
Else if (CYG_BTHY or CYG_MEDY)=1 and (CYG_BTHT and CYG_BTHQ) in (2,R,D,"")
fill answer in CYG_MOST [goto CYG_USM]
<2,R,D> CYG_BTHY in (2,R,D) and (CYG_BTHT and CYG_BTHQ) in (2,R,D,"") [goto CDTE_VEG]

Question ID: CAL.411_00.020  Instrument Variable Name: CYG_MEDT  QuestionnaireFileName: Child CAM

QuestionText: ? [F1]

Did [fill: S.C. name] do meditation as part of Tai Chi?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have used Tai Chi in the past 12 months

SkipInstructions: <1,2,R,D>
If CYGU_QIG=1 [goto CYG_MEDQ]
else if CYG_CNT ge 2 [goto CYG_MOST];
else if CYG_CNT=1, fill answer in CYG_MOST [goto CYG_USM]
<2,R,D> (CYG_BTHT and CYG_BTHY and CYG_BTHQ and CYG_MEDY) in (2,R,D,"") [goto CDTE_VEG]
Did [fill: S.C. name] do meditation as part of Qi Gong (chee-GONG)?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have used Qi Gong in the past 12 months

SkipInstructions: <1,2,R,D> If CYG_CNT ge 2 [goto CYG_MOST]; else if CYG_CNT=1, fill answer in CYG_MOST [goto CYG_USEM] <2,R,D> (CYG_BTHY and CYG_BTHT and CYG_BTHQ and CYG_MEDY and CYG_MEDT) in (2,R,D,"") [goto CDTE_VEG]
DURING THE PAST 12 MONTHS, did [fill: S.C. name] 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

Sample children 4+ who have used an exercise in the past 12 months

Do you know the exact number of times [fill: S.C. name] 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

Sample children 4+ who have seen a practitioner for an exercise in the past 12 months

DURING THE PAST 12 MONTHS, how many times did [fill S.C. name] 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

Sample children 4+ with a known number of times they have seen a practitioner for an exercise in the past 12 months
Question ID: CAL.417_00.000  Instrument Variable Name: CYG_TMCT  QuestionnaireFileName: Child CAM

QuestionText: DURING THE PAST 12 MONTHS, ABOUT how many times did [fill S.C. name] 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 children 4+ with an unknown number of specific 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 CYG_HIC]

---

Question ID: CAL.418_00.000  Instrument Variable Name: CYG_HIC  QuestionnaireFileName: Child 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 children 4+ who have seen a practitioner for an exercise therapy in the past 12 months

SkipInstructions: <1> [goto CYG_HICA]
<2,R,D> [goto CYG_HIT]
DURING THE PAST 12 MONTHS, was all of the cost or just some of the cost of [fill: S.C. name]'s seeing an instructor for [fill1: Yoga/Tai Chi/Qi Gong] covered by health insurance?

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

Sample children 4+ whose visit(s) to a practitioner for an exercise in the past 12 months were (at least partly) covered by health insurance

Do you know the total amount that was paid for [fill: S.C. name] to see an instructor for [fill1: Yoga/Tai Chi/Qi Gong] in the past 12 months [fill2: not including the amount covered by insurance]?

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

Sample children 4+ whose health insurance covered none or some of the cost for an exercise in the past 12 months

What is the total amount that was paid for [fill: S.C. name] to see 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
99997
99999

Sample children 4+ where the amount paid is known for an exercise in the past 12 months

Verify if over $1000
**Question ID:** CAL.422_00.000  
**Instrument Variable Name:** CYG_AVGC  
**QuestionnaireFileName:** Child CAM

**Question Text:**  
Do you know the average amount that was paid for each of [fill: S.C. name]'s visits 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

**Universe Text:**  
Sample children 4+ who don't know the total amount they paid for an exercise in the past 12 months

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

---

**Question ID:** CAL.423_00.000  
**Instrument Variable Name:** CYG_AVGS  
**QuestionnaireFileName:** Child CAM

**Question Text:**  
On average, how much was paid out-of-pocket for each of [fill: S.C name]'s visits to an instructor for [fill1: Yoga/Tai Chi/Qi Gong]?

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

000-500  
997  
999  

**Universe Text:**  
Sample children 4+ who know the average per visit they paid for an exercise in the past 12 months

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

---

**Question ID:** CAL.424_00.000  
**Instrument Variable Name:** CYG_MAT  
**QuestionnaireFileName:** Child CAM

**Question Text:**  
DURING THE PAST 12 MONTHS, did you or another family member buy a self-help book or other materials such as a DVD, CD, or Video to learn about [fill: S.C. name]'s use of [fill1: Yoga/Tai Chi/Qi Gong]?

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

**Universe Text:**  
Sample children 4+ who have used an exercise in the past 12 months

**Skip Instructions:**  
<1> [goto CYG_MATC]  
<2,R,D> [goto CDTE_VEG]
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Question ID: CAL.425_00.000  Instrument Variable Name: CYG_MATC  QuestionnaireFileName: Child CAM
QuestionText: How much was paid 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 children 4+ who have bought self-help materials for an exercise in the past 12 months

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

Question ID: CAL.435_00.000  Instrument Variable Name: CDTE_VEG  QuestionnaireFileName: Child CAM
QuestionText: ? [F1]
Has [fill: S.C. name] 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 children 4+

SkipInstructions: <1,2,R,D> [goto CDTEVER2]
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<th>Question ID: CAL.436_00.000</th>
<th>Instrument Variable Name: CDTEVER2</th>
<th>QuestionnaireFileName: Child CAM</th>
</tr>
</thead>
</table>
| QuestionText: 

> ? [F1]  

*Read if necessary.  

Has [fill: S.C. name] EVER used any of the following special diets for two weeks or more for health reasons?  

Macrobiotic  

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

**UniverseText:** Sample children 4+  

**SkipInstructions:** <1,2,R,D> [goto CDTEVER3]

<table>
<thead>
<tr>
<th>Question ID: CAL.437_00.000</th>
<th>Instrument Variable Name: CDTEVER3</th>
<th>QuestionnaireFileName: Child CAM</th>
</tr>
</thead>
</table>
| QuestionText: 

> ? [F1]  

*Read if necessary.  

Has [fill: S.C. name] EVER used any of the following special diets for two weeks or more for health reasons?  

Atkins  

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

**UniverseText:** Sample children 4+  

**SkipInstructions:** <1,2,R,D> [goto CDTEVER4]
### Question ID: CAL.438_00.000
**Instrument Variable Name:** CDTEVER4  
**QuestionnaireFileName:** Child CAM

**QuestionText:**

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

**UniverseText:** Sample children 4+

**SkipInstructions:** `<1,2,R,D> [goto CDTEVER5]`

---

### Question ID: CAL.439_00.000
**Instrument Variable Name:** CDTEVER5  
**QuestionnaireFileName:** Child CAM

**QuestionText:**

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

**UniverseText:** Sample children 4+

**SkipInstructions:** `<1,2,R,D> if CDTE_VEG=1 or CDTEVER2=1 or CDTEVER3=1 or CDTEVER4=1 or CDTEVER5=1, cycle through applicable CDT_USM1, CDT_USM2, CDT_USM3, CDT_USM4, CDT_USM5; Else if (CDTE_VEG and CDTEVER1-CDTEVER5) in (2,R,D [goto CMVE_FLD]`
DURING THE PAST 12 MONTHS, did [fill: S.C. name] use a vegetarian, including Vegan diet for two weeks or more for health reasons?

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

Sample children 4+ who have ever used special diets-vegetarian, including vegan

Skip Instructions:
<1,2,R,D>
If CDTEVER2=1 [goto CDT_USM2]
else if CDTEVER3=1 [goto CDT_USM3]
else if CDTEVER4=1 [goto CDT_USM4]
else if CDTEVER5=1 [goto CDT_USM5]
<1> if (CDT_USM1=1) and (CDTEVER3 and CDTEVER4 and CDTEVER5) in (2,R,D) [goto CDT_WGT1];
Else if <2,R,D,' '> if (CDTEVER3 and CDTEVER4 and CDTEVER5) in (2,R,D) [goto CMVE_FLD]

DURING THE PAST 12 MONTHS, did [fill: S.C. name] use a macrobiotic diet for two weeks or more for health reasons?

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

Sample children 4+ who have ever used special diets-macrobiotic

Skip Instructions:
<1,2,R,D>
if CDTEVER3=1 [goto CDT_USM3];
else if CDTEVER4=1 [goto CDT_USM4]
else if CDTEVER5=1 [goto CDT_USM5]
<1> if (CDT_USM1=1) and (CDTEVER3 and CDTEVER4 and CDTEVER5) in (2,R,D) [goto CDT_WGT1];
Else if <2,R,D,' '> if (CDTEVER3 and CDTEVER4 and CDTEVER5) in (2,R,D) and ((CDT_USM1) ne 1) [goto MVE_FLD]
Question ID: CAL.442_00.000  Instrument Variable Name: CDT_USM3  QuestionnaireFileName: Child CAM

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] use the Atkins diet for two weeks or more for health reasons?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have ever used special diets-Atkins

SkipInstructions: <1,2,R,D>
   If CDTEVER4=1 [goto CDT_USM4];
   else if CDTEVER5=1 [goto CDT_USM5]
   <1> if (CDT_USM1=1 or CDT_USM2=1) and (CDTEVER4 and CDTEVER5) in (2,R,D) [goto CDT_WGT1; Else if <2,R,D,' '> if (CDTEVER4 and CDTEVER5) in (2,R,D) and (CDT_USM1 and CDT_USM2) ne 1) [goto MOVE_FLD]

Question ID: CAL.443_00.000  Instrument Variable Name: CDT_USM4  QuestionnaireFileName: Child CAM

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] use the Pritikin diet for two weeks or more for health reasons?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have ever used special diets-Pritikin

SkipInstructions: <1,2,R,D>
   If CDTEVER5=1 [goto CDT_USM5]
   Else if (CDT_USM1=1 or CDT_USM2=1 or CDT_USM3=1 or CDT_USM4=1) [goto CDT_WGT1; Else <2,R,D,' '> if (CDTEVER5) in (2,R,D)) and ((CDT_USM1 and CDT_USM2 and CDT_USM3) ne 1) [goto CMVE_FLD]
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<tr>
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<th>Instrument Variable Name: CDT_USM5</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>? [F1]</td>
<td></td>
</tr>
<tr>
<td><strong>UNIVERSE:</strong></td>
<td>DURING THE PAST 12 MONTHS, did [fill: S.C. name] use the Ornish diet for two weeks or more for health reasons?</td>
<td></td>
</tr>
<tr>
<td><strong>1</strong></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>7</strong></td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td><strong>9</strong></td>
<td>Don't know</td>
<td></td>
</tr>
</tbody>
</table>

**UNIVERSE:** Sample children 4+ who have ever used special diets-Ornish

**SkipInstructions:**

- <1,2,R,D> if (CDT_USM1 or CDT_USM2 or CDT_USM3 or CDT_USM4 or CDT_USM5)=1 [goto CDT_WGT1];
- else if <2,R,D,' '> to all CDT_USM_* [goto CMVE_FLD]

<table>
<thead>
<tr>
<th>Question ID: CAL.445_00.000</th>
<th>Instrument Variable Name: CDT_WGT1</th>
<th>QuestionnaireFileName: Child CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>Did [fill: S.C. name] use special diets for weight control or weight loss?</td>
<td></td>
</tr>
<tr>
<td><strong>1</strong></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>7</strong></td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td><strong>9</strong></td>
<td>Don't know</td>
<td></td>
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</tbody>
</table>

**UNIVERSE:** Sample children 4+ who have used special diets in the past 12 months

**SkipInstructions:**

- <1> [goto CDT_PRE]

<table>
<thead>
<tr>
<th>Question ID: CAL.446_00.000</th>
<th>Instrument Variable Name: CDT_PRE</th>
<th>QuestionnaireFileName: Child CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>? [F1]</td>
<td></td>
</tr>
<tr>
<td><strong>UNIVERSE:</strong></td>
<td>Has [fill: S.C. name] EVER seen a practitioner for special diets?</td>
<td></td>
</tr>
<tr>
<td><strong>1</strong></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>7</strong></td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td><strong>9</strong></td>
<td>Don't know</td>
<td></td>
</tr>
</tbody>
</table>

**UNIVERSE:** Sample children 4+ who have used special diets in the past 12 months

**SkipInstructions:**

- <1> [goto CDT_PRU]
- <2,R,D> [goto CDT_MAT]
**Question ID:** CAL.447_00.000  
**Instrument Variable Name:** CDT_PRU  
**QuestionnaireFileName:** Child CAM

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, did [fill S.C. name] see a practitioner for special diets?

