
2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

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

Spanish Text: ? [F1]

Un proveedor personal de servicios de salud es un profesional de la salud que conoce a [fill S.C. name] bien y que tiene familiaridad con el historial de salud de [fill: el/ella]. Este puede ser un médico de cabecera o general, un médico especialista, enfermero(a) practicante, asistente de médico, u otro tipo de proveedor. ¿Hay alguna persona o personas que usted considera proveedor personal de servicios de salud para [fill S.C. name]?

- 1. Sí
- 2. No
- Refused
- Don't know

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

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

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

Spanish Text: ? [F1]

¿Qué tipo de proveedor(es) es?

*Read categories if necessary.

*Enter all that apply, separate with commas.

- 1. Doctor de Medicina (M.D., D.O.) incluyendo especialistas
- 2. Enfermero(a), Enfermero(a) Practicante, o Asistente de Médico
- 3. Quiropráctico, Acupuntor, or Naturópata
- 4. Otro
- Refused
- Don't know

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

Skip Instructions: <1-4,R,D> [goto CPRVUSPL]

2012 NHIS Spanish 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

Spanish Text: ? [F1]

Anteriormente usted dijo que [fill S.C. name] va habitualmente cuando [fill: el/ella] está enfermo(a). ¿Qué tipo de proveedor(es) ve [fill: el/ella] ahí?

*Read categories if necessary.

*Enter all that apply, separate with commas.

1. Doctor de Medicina (M.D., D.O.) incluyendo especialistas
 2. Enfermero(a), Enfermero(a) Practicante, o Asistente de Médico
 3. Quiropráctico, Acupuntor, or Naturópata
 4. Otro
- Refused
Don't know

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

Skip Instructions: <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

Spanish Text: ? [F1]

Anteriormente usted dijo que hay un lugar al que [fill S.C. name] va habitualmente cuando [fill: el/ella] necesita atención médica de rutina. ¿Qué tipo de proveedor(es) ve [fill: el/ella] ahí?

*Read categories if necessary.

*Enter all that apply, separate with commas.

1. Doctor de Medicina (M.D., D.O.) incluyendo especialistas
 2. Enfermero(a), Enfermero(a) Practicante, o Asistente de Médico
 3. Quiropráctico, Acupuntor, or Naturópata
 4. Otro
- Refused
Don't know

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

Skip Instructions: <1-4,R,D> [goto CCO_USE]

2012 NHIS Spanish 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

Spanish Text: ? [F1]

Ahora, voy a hacerle preguntas respecto a servicios de salud que [fill S.C. name] puedo haber usado.

¿Ha usado ALGUNA VEZ [fill S.C. name] una de estas terapias para su salud?

Manipulación Quiropráctico u Osteopática?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+

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

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

Spanish Text: ? [F1]

¿Ha visto ALGUNA VEZ [fill S.C. name] a un proveedor o practicante de manipulación quiropráctica u osteopática para [fill: el/ella] mismo(a)?

- 1. Sí
- 2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CCO_USEM]
<2,R,D>[goto CCO_USM]

Question ID: CAL.012_00.000 **Instrument Variable Name:** CCO_USEM **QuestionnaireFileName:** Child CAM

Spanish Text: ?[F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿vio [fill S.C. name] a un practicante para manipulación quiropráctica u osteopática?

- 1. Sí
- 2. No
- Refused
- Don't know

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

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

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.013_00.000 **Instrument Variable Name:** CCO_USM **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿utilizó [fill: S.C. name] manipulación quiropráctica u osteopática?

1. Sí
 2. No
- Refused
Don't know

Universe: 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

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

Question ID: CAL.014_00.000 **Instrument Variable Name:** CCO_TYPE **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuál vio [fill: el/ella], un quiropráctico o un médico osteopático?

1. Quiropráctico
 2. Médico osteopático
 3. Ambos
- Refused
Don't know

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

Skip Instructions: <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

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cuál practicante vio [fill: S.C. name] más veces?

1. Quiropráctico
 2. Médico osteopático
- Refused
Don't know

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

Skip Instructions: <1> if CPROVTYP=3 [goto CCO_PHCP];
 else [goto CCO_PTIM]
<2,R,D> [goto CCO_PTIM]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.016_00.000 **Instrument Variable Name:** CCO_PHCP **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Es este el proveedor personal de servicios de salud que usted mencionó anteriormente?

- 1. Sí
- 2. No
- Refused
- Don't know

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

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

Question ID: CAL.017_00.000 **Instrument Variable Name:** CCO_PTIM **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Sabe con exactitud el número de veces durante los últimos 12 meses que [fill: S.C. name] vio a un practicante para la manipulación [fill 1: quiropráctica/osteopática]?

- 1. Sí
- 2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CCO_TMNO]
<2,R,D> [goto CCO_TMCT]

Question ID: CAL.018_00.000 **Instrument Variable Name:** CCO_TMNO **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces vio [fill S.C. name] a un practicante para manipulación [fill 1: quiropráctica/osteopática]?

*Enter '52' for 52 or more times.

Allow 1-52,R,D

Universe: Sample children 4+ with a known number of times they have seen a practitioner for chiropractic or osteopathic manipulation in the past 12 months

Skip Instructions: <1-52,R,D> [goto CCO_HIC]

2012 NHIS Spanish 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

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿APROXIMADAMENTE cuántas veces vio [fill S.C. name] a un practicante para manipulación [fill 1: quiropráctica/osteopática]? Diría...

*Read categories below.

1. Solo 1 vez
2. 2-5 veces
3. 6-10 veces
4. 11-15 veces
5. 16-20 veces
6. 21-25 veces
7. Más de 25 veces
- Refused
- Don't know

Universe: 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

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

Question ID: CAL.021_00.000 **Instrument Variable Name:** CCO_HIC **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿estaba alguno de los costos de ver a un practicante para la manipulación [fill 1: quiropráctica/osteopática] cubierto por seguro de salud?

1. Sí
2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CCO_HICA]
<2,R,D> [goto CCO_HIT]

Question ID: CAL.022_00.000 **Instrument Variable Name:** CCO_HICA **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cubrió el seguro de salud todo el costo o solo parte del costo para que [fill: S.C. name] viera a un practicante para manipulación [fill 1: quiropráctica/osteopática]?

1. Todo el costo
2. Parte del costo
- Refused
- Don't know

Universe: 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

Skip Instructions: <1> [goto CCO_MAT]
<2,R,D> [goto CCO_HIT]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.023_00.000 **Instrument Variable Name:** CCO_HIT **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Sabe la cantidad total que se pagó en los últimos 12 meses para que [fill: S.C. name] viera a un practicante de manipulación [fill 1: quiropráctica/osteopática] [fill 2: sin incluir la parte pagada por el seguro]?

- 1. Sí
- 2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CCO_HITS]
<2,R,D> [goto CCO_AVGC]

Question ID: CAL.024_00.000 **Instrument Variable Name:** CCO_HITS **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuánto en total pagó en los últimos 12 meses para que [fill: S.C. name] viera a un practicante de manipulación [fill1: quiropráctica/osteopática] [fill2: sin incluir la parte pagada por el seguro]?

*Enter '0' for no cost or free.

Allow \$0-26000,R,D

Universe: Sample children 4+ where the amount paid is known for chiropractic or osteopathic manipulation in the past 12 months

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

Question ID: CAL.025_00.010 **Instrument Variable Name:** CCO_AVGC **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Sabe la cantidad en promedio que usted pagó por [fill: S.C. name] en los últimos 12 meses por cada visita para manipulación [fill1: quiropráctica/osteopática] [fill2: sin incluir la parte pagada por el seguro]?

- 1. Sí
- 2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CCO_AVGS]
<2,R,D> [goto CCO_MAT]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.026_00.000 **Instrument Variable Name:** CCO_AVGS **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuánto se pagó en promedio de bolsillo por cada visita de [fill: S.C name] a un practicante para manipulación [fill 1: quiropráctica/osteopática]?

Enter '0' if no cost or free.

Allow \$0-500,R,D

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

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

Question ID: CAL.027_00.000 **Instrument Variable Name:** CCO_MAT **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿compró usted u otro familiar un libro de auto-ayuda u otros materiales como un DVD, CD o Video para aprender algo sobre el uso de la manipulación [fill 1: quiropráctica/osteopática] por [fill: S.C. name]?

1. Sí
 2. No
- Refused
Don't know

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

Skip Instructions: <1> [goto CCO_MATC]
<2,R,D> [goto CMS_USE]

Question ID: CAL.028_00.000 **Instrument Variable Name:** CCO_MATC **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuánto se pagó por estos materiales durante los últimos 12 meses?

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

Allow \$0-200,R,D

Universe: Sample children 4+ who have bought self-help materials for chiropractic or osteopathic manipulation in the past 12 months

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

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

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

Spanish Text: ? [F1]

¿Ha usado ALGUNA VEZ [fill: S.C. name] una de estas terapias para su salud?

Masaje?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+

Skip Instructions: <1> [goto CMS_EVER]
<2,R,D>[goto CAC_USE]

Question ID: CAL.038_00.000 **Instrument Variable Name:** CMS_EVER **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

¿Ha visto ALGUNA VEZ [fill: S.C. name] a un proveedor o practicante de masaje para [fill: el/ella] mismo(a)?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have ever used massage

Skip Instructions: <1> [goto CMS_USEM]
<2,R,D> [goto CMS_USM]

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

Spanish Text: ?[F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿vio [fill S.C. name] a un practicante para masaje?

1. Sí
 2. No
- Refused
Don't know

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

Skip Instructions: <1>[goto CMS_PTIM]
<2,R,D> [goto CMS_USM]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.040_00.000 **Instrument Variable Name:** CMS_USM **QuestionnaireFileName:** Child CAM

Spanish Text: ?[F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿utilizó [fill S.C. name] el masaje?

- 1. Sí
- 2. No
- Refused
- Don't know

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

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

Question ID: CAL.041_00.000 **Instrument Variable Name:** CMS_PTIM **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Sabe con exactitud el número de veces durante los últimos 12 meses que [fill: S.C. name] vio a un practicante para masaje?

- 1. Sí
- 2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CMS_TMNO]
<2,R,D> [goto CMS_TMCT]

Question ID: CAL.042_00.000 **Instrument Variable Name:** CMS_TMNO **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces vio [fill S.C. name] a un practicante para masaje?

*Enter '52' for 52 or more times.

Allow 1-52,R,D

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

Skip Instructions: <1-52,R,D> [goto CMS_HIC]

2012 NHIS Spanish 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

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿APROXIMADAMENTE cuántas veces vio [fill S.C. name] a un practicante para masaje? Diría...

1. Solo 1 vez
 2. 2-5 veces
 3. 6-10 veces
 4. 11-15 veces
 5. 16-20 veces
 6. 21-25 veces
 7. Más de 25 veces
- Refused
Don't know

Universe: 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

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

Question ID: CAL.044_00.000 **Instrument Variable Name:** CMS_HIC **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿estaba alguno de los costos de ver a un practicante para el masaje cubierto por seguro de salud?

1. Sí
 2. No
- Refused
Don't know

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

Skip Instructions: <1> [goto CMS_HICA]
<2,R,D> [goto CMS_HIT]

Question ID: CAL.045_00.000 **Instrument Variable Name:** CMS_HICA **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cubrió el seguro de salud todo el costo o solo parte del costo para que [fill: S.C. name] viera a un practicante del masaje?

1. Todo el costo
 2. Parte del costo
- Refused
Don't know

Universe: 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]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

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

Spanish Text: ¿Sabe la cantidad total que se pagó en los últimos 12 meses para que [fill: S.C. name] viera a un practicante del masaje [fill1: sin incluir la parte pagada por el seguro]?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: 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 **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuánto en total se pagó en los últimos 12 meses para que [fill: S.C. name] viera a un practicante del masaje [fill 1: sin incluir la parte pagada por el seguro]?

*Enter '0' for no cost or free.

Allow \$0-26000,R,D

Universe: 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]

Question ID: CAL.048_00.000 **Instrument Variable Name:** CMS_AVGC **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Sabe la cantidad promedio que se pagó en los últimos 12 meses por cada visita de [fill: S.C. name] para el masaje [fill1: sin incluir la parte pagada por el seguro]?

- 1. Sí
- 2. No
- Refused
- Don't know

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

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

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

Spanish Text: ¿Cuánto se pagó en promedio de bolsillo por cada visita de [fill: S.C name] a un practicante para el masaje?

*Enter '0' if no cost or free.

Allow \$0-500,R,D

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

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

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

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

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿compró usted u otro familiar un libro de auto-ayuda u otros materiales como un DVD, CD, o Video para aprender algo sobre el uso del masaje por [fill: S.C. name]?

- 1. Sí
- 2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CMS_MATC]
<2,R,D> [goto CAC_USE]

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

Spanish Text: ¿Cuánto se pagó por estos materiales durante los últimos 12 meses?

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

Allow \$0-200,R,D

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

Skip Instructions: <0-200,R,D> [goto CAC_USE]

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

Spanish Text: ? [F1]

¿Ha usado ALGUNA VEZ [fill: S.C. name] una de estas terapias para su salud?

Acupuntura?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+

Skip Instructions: <1> [goto CAC_EVER]
<2,R,D>[goto CEH_USE]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.062_00.000 **Instrument Variable Name:** CAC_EVER **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Ha visto ALGUNA VEZ [fill: S.C. name] a un proveedor o practicante de acupuntura para [fill: el/ella] mismo(a)?

1. Sí
2. No
Refused
Don't know

Universe: Sample children 4+ who have ever used acupuncture

Skip Instructions: <1> [goto CAC_USEM]
 <2,R,D> [goto CAC_USM]

Question ID: CAL.063_00.000 **Instrument Variable Name:** CAC_USEM **QuestionnaireFileName:** Child CAM

Spanish Text: ?[F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿vio [fill S.C. name] a un practicante para la acupuntura?

1. Sí
2. No
Refused
Don't know

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

Skip Instructions: <1> [goto CAC_PTIM]
 <2,R,D> [goto CAC_USM]

Question ID: CAL.064_00.000 **Instrument Variable Name:** CAC_USM **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿utilizó [fill S.C. name] la acupuntura?

1. Sí
2. No
Refused
Don't know

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

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

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.065_00.000 **Instrument Variable Name:** CAC_PTIM **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Sabe con exactitud el número de veces durante los últimos 12 meses que [fill: S.C. name] vio a un practicante para la acupuntura?

1. Sí
 2. No
- Refused
Don't know

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

Skip Instructions: <1> [goto CAC_TMNO]
<2,R,D> [goto CAC_TMCT]

Question ID: CAL.066_00.000 **Instrument Variable Name:** CAC_TMNO **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces vio [fill S.C. name] a un practicante para la acupuntura?

*Enter '52' for 52 or more times.
Allow 1-52,R,D

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

Skip Instructions: <1-52,R,D> [goto CAC_HIC]

Question ID: CAL.067_00.000 **Instrument Variable Name:** CAC_TMCT **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿APROXIMADAMENTE cuántas veces vio [fill S.C. name] a un practicante para la acupuntura? Diría...

*Read categories below.

1. Solo 1 vez
2. 2-5 veces
3. 6-10 veces
4. 11-15 veces
5. 16-20 veces
6. 21-25 veces
7. Más de 25 veces

Refused
Don't know

Universe: 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

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

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

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

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿estaba alguno de los costos de ver a un practicante de acupuntura cubierto por seguro de salud?

- 1. Sí
- 2. No
- Refused
- Don't know

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

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

Question ID: CAL.069_00.000 **Instrument Variable Name:** CAC_HICA **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cubrió el seguro de salud todo el costo o solo parte del costo para que [fill: S.C. name] viera a un practicante de acupuntura?

- 1. Todo el costo
- 2. Parte del costo
- Refused
- 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 ID: CAL.070_00.000 **Instrument Variable Name:** CAC_HIT **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Sabe la cantidad total que se pagó en los últimos 12 meses para que [fill: S.C. name] viera a un practicante de acupuntura [fill1: sin incluir la parte pagada por el seguro]?

- 1. Sí
- 2. No
- Refused
- 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]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.071_00.000 **Instrument Variable Name:** CAC_HITS **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuánto en total se pagó durante los últimos 12 meses para que [fill: S.C. name] viera a un practicante de acupuntura [fill1: sin incluir la parte pagada por el seguro]?

*Enter '0' for no cost or free.

Allow \$0-26000,R,D

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

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

Question ID: CAL.072_00.000 **Instrument Variable Name:** CAC_AVGC **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Sabe la cantidad en promedio que se pagó en los últimos 12 meses por cada visita de [fill: S.C. name] para la acupuntura [fill1: sin incluir la parte pagada por el seguro]?