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

**UniverseText:** Sample children 4+ who have ever seen a practitioner for special diets

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

---

**Question ID:** CAL.448_00.000  
**Instrument Variable Name:** CDT_PTIM  
**QuestionnaireFileName:** Child CAM

**QuestionText:** Do you know the exact number of times [fill: S.C. name] saw a practitioner for special diets in the past 12 months?

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

**UniverseText:** Sample children 4+ who have seen a practitioner for special diets in the past 12 months

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

---

**Question ID:** CAL.449_00.000  
**Instrument Variable Name:** CDT_TMNO  
**QuestionnaireFileName:** Child CAM

**QuestionText:** DURING THE PAST 12 MONTHS, how many times did [fill S.C. name] see a practitioner for special diets?

*Enter ‘52’ for 52 or more times.

01-52
97  Refused
99  Don't know

**UniverseText:** Sample children 4+ with a known number of times they have seen a practitioner for special diets in the past 12 months

**SkipInstructions:** <1-52,R,D> [goto CDT_HIC]
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Question ID: CAL.450_00.000  Instrument Variable Name: CDT_TMCT  QuestionnaireFileName: Child CAM

QuestionText: DURING THE PAST 12 MONTHS, ABOUT how many times did [fill S.C. name] 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 children 4+ with an unknown number of specific 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 CDT_HIC]

Question ID: CAL.451_00.000  Instrument Variable Name: CDT_HIC  QuestionnaireFileName: Child 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 children 4+ who have seen a practitioner for special diets in the past 12 months

SkipInstructions: <1> [goto CDT_HICA]
<2,R,D> [goto CDT_HIT]
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**Question ID:** CAL.452_00.000  **Instrument Variable Name:** CDT_HICA  **QuestionnaireFileName:** Child CAM

**QuestionText:**
DURING THE PAST 12 MONTHS, was all of the cost or just some of the cost of [fill: S.C. name]'s seeing a practitioner for special diets covered by health insurance?

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

**UniverseText:** Sample children 4+ whose visit(s) to a practitioner for special diets in the past 12 months were (at least partly) covered by health insurance

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

**Question ID:** CAL.453_00.000  **Instrument Variable Name:** CDT_HIT  **QuestionnaireFileName:** Child CAM

**QuestionText:** Do you know the total amount that was paid for [fill: S.C. name] to see a practitioner for special diets in the past 12 months [fill1: not including the amount covered by insurance]?

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

**UniverseText:** Sample children 4+ whose health insurance covered none or some of the cost for special diets in the past 12 months

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

**Question ID:** CAL.454_00.000  **Instrument Variable Name:** CDT_HITS  **QuestionnaireFileName:** Child CAM

**QuestionText:** What is the total amount that was paid for [fill: S.C. name] to see a practitioner for special diets in the past 12 months [fill1: not including the amount covered by insurance]?

*Enter '0' for no cost or free.

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

**UniverseText:** Sample children 4+ where the amount paid is known for special diets in the past 12 months

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

**Soft Edit:** Verify if over $1000
### Question ID: CAL.455_00.000  Instrument Variable Name: CDT_AVGC  QuestionnaireFileName: Child CAM

**QuestionText:** Do you know the average amount that was paid for each of [fill: S.C. name]’s visits for special diets {fill1: not including the amount covered by insurance} in the past 12 months?

1. Yes
2. No
7. Refused
9. Don’t know

**UniverseText:** Sample children 4+ who don’t know the total amount they paid for special diets in the past 12 months

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

### Question ID: CAL.456_00.000  Instrument Variable Name: CDT_AVGS  QuestionnaireFileName: Child CAM

**QuestionText:** On average, how much was paid out-of-pocket for each of [fill: S.C name]’s visits to a practitioner for special diets?

*Enter ‘0’ if no cost or free.

000-500: $0-500
997: Refused
999: Don’t know

**UniverseText:** Sample children 4+ who know the average per visit they paid for special diets in the past 12 months

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

### Question ID: CAL.457_00.000  Instrument Variable Name: CDT_MAT  QuestionnaireFileName: Child CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you or another family member buy a self-help book or other materials such as a DVD, CD, or Video to learn about [fill: S.C. name]’s use of special diets?

1. Yes
2. No
7. Refused
9. Don’t know

**UniverseText:** Sample children 4+ who have used special diets in the past 12 months

**SkipInstructions:** <1> [goto CDT_MATC]  
<2,R,D> [goto CMVE_FLD]
Question ID: CAL.458_00.000  Instrument Variable Name: CDT_MATC  QuestionnaireFileName: Child CAM

QuestionText: How much was paid 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 children 4+ who have bought self-help materials for special diets in the past 12 months

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

Question ID: CAL.468_00.000  Instrument Variable Name: CMVE_FLD  QuestionnaireFileName: Child CAM

QuestionText: ? [F1]

Has [fill: S.C. name] 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 children 4+

SkipInstructions: <1,2,R,D> [goto CMVE_ALX]
Question ID: CAL.469_00.000  Instrument Variable Name: CMVE_ALX  QuestionnaireFileName: Child CAM

QuestionText: ? [F1]

Has [fill: S.C. name] EVER practiced any of the following movement or exercise techniques?

Alexander Technique

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+

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

Question ID: CAL.470_00.000  Instrument Variable Name: CMVE_PIL  QuestionnaireFileName: Child CAM

QuestionText: ? [F1]

Has [fill: S.C. name] EVER practiced any of the following movement or exercise techniques?

Pilates (pih-LAH-teez)

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+

SkipInstructions: <1,2,R,D> [goto CMVE_TPI]
Has [fill: S.C. name] EVER practiced any of the following movement or exercise techniques?

Trager Psychophysical Integration

1 Yes
2 No
7 Refused
9 Don't know

Question ID: CAL.471_00.000  Instrument Variable Name: CMVE_TPI  QuestionnaireFileName: Child CAM

Question Text: ? [F1]

Has [fill: S.C. name] EVER seen a practitioner or teacher for... 

Feldenkrais (FELL-den-krice)?

1 Yes
2 No
7 Refused
9 Don't know

Question ID: CAL.472_00.000  Instrument Variable Name: CMVP_FLD  QuestionnaireFileName: Child CAM

Question Text: ? [F1]

Has [fill: S.C. name] EVER seen a practitioner or teacher for... 

Feldenkrais (FELL-den-krice)?

1 Yes
2 No
7 Refused
9 Don't know

Skip Instructions: <1,2,R,D> if CMVE_FLD=1 or CMVE_ALX=1 or CMVE_PIL=1 or CMVE_TPI=1 [cycle through applicable CMVP questions];
<2,R,D> if (all CMVE* ne 1) and (more than 3 modalities excluding chelation/ayurveda) [goto CAL_TOP3]; 
else if (all CMVE* ne 1) and (3 or less modalities chosen excluding chelation/ayurveda) [goto CTP1REA1]
Question ID: CAL.473_00.000  Instrument Variable Name: CMVP_ALX  QuestionnaireFileName: Child CAM

QuestionText: ? [F1]

Has [fill: S.C. name] EVER seen a practitioner or teacher for...

Alexander Technique?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have used Alexander technique

SkipInstructions: <1,2,R,D> If any other CMVE_*='1' [goto next appropriate CMVP_* question]
else if (CMVE_PIL and CMVE_TPI) ne '1' and any CMVP_*='1' [goto next appropriate CMVE_* question]

<2,R,D> Else if all CMVP_* ne '1' and where there's CMVE_*='1' [goto appropriate CMVU_* question(s)]

---

Question ID: CAL.474_00.000  Instrument Variable Name: CMVP_PIL  QuestionnaireFileName: Child CAM

QuestionText: ? [F1]

Has [fill: S.C. name] EVER seen a practitioner or teacher for...

Pilates (pih-LAH-teez)?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have used Pilates

SkipInstructions: <1,2,R,D> if CMVE_TPI='1' [goto CMVP_TPI]
<1> If any CMVP_*='1' [goto next appropriate CMV_* question]

<2,R,D> Else if all of CMVP_* ne '1' [goto appropriate CMVU_* question(s)]
2012 NHIS Questionnaire - Child CAM
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<th>CAL.475_00.000</th>
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<th>CMVP_TPI</th>
<th>QuestionnaireFileName:</th>
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<td>QuestionText:</td>
<td>? [F1]</td>
<td></td>
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<tr>
<td>Has [fill: S.C. name] EVER seen a practitioner or teacher for...</td>
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<tr>
<td>Trager Psychophysical Integration?</td>
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<tr>
<td>1 Yes</td>
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<tr>
<td>2 No</td>
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<tr>
<td>7 Refused</td>
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<tr>
<td>9 Don't know</td>
<td></td>
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<tr>
<td>UniverseText:</td>
<td>Sample children 4+ who have used Trager Psychophysical Integration</td>
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</table>

SkipInstructions: | <1,2,R,D> If any CMVP_*='1' [goto next appropriate CMV_* question] | | | | |
| | <2,R,D> If all of CMVP_* ne '1' and where there's CMVE_*=1 [goto appropriate CMVU_* question(s)] | | | | |

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<th>CAL.476_00.000</th>
<th>Instrument Variable Name:</th>
<th>CMV_FLD</th>
<th>QuestionnaireFileName:</th>
<th>Child CAM</th>
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<tbody>
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<td>QuestionText:</td>
<td>? [F1]</td>
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<tr>
<td>DURING THE PAST 12 MONTHS, did [fill S.C. name] see a practitioner or teacher for...?</td>
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<tr>
<td>Feldenkrais (FELL-den-krice)</td>
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</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
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<tr>
<td>2 No</td>
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</tr>
<tr>
<td>7 Refused</td>
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<tr>
<td>9 Don't know</td>
<td></td>
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<tr>
<td>UniverseText:</td>
<td>Sample children 4+ who have ever seen a practitioner for Feldenkrais</td>
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</table>

SkipInstructions: | <1,2,R,D> Cycle through all CMVP_*=1 [goto CMV_*] in the appropriate sequence | | | | |
| | <2,R,D> If all other CMVP_* ne 1 [goto CMVU_FLD] | | | | |
| | <1> If all others CMVP_* ne 1 [goto CMV_PTIM] | | | | |
Question ID: CAL.477_00.000  Instrument Variable Name: CMV_ALX  QuestionnaireFileName: Child CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill S.C. name] see a practitioner or teacher for...?

Alexander Technique

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have ever seen a practitioner for Alexander technique

SkipInstructions: <1,2,R,D> cycle through all CMVP_*=1 [goto CMV_*] in the appropriate sequence
<2,R,D> If all other CMVP_* ne 1 [CMVU_ALX]
    Else if all other CMVP_* ne 1 and CMVE_FLD=1 [goto CMVU_FLD]
<1> If all others CMVP_* ne 1 [goto CMV_PTIM]

Question ID: CAL.478_00.000  Instrument Variable Name: CMV_PIL  QuestionnaireFileName: Child CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill S.C. name] see a practitioner or teacher for...?