1. Sí
2. No
- Refused
- Don't know

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

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

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

Spanish Text: ¿Cuánto se pagó en promedio de bolsillo por cada visita de [fill: S.C name] a un practicante de acupuntura?

*Enter '0' if no cost or free.

Allow \$0-500,R,D

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

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

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

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿compró usted u otro familiar un libro de auto-ayuda u otros materiales como un DVD, CD, o Video para aprender algo sobre el uso de la acupuntura por [fill: S.C. name]?

1. Sí
2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CAC_MATC]
 <2,R,D> [goto CEH_USE]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.075_00.000 **Instrument Variable Name:** CAC_MATC **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuánto se pagó por estos materiales durante los últimos 12 meses?

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

Allow \$0-200,R,D

Universe: 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.085_00.000 **Instrument Variable Name:** CEH_USE **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

¿Ha usado ALGUNA VEZ [fill: S.C. name] una de estas terapias para su salud?

Terapia de Sanación Energética?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+

Skip Instructions: <1> [goto CEH_EVER]
<2,R,D>[goto CNT_USE]

Question ID: CAL.086_00.000 **Instrument Variable Name:** CEH_EVER **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

¿Ha visto ALGUNA VEZ [fill: S.C. name] a un proveedor o practicante de terapia de sanación energética para [fill: el/ella] mismo(a)?

1. Sí
 2. No
- Refused
Don't know

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

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

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

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

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿vio [fill: S.C. name] a un practicante de terapia de sanación energética?

- 1. Sí
- 2. No
- Refused
- Don't know

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

Skip Instructions: <1>[goto CEH_PTIM]
<2,R,D> [goto CEH_USM]

Question ID: CAL.088_00.000 **Instrument Variable Name:** CEH_USM **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿utilizó [fill: S.C. name] la terapia de sanación energética?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: 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

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

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

Spanish Text: ¿Sabe con exactitud el número de veces durante los últimos 12 meses que [fill: S.C. name] vio a un practicante para la terapia de sanación energética?

- 1. Sí
- 2. No
- Refused
- Don't know

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

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

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine

 Document Version Date: 24-May-13

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

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces vio [fill S.C. name] a un practicante para la terapia de sanación energética?

*Enter '52' for 52 or more times.

Allow 1-52,R,D

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

Skip Instructions: <1-52,R,D> [goto CEH_HIC]

Question ID: CAL.091_00.000 **Instrument Variable Name:** CEH_TMCT **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿APROXIMADAMENTE cuántas veces vio [fill S.C. name] a un practicante para la terapia de sanación energética? Diría...

*Read categories below.

1. Solo 1 vez
2. 2-5 veces
3. 6-10 veces
4. 11-15 veces
5. 16-20 veces
6. 21-25 veces
7. Más de 25 veces
- Refused
- Don't know

Universe: 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

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

Question ID: CAL.092_00.000 **Instrument Variable Name:** CEH_HIC **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿estaba alguno de los costos de ver a un practicante para la terapia de sanación energética cubierto por seguro de salud?

1. Sí
2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CEH_HICA]
 <2,R,D> [goto CEH_HIT]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.093_00.000 **Instrument Variable Name:** CEH_HICA **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cubrió el seguro de salud todo el costo o solo parte del costo para que [fill: S.C. name] viera a un practicante para la terapia de sanación energética?

- 1. Todo el costo
- 2. Parte del costo
- Refused
- Don't know

Universe: 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

Skip Instructions: <1> [goto CEH_MAT]
<2,R,D> [goto CEH_HIT]

Question ID: CAL.094_00.000 **Instrument Variable Name:** CEH_HIT **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Sabe la cantidad total que se pagó en los últimos 12 meses para que [fill: S.C. name] viera a un practicante para la terapia de sanación energética [fill1: sin incluir la parte pagada por el seguro]?

- 1. Sí
- 2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CEH_HITS]
<2,R,D> [goto CEH_AVGC]

Question ID: CAL.095_00.000 **Instrument Variable Name:** CEH_HITS **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuánto en total se pagó durante los últimos 12 meses para que [fill: S.C. name] viera a un practicante para la terapia de sanación energética [fill1: sin incluir la parte pagada por el seguro]?

*Enter '0' for no cost or free.
Allow \$0-26000,R,D

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

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

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.096_00.000 **Instrument Variable Name:** CEH_AVGC **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Sabe la cantidad promedio que se pagó en los últimos 12 meses por cada visita de [fill: S.C. name] para terapia de sanación energética [fill1: sin incluir la parte pagada por el seguro]?

- 1. Sí
- 2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CEH_AVGS]
<2,R,D> [goto CEH_MAT]

Question ID: CAL.097_00.000 **Instrument Variable Name:** CEH_AVGS **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuánto se pagó en promedio de bolsillo por cada visita de [fill: S.C name] a un practicante de terapia de sanación energética?

*Enter '0' if no cost or free.
Allow \$0-500,R,D

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

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

Question ID: CAL.098_00.000 **Instrument Variable Name:** CEH_MAT **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿compró usted u otro familiar un libro de auto-ayuda u otros materiales como un DVD, CD, o Video para aprender algo sobre el uso de la terapia de sanación energética por [fill: S.C. name]?

- 1. Sí
- 2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CEH_MATC]
<2,R,D> [goto CNT_USE]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.099_00.000 **Instrument Variable Name:** CEH_MATC **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuánto se pagó por estos materiales durante los últimos 12 meses?

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

Allow \$0-200,R,D

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

Skip Instructions: <0-200,R,D> [goto CNT_USE]

Question ID: CAL.109_00.000 **Instrument Variable Name:** CNT_USE **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

¿Ha usado ALGUNA VEZ [fill: S.C. name] una de estas terapias para su salud?

Naturopatía?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+

Skip Instructions: <1> [goto CNT_EVER]
<2,R,D>[goto CHY_USE]

Question ID: CAL.110_00.000 **Instrument Variable Name:** CNT_EVER **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

¿Ha visto ALGUNA VEZ [fill: S.C. name] a un proveedor o practicante de naturopatía para [fill: el/ella] mismo(a)?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have ever used naturopathy

Skip Instructions: <1> [goto CNT_USEM]
<2,R,D>[goto CNT_USM]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.111_00.000 **Instrument Variable Name:** CNT_USEM **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿vio [fill: S.C. name] a un practicante de naturopatía?

- 1. Sí
- 2. No
- Refused
- Don't know

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

Skip Instructions: <1>[goto CNT_PTIM]
<2,R,D> [goto CNT_USM]

Question ID: CAL.112_00.000 **Instrument Variable Name:** CNT_USM **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿utilizó [fill: S.C. name] la naturopatía?

- 1. Sí
- 2. No
- Refused
- Don't know

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

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

Question ID: CAL.113_00.000 **Instrument Variable Name:** CNT_PTIM **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Sabe con exactitud el número de veces durante los últimos 12 meses que [fill: S.C. name] vio a un practicante para la naturopatía?

- 1. Sí
- 2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CNT_TMNO]
<2,R,D> [goto CNT_TMCT]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.114_00.000 **Instrument Variable Name:** CNT_TMNO **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces vio [fill S.C. name] a un practicante para la naturopatía?
 *Enter '52' for 52 or more times.
 Allow 1-52,R,D

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

Skip Instructions: <1-52,R,D> [goto CNT_HIC]

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

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿APROXIMADAMENTE cuántas veces vio [fill S.C. name] a un practicante para la naturopatía? Diría...
 *Read categories below.
 1. Solo 1 vez
 2. 2-5 veces
 3. 6-10 veces
 4. 11-15 veces
 5. 16-20 veces
 6. 21-25 veces
 7. Más de 25 veces
 Refused
 Don't know

Universe: 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

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

Question ID: CAL.116_00.000 **Instrument Variable Name:** CNT_HIC **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿estaba alguno de los costos de ver a un practicante para la naturopatía cubierto por seguro de salud?
 1. Sí
 2. No
 Refused
 Don't know

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

Skip Instructions: <1> [goto CNT_HICA]
 <2,R,D> [goto CNT_HIT]

2012 NHIS Spanish 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

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cubrió el seguro de salud todo el costo o solo parte del costo para que [fill: S.C. name] viera a un practicante para la naturopatía?

- 1. Todo el costo
- 2. Parte del costo
- Refused
- Don't know

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

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

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

Spanish Text: ¿Sabe la cantidad total que se pagó en los últimos 12 meses para que [fill: S.C. name] viera a un practicante de naturopatía [fill1: sin incluir la parte pagada por el seguro]?

- 1. Sí
- 2. No
- Refused
- Don't know

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

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

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

Spanish Text: ¿Cuánto en total se pagó durante los últimos 12 meses para que [fill: S.C. name] viera a un practicante de naturopatía [fill1: sin incluir la parte pagada por el seguro]?

Allow \$0-26000,R,D

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

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

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.120_00.000 **Instrument Variable Name:** CNT_AVGC **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Sabe la cantidad promedio que se pagó en los últimos 12 meses por cada visita de [fill: S.C. name] para la naturopatía [fill: sin incluir la parte pagada por el seguro]?

- 1. Sí
- 2. No
- Refused
- Don't know

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

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

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

Spanish Text: ¿Cuánto se pagó en promedio de bolsillo por cada visita de [fill: S.C name] a un practicante de naturopatía?

*Enter '0' if no cost or free.

Allow \$0-500,R,D

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

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

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

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿compró usted u otro familiar un libro de auto-ayuda u otros materiales como un DVD, CD, o Video para aprender algo sobre el uso de la naturopatía por [fill: S.C. name]?

- 1. Sí
- 2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CNT_MATC]
<2,R,D> [goto CHY_USE]

Question ID: CAL.123_00.000 **Instrument Variable Name:** CNT_MATC **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuánto se pagó por estos materiales durante los últimos 12 meses?

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

Allow \$0-200,R,D

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

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

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

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

Spanish Text: ? [F1]

¿Ha usado ALGUNA VEZ [fill: S.C. name] una de estas terapias para su salud?

Hipnosis?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+

Skip Instructions: <1> [goto CHY_EVER]
<2,R,D>[goto CBI_USE]

Question ID: CAL.134_00.000 **Instrument Variable Name:** CHY_EVER **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

¿Ha visto ALGUNA VEZ [fill: S.C. name] a un proveedor o practicante de hipnosis para [fill: el/ella] mismo(a)?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have ever used hypnosis

Skip Instructions: <1> [goto CHY_USEM]
<2,R,D>[goto CHY_USM]

Question ID: CAL.135_00.000 **Instrument Variable Name:** CHY_USEM **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿vio [fill: S.C. name] a un practicante de hipnosis?

1. Sí
 2. No
- Refused
Don't know

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

Skip Instructions: <1>[goto CHY_BRTH]
<2,R,D> [goto CHY_USM]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.136_00.000 **Instrument Variable Name:** CHY_BRTH **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

¿Sabe usted si [fill: S.C. name] hizo ejercicios de respiración como parte de la hipnosis? Ejercicios de respiración pueden implicar el control activo de la forma en que el aire se respira, o la rapidéz o profundidad de la respiración.

1. Sí
 2. No
- Refused
Don't know

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

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

Question ID: CAL.137_00.000 **Instrument Variable Name:** CHY_USM **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿utilizó [fill: S.C. name] la hipnosis?

1. Sí
 2. No
- Refused
Don't know

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

Skip Instructions: <1> [goto CHY_MAT]
<2,R,D> [goto CBI_USE]

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

Spanish Text: ¿Sabe con exactitud el número de veces durante los últimos 12 meses que [fill: S.C. name] vio a un practicante para la hipnosis?

1. Sí
 2. No
- Refused
Don't know

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

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

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

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

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces vio [fill S.C. name] a un practicante para la hipnosis?
 *Enter '52' for 52 or more times.
 Allow 1-52,R,D

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

Skip Instructions: <1-52,R,D> [goto CHY_HIC]

Question ID: CAL.140_00.000 **Instrument Variable Name:** CHY_TMCT **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿APROXIMADAMENTE cuántas veces vio [fill S.C. name] a un practicante para la hipnosis? Diría...
 *Read categories below.
 1. Solo 1 vez
 2. 2-5 veces
 3. 6-10 veces
 4. 11-15 veces
 5. 16-20 veces
 6. 21-25 veces
 7. Más de 25 veces
 Refused
 Don't know

Universe: 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

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

Question ID: CAL.141_00.000 **Instrument Variable Name:** CHY_HIC **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿estaba alguno de los costos de ver a un practicante para la hipnosis cubierto por seguro de salud?
 1. Sí
 2. No
 Refused
 Don't know

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

Skip Instructions: <1> [goto CHY_HICA]
 <2,R,D> [goto CHY_HIT]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.142_00.000 **Instrument Variable Name:** CHY_HICA **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cubrió el seguro de salud todo el costo o solo parte del costo para que [fill: S.C. name] viera a un practicante para la hipnosis?

- 1. Todo el costo
- 2. Parte del costo
- Refused
- Don't know

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

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

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

Spanish Text: ¿Sabe la cantidad total que se pagó en los últimos 12 meses para que [fill: S.C. name] viera a un practicante para la hipnosis [fill1: sin incluir la parte pagada por el seguro]?

- 1. Sí
- 2. No
- Refused
- Don't know

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

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

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

Spanish Text: ¿Cuánto en total se pagó durante los últimos 12 meses para que [fill: S.C. name] viera a un practicante para la hipnosis [fill1: sin incluir la parte pagada por el seguro]?

*Enter '0' for no cost or free.

Allow \$0-26000,R,D

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

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

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.145_00.000 **Instrument Variable Name:** CHY_AVGC **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Sabe la cantidad promedio que se pagó en los últimos 12 meses por cada visita de [fill: S.C. name] para la hipnosis [fill1: sin incluir la parte pagada por el seguro]?

- 1. Sí
- 2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CHY_AVGS]
<2,R,D> [goto CHY_MAT]

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

Spanish Text: ¿Cuánto se pagó en promedio de bolsillo por cada visita de [fill: S.C name] a un practicante para la hipnosis?

*Enter '0' if no cost or free.

Allow \$0-500,R,D

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

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

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

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿compró usted u otro familiar un libro de auto-ayuda u otros materiales como un DVD, CD, o Video para aprender algo sobre el uso de la hipnosis por [fill: S.C. name]?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: 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

Skip Instructions: <1> [goto CHY_MATC]
<2,R,D> [goto CBI_USE]

Question ID: CAL.148_00.000 **Instrument Variable Name:** CHY_MATC **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuánto se pagó por estos materiales durante los últimos 12 meses?

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

Allow \$0-200,R,D

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

Skip Instructions: <0-200,R,D> [goto CBI_USE]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

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

Spanish Text: ? [F1]

¿Ha usado ALGUNA VEZ [fill: S.C. name] una de estas terapias para su salud?

Biorretroalimentación?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+

Skip Instructions: <1> [goto CBI_EVER]
<2,R,D>[goto CAY_USE]

Question ID: CAL.159_00.000 **Instrument Variable Name:** CBI_EVER **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

¿Ha visto ALGUNA VEZ [fill: S.C. name] a un proveedor o practicante de biorretroalimentación para [fill: el/ella] mismo(a)?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have ever used biofeedback

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

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

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿vio [fill: S.C. name] a un practicante para la biorretroalimentación?

1. Sí
 2. No
- Refused
Don't know

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

Skip Instructions: <1>[goto CBI_BRTH]
<2,R,D> [goto CBI_USM]

2012 NHIS Spanish 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

Spanish Text: ? [F1]

¿Hizo [fill: S.C. name] ejercicios de respiración como parte de la biorretroalimentación? Ejercicios de respiración pueden implicar el control activo de la forma en que el aire se respira, o la rapidéz o profundidad de la respiración.

1. Sí
 2. No
- Refused
Don't know

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

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

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

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿utilizó [fill: S.C. name] la biorretroalimentación?

1. Sí
 2. No
- Refused
Don't know

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

Skip Instructions: <1> [goto CBI_MAT]
<2,R,D> [goto CAY_USE]

Question ID: CAL.163_00.000 **Instrument Variable Name:** CBI_PTIM **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Sabe con exactitud el número de veces durante los últimos 12 meses que [fill: S.C. name] vio a un practicante para la biorretroalimentación?

1. Sí
 2. No
- Refused
Don't know

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

Skip Instructions: <1> [goto CBI_TMNO]
<2,R,D> [goto CBI_TMCT]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

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

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces vio [fill S.C. name] a un practicante para la biorretroalimentación?