Pilates (pih-LAH-teez)

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have ever seen a practitioner for Pilates

SkipInstructions: <1,2,R,D> If CMVP_TPI=1 [goto CMV_TPI]
<2,R,D> If (CMVP_TPI ne 1) and (CMV_FLD in [2,R,D]) [goto CMVU_FLD]
    Else if (CMVP_FLD and CMVP_ALX and CMVP_TP) in [2,R,D]) [goto CMVU_FLD]
<1> If all others CMVP_* in [2,R,D] [goto CMV_PTIM]
### Question ID: CAL.479_00.000
**Instrument Variable Name:** CMV_TPI
**QuestionnaireFileName:** Child CAM

**QuestionText:**

> DURING THE PAST 12 MONTHS, did [fill S.C. name] see a practitioner or teacher for...?  
>  
> Trager Psychophysical Integration

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

**UniverseText:** Sample children 4+ who have ever seen a practitioner for Trager Psychophysical Integration

**SkipInstructions:**

<1> [goto CMV_PTIM]  
<2,R,D> if no to all CMV, go to CMVU question for first relevant CMVE answer;  
else [goto CMV_PTIM]

### Question ID: CAL.480_00.000
**Instrument Variable Name:** CMVU_FLD
**QuestionnaireFileName:** Child CAM

**QuestionText:**

> DURING THE PAST 12 MONTHS, did [fill: S.C. name] use...?  
>  
> Feldenkrais (FELL-den-krice)

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

**UniverseText:** Sample children 4+ who have used Feldenkrais

**SkipInstructions:**

Cycle through all CMVU_* questions where (CMVP_ALX or CMV_ALX) IN (’2’,’7’,’9’)  
If no more skips to a CMVU_* question(s) then  

<1,2,R,D> If (any CMVU_*=1 or any CMV_*=1) [goto CMV_PTIM]  
<2,R,D>  
If (all CMVU_* ne 1 or any CMV_*=1) [goto CMV_MAT]  
Else if (all CMVU_* and CMV_*) ne 1 and  
if more than 3 modalities not including chelation/ayurveda [goto CAL_TOP3];  
else if <=3 modalities excluding chelation/ayurveda [goto CTP1REA1]  

go to next CMVU question for CMVE question answered "1"
2012 NHIS Questionnaire - Child CAM
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Question ID: CAL.481_00.000  Instrument Variable Name: CMVU_ALX  QuestionnaireFileName: Child CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill: S.C. name] use...?

Alexander Technique

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have used Alexander technique

SkipInstructions: Cycle through all CMVU_* question where (CMVP_ALX or CMV_ALX) IN ('2','7','9')
If no more skips to a CMVU_* question(s) then.

<1,2,R,D> If (any CMVU_*=1 or any CMV_*=1) [goto CMV_PTIM]
<2,R,D>
  If (all CMVU_*=1 or any CMV_*=1) [goto CMV_MAT]
  Else if (all CMVU_* and CMV_*) ne 1 and
  if more than 3 modalities not including chelation/ayurveda [goto CAL_TOP3];
  else if <=3 modalities excluding chelation/ayurveda [goto CTP1REA1]

---

Question ID: CAL.482_00.000  Instrument Variable Name: CMVU_PIL  QuestionnaireFileName: Child CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill: S.C. name] use...?

Pilates (pih-LAH-teez)

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have used Pilates

SkipInstructions: Cycle through all CMVU_* questions where (CMVP_ALX or CMV_ALX) IN ('2','7','9')
If no more skips to a CMVU_* question(s) then.

<1,2,R,D> If (any CMVU_*=1 or any CMV_*=1) [goto CMV_PTIM]
<2,R,D>
  If (all CMVU_*=1 or any CMV_*=1) [goto CMV_MAT]
  Else if (all CMVU_* and CMV_*) ne 1 and
  if more than 3 modalities not including chelation/ayurveda [goto CAL_TOP3];
  else if <=3 modalities excluding chelation/ayurveda [goto CTP1REA1]
2012 NHIS Questionnaire - Child CAM

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Document Version Date: 24-May-13

Question ID: CAL.483_00.000  Instrument Variable Name: CMVU_TPI  QuestionnaireFileName: Child CAM

QuestionText: 

? [F1]

DURING THE PAST 12 MONTHS, did [fill: S.C. name] use...?

Trager Psychophysical Integration

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have used Trager Psychophysical Integration

SkipInstructions: Cycle through all CMVU_* questions where (CMVP_ALX or CMV_ALX) IN (‘2’, ‘7’, ‘9’)
If no more skips to a CMVU_* question(s) then.

<1,2,R,D> If (any CMVU_*=1 or any CMV_*=1) [goto CMV_PTIM]
<2,R,D>

If (all CMVU_* ne 1 or any CMV_*=1) [goto CMV_MAT]
Else if (all CMVU_* and CMV_*) ne 1 and
if more than 3 modalities not including chelation/ayurveda [goto CAL_TOP3];
else if <=3 modalities excluding chelation/ayurveda [goto CTP1REA1]

Question ID: CAL.484_00.000  Instrument Variable Name: CMV_PTIM  QuestionnaireFileName: Child CAM

QuestionText: Do you know the exact number of times [fill: S.C. name] 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 children 4+ who have seen a practitioner for movement and exercise techniques in the past 12 months

SkipInstructions: <1> [goto CMV_TMNO]
<2,R,D> [goto CMV_TMCT]
2012 NHIS Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID:   CAL.485_00.000
Instrument Variable Name:  CMV_TMNO
QuestionnaireFileName:    Child CAM

QuestionText:  DURING THE PAST 12 MONTHS, how many times did [fill S.C. name] 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 children 4+ with a known number of times they have seen a practitioner for movement and exercise techniques in the past 12 months

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

Question ID:   CAL.486_00.000
Instrument Variable Name:  CMV_TMCT
QuestionnaireFileName:    Child CAM

QuestionText:  DURING THE PAST 12 MONTHS, ABOUT how many times did [fill S.C. name] 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 children 4+ with an unknown number of specific 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 CMV_HIC]
<table>
<thead>
<tr>
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<th>CAL.487_00.000</th>
<th>Instrument Variable Name:</th>
<th>CMV_HIC</th>
<th>QuestionnaireFileName:</th>
<th>Child CAM</th>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>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?</td>
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<tr>
<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>
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<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
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<tr>
<td>UniverseText:</td>
<td>Sample children 4+ who have seen a practitioner for movement and exercise techniques in the past 12 months</td>
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<td>SkipInstructions:</td>
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<td>&lt;2,R,D&gt; [goto CMV_HIT]</td>
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<th>Child CAM</th>
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</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>DURING THE PAST 12 MONTHS, was all of the cost or just some of the cost of [fill: S.C. name]'s seeing a practitioner or teacher for movement and exercise techniques covered by health insurance?</td>
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<tr>
<td>1</td>
<td>All of the cost</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td>Some of the cost</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>7</td>
<td>Refused</td>
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<tr>
<td>9</td>
<td>Don't know</td>
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<tr>
<td>UniverseText:</td>
<td>Sample children 4+ whose visit(s) to a practitioner for movement and exercise techniques in the past 12 months were (at least partly) covered by health insurance</td>
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<td>&lt;2,R,D&gt; [goto CMV_HIT]</td>
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<th>QuestionnaireFileName:</th>
<th>Child CAM</th>
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</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Do you know the total amount that was paid for [fill: S.C. name] to see a practitioner or teacher for movement and exercise techniques in the past 12 months [fill1: not including the amount covered by insurance]?</td>
<td></td>
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<tr>
<td>1</td>
<td>Yes</td>
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<tr>
<td>2</td>
<td>No</td>
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<td>7</td>
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<td>9</td>
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<tr>
<td>UniverseText:</td>
<td>Sample children 4+ whose health insurance covered none or some of the cost for movement and exercise techniques in the past 12 months</td>
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<td>SkipInstructions:</td>
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**Question ID:** CAL.490_00.000  
**Instrument Variable Name:** CMV_HITS  
**QuestionnaireFileName:** Child CAM

**QuestionText:** What is the total amount that was paid for [fill: S.C. name] to see 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 children 4+ where the amount paid is known for movement and exercise techniques in the past 12 months

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

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

---

**Question ID:** CAL.491_00.000  
**Instrument Variable Name:** CMV_AVGC  
**QuestionnaireFileName:** Child CAM

**QuestionText:** Do you know the average amount that was paid for each of [fill: S.C. name]'s visits 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 children 4+ who don't know the total amount they paid for movement and exercise techniques in the past 12 months

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

---

**Question ID:** CAL.492_00.000  
**Instrument Variable Name:** CMV_AVGS  
**QuestionnaireFileName:** Child CAM

**QuestionText:** On average, how much was paid out-of-pocket for each of [fill: S.C name]'s visits 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 children 4+ who know the average per visit they paid for movement and exercise techniques in the past 12 months

**SkipInstructions:** <0-500,R,D> [goto CMV_MAT]
DURING THE PAST 12 MONTHS, did you or another family member buy a self-help book or other materials such as a DVD, CD, or Video to learn about [fill: S.C. name]'s use of movement and exercise techniques?

1 Yes
2 No
7 Refused
9 Don't know

Sample children 4+ who have seen a practitioner for or have used movement and exercise techniques in the past 12 months

<1> [goto CMV_MATC]
<2,R,D> if more than 3 modalities [goto CAL_TOP3];
else less than 4 chosen [goto CTP1REA1]

"How much was paid 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 children 4+ who have bought self-help materials for movement and exercise techniques in the past 12 months

<0-200,R,D>
if more than 3 modalities [goto CAL_TOP3];
else less than 4 chosen [goto CTP1REA1]
DURING THE PAST 12 MONTHS, which THREE of these therapies were the most important for [fill: S.C. name]'s 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 medication/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 children 4+ who have used/seen a practitioner for any of a number of therapies in the past 12 months

<1-16> If less than three selected [goto ERR_CAL_TOP3]
<1-16> [goto CTP1REA1]
R,D [goto end]
Did [fill: S.C. name] [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

*Read if necessary.

Did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

To improve {fill: his/her} energy?

1  Yes
2  No
7  Refused
9  Don't know
**Question ID:** CAL.512_00.000  
**Instrument Variable Name:** CTP1REA3  
**QuestionnaireFileName:** Child CAM

**QuestionText:** *Read if necessary.

Did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

To improve [fill: his/her] immune function?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children 4+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto CTP1REA4]

---

**Question ID:** CAL.513_00.000  
**Instrument Variable Name:** CTP1REA4  
**QuestionnaireFileName:** Child CAM

**QuestionText:** *Read if necessary.

Did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

To improve [fill: his/her] athletic or sports performance?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children 4+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto CTP1REA5]
Did [S.C. name] [see a practitioner for] [modality] for any of these reasons?
To improve [his/her] memory or concentration?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP1MOT1]

---

Do you think [seeing a practitioner for] [modality] motivated [S.C. name] to eat healthier?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP1MOT2]
**2012 NHIS Questionnaire - Child CAM**

**Child Alternative Health/Complementary And Alternative Medicine**

**Document Version Date:** 24-May-13

---

**Question ID:** CAL.516_00.000  **Instrument Variable Name:** CTP1MOT2  **QuestionnaireFileName:** Child CAM

**QuestionText:** *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] motivated [fill: S.C. name] to

Eat more organic foods?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children 4+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto CTP1MOT3]

---

**Question ID:** CAL.517_00.000  **Instrument Variable Name:** CTP1MOT3  **QuestionnaireFileName:** Child CAM

**QuestionText:** *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] motivated [fill: S.C. name] to

Exercise more regularly?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children 4+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto CTP1OUT1]
**2012 NHIS Questionnaire - Child CAM**

**Child Alternative Health/Complementary And Alternative Medicine**

**Document Version Date:** 24-May-13

---

**Question ID:** CAL.520_00.000  
**Instrument Variable Name:** CTP1OUT1  
**QuestionnaireFileName:** Child CAM

**Question Text:**

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Give [fill: him/her] a sense of control over [fill: his/her] health

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

**UniverseText:** Sample children 4+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto CTP1OUT2]

---

**Question ID:** CAL.521_00.000  
**Instrument Variable Name:** CTP1OUT2  
**QuestionnaireFileName:** Child CAM

**Question Text:**

*Read if necessary.*

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Help to reduce [fill: his/her] stress level or to relax?