*Enter '52' for 52 or more times.

Allow 1-52,R,D

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

Skip Instructions: <1-52,R,D> [goto CBI_HIC]

Question ID: CAL.165_00.000 **Instrument Variable Name:** CBI_TMCT **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿APROXIMADAMENTE cuántas veces vio [fill S.C. name] a un practicante para la biorretroalimentación? Diría...

*Read categories below.

1. Solo 1 vez
 2. 2-5 veces
 3. 6-10 veces
 4. 11-15 veces
 5. 16-20 veces
 6. 21-25 veces
 7. Más de 25 veces
- Refused
Don't know

Universe: 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

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

Question ID: CAL.166_00.000 **Instrument Variable Name:** CBI_HIC **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿estaba alguno de los costos de ver a un practicante de biorretroalimentación cubierto por seguro de salud?

1. Sí
 2. No
- Refused
Don't know

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

Skip Instructions: <1> [goto CBI_HICA]
<2,R,D> [goto CBI_HIT]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.167_00.000 **Instrument Variable Name:** CBI_HICA **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cubrió el seguro de salud todo el costo o solo parte del costo para que [fill: S.C. name] viera a un practicante de biorretroalimentación?

- 1. Todo el costo
- 2. Parte del costo
- Refused
- Don't know

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

Skip Instructions: <1> [goto CBI_MAT]
<2,R,D> [goto CBI_HIT]

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

Spanish Text: ¿Sabe la cantidad total que se pagó en los últimos 12 meses para que [fill: S.C. name] viera a un practicante para la biorretroalimentación [fill1: sin incluir la parte pagada por el seguro]?

- 1. Sí
- 2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CBI_HITS]
<2,R,D> [goto CBI_AVGC]

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

Spanish Text: ¿Cuánto en total se pagó durante los últimos 12 meses para que [fill: S.C. name] viera a un practicante para la biorretroalimentación [fill1: sin incluir la parte pagada por el seguro]?

*Enter '0' for no cost or free.

Allow \$0-26000,R,D

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

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

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.170_00.000 **Instrument Variable Name:** CBI_AVGC **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Sabe la cantidad promedio que se pagó en los últimos 12 meses por cada visita de [fill: S.C. name] para la biorretroalimentación [fill1: sin incluir la parte pagada por el seguro]?

- 1. Sí
- 2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CBI_AVGS]
<2,R,D> [goto CBI_MAT]

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

Spanish Text: ¿Cuánto se pagó en promedio de bolsillo por cada visita de [fill: S.C name] a un practicante de biorretroalimentación?

*Enter '0' if no cost or free.
Allow \$0-500,R,D

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

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

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

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿compró usted u otro familiar un libro de auto-ayuda u otros materiales como un DVD, CD, o Video para aprender algo sobre el uso de la biorretroalimentación por [fill: S.C. name]?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: 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

Skip Instructions: <1> [goto CBI_MATC]
<2,R,D> [goto CAY_USE]

2012 NHIS Spanish 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

Spanish Text: ¿Cuánto se pagó por estos materiales durante los últimos 12 meses?

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

Allow \$0-200,R,D

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

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

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

Spanish Text: ? [F1]

¿Ha usado ALGUNA VEZ [fill: S.C. name] una de estas terapias para su salud?

Ayurveda?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+

Skip Instructions: <1> [goto CAY_EVER]
<2,R,D>[goto CCH_USE]

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

Spanish Text: ? [F1]

¿Ha visto ALGUNA VEZ [fill: S.C. name] a un proveedor o practicante de ayurveda para [fill: el/ella] mismo(a)?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have ever used ayurveda

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

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.188_00.000 **Instrument Variable Name:** CAY_TMNO **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces vio [fill S.C. name] a un practicante para la ayurveda?

*Enter '52' for 52 or more times.

Allow 1-52,R,D

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

Skip Instructions: <1-52,R,D> [goto CAY_HIC]

Question ID: CAL.189_00.000 **Instrument Variable Name:** CAY_TMCT **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿APROXIMADAMENTE cuántas veces vio [fill S.C. name] a un practicante para la ayurveda? Diría...

*Read categories below.

1. Solo 1 vez
 2. 2-5 veces
 3. 6-10 veces
 4. 11-15 veces
 5. 16-20 veces
 6. 21-25 veces
 7. Más de 25 veces
- Refused
Don't know

Universe: 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

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

Question ID: CAL.190_00.000 **Instrument Variable Name:** CAY_HIC **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿estaba alguno de los costos de ver a un practicante para la ayurveda cubierto por seguro de salud?

1. Sí
 2. No
- Refused
Don't know

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

Skip Instructions: <1> [goto CAY_HICA]
<2,R,D> [goto CAY_HIT]

2012 NHIS Spanish 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

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cubrió el seguro de salud todo el costo o solo parte del costo para que [fill: S.C. name] viera a un practicante para la ayurveda?

- 1. Todo el costo
- 2. Parte del costo
- Refused
- Don't know

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

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

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

Spanish Text: ¿Sabe la cantidad total que se pagó en los últimos 12 meses para que [fill: S.C. name] viera a un practicante para la ayurveda [fill1: sin incluir la parte pagada por el seguro]?

- 1. Sí
- 2. No
- Refused
- Don't know

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

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

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

Spanish Text: ¿Cuánto en total se pagó durante los últimos 12 meses para que [fill: S.C. name] viera a un practicante para la ayurveda [fill1: sin incluir la parte pagada por el seguro]?

*Enter '0' for no cost or free.

Allow \$0-26000,R,D

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

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

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.194_00.000 **Instrument Variable Name:** CAY_AVGC **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Sabe la cantidad promedio que se pagó en los últimos 12 meses por cada visita de [fill: S.C. name] para la ayurveda [fill1: sin incluir la parte pagada por el seguro]?

- 1. Sí
- 2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CAY_AVGS]
<2,R,D> [goto CAY_MAT]

Question ID: CAL.195_00.000 **Instrument Variable Name:** CAY_AVGS **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuánto se pagó en promedio de bolsillo por cada visita de [fill: S.C name] a un practicante para la ayurveda?

*Enter '0' if no cost or free.

Allow \$0-500,R,D

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

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

Question ID: CAL.196_00.000 **Instrument Variable Name:** CAY_MAT **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿compró usted u otro familiar un libro de auto-ayuda u otros materiales como un DVD, CD, o Video para aprender algo sobre el uso de la ayurveda por [fill: S.C. name]?

- 1. Sí
- 2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CAY_MATC]
<2,R,D> [goto CCH_USE]

Question ID: CAL.197_00.000 **Instrument Variable Name:** CAY_MATC **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuánto se pagó por estos materiales durante los últimos 12 meses?

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

Allow \$0-200,R,D

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

Skip Instructions: <0-200,R,D> [goto CCH_USE]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

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

Spanish Text: ? [F1]

¿Ha usado ALGUNA VEZ [fill: S.C. name] una de estas terapias para su salud?

Terapia de Quelación?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+

Skip Instructions: <1> [goto CCH_EVER]
<2,R,D>[goto CCS_USE]

Question ID: CAL.208_00.000 **Instrument Variable Name:** CCH_EVER **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

¿Ha visto ALGUNA VEZ [fill: S.C. name] a un proveedor o practicante de terapia de quelación para [fill: el/ella] mismo(a)?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have ever used chelation therapy

Skip Instructions: <1> [goto CCH_USEM]
<2,R,D>[goto CCH_USM]

Question ID: CAL.209_00.000 **Instrument Variable Name:** CCH_USEM **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿vio [fill: S.C. name] a un practicante de terapia de quelación?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have ever seen a practitioner for chelation therapy

Skip Instructions: <1>[goto CCH_PTIM]
<2,R,D> [goto CCH_USM]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.210_00.000 **Instrument Variable Name:** CCH_USM **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿utilizó [fill: S.C. name] la terapia de quelación?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: 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

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

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

Spanish Text: ¿Sabe con exactitud el número de veces durante los últimos 12 meses que [fill: S.C. name] vio a un practicante para la terapia de quelación?

- 1. Sí
- 2. No
- Refused
- Don't know

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

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

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

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces vio [fill S.C. name] a un practicante para la terapia de quelación?

*Enter '52' for 52 or more times.

Allow 1-52,R,D

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

Skip Instructions: <1-52,R,D> [goto CCH_HIC]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.213_00.000 **Instrument Variable Name:** CCH_TMCT **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿APROXIMADAMENTE cuántas veces vio [fill S.C. name] a un practicante para la terapia de quelación? Diría...

*Read categories below.

1. Solo 1 vez
2. 2-5 veces
3. 6-10 veces
4. 11-15 veces
5. 16-20 veces
6. 21-25 veces
7. Más de 25 veces
- Refused
- Don't know

Universe: 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

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

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

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿estaba alguno de los costos de ver a un practicante para la terapia de quelación cubierto por seguro de salud?

1. Sí
2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CCH_HICA]
<2,R,D> [goto CCH_HIT]

Question ID: CAL.215_00.000 **Instrument Variable Name:** CCH_HICA **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cubrió el seguro de salud todo el costo o solo parte del costo para que [fill: S.C. name] viera a un practicante para la terapia de quelación?

1. Todo el costo
2. Parte del costo
- Refused
- Don't know

Universe: 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]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.216_00.000 **Instrument Variable Name:** CCH_HIT **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Sabe la cantidad total que se pagó en los últimos 12 meses para que [fill: S.C. name] viera a un practicante para la terapia de quelación [fill1: sin incluir la parte pagada por el seguro]?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: 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 ID: CAL.217_00.000 **Instrument Variable Name:** CCH_HITS **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuánto en total se pagó durante los últimos 12 meses para que [fill: S.C. name] viera a un practicante para la de terapia de quelación [fill1: sin incluir la parte pagada por el seguro]?

*Enter '0' for no cost or free.
Allow \$0-26000,R,D

Universe: 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]

Question ID: CAL.218_00.000 **Instrument Variable Name:** CCH_AVGC **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Sabe la cantidad promedio que se pagó en los últimos 12 meses por cada visita de [fill: S.C. name] para la terapia de quelación [fill1: sin incluir la parte pagada por el seguro]?

- 1. Sí
- 2. No
- Refused
- Don't know

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

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

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

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

Spanish Text: ¿Cuánto se pagó en promedio de bolsillo por cada visita de [fill: S.C name] a un practicante de terapia para la quelación?

*Enter '0' if no cost or free.

Allow \$0-500,R,D

Universe: Sample children 4+ who know the average per visit they paid for chelation therapy in the past 12 months

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

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

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿compró usted u otro familiar un libro de auto-ayuda u otros materiales como un DVD, CD, o Video para aprender algo sobre el uso de la terapia de quelación por [fill: S.C. name]?

- 1. Sí
- 2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CCH_MATC]
<2,R,D> [goto CCS_USE]

Question ID: CAL.221_00.000 **Instrument Variable Name:** CCH_MATC **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuánto se pagó por estos materiales durante los últimos 12 meses?

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

Allow \$0-200,R,D

Universe: Sample children 4+ who have bought self-help materials for chelation therapy in the past 12 months

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

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

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

Spanish Text: ? [F1]

¿Ha usado ALGUNA VEZ [fill: S.C. name] una de estas terapias para su salud?

Terapia craneosacral?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+

Skip Instructions: <1> [goto CCS_EVER]
<2,R,D>[goto CTR_EVR]

Question ID: CAL.232_00.000 **Instrument Variable Name:** CCS_EVER **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

¿Ha visto ALGUNA VEZ [fill: S.C. name] a un proveedor o practicante de terapia craneosacral para [fill: el/ella] mismo(a)?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have ever used craneosacral therapy

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

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

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿vio [fill: S.C. name] a un practicante para la terapia craneosacral?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have ever seen a practitioner for craneosacral therapy

Skip Instructions: <1>[goto CCS_PTIM]
<2,R,D> [goto CCS_USM]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.234_00.000 **Instrument Variable Name:** CCS_USM **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿utilizó [fill: S.C. name] la terapia craneosacral?

- 1. Sí
- 2. No
- Refused
- Don't know

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

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

Question ID: CAL.235_00.000 **Instrument Variable Name:** CCS_PTIM **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Sabe con exactitud el número de veces durante los últimos 12 meses que [fill: S.C. name] vio a un practicante para la terapia craneosacral?

- 1. Sí
- 2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CCS_TMNO]
<2,R,D> [goto CCS_TMCT]

Question ID: CAL.236_00.000 **Instrument Variable Name:** CCS_TMNO **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces vio [fill S.C. name] a un practicante para la terapia craneosacral?

*Enter '52' for 52 or more times.

Allow 1-52,R,D

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

Skip Instructions: <1-52,R,D> [goto CCS_HIC]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.237_00.000 **Instrument Variable Name:** CCS_TMCT **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿APROXIMADAMENTE cuántas veces vio [fill S.C. name] a un practicante para la terapia craneosacral? Diría...

*Read categories below.

1. Solo 1 vez
2. 2-5 veces
3. 6-10 veces
4. 11-15 veces
5. 16-20 veces
6. 21-25 veces
7. Más de 25 veces
- Refused
- Don't know

Universe: 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

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

Question ID: CAL.238_00.000 **Instrument Variable Name:** CCS_HIC **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿estaba alguno de los costos de ver a un practicante para la terapia craneosacral cubierto por seguro de salud?

1. Sí
2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CCS_HICA]
<2,R,D> [goto CCS_HIT]

Question ID: CAL.239_00.000 **Instrument Variable Name:** CCS_HICA **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cubrió el seguro de salud todo el costo o solo parte del costo para que [fill: S.C. name] viera a un practicante para la terapia craneosacral?

1. Todo el costo
2. Parte del costo
- Refused
- Don't know

Universe: 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

Skip Instructions: <1> [goto CCS_MAT]
<2,R,D> [goto CCS_HIT]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.240_00.000 **Instrument Variable Name:** CCS_HIT **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Sabe la cantidad total que se pagó en los últimos 12 meses para que [fill: S.C. name] viera a un practicante para la terapia craneosacral [fill1: sin incluir la parte pagada por el seguro]?

- 1. Sí
- 2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CCS_HITS]
<2,R,D> [goto CCS_AVGC]

Question ID: CAL.241_00.000 **Instrument Variable Name:** CCS_HITS **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuánto en total se pagó durante los últimos 12 meses para que [fill: S.C. name] viera a un practicante de terapia craneosacral [fill1: sin incluir la parte pagada por el seguro]?

*Enter '0' for no cost or free.

Allow \$0-26000,R,D

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

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

Question ID: CAL.242_00.000 **Instrument Variable Name:** CCS_AVGC **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Sabe la cantidad promedio que se pagó en los últimos 12 meses por cada visita de [fill: S.C. name] para la terapia craneosacral [fill1: sin incluir la parte pagada por el seguro]?

- 1. Sí
- 2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CCS_AVGS]
<2,R,D> [goto CCS_MAT]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.243_00.000 **Instrument Variable Name:** CCS_AVGS **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuánto se pagó en promedio de bolsillo por cada visita de [fill: S.C name] a un practicante de terapia craneosacral?

*Enter '0' if no cost or free.

Allow \$0-500,R,D

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

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

Question ID: CAL.244_00.000 **Instrument Variable Name:** CCS_MAT **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿compró usted u otro familiar un libro de auto-ayuda u otros materiales como un DVD, CD, o Video para aprender algo sobre el uso de la terapia craneosacral por [fill: S.C. name]?

1. Sí
 2. No
- Refused
Don't know

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

Skip Instructions: <1> [goto CCS_MATC]
<2,R,D> [goto CTR_EVR]

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

Spanish Text: ¿Cuánto se pagó por estos materiales durante los últimos 12 meses?

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

Allow \$0-200,R,D

Universe: Sample children 4+ who have bought self-help materials for craniosacral therapy in the past 12 months

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

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

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

Spanish Text: ? [F1]

(book) CAM1

¿Ha visto ALGUNA VEZ [fill: S.C. name] alguno de estos sanadores tradicionales?

Curandero o Hechizero Nativo Americano

Chamán

Curandero, Machi o Parchero

Yerberero o Hierbista

Sobador

Huesero

1. Sí

2. No

Refused

Don't know

Universe: Sample children 4+

Skip Instructions: <1> [goto CTR_EVR1]

<2,R,D> [goto CVT_USE]

2012 NHIS Spanish 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

Spanish Text: ? [F1]

(book) CAM1

¿Cuáles?

*Enter all that apply, separate with commas.