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

**UniverseText:** Sample children 4+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto CTP1OUT3]
**Question ID:** CAL.522_00.000  **Instrument Variable Name:** CTP1OUT3  **QuestionnaireFileName:** Child CAM

**QuestionText:**

*Read if necessary.*

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Help [fill: him/her] to sleep better?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children 4+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto CTP1OUT4]

---

**Question ID:** CAL.523_00.000  **Instrument Variable Name:** CTP1OUT4  **QuestionnaireFileName:** Child CAM

**QuestionText:**

*Read if necessary.*

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Make [fill: him/her] feel better emotionally?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children 4+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto CTP1OUT5]
<table>
<thead>
<tr>
<th>Question ID: CAL.524_00.000</th>
<th>Instrument Variable Name: CTP1OUT5</th>
<th>QuestionnaireFileName: Child CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: *Read if necessary.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Make it easier for [him/her] to cope with health problems?</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 children 4+ who have used first of top three modalities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1,2,R,D&gt; [goto CTP1OUT6]</td>
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<table>
<thead>
<tr>
<th>Question ID: CAL.525_00.000</th>
<th>Instrument Variable Name: CTP1OUT6</th>
<th>QuestionnaireFileName: Child CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: *Read if necessary.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improve [fill: his/her] overall health and make [fill: him/her] feel better?</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 children 4+ who have used first of top three modalities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1,2,R,D&gt; [goto CTP1OUT7]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Question ID: CAL.526_00.000  Instrument Variable Name: CTP1OUT7  QuestionnaireFileName: Child CAM

**QuestionText:**

*Read if necessary.*

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Improve [fill: his/her] relationships with others?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children 4+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto CTP1OUT8]

---

Question ID: CAL.527_00.000  Instrument Variable Name: CTP1OUT8  QuestionnaireFileName: Child CAM

**QuestionText:**

*Read if necessary.*

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Improve [fill: his/her] attendance at school?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children 4+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D>
else if CTP1CNT >1 [goto CTP1MOST];
else if CTP1CNT=1 [goto CTP1HELP];
else CTP1CNT=0 [goto CTP1TRET]
Of these reasons, which ONE was the most important for [fill: S.C. name] [fill1: using/seeing] [fill2: modality]?

*Read list below.

- For [fill3: his/her] general wellness or general disease prevention
- To improve [fill3: his/her] energy
- To improve [fill3: his/her] immune function
- To improve [fill3: his/her] athletic or sports performance
- To improve [fill3: his/her] memory or concentration
- To eat healthier
- To eat more organic foods
- To cut back or stop drinking alcohol
- To cut back or stop smoking cigarettes
- To exercise more regularly
- To give [fill4: him/her] a sense of control over [fill3: his/her] health
- To help to reduce [fill3: his/her] stress level or to relax
- To help [fill4: him/her] to sleep better
- To make [fill4: him/her] feel better emotionally
- To make it easier to cope with health problems
- To improve [fill3: his/her] overall health and make [fill4: him/her] feel better
- To improve [fill3: his/her] relationships with others
- To improve [fill3: his/her] attendance at school
- Refused
- Don't know

Sample children 4+ who have used first of top three modalities and two or more reasons for seeing a practitioner/using modality chosen

<1-18> [goto CTP1HELP]
<R,D> [goto CTP1TRET]
How much do you think \[fill1: modality\] helped \[fill: S.C. name\] \[fill2: reason given in CTP1MOST question\]? 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

Sample children 4+ who have used first of top three modalities and had a most important reason for using selected modality/seeing a practitioner for selected modality

Sample children 4+ who have used first of top three modalities

DURING THE PAST 12 MONTHS, did \[fill: S.C. name\] \[fill1: see a practitioner for\] \[fill2: modality\] for one or more specific health problems, symptoms, or conditions?

1. Yes
2. No
7. Refused
9. Don't know
For what health problems, symptoms, or conditions did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality]?

*Enter all that apply, separate with commas.

01 Abdominal pain
02 Anemia
03 Feeling anxious, nervous or worried
04 Arthritis
05 Asthma
06 Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD)
07 Autism/Autism Spectrum Disorder
08 Cerebral palsy
09 Chickenpox
10 High cholesterol
11 Congenital heart disease
12 Constipation
13 Cystic fibrosis
14 Depression
15 Dental pain
16 Diabetes
17 Down syndrome
18 Eczema or skin allergy
19 Excessive sleepiness during the day
20 Fatigue or lack of energy more than 3 days
21 Fever more than 1 day
22 Food or digestive allergy
23 Frequent or repeated diarrhea or colitis
24 Gynecologic problem
25 Hay fever
26 Head or chest cold
27 Hearing problem
28 Hypertension
29 Influenza or pneumonia
30 Insomnia or trouble sleeping
31 Joint pain or stiffness
32 Low back pain
33 Intellectual disability, also known as mental retardation
34 Menstrual problems
35 Migraine headaches
36 Muscular dystrophy
37 Nausea and/or vomiting
38 Neck pain
39 Chronic pain
40 Muscle or bone pain
41 Other developmental delay
42 Heart condition
43 Problems with being overweight
44 Non-migraine headaches
45 Respiratory allergy
Seizures
Sickle cell anemia
Sinusitis
Sore throat other than strep or tonsillitis
Sprain or strain
Strep throat or tonsillitis
Frequent stress
Stuttering or stammering
Three or more ear infections
Vision problems
Other specify
Refused
Don't Know

Sample children 4+ who have used first of top three modalities and saw a practitioner or used modality for a specific health problem, symptom or condition

*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

Sample children 4+ who have used first of top three modalities and used modality to treat other health problem or condition

<Allow 75,R,D> If CTP1CNT>1 [goto CTP1CMST]
else if CTP1CNT=1 [goto CTP1CHLP];
<R,D> if self-care modality (CAL_TP31 in (6,7,10-16)) [goto CTP1RS5];
else [goto CTP1RS6]
QuestionID: CAL.532_00.000  InstrumentVariableName: CTP1CMST  QuestionnaireFileName: Child CAM

For which ONE of these did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] the most?

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

01 Abdominal pain
02 Anemia
03 Feeling anxious, nervous or worried
04 Arthritis
05 Asthma
06 Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD)
07 Autism/Autism Spectrum Disorder
08 Cerebral palsy
09 Chickenpox
10 High cholesterol
11 Congenital heart disease
12 Constipation
13 Cystic fibrosis
14 Depression
15 Dental pain
16 Diabetes
17 Down syndrome
18 Eczema or skin allergy
19 Excessive sleepiness during the day
20 Fatigue or lack of energy more than 3 days
21 Fever more than 1 day
22 Food or digestive allergy
23 Frequent or repeated diarrhea or colitis
24 Gynecologic problem
25 Hay fever
26 Head or chest cold
27 Hearing problem
28 Hypertension
29 Influenza or pneumonia
30 Insomnia or trouble sleeping
31 Joint pain or stiffness
32 Low back pain
33 Intellectual disability, also known as mental retardation
34 Menstrual problems
35 Migraine headaches
36 Muscular dystrophy
37 Nausea and/or vomiting
38 Neck pain
39 Chronic pain
40 Muscle or bone pain
41 Other developmental delay
42 Heart condition
43 Problems with being overweight
44 Non-migraine headaches
45 Respiratory allergy
Seizures
Sickle cell anemia
Sinusitis
Sore throat other than strep or tonsillitis
Sprain or strain
Strep throat or tonsillitis
Frequent stress
Stuttering or stammering
Three or more ear infections
Vision problems
Other specify
Refused
Don't know

UniverseText: Sample children 4+ who have used first of top three modalities and used modality to treat specific conditions and more than one condition selected

SkipInstructions: <1-56> [goto CTP1CHLP]
<R,D> if self-care modality (CAL_TP31=6,7,10-16) [goto CTP1RS5]; else [goto CTP1RS6]

Question ID: CAL.533_00.000  Instrument Variable Name: CTP1CHLP  QuestionnaireFileName: Child CAM

QuestionText: How much do you think [fill1: modality] helped [fill: S.C. name]'s [fill2: condition from CTP1CMST]? 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 children 4+ who have used first of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1-4,R,D> [goto CTP1MTR1]
<table>
<thead>
<tr>
<th>Question ID</th>
<th>CAL.534_00.000</th>
<th>Instrument Variable Name: CTP1MTR1</th>
<th>QuestionnaireFileName: Child CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText</td>
<td>Did [fill: S.C. name] receive any of the following medical treatments for [fill1: condition from CTP1CMST]?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prescription medications?</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>
</tbody>
</table>

UniverseText: Sample children 4+ who have used first of top three modalities and used modality to treat specific condition(s)  
SkipInstructions: <1,2,R,D> [goto CTP1MTR2]

<table>
<thead>
<tr>
<th>Question ID</th>
<th>CAL.535_00.000</th>
<th>Instrument Variable Name: CTP1MTR2</th>
<th>QuestionnaireFileName: Child CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText</td>
<td>*Read if necessary. Did [fill: S.C. name] receive any of the following medical treatments for [fill1: condition from CTP1CMST]?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Over-the-counter medications?</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>
</tbody>
</table>

UniverseText: Sample children 4+ who have used first of top three modalities and used modality to treat specific condition(s)  
SkipInstructions: <1,2,R,D> [goto CTP1MTR3]
Did [fill: S.C. name] receive any of the following medical treatments for [fill1: condition from CTP1CMST]?

Surgery?
1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have used first of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1,2,R,D> [goto CTP1MTR4]

Did [fill: S.C. name] receive any of the following medical treatments for [fill1: condition from CTP1CMST]?

Physical therapy?
1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have used first of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1,2,R,D> [goto CTP1MTR5]
*Read if necessary.

Did [fill: S.C. name] receive any of the following medical treatments for [fill1: condition from CTP1CMST]?

Mental health counseling?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have used first of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1,2,R,D> if CTP1MTR1=1 or CTP1MTR2=1 or CTP1MTR3=1 or CTP1MTR4=1 or CTP1MTR5=1 [goto CTP1RS1];
else if self-care modality (CAL_TP31=6,7,10-16) [goto CTP1RS5];
else [goto CTP1RS6]

DURING THE PAST 12 MONTHS, did [fill S.C. name] [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 children 4+ who have used first of top three modalities and used some type of treatment for specific condition(s)

SkipInstructions: <1,2,R,D> [goto CTP1RS2]
Question ID: CAL.540_00.000  Instrument Variable Name: CTP1RS2  QuestionnaireFileName: Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did [fill S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have used first of top three modalities and used some type of treatment for specific condition(s)

SkipInstructions: <1,2,R,D> [goto CTP1RS3]

Question ID: CAL.541_00.000  Instrument Variable Name: CTP1RS3  QuestionnaireFileName: Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did [fill S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

These medical treatments do not work for [fill: his/her] health problems?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have used first of top three modalities and used some type of treatment for specific condition(s)

SkipInstructions: <1,2,R,D> if CTP1MTR1=1 or CTP1MTR2=1 [goto CTP1RS4];
  else if self-care modality (categories 6,7 and 10-16 on CAL_TP31 variable, [goto CTP1RS5];
  else [goto CTP1RS6]
Question ID: CAL.542_00.000  Instrument Variable Name: CTP1RS4  QuestionnaireFileName: Child CAM

QuestionText:  
*Read if necessary.

DURING THE PAST 12 MONTHS, did [fill S.C. name] [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 children 4+ 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 CAL_TP31 variable, [goto CTP1RS5]; else goto CTP1RS6)

---

Question ID: CAL.543_00.000  Instrument Variable Name: CTP1RS5  QuestionnaireFileName: Child CAM

QuestionText:  
DURING THE PAST 12 MONTHS, did [fill: S.C. name] [fill1: use modality] for any of these reasons?