1. Curandero o Hechizero Nativo Americano
2. Chamán
3. Curandero, Machi or Parchero
4. Yerbero o Hierbista
5. Sobador
6. Huesero
- Refused
- Don't know

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

Skip Instructions: 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

Question ID: CAL.257_00.000 **Instrument Variable Name:** CTRU_NAH **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿vio [fill S.C. name]...?

Un Curandero o Hechizero Nativo Americano

1. Sí
2. No
- Refused
- Don't know

Universe: Sample children 4+ who have ever seen a Native American Healer or Medicine Man

Skip Instructions: <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]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.258_00.000 **Instrument Variable Name:** CTRU_SHA **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿vio [fill S.C. name]...?

Un Chamán

1. Sí
2. No
- Refused
- Don't know

Universe: Sample children 4+ who have ever seen a Shaman

Skip Instructions: <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.259_00.000 **Instrument Variable Name:** CTRU_CUR **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿vio [fill S.C. name]...?

Un Curandero, Machi, o Parchero

1. Sí
2. No
- Refused
- Don't know

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

Skip Instructions: <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]

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

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿vio [fill S.C. name]...?

Un Yerbero o Hierbista

1. Sí
2. No
- Refused
- Don't know

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

Skip Instructions: <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]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.261_00.000 **Instrument Variable Name:** CTRU_SOB **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿vio [fill S.C. name]...?

Un Sobador

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have ever seen a Sobador

Skip Instructions: <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]

Question ID: CAL.262_00.000 **Instrument Variable Name:** CTRU_HUE **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿vio [fill S.C. name]...?

Un Huesero

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have ever seen a Huesero

Skip Instructions: <1> [goto CTR_PTIM]
<2,R,D> if no to all applicable CTRU, [goto CVT_USE];
else [goto CTR_PTIM]

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

Spanish Text: ¿Sabe con exactitud el número de veces durante los últimos 12 meses que [fill: S.C. name] vio a sanadores tradicionales?

1. Sí
 2. No
- Refused
Don't know

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

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

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

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

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces vio [fill S.C. name] sanadores tradicionales?

*Enter '52' for 52 or more times.

Allow 1-52,R,D

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

Skip Instructions: <1-52,R,D> [goto CTR_HIC]

Question ID: CAL.265_00.000 **Instrument Variable Name:** CTR_TMCT **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿APROXIMADAMENTE cuántas veces vio [fill S.C. name] a sanadores tradicionales? Diría...

*Read categories below.

1. Solo 1 vez
 2. 2-5 veces
 3. 6-10 veces
 4. 11-15 veces
 5. 16-20 veces
 6. 21-25 veces
 7. Más de 25 veces
- Refused
Don't know

Universe: 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

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

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

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿estaba alguno de los costos de ver a sanadores tradicionales cubierto por seguro de salud?

1. Sí
 2. No
- Refused
Don't know

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

Skip Instructions: <1> [goto CTR_HICA]
<2,R,D> [goto CTR_HIT]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.267_00.000 **Instrument Variable Name:** CTR_HICA **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cubrió el seguro de salud todo el costo o solo parte del costo para que [fill: S.C. name] viera a sanadores tradicionales?

- 1. Todo el costo
- 2. Parte del costo
- Refused
- Don't know

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

Skip Instructions: <1> [goto CTR_MAT]
<2,R,D> [goto CTR_HIT]

Question ID: CAL.268_00.000 **Instrument Variable Name:** CTR_HIT **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Sabe la cantidad total que se pagó en los últimos 12 meses para que [fill: S.C. name] viera a sanadores tradicionales [fill1: sin incluir la parte pagada por el seguro]?

- 1. Sí
- 2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CTR_HITS]
<2,R,D> [goto CTR_AVGC]

Question ID: CAL.269_00.000 **Instrument Variable Name:** CTR_HITS **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuánto en total se pagó durante los últimos 12 meses para que [fill: S.C. name] viera a sanadores tradicionales [fill1: sin incluir la parte pagada por el seguro]?

*Enter '0' for no cost or free.

Allow \$0-26000,R,D

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

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

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.270_00.000 **Instrument Variable Name:** CTR_AVGC **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Sabe la cantidad promedio que se pagó en los últimos 12 meses por cada visita de [fill: S.C. name] a sanadores tradicionales [fill: sin incluir la parte pagada por el seguro]?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who don't know the total amount they paid for traditional healers in the past 12 months

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

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

Spanish Text: ¿Cuánto se pagó en promedio de bolsillo por cada visita de [fill: S.C name] a sanadores tradicionales?

*Enter '0' if no cost or free.

Allow \$0-500,R,D

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

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

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

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿compró usted u otro familiar un libro de auto-ayuda u otros materiales como un DVD, CD, o Video para aprender algo sobre el uso de los sanadores tradicionales por [fill: S.C. name]?

- 1. Sí
- 2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CTR_MATC]
<2,R,D> [goto CVT_USE]

Question ID: CAL.273_00.000 **Instrument Variable Name:** CTR_MATC **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuánto se pagó por estos materiales durante los últimos 12 meses?

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

Allow \$0-200,R,D

Universe: Sample children 4+ who have bought self-help materials for traditional healers in the past 12 months

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

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

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

Spanish Text: ? [F1]

Ahora voy a hacerle preguntas sobre otras prácticas de la salud. La primera práctica sobre la cual le preguntaré es del consumo de vitaminas y minerales. Estas son píldoras, cápsulas, tabletas, o líquidos que están marcados como SUPLEMENTO VITAMÍNICO O DE MINERALES. Más adelante le haré preguntas sobre hierbas y suplementos no-vitaminicos.

¿Ha tomado ALGUNA VEZ multivitaminas o multiminerales?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+

Skip Instructions: <1> [goto CVT_USM]
<2,R,D> [goto CVT_ABEV]

Question ID: CAL.284_00.000 **Instrument Variable Name:** CVT_USM **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿tomó [fill: S.C. name] multivitaminas o multiminerales?

1. Sí
 2. No
- Refused
Don't know

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

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

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

Spanish Text: {fill1: Aparte de una multivitamina o multimineral, ¿Ha tomado/¿Ha tomado} ALGUNA VEZ [fill: S.C. name] las vitaminas A,B,C,D,E,H, o K?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+

Skip Instructions: <1> [goto CVT_ABUM]
<2,R,D,> [goto CVT_CA EV]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

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

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿tomó [fill: S.C. name] las vitaminas A,B,C,D,E,H, o K?

- 1. Sí
- 2. No
- Refused
- Don't know

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

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

Question ID: CAL.287_00.000 **Instrument Variable Name:** CVT_CAEV **QuestionnaireFileName:** Child CAM

Spanish Text: {fill: Aparte de una multivitamina o multimineral, ¿ha tomado/¿Ha tomado} ALGUNA VEZ [fill: S.C. name] calcio, magnesio, hierro, cromo, cinc, selenio, o potasio?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+

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

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

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿tomó [fill: S.C. name] calcio, magnesio, hierro, cromo, cinc, selenio, o potasio?

- 1. Sí
- 2. No
- Refused
- Don't know

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

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

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
 Document Version Date: 24-May-13

Question ID: CAL.298_00.000 **Instrument Variable Name:** CHB_EVR **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

(book) CAM2

Hierbas y otros suplementos no-vitamínicos son píldoras, cápsulas, tabletas, o líquidos que llevan una etiqueta como SUPLEMENTO DIETÉTICO. Esto NO incluye suplementos vitamínicos o de minerales, tratamientos homeopáticos, o el consumo de tés herbales o verdes.

¿Ha tomado ALGUNA VEZ [fill: S.C. name] alguno de los suplementos herbales incluidos en esta tarjeta para [fill: el/ella] mismo(a)?

*Tinctures are included.

1. Sí
2. No
- Refused
- Don't know

Universe: Sample children 4+

Skip Instructions: <1> [goto CHB_USM]
 <2,R,D> if VIT_USM=1 [goto CVT_BOFN];
 else [goto CHM_USE]

Question ID: CAL.299_00.000 **Instrument Variable Name:** CHB_USM **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

(book) CAM2

DURANTE LOS ÚLTIMOS 12 MESES, ¿ha tomado alguno de los suplementos herbales u otros suplementos no-vitamínicos alistados en esta tarjeta para [fill: el/ella] mismo(a)?