Because it can be done without help from a specialist?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have used first of top three modalities and picked a self care modality

SkipInstructions: <1,2,R,D> [goto CTP1RS6]
**2012 NHIS Questionnaire - Child CAM**

**Child Alternative Health/Complementary And Alternative Medicine**

**Document Version Date:** 24-May-13

<table>
<thead>
<tr>
<th>Question ID: CAL.544_00.000</th>
<th>Instrument Variable Name: CTP1RS6</th>
<th>QuestionnaireFileName: Child CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> DURING THE PAST 12 MONTHS, did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is natural?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** Sample children 4+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto CTP1RS7]

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<table>
<thead>
<tr>
<th>Question ID: CAL.545_00.000</th>
<th>Instrument Variable Name: CTP1RS7</th>
<th>QuestionnaireFileName: Child CAM</th>
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<tbody>
<tr>
<td><strong>QuestionText:</strong> <em>Read if necessary.</em> DURING THE PAST 12 MONTHS, did [fill S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>It focuses on the whole person, mind, body, and spirit?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></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>
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</tr>
</tbody>
</table>

**UniverseText:** Sample children 4+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto CTP1RS8]
**2012 NHIS Questionnaire - Child CAM**

**Child Alternative Health/Complementary And Alternative Medicine**

Document Version Date: 24-May-13

**Question ID:** CAL.546_00.000  **Instrument Variable Name:** CTP1RS8  **QuestionnaireFileName:** Child CAM

**QuestionText:** *Read if necessary.

DURING THE PAST 12 MONTHS, did [fill S.C. name] [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 children 4+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto CTP1RS9]

---

**Question ID:** CAL.547_00.000  **Instrument Variable Name:** CTP1RS9  **QuestionnaireFileName:** Child CAM

**QuestionText:** *Read if necessary.

DURING THE PAST 12 MONTHS, did [fill S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

It was part of [fill: his/her] upbringing?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children 4+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto CTP1REC1]
**2012 NHIS Questionnaire - Child CAM**

**Child Alternative Health/Complementary And Alternative Medicine**

*Document Version Date: 24-May-13*

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**Question ID:** CAL.548_00.000  
**Instrument Variable Name:** CTP1REC1  
**QuestionnaireFileName:** Child CAM

**QuestionText:**

Did [S.C. name] [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 children 4+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto CTP1REC2]

---

**Question ID:** CAL.549_00.000  
**Instrument Variable Name:** CTP1REC2  
**QuestionnaireFileName:** Child CAM

**QuestionText:**

*Read if necessary.*

Did [S.C. name] [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 children 4+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto CTP1REC3]
2012 NHIS Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.550_00.000  Instrument Variable Name: CTP1REC3  QuestionnaireFileName: Child CAM

QuestionText: *Read if necessary.

Did [S.C. name] [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 children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP1REC4]

---

Question ID: CAL.551_00.000  Instrument Variable Name: CTP1REC4  QuestionnaireFileName: Child CAM

QuestionText: *Read if necessary.

Did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] because it was recommended by any of the following people?

A co-worker of yours or a co-worker of another family member?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP1IMP]
During the past 12 months, how important do you think [fill: S.C. name]'s use of [fill1: modality] was in maintaining [fill: his/her] 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 children 4+ who have used first of top three modalities

SkipInstructions: <1-4,R,D> if  CPROVTYP=1-4 [goto CTP1DS1]; else [goto CTP1INF1]

During the past 12 months, did you let [fill S.C. name]'s personal health care provider know about [fill: his/her] 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 children 4+ who have used first of top three modalities and has a personal health care provider

SkipInstructions: <1,R,D> [goto CTP1INF1] <2> [goto CTP1DS2]
Question ID: CAL.554_00.000  Instrument Variable Name: CTP1DS2  QuestionnaireFileName: Child CAM

QuestionText: Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

[fill: S.C. name] was not using it at the time?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ 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 CTP1DS3]

---

Question ID: CAL.555_00.000  Instrument Variable Name: CTP1DS3  QuestionnaireFileName: Child CAM

QuestionText: *Read if necessary.

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

They discouraged use of it in the past?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ 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 CTP1DS4]
2012 NHIS Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine

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Question ID: CAL.556_00.000  Instrument Variable Name: CTP1DS4  QuestionnaireFileName: Child CAM

QuestionText: *Read if necessary.

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

You were worried they would discourage it?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ 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 CTP1DS5]

Question ID: CAL.557_00.000  Instrument Variable Name: CTP1DS5  QuestionnaireFileName: Child CAM

QuestionText: *Read if necessary.

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

You were concerned about a negative reaction?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ 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 CTP1DS6]
**Question ID:** CAL.558_00.000  **Instrument Variable Name:** CTP1DS6  **QuestionnaireFileName:** Child CAM

**QuestionText:**

*Read if necessary.

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

You didn’t think they needed to know?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children 4+ 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 CTP1DS7]

---

**Question ID:** CAL.559_00.000  **Instrument Variable Name:** CTP1DS7  **QuestionnaireFileName:** Child CAM

**QuestionText:**

*Read if necessary.

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

They didn't ask?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children 4+ 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 CTP1DS8]
### Question ID: CAL.560_00.000  
**Instrument Variable Name:** CTP1DS8  
**QuestionnaireFileName:** Child CAM

**QuestionText:**

*Read if necessary.*

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?  
You don't think they know as much about it as you do?  

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

**UniverseText:** Sample children 4+ 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 CTP1DS9]

### Question ID: CAL.561_00.000  
**Instrument Variable Name:** CTP1DS9  
**QuestionnaireFileName:** Child CAM

**QuestionText:**

*Read if necessary.*

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?  
They didn't give you enough time to tell them?  

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

**UniverseText:** Sample children 4+ 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 CTP1INF1]
2012 NHIS Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.580_00.000  Instrument Variable Name: CTP1INF1  QuestionnaireFileName: Child CAM

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

The Internet?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP1INF2]

Question ID: CAL.581_00.000  Instrument Variable Name: CTP1INF2  QuestionnaireFileName: Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you or another family member 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 children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP1INF3]
**2012 NHIS Questionnaire - Child CAM**

*Child Alternative Health/Complementary And Alternative Medicine*

**Document Version Date:** 24-May-13

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<tr>
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<th>CAL.582_00.000</th>
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<th>CTP1INF3</th>
<th>QuestionnaireFileName:</th>
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<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td><em>Read if necessary.</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DURING THE PAST 12 MONTHS, did you or another family member 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 children 4+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto CTP1INF4]

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<th>Question ID:</th>
<th>CAL.583_00.000</th>
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<th>CTP1INF4</th>
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<th>Child CAM</th>
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<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td><em>Read if necessary.</em></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

DURING THE PAST 12 MONTHS, did you or another family member 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 children 4+ who have used first of top three modalities

**SkipInstructions:** <1,2,R,D> [goto CTP1INF5]
*Read if necessary.

DURING THE PAST 12 MONTHS, did you or another family member 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 children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP1INF6]
Question ID: CAL.595_00.000  Instrument Variable Name: CTP2REA1  QuestionnaireFileName: Child CAM

QuestionText: Did [fill: S.C. name] [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 children 4+ who have used second of top three modalities

SkipInstructions:  <1,2,R,D> [goto CTP2REA2]

---

Question ID: CAL.596_00.000  Instrument Variable Name: CTP2REA2  QuestionnaireFileName: Child CAM

QuestionText: *Read if necessary.

Did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

To improve {fill: his/her} energy?

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions:  <1,2,R,D> [goto CTP2REA3]
**Question Text:** *Read if necessary.*

Did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

To improve [fill: his/her] immune function?

1 Yes
2 No
7 Refused
9 Don't know

**Universe Text:** Sample children 4+ who have used second of top three modalities

**Skip Instructions:** <1,2,R,D> [goto CTP2REA4]
**Question Text:**

*Read if necessary.*

Did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

To improve [fill: his/her] memory or concentration?

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

**Universe Text:** Sample children 4+ who have used second of top three modalities

**Skip Instructions:** <1,2,R,D> [goto CTP2MOT1]

---

**Question Text:**

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] motivated [fill: S.C. name] to eat healthier?

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

**Universe Text:** Sample children 4+ who have used second of top three modalities

**Skip Instructions:** <1,2,R,D> [goto CTP2MOT2]
<table>
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<th>Question ID: CAL.601_00.000</th>
<th>Instrument Variable Name: CTP2MOT2</th>
<th>QuestionnaireFileName: Child CAM</th>
</tr>
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<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>*Read if necessary.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do you think [fill1: seeing a practitioner for/using] [fill2: modality] motivated [fill: S.C. name] to</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eat more organic foods?</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 children 4+ 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 CTP2MOT3]</td>
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<tr>
<td><strong>QuestionText:</strong></td>
<td>*Read if necessary.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do you think [fill1: seeing a practitioner for/using] [fill2: modality] motivated [fill: S.C. name] to</td>
<td></td>
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<tr>
<td></td>
<td>Exercise more regularly?</td>
<td></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>
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<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample children 4+ who have used second of top three modalities</td>
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<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; [goto CTP2OUT1]</td>
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<th>CAL.605_00.000</th>
<th>Instrument Variable Name:</th>
<th>CTP2OUT1</th>
<th>QuestionnaireFileName:</th>
<th>Child CAM</th>
</tr>
</thead>
</table>
| **QuestionText:** | Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?  
Give [fill: him/her] a sense of control over [fill: his/her] health? | | | |
| 1 | Yes | | | |
| 2 | No | | | |
| 7 | Refused | | | |
| 9 | Don't know | | | |
| **UniverseText:** | Sample children 4+ who have used second of top three modalities | | | |
| **SkipInstructions:** | <1,2,R,D> [goto CTP2OUT2] | | | |

<table>
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<th>CAL.606_00.000</th>
<th>Instrument Variable Name:</th>
<th>CTP2OUT2</th>
<th>QuestionnaireFileName:</th>
<th>Child CAM</th>
</tr>
</thead>
</table>
| **QuestionText:** | *Read if necessary.*  
Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?  
Help to reduce [fill: his/her] stress level or to relax? | | | |
| 1 | Yes | | | |
| 2 | No | | | |
| 7 | Refused | | | |
| 9 | Don't know | | | |
| **UniverseText:** | Sample children 4+ who have used second of top three modalities | | | |
| **SkipInstructions:** | <1,2,R,D> [goto CTP2OUT3] | | | |
*Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Help [fill: him/her] to sleep better?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2OUT4]

*Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Make [fill: him/her] feel better emotionally?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2OUT5]
Question ID: CAL.609_00.000  Instrument Variable Name: CTP2OUT5  QuestionnaireFileName: Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Make it easier for [him/her] to cope with health problems?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2OUT6]

Question ID: CAL.610_00.000  Instrument Variable Name: CTP2OUT6  QuestionnaireFileName: Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Improve [fill: his/her] overall health and make [fill: him/her] feel better?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2OUT7]
Question ID: CAL.611_00.000  Instrument Variable Name: CTP2OUT7  QuestionnaireFileName: Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Improve [fill: his/her] relationships with others?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2OUT8]

Question ID: CAL.612_00.000  Instrument Variable Name: CTP2OUT8  QuestionnaireFileName: Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Improve [fill: his/her] attendance at school?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D>
if CTP2CNT>1 [goto CTP2MOST];
else if CTP2CNT=1 [goto CTP2HELP];
else CTP2CNT=0 [goto CTP2TRET]
Of these reasons, which ONE was the most important for [fill: S.C. name] [fill1: using/seeing] [fill2: modality]?

*Read list below.

01 For [fill3: his/her] general wellness or general disease prevention
02 To improve [fill3: his/her] energy
03 To improve [fill3: his/her] immune function
04 To improve [fill3: his/her] athletic or sports performance
05 To improve [fill3: his/her] 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 [fill4: him/her] a sense of control over [fill3: his/her] health
12 To help to reduce [fill3: his/her] stress level or to relax
13 To help [fill4: him/her] to sleep better
14 To make [fill4: him/her] feel better emotionally
15 To make it easier to cope with health problems
16 To improve [fill3: his/her] overall health and make [fill4: him/her] feel better
17 To improve [fill3: his/her] relationships with others
18 To improve [fill3: his/her] attendance at school
97 Refused
99 Don't know

Sample children 4+ who have used second of top three modalities and two or more reasons for seeing a practitioner/using modality chosen

<1-18> [goto CTP2HELP]
<R,D> [goto CTP2TRET]
**2012 NHIS Questionnaire - Child CAM**

*Child Alternative Health/Complementary And Alternative Medicine*

**Document Version Date:** 24-May-13

---

**Question ID:** CAL.614_00.000  **Instrument Variable Name:** CTP2HELP  **QuestionnaireFileName:** Child CAM

**QuestionText:**
How much do you think [fill1: modality] helped [fill: S.C. name] [fill2: reason given in CTP2MOST 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 children 4+ 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 CTP2TRET]

---

**Question ID:** CAL.615_00.000  **Instrument Variable Name:** CTP2TRET  **QuestionnaireFileName:** Child CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did [fill: S.C. name] [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 children 4+ who have used second of top three modalities

**SkipInstructions:** <1> [goto CTP2COND]

<2,R,D> CAL_TP32 IN (6,7,10-16) [goto CTP2RS5];
else CAL_TP32 ne (6,7,10-16) [goto CTP2RS6]
For what health problems, symptoms, or conditions did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality]?

*Enter all that apply, separate with commas.

01 Abdominal pain
02 Anemia
03 Feeling anxious, nervous or worried
04 Arthritis
05 Asthma
06 Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD)
07 Autism/Autism Spectrum Disorder
08 Cerebral palsy
09 Chickenpox
10 High cholesterol
11 Congenital heart disease
12 Constipation
13 Cystic fibrosis
14 Depression
15 Dental pain
16 Diabetes
17 Down syndrome
18 Eczema or skin allergy
19 Excessive sleepiness during the day
20 Fatigue or lack of energy more than 3 days
21 Fever more than 1 day
22 Food or digestive allergy
23 Frequent or repeated diarrhea or colitis
24 Gynecologic problem
25 Hay fever
26 Head or chest cold
27 Hearing problem
28 Hypertension
29 Influenza or pneumonia
30 Insomnia or trouble sleeping
31 Joint pain or stiffness
32 Low back pain
33 Intellectual disability, also known as mental retardation
34 Menstrual problems
35 Migraine headaches
36 Muscular dystrophy
37 Nausea and/or vomiting
38 Neck pain
39 Chronic pain
40 Muscle or bone pain
41 Other developmental delay
42 Heart condition
43 Problems with being overweight
44 Non-migraine headaches
45 Respiratory allergy
UniverseText: Sample children 4+ who have used second of top three modalities and saw a practitioner or used modality for a specific health problem, symptom or condition

SkipInstructions: <1-55> If CTP2CNT>1 [goto CTP2CMST];
else if CTP2CNT=1 [goto CTP2CHLP];
<56> [goto CTP2SPEC];
<R,D> if self-care modality (CAL_TP32 IN (6,7,10-16)) [goto CTP2RS5];
else (CAL_TP32 ne (6,7,10-16)) [goto CTP2RS6]
Question ID: CAL.617_00.000  Instrument Variable Name: CTP2CMST  QuestionnaireFileName: Child CAM

**QuestionText:** For which ONE of these did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] the most?

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

1. Abdominal pain
2. Anemia
3. Feeling anxious, nervous or worried
4. Arthritis
5. Asthma
6. Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD)
7. Autism/Autism Spectrum Disorder
8. Cerebral palsy
9. Chickenpox
10. High cholesterol
11. Congenital heart disease
12. Constipation
13. Cystic fibrosis
14. Depression
15. Dental pain
16. Diabetes
17. Down syndrome
18. Eczema or skin allergy
19. Excessive sleepiness during the day
20. Fatigue or lack of energy more than 3 days
21. Fever more than 1 day
22. Food or digestive allergy
23. Frequent or repeated diarrhea or colitis
24. Gynecologic problem
25. Hay fever
26. Head or chest cold
27. Hearing problem
28. Hypertension
29. Influenza or pneumonia
30. Insomnia or trouble sleeping
31. Joint pain or stiffness
32. Low back pain
33. Intellectual disability, also known as mental retardation
34. Menstrual problems
35. Migraine headaches
36. Muscular dystrophy
37. Nausea and/or vomiting
38. Neck pain
39. Chronic pain
40. Muscle or bone pain
41. Other developmental delay
42. Heart condition
43. Problems with being overweight
44. Non-migraine headaches
45. Respiratory allergy
2012 NHIS Questionnaire - Child CAM

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Seizures
Sickle cell anemia
Sinusitis
Sore throat other than strep or tonsillitis
Sprain or strain
Strep throat or tonsillitis
Frequent stress
Stuttering or stammering
Three or more ear infections
Vision problems
Other specify
Refused
Don't know

UniverseText: Sample children 4+ who have used second of top three modalities and used modality to treat specific conditions and more than one condition selected

SkipInstructions: <1-56> [goto CTP2CHLP]
                  <R,D> if self-care modality (CAL_TP32=6,7,10-16) [goto CTP2RS5];
                  else [goto CTP2RS6]

Question ID: CAL.618_00.000  Instrument Variable Name: CTP2CHLP  QuestionnaireFileName: Child CAM

QuestionText: How much do you think [fill1: modality] helped [fill: S.C. name]'s [fill2: condition from CTP2CMST]? 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 children 4+ who have used second of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1-4,R,D> [goto CTP2MTR1]
2012 NHIS Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.619_00.000 Instrument Variable Name: CTP2MTR1 QuestionnaireFileName: Child CAM

QuestionText: Did [fill: S.C. name] receive any of the following medical treatments for [fill1: condition from CTP2CMST]?

Prescription medications?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have used second of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1,2,R,D> [goto CTP2MTR2]

---

Question ID: CAL.620_00.000 Instrument Variable Name: CTP2MTR2 QuestionnaireFileName: Child CAM

QuestionText: *Read if necessary.

Did [fill: S.C. name] receive any of the following medical treatments for [fill1: condition from CTP2CMST]?

Over-the-counter medications?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have used second of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1,2,R,D> [goto CTP2MTR3]
*Read if necessary.

Did [fill: S.C. name] receive any of the following medical treatments for [fill: condition from CTP2CMST]?

Surgery?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children 4+ who have used second of top three modalities and used modality to treat specific condition(s)

**SkipInstructions:** <1,2,R,D> [goto CTP2MTR4]

*Read if necessary.

Did [fill: S.C. name] receive any of the following medical treatments for [fill: condition from CTP2CMST]?

Physical therapy?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children 4+ who have used second of top three modalities and used modality to treat specific condition(s)

**SkipInstructions:** <1,2,R,D> [goto CTP2MTR5]
Question ID: CAL.623_00.000  Instrument Variable Name: CTP2MTR5  QuestionnaireFileName: Child CAM

QuestionText: *Read if necessary.

Did [fill: S.C. name] receive any of the following medical treatments for [fill1: condition from CTP1CMST]?

Mental health counseling?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have used second of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1,2,R,D> if CTP2MTR1=1 or CTP2MTR2=1 or CTP2MTR3=1 or CTP2MTR4=1 or CTP2MTR5=1  [goto CTP2RS1];
else if self-care modality (CAL_TP32=6,7,10-16) [goto CTP2RS5];
else [goto CTP2RS6]

Question ID: CAL.624_00.000  Instrument Variable Name: CTP2RS1  QuestionnaireFileName: Child CAM

QuestionText: DURING THE PAST 12 MONTHS, did [fill S.C. name] [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 children 4+ who have used second of top three modalities and used some type of treatment for specific condition(s)

SkipInstructions: <1,2,R,D> [goto CTP2RS2]
**Question ID:** CAL.625_00.000  **Instrument Variable Name:** CTP2RS2  **QuestionnaireFileName:** Child CAM

**QuestionText:**
*Read if necessary.

DURING THE PAST 12 MONTHS, did [fill S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

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

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children 4+ who have used second of top three modalities and used some type of treatment for specific condition(s)

**SkipInstructions:** <1,2,R,D> [goto CTP2RS3]

---

**Question ID:** CAL.626_00.000  **Instrument Variable Name:** CTP2RS3  **QuestionnaireFileName:** Child CAM

**QuestionText:**
*Read if necessary.

DURING THE PAST 12 MONTHS, did [fill S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

These medical treatments do not work for [fill: his/her] health problems?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children 4+ who have used second of top three modalities and used some type of treatment for specific condition(s)

**SkipInstructions:** <1,2,R,D> if CTP2MTR1=1 or CTP2MTR2=1 [goto CTP2RS4];
else if self-care modality (CAL_TP32=6,7,10-16) [goto CTP2RS5];
else [goto CTP2RS6]
DURING THE PAST 12 MONTHS, did [fill S.C. name] [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

Sample children 4+ who have used second of top three modalities and used prescription or over-the-counter medications to treat specific condition(s)

<1,2,R,D> if self-care modality (CAL_TP32=6,7,10-16) [goto CTP2RS5]; else [goto CTP2RS6]

DURING THE PAST 12 MONTHS, did [fill: S.C. name] [fill1: use modality] for any of these reasons?

Because it can be done without help from a specialist?

1  Yes
2  No
7  Refused
9  Don't know

Sample children 4+ who have used second of top three modalities and picked a self care modality

<1,2,R,D> [goto CTP2RS6]
Question ID: CAL.629_00.000  Instrument Variable Name: CTP2RS6  QuestionnaireFileName: Child CAM

**QuestionText:**

DURING THE PAST 12 MONTHS, did [fill: S.C. name] [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 children 4+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto CTP2RS7]

---

Question ID: CAL.630_00.000  Instrument Variable Name: CTP2RS7  QuestionnaireFileName: Child CAM

**QuestionText:**

*Read if necessary.

DURING THE PAST 12 MONTHS, did [fill S.C. name] [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 children 4+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto CTP2RS8]
Question ID: CAL.631_00.000  Instrument Variable Name: CTP2RS8  QuestionnaireFileName: Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did [fill S.C. name] [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 children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2RS9]

---

Question ID: CAL.632_00.000  Instrument Variable Name: CTP2RS9  QuestionnaireFileName: Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did [fill S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

It was part of [fill: his/her] upbringing?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2REC1]
Did [fill: S.C. name] [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 children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2REC2]

*Read if necessary.

Did [fill: S.C. name] [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 children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2REC3]
**2012 NHIS Questionnaire - Child CAM**

**Child Alternative Health/Complementary And Alternative Medicine**

**Document Version Date:** 24-May-13

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<tr>
<th>Question ID:</th>
<th>CAL.635_00.000</th>
<th>Instrument Variable Name:</th>
<th>CTP2REC3</th>
<th>QuestionnaireFileName:</th>
<th>Child CAM</th>
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<td>*Read if necessary.</td>
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<tr>
<td></td>
<td>Did [S.C. name] [fill1: see a practitioner for/use] [fill2: modality] because it was recommended by any of the following people?</td>
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<td></td>
<td>A friend?</td>
<td></td>
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<tr>
<td>1</td>
<td>Yes</td>
<td></td>
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<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>
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<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample children 4+ who have used second of top three modalities</td>
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<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; [goto CTP2REC4]</td>
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<th>CAL.636_00.000</th>
<th>Instrument Variable Name:</th>
<th>CTP2REC4</th>
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<th>Child CAM</th>
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<td>*Read if necessary.</td>
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<tr>
<td></td>
<td>Did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] because it was recommended by any of the following people?</td>
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<td></td>
<td>A co-worker of yours or a co-worker of another family member?</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>
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<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>
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<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample children 4+ who have used second of top three modalities</td>
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<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; [goto CTP2IMP]</td>
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</tbody>
</table>
DURING THE PAST 12 MONTHS, how important do you think [fill: S.C. name]'s use of [fill1: modality] was in maintaining [fill: his/her] 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

Sample children 4+ who have used second of top three modalities

<1-4,R,D> if CPROVTYP=1-4 [goto CTP2DS1];
else [goto CTP2INF1]

[fill1: Not including the practitioner [fill: S.C. name] saw for] [fill2: modality] DURING THE PAST 12 MONTHS, did you let [fill S.C. name]'s personal health care provider know about [fill: his/her] use of [fill3: modality]? 