1. Sí
2. No
- Refused
- Don't know

Universe: Sample children 4+ who have ever taken herbs or other non-vitamin supplements

Skip Instructions: <1> [goto CHB_LSTY]
 <2,R,D> if VIT_USM=1 [goto CVT_BOFN];
 else [goto CHM_USE]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

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

Spanish Text: ? [F1]

(book) CAM2

Por favor dígame cuáles de estos suplementos ha tomado [S.C. name] DURANTE LOS ÚLTIMOS 12 MESES?
 Si [fill: el/ella] tomó más de una hierba como parte de un suplemento individual, seleccione "píldora con combinación de hierbas."

*Enter all that apply, separate with commas.

1. Píldora con combinación de hierbas
 2. Acai (píldoras, cápsulas de gel)
 3. Pólen de abejas u otros productos de abejas
 4. Condroitina
 5. Coenzima Q10 (CoQ10)
 6. Arándano/Cranberry (píldoras o cápsulas)
 7. Enzimas Digestivas (lactaid)
 8. Equinácea
 9. Aceite de Pescado o omega 3 o suplementos de ácidos grasos DHA o EPA
 10. Suplementos de ajo (píldoras, cápsulas)
 11. Ginkgo Biloba
 12. Ginseng
 13. Glucosamina
 14. Píldoras de té verde (no té preparado) o EGCG (píldoras)
 15. Melatonina
 16. Cardo Lechosos (silimarina)
 17. MSM (Metano Slufaril Metílico)
 18. Probióticos o Prebióticos
 19. SAM-e (S-Adenosilmetionina)
 20. Palma Sabal (Saw Palmetto)
 21. Valeriana
 22. Otra(s) hierba(s) o suplemento(s) no-vitaminico(s)
- Refused
 Don't know

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

Skip Instructions: <1-22> [goto CHB_MON]
 <R,D> [goto CHB_EVR1]

Question ID: CAL.301_00.000 **Instrument Variable Name:** CHB_MON **QuestionnaireFileName:** Child CAM

Spanish Text: (book) CAM2

¿Tomó [fill: S.C. name] alguno de estos DURANTE LOS ÚLTIMOS 30 DÍAS?

1. Sí
 2. No
- Refused
 Don't know

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

Skip Instructions: <1> [goto CHB_LSTM]
 <2,R,D> [goto CHB_EVR1]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.302_00.000 **Instrument Variable Name:** CHB_LSTM **QuestionnaireFileName:** Child CAM

Spanish Text: (book) CAM2

¿ Cuáles de estos suplementos tomó [S.C. name] DURANTE LOS ÚLTIMOS 30 DÍAS? Si [fill: el/ella] tomó más de una hierba o suplemento, seleccione “píldora con combinación de hierbas.”

*Enter all that apply, separate with commas.

1. Píldora con combinación de hierbas
 2. Acai (píldoras, cápsulas de gel)
 3. Pólen de abejas u otros productos de abejas
 4. Condroitina
 5. Coenzima Q10 (CoQ10)
 6. Arándano/Cranberry (píldoras o cápsulas)
 7. Enzimas Digestivas (lactaid)
 8. Equinácea
 9. Aceite de Pescado o omega 3 o suplementos de ácidos grasos DHA o EPA
 10. Suplementos de ajo (píldoras, cápsulas)
 11. Ginkgo Biloba
 12. Ginseng
 13. Glucosamina
 14. Píldoras de té verde (no té preparado) o EGCG (píldoras)
 15. Melatonina
 16. Cardo Lechosos (silimarina)
 17. MSM (Metano Slufaril Metílico)
 18. Probióticos o Prebióticos
 19. SAM-e (S-Adenosilmetionina)
 20. Palma Sabal (Saw Palmetto)
 21. Valeriana
 22. Otra(s) hierba(s) o suplemento(s) no-vitaminico(s)
- Refused
Don't know

Universe: Sample children 4+ who have taken herbs or other non-vitamin supplements in the past 30 days

Skip Instructions: <1> [goto CHB_CHPN]
 <1,2-21> if CHB_CNT>2 [goto CHB_CHPN] (then to CHB_CHP1 to CHB_TP2)
 <1,2-21,22> if CHB_CNT>2 [goto CHB_CHPN] (then to CHB_CHP1 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]

Question ID: CAL.303_00.000 **Instrument Variable Name:** CHB_CHPN **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuántas diferentes “píldoras con combinación de hierbas” tomó [fill: S.C. name]?

Allow 01-50,R,D

Universe: Sample children 4+ who have taken a combination herb pill in the past 30 days

Skip Instructions: <1-50,R,D> [goto CHB_CHP1]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.304_00.000 **Instrument Variable Name:** CHB_CHP1 **QuestionnaireFileName:** Child CAM

Spanish Text: (book) CAM2

If CHB_CHPN=R,D, fill:

{¿Cuáles hierbas u otro suplementos no-vitamínicos están incluidos en la píldora o píldoras con combinación de hierbas?}

If CHB_CHPN=1 fill:

{¿Cuáles hierbas u otro suplementos no-vitamínicos están incluidos en la píldora con combinación de hierbas?}

Else if CHB_CHPN=2 fill:

{¿Cuáles hierbas u otro suplementos no-vitamínicos están incluidos en la primera píldora con combinación de hierbas?}

Else if CHB_CHPN=3-50, fill:

{Pensando en las dos píldoras con combinación de hierbas que toma más frecuentemente, ¿cuáles hierbas u otros suplementos no-vitamínicos están incluidos en la primera píldora con combinación de hierbas?}

*Enter all that apply, separate with commas.

2. Acai (píldoras, cápsulas de gel)
 3. Pólen de abejas u otros productos de abejas
 4. Condroitina
 5. Coenzima Q10 (CoQ10)
 6. Arándano/Cranberry (píldoras o cápsulas)
 7. Enzimas Digestivas (lactaid)
 8. Equinácea
 9. Aceite de Pescado o omega 3 o suplementos de ácidos grasos DHA o EPA
 10. Suplementos de ajo (píldoras, cápsulas)
 11. Ginkgo Biloba
 12. Ginseng
 13. Glucosamina
 14. Píldoras de té verde (no té preparado) o EGCG (píldoras)
 15. Melatonina
 16. Cardo Lechosos (silimarina)
 17. MSM (Metano Slufaril Metílico)
 18. Probióticos o Prebióticos
 19. SAM-e (S-Adenosilmetionina)
 20. Palma Sabal (Saw Palmetto)
 21. Valeriana
 22. Otra(s) hierba(s) o suplemento(s) no-vitamínico(s)
- Refused
Don't know

Universe: Sample children 4+ who have taken a select number of combination herb pill(s) in the past 30 days

Skip Instructions: <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]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.305_00.000 **Instrument Variable Name:** CHB_CHP2 **QuestionnaireFileName:** Child CAM

Spanish Text: (book) CAM2

If CHB_CHPN=2, fill:

{¿Cuáles hierbas u otro suplementos no-vitamínicos están incluidos en la segunda píldora con combinación de hierbas?}

Else if CHB_CHPN=3-50, fill:

{Pensando en las dos píldoras con combinación de hierbas que toma más frecuentemente, ¿cuáles hierbas u otros suplementos no-vitamínicos están incluidos en la segunda píldora con combinación de hierbas?}

*Enter all that apply, separate with commas.

2. Acai (píldoras, cápsulas de gel)
 3. Pólen de abejas u otros productos de abejas
 4. Condroitina
 5. Coenzima Q10 (CoQ10)
 6. Arándano/Cranberry (píldoras o cápsulas)
 7. Enzimas Digestivas (lactaid)
 8. Equinácea
 9. Aceite de Pescado o omega 3 o suplementos de ácidos grasos DHA o EPA
 10. Suplementos de ajo (píldoras, cápsulas)
 11. Ginkgo Biloba
 12. Ginseng
 13. Glucosamina
 14. Píldoras de té verde (no té preparado) o EGCG (píldoras)
 15. Melatonina
 16. Cardo Lechosos (silimarina)
 17. MSM (Metano Slufaril Metílico)
 18. Probióticos o Prebióticos
 19. SAM-e (S-Adenosilmetionina)
 20. Palma Sabal (Saw Palmetto)
 21. Valeriana
 22. Otra(s) hierba(s) o suplemento(s) no-vitamínico(s)
- Refused
Don't know

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

Skip Instructions: <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

Spanish Text: ¿Cuántas otras hierbas u otros suplementos no-vitamínicos ha tomado [fill: S.C. name] durante los últimos 30 días?

*Enter '50' for 50 or more.

<allow 01-50,R,D>

Universe: Sample children 4+ who have taken