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

1 Yes
2 No
7 Refused
9 Don't know

Sample children 4+ who have used second of top three modalities and has a personal health care provider

<1,R,D> [goto CTP2INF1]
<2> [goto CTP2DS2]
Question ID: CAL.639_00.000  Instrument Variable Name: CTP2DS2  QuestionnaireFileName: Child CAM

QuestionText: Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]? [fill: S.C. name] was not using it at the time?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ 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 CTP2DS3]

Question ID: CAL.640_00.000  Instrument Variable Name: CTP2DS3  QuestionnaireFileName: Child CAM

QuestionText: *Read if necessary.

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]? They discouraged use of it in the past?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ 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 CTP2DS4]
**Question ID:** CAL.641_00.000  
**Instrument Variable Name:** CTP2DS4  
**QuestionnaireFileName:** Child CAM

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

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?  
You were worried they would discourage it?  
1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample children 4+ 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 CTP2DS5]

---

**Question ID:** CAL.642_00.000  
**Instrument Variable Name:** CTP2DS5  
**QuestionnaireFileName:** Child CAM

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

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?  
You were concerned about a negative reaction?  
1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample children 4+ 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 CTP2DS6]
*Read if necessary.

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

You didn’t think they needed to know?

1  Yes
2  No
7  Refused
9  Don't know

Sample children 4+ 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 CTP2DS7]

*Read if necessary.

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

They didn't ask?

1  Yes
2  No
7  Refused
9  Don't know

Sample children 4+ 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 CTP2DS8]
**2012 NHIS Questionnaire - Child CAM**

**Child Alternative Health/Complementary And Alternative Medicine**

**Question ID:** CAL.645_00.000  **Instrument Variable Name:** CTP2DS8  **QuestionnaireFileName:** Child CAM

**QuestionText:**

*Read if necessary.*

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] 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 children 4+ 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 CTP2DS9]

---

**Question ID:** CAL.646_00.000  **Instrument Variable Name:** CTP2DS9  **QuestionnaireFileName:** Child CAM

**QuestionText:**

*Read if necessary.*

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] 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 children 4+ 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 CTP2INF1]
DURING THE PAST 12 MONTHS, did you or another family member get information about [fill1: modality] from any of the following sources?

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

Sample children 4+ who have used second of top three modalities

<1,2,R,D> [goto CTP2INF2]
**2012 NHIS Questionnaire - Child CAM**

**Child Alternative Health/Complementary And Alternative Medicine**

**Document Version Date:** 24-May-13

**Question ID:** CAL.677_00.000  **Instrument Variable Name:** CTP2INF3  **QuestionnaireFileName:** Child CAM

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

DURING THE PAST 12 MONTHS, did you or another family member 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 children 4+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto CTP2INF4]

**Question ID:** CAL.678_00.000  **Instrument Variable Name:** CTP2INF4  **QuestionnaireFileName:** Child CAM

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

DURING THE PAST 12 MONTHS, did you or another family member 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 children 4+ who have used second of top three modalities

**SkipInstructions:** <1,2,R,D> [goto CTP2INF5]
*Read if necessary.

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

Scientific articles?

1  Yes
2  No
7  Refused
9  Don't know

Sample children 4+ who have used second of top three modalities

<1,2,R,D> [goto CTP2INF6]
Did [fill: S.C. name] [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 children 4+ who have used third of top three modalities

<1,2,R,D> [goto CTP3REA2]

*Read if necessary.

Did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

To improve {fill: his/her} energy?

1  Yes
2  No
7  Refused
9  Don't know

Sample children 4+ who have used third of top three modalities

<1,2,R,D> [goto CTP3REA3]
**2012 NHIS Questionnaire - Child CAM**

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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**Question ID:** CAL.692_00.000  **Instrument Variable Name:** CTP3REA3  **QuestionnaireFileName:** Child CAM

**QuestionText:** *Read if necessary.

Did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

To improve [fill: his/her] immune function?

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

**UniverseText:** Sample children 4+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto CTP3REA4]

---

**Question ID:** CAL.693_00.000  **Instrument Variable Name:** CTP3REA4  **QuestionnaireFileName:** Child CAM

**QuestionText:** *Read if necessary.

Did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

To improve [fill: his/her] athletic or sports performance?

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

**UniverseText:** Sample children 4+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto CTP3REA5]
**Question ID:** CAL.694_00.000  **Instrument Variable Name:** CTP3REA5  **QuestionnaireFileName:** Child CAM

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

Did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

To improve [fill: his/her] memory or concentration?

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample children 4+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto CTP3MOT1]

---

**Question ID:** CAL.695_00.000  **Instrument Variable Name:** CTP3MOT1  **QuestionnaireFileName:** Child CAM

**QuestionText:** Do you think [fill1: seeing a practitioner for/using] [fill2: modality] motivated [fill: S.C. name] to

Eat healthier?

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample children 4+ who have used third of top three modalities

**SkipInstructions:** <1,2,R,D> [goto CTP3MOT2]
Question ID: CAL.696_00.000  Instrument Variable Name: CTP3MOT2  QuestionnaireFileName: Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] motivated [fill: S.C. name] to
Eat more organic foods?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3MOT3]

Question ID: CAL.697_00.000  Instrument Variable Name: CTP3MOT3  QuestionnaireFileName: Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] motivated [fill: S.C. name] to
Exercise more regularly?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3OUT1]
Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes? Give [fill: him/her] a sense of control over [fill: his/her] health?
1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have used third of top three modalities
SkipInstructions: <1,2,R,D> [goto CTP3OUT2]
Question ID: CAL.702_00.000  Instrument Variable Name: CTP3OUT3  QuestionnaireFileName: Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Help [fill: him/her] to sleep better?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3OUT4]

Question ID: CAL.703_00.000  Instrument Variable Name: CTP3OUT4  QuestionnaireFileName: Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Make [fill: him/her] feel better emotionally?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3OUT5]
Question ID: CAL.704_00.000  Instrument Variable Name: CTP3OUT5  QuestionnaireFileName: Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Make it easier for [him/her] to cope with health problems?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3OUT6]

Question ID: CAL.705_00.000  Instrument Variable Name: CTP3OUT6  QuestionnaireFileName: Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Improve [fill: his/her] overall health and make [fill: him/her] feel better?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3OUT7]
Question ID: CAL.706_00.000  Instrument Variable Name: CTP3OUT7  QuestionnaireFileName: Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Improve [fill: his/her] relationships with others?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3OUT8]

---

Question ID: CAL.707_00.000  Instrument Variable Name: CTP3OUT8  QuestionnaireFileName: Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Improve [fill: his/her] attendance at school?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> if CTP3CNT>1 [goto CTP3MOST]; else if CTP3CNT=1 [goto CTP3HELP]; else [goto CTP3TRET]
Of these reasons, which ONE was the most important for [fill: S.C. name] [fill1: using/seeing] [fill2: modality]?

*Read list below.

01 [fill3: his/her] general wellness or general disease prevention
02 To improve [fill3: his/her] energy
03 To improve [fill3: his/her] immune function
04 To improve [fill3: his/her] athletic or sports performance
05 To improve [fill3: his/her] 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 [fill4: him/her] a sense of control over [fill3: his/her] health
12 To help to reduce [fill3: his/her] stress level or to relax
13 To help [fill4: him/her] to sleep better
14 To make [fill4: him/her] feel better emotionally
15 To make it easier to cope with health problems
16 To improve [fill3: his/her] overall health and make [fill4: him/her] feel better
17 To improve [fill3: his/her] relationships with others
18 To improve [fill3: his/her] attendance at school
97 Refused
99 Don't know

Sample children 4+ who have used third of top three modalities and had two or more reasons for seeing a practitioner/using modality chosen
**Question ID:** CAL.709_00.000  
**Instrument Variable Name:** CTP3HELP  
**QuestionnaireFileName:** Child CAM

**QuestionText:** How much do you think [fill1: modality] helped [fill: S.C. name] [fill2: reason given in CTP1MOST 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 children 4+ who have used third of top three modalities and had a most important reason for using selected modality/seeing a practitioner for selected modality

**SkipInstructions:** <1-4,R,D> [goto CTP3TRET]

**Question ID:** CAL.710_00.000  
**Instrument Variable Name:** CTP3TRET  
**QuestionnaireFileName:** Child CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did [fill: S.C. name] [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 children 4+ who have used third of top three modalities

**SkipInstructions:** <1> [goto CTP3COND]  
<2,R,D> CAL_TP33 in (6,7,10-16) [goto CTP3RS5];  
else CAL_TP33 ne (6,7,10-16) [goto CTP3RS6]
<table>
<thead>
<tr>
<th></th>
<th>QuestionText</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Abdominal pain</td>
</tr>
<tr>
<td>02</td>
<td>Anemia</td>
</tr>
<tr>
<td>03</td>
<td>Feeling anxious, nervous or worried</td>
</tr>
<tr>
<td>04</td>
<td>Arthritis</td>
</tr>
<tr>
<td>05</td>
<td>Asthma</td>
</tr>
<tr>
<td>06</td>
<td>Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD)</td>
</tr>
<tr>
<td>07</td>
<td>Autism/Autism Spectrum Disorder</td>
</tr>
<tr>
<td>08</td>
<td>Cerebral palsy</td>
</tr>
<tr>
<td>09</td>
<td>Chickenpox</td>
</tr>
<tr>
<td>10</td>
<td>High cholesterol</td>
</tr>
<tr>
<td>11</td>
<td>Congenital heart disease</td>
</tr>
<tr>
<td>12</td>
<td>Constipation</td>
</tr>
<tr>
<td>13</td>
<td>Cystic fibrosis</td>
</tr>
<tr>
<td>14</td>
<td>Depression</td>
</tr>
<tr>
<td>15</td>
<td>Dental pain</td>
</tr>
<tr>
<td>16</td>
<td>Diabetes</td>
</tr>
<tr>
<td>17</td>
<td>Down syndrome</td>
</tr>
<tr>
<td>18</td>
<td>Eczema or skin allergy</td>
</tr>
<tr>
<td>19</td>
<td>Excessive sleepiness during the day</td>
</tr>
<tr>
<td>20</td>
<td>Fatigue or lack of energy more than 3 days</td>
</tr>
<tr>
<td>21</td>
<td>Fever more than 1 day</td>
</tr>
<tr>
<td>22</td>
<td>Food or digestive allergy</td>
</tr>
<tr>
<td>23</td>
<td>Frequent or repeated diarrhea or colitis</td>
</tr>
<tr>
<td>24</td>
<td>Gynecologic problem</td>
</tr>
<tr>
<td>25</td>
<td>Hay fever</td>
</tr>
<tr>
<td>26</td>
<td>Head or chest cold</td>
</tr>
<tr>
<td>27</td>
<td>Hearing problem</td>
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<tr>
<td>28</td>
<td>Hypertension</td>
</tr>
<tr>
<td>29</td>
<td>Influenza or pneumonia</td>
</tr>
<tr>
<td>30</td>
<td>Insomnia or trouble sleeping</td>
</tr>
<tr>
<td>31</td>
<td>Joint pain or stiffness</td>
</tr>
<tr>
<td>32</td>
<td>Low back pain</td>
</tr>
<tr>
<td>33</td>
<td>Intellectual disability, also known as mental retardation</td>
</tr>
<tr>
<td>34</td>
<td>Menstrual problems</td>
</tr>
<tr>
<td>35</td>
<td>Migraine headaches</td>
</tr>
<tr>
<td>36</td>
<td>Muscular dystrophy</td>
</tr>
<tr>
<td>37</td>
<td>Nausea and/or vomiting</td>
</tr>
<tr>
<td>38</td>
<td>Neck pain</td>
</tr>
<tr>
<td>39</td>
<td>Chronic pain</td>
</tr>
<tr>
<td>40</td>
<td>Muscle or bone pain</td>
</tr>
<tr>
<td>41</td>
<td>Other developmental delay</td>
</tr>
<tr>
<td>42</td>
<td>Heart condition</td>
</tr>
<tr>
<td>43</td>
<td>Problems with being overweight</td>
</tr>
<tr>
<td>44</td>
<td>Non-migraine headaches</td>
</tr>
<tr>
<td>45</td>
<td>Respiratory allergy</td>
</tr>
</tbody>
</table>
Seizures
Sickle cell anemia
Sinusitis
Sore throat other than strep or tonsillitis
Sprain or strain
Strep throat or tonsillitis
Frequent stress
Stuttering or stammering
Three or more ear infections
Vision problems
Other specify
Refused
Don't know

Sample children 4+ who have used third of top three modalities and saw a practitioner or used modality for a specific health problem, symptom or condition

<1-56> If CTP3CNT>1 [goto CTP3CMST],
else if CTP3CNT=1 [goto CTP3CHLP];
<56> [goto CTP3SPEC]
<R,D> if self-care modality (CAL_TP33 IN (6,7,10-16)) [goto CTP3RS5];
else (CAL_TP33 ne (6,7,10-16)) [goto CTP3RS6]

Sample children 4+ who have used third of top three modalities and used modality to treat other health problem or condition

<Allow 75> If CTP3CNT>1 [goto CTP3CMST],
elseif CTP3CNT=1 [goto CTP3CHLP];
<R,D> If CTP3CNT=1 and if self-care modality (CAL_TP33 IN (6,7,10-16)) [goto CTP3RS5];
else [goto CTP3RS6]
2012 NHIS Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.712_00.000  Instrument Variable Name: CTP3CMST  QuestionnaireFileName: Child CAM

QuestionText: For which ONE of these did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] the most?

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

01 Abdominal pain
02 Anemia
03 Feeling anxious, nervous or worried
04 Arthritis
05 Asthma
06 Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD)
07 Autism/Autism Spectrum Disorder
08 Cerebral palsy
09 Chickenpox
10 High cholesterol
11 Congenital heart disease
12 Constipation
13 Cystic fibrosis
14 Depression
15 Dental pain
16 Diabetes
17 Down syndrome
18 Eczema or skin allergy
19 Excessive sleepiness during the day
20 Fatigue or lack of energy more than 3 days
21 Fever more than 1 day
22 Food or digestive allergy
23 Frequent or repeated diarrhea or colitis
24 Gynecologic problem
25 Hay fever
26 Head or chest cold
27 Hearing problem
28 Hypertension
29 Influenza or pneumonia
30 Insomnia or trouble sleeping
31 Joint pain or stiffness
32 Low back pain
33 Intellectual disability, also known as mental retardation
34 Menstrual problems
35 Migraine headaches
36 Muscular dystrophy
37 Nausea and/or vomiting
38 Neck pain
39 Chronic pain
40 Muscle or bone pain
41 Other developmental delay
42 Heart condition
43 Problems with being overweight
44 Non-migraine headaches
45 Respiratory allergy
Seizures
Sickle cell anemia
Sinusitis
Sore throat other than strep or tonsillitis
Sprain or strain
Strep throat or tonsillitis
Frequent stress
Stuttering or stammering
Three or more ear infections
Vision problems
Other specify
Refused
Don’t know

Sample children 4+ who have used third of top three modalities and used modality to treat specific conditions and more than one condition selected

<1-56> [goto CTP3CHLP]
<R,D> if self-care modality (CAL_TP33=6,7,10-16) [goto CTP3RS5]; else [goto CTP3RS6]

How much do you think [fill1: modality] helped [fill: S.C. name]'s [fill2: condition from CTP3CMST]? 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

Sample children 4+ who have used third of top three modalities and used modality to treat specific condition(s)

<1-4,R,D> [goto CTP3MTR1]
**Question ID:** CAL.714_00.000  **Instrument Variable Name:** CTP3MTR1  **QuestionnaireFileName:** Child CAM

**QuestionText:**
Did [fill: S.C. name] receive any of the following medical treatments for [fill1: condition from CTP3CMST]?

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

**UniverseText:** Sample children 4+ who have used third of top three modalities and used modality to treat specific condition(s)

**SkipInstructions:** <1,2,R,D> [goto CTP3MTR2]

---

**Question ID:** CAL.715_00.000  **Instrument Variable Name:** CTP3MTR2  **QuestionnaireFileName:** Child CAM

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

Did [fill: S.C. name] receive any of the following medical treatments for [fill1: condition from CTP3CMST]?

- Over-the-counter medications?
  - 1 Yes
  - 2 No
  - 7 Refused
  - 9 Don't know

**UniverseText:** Sample children 4+ who have used third of top three modalities and used modality to treat specific condition(s)

**SkipInstructions:** <1,2,R,D> [goto CTP3MTR3]
*Read if necessary.

Did [fill: S.C. name] receive any of the following medical treatments for [fill1: condition from CTP3CMST]?

Surgery?

1  Yes
2  No
7  Refused
9  Don't know

Sample children 4+ who have used third of top three modalities and used modality to treat specific condition(s)

<1,2,R,D> [goto CTP3MTR4]

*Read if necessary.

Did [fill: S.C. name] receive any of the following medical treatments for [fill1: condition from CTP3CMST]?

Physical therapy?

1  Yes
2  No
7  Refused
9  Don't know

Sample children 4+ who have used third of top three modalities and used modality to treat specific condition(s)

<1,2,R,D> [goto CTP3MTR5]
Did [fill: S.C. name] receive any of the following medical treatments for [fill1: condition from CTP3CMST]?

- Mental health counseling?

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

UniverseText: Sample children 4+ who have used third of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1,2,R,D> if CTP3MTR1=1 or CTP3MTR2=1 or CTP3MTR3=1 or CTP3MTR4=1 or CTP3MTR5=1 [goto CTP3RS1];
else if self-care modality (CAL_TP33=6,7,10-16) [goto CTP3RS5];
else [goto CTP3RS6]

DURING THE PAST 12 MONTHS, did [fill S.C. name] [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 children 4+ who have used third of top three modalities and used treatments for specific condition(s)

SkipInstructions: <1,2,R,D> [goto CTP3RS2]
DURING THE PAST 12 MONTHS, did [fill S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

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

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have used third of top three modalities and used treatments for specific condition(s)

SkipInstructions: <1,2,R,D> [goto CTP3RS3]
2012 NHIS Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.722_00.000
Instrument Variable Name: CTP3RS4
QuestionnaireFileName: Child CAM

QuestionText:
*Read if necessary.

DURING THE PAST 12 MONTHS, did [fill S.C. name] [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 children 4+ 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 (CAL_TP33=6,7,10-16) [goto CTP3RS5]; else [goto CTP3RS6]

---

Question ID: CAL.723_00.000
Instrument Variable Name: CTP3RS5
QuestionnaireFileName: Child CAM

QuestionText:
DURING THE PAST 12 MONTHS, did [fill: S.C. name] [fill1: use modality] for any of these reasons?

Because it can be done without help from a specialist?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have used third of top three modalities and picked a self care modality

SkipInstructions: <1,2,R,D> [goto CTP3RS6]
Question ID: CAL.724_00.000  Instrument Variable Name: CTP3RS6  QuestionnaireFileName: Child CAM

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] [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 children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3RS7]

Question ID: CAL.725_00.000  Instrument Variable Name: CTP3RS7  QuestionnaireFileName: Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did [fill S.C. name] [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 children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3RS8]
*Read if necessary.

DURING THE PAST 12 MONTHS, did [fill S.C. name] [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 children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3RS9]

*Read if necessary.

DURING THE PAST 12 MONTHS, did [fill S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

It was part of [fill: his/her] upbringing?

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

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3REC1]
Question ID: CAL.728_00.000  Instrument Variable Name: CTP3REC1  QuestionnaireFileName: Child CAM

QuestionText: Did [fill: S.C. name] [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 children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3REC2]

---

Question ID: CAL.729_00.000  Instrument Variable Name: CTP3REC2  QuestionnaireFileName: Child CAM

QuestionText: *Read if necessary.

Did [fill: S.C. name] [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 children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3REC3]
*Read if necessary.

Did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] because it was recommended by any of the following people?

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

Sample children 4+ who have used third of top three modalities

<1,2,R,D> [goto CTP3REC4]
**Question ID:** CAL.732_00.000  
**Instrument Variable Name:** CTP3IMP  
**QuestionnaireFileName:** Child CAM

**Question Text:**

DURING THE PAST 12 MONTHS, how important do you think [fill: S.C. name]'s use of [fill1: modality] was in maintaining [fill: his/her] 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

**Universe Text:**

Sample children 4+ who have used third of top three modalities

**Skip Instructions:**

<1-4,R,D> if CPROVTYP=1-4 [goto CTP3DS1];
else [goto CTP3INF1]

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**Question ID:** CAL.733_00.000  
**Instrument Variable Name:** CTP3DS1  
**QuestionnaireFileName:** Child CAM

**Question Text:**


*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

**Universe Text:**

Sample children 4+ who have used third of top three modalities and has a personal health care provider

**Skip Instructions:**

<1,R,D> [goto CTP3INF1]
<2> [goto CTP3DS2]
**Question ID:** CAL.734_00.000  **Instrument Variable Name:** CTP3DS2  **QuestionnaireFileName:** Child CAM

**QuestionText:**

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

[fill: S.C. name] was not using it at the time?

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:**
Sample children 4+ 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 CTP3DS3]

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**Question ID:** CAL.735_00.000  **Instrument Variable Name:** CTP3DS3  **QuestionnaireFileName:** Child CAM

**QuestionText:**

*Read if necessary.*

Why didn't you tell [fill: S.C. name]’s personal health care provider about [fill: his/her] use of [fill1: modality]?

They discouraged use of it in the past?

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:**
Sample children 4+ 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 CTP3DS4]
**Question ID:** CAL.736_00.000  **Instrument Variable Name:** CTP3DS4  **QuestionnaireFileName:** Child CAM

**QuestionText:** *Read if necessary.

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

You were worried they would discourage it?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children 4+ 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 CTP3DS5]

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**Question ID:** CAL.737_00.000  **Instrument Variable Name:** CTP3DS5  **QuestionnaireFileName:** Child CAM

**QuestionText:** *Read if necessary.

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

You were concerned about a negative reaction?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children 4+ 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 CTP3DS6]
Question ID: CAL.738_00.000  Instrument Variable Name: CTP3DS6  QuestionnaireFileName: Child CAM

QuestionText: *Read if necessary.

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

You didn’t think they needed to know?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ 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 CTP3DS7]

Question ID: CAL.739_00.000  Instrument Variable Name: CTP3DS7  QuestionnaireFileName: Child CAM

QuestionText: *Read if necessary.

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

They didn't ask?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4+ 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 CTP3DS8]
Question ID: CAL.740_00.000  Instrument Variable Name: CTP3DS8  QuestionnaireFileName: Child CAM

QuestionText: *Read if necessary.

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] 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 children 4+ 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 CTP3DS9]

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Question ID: CAL.741_00.000  Instrument Variable Name: CTP3DS9  QuestionnaireFileName: Child CAM

QuestionText: *Read if necessary.

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] 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 children 4+ 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 CTP3INF1]
DURING THE PAST 12 MONTHS, did you or another family member get information about [fill1: modality] from any of the following sources?

The Internet?

1     Yes
2     No
7     Refused
9     Don't know

Sample children 4+ who have used third of top three modalities

<1,2,R,D> [goto CTP3INF2]

*Read if necessary.

DURING THE PAST 12 MONTHS, did you or another family member 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

Sample children 4+ who have used third of top three modalities

<1,2,R,D> [goto CTP3INF3]
DURING THE PAST 12 MONTHS, did you or another family member get information about [fill1: modality] from any of the following sources?

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

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3INF4]
DURING THE PAST 12 MONTHS, did you or another family member 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 children 4+ who have used third of top three modalities

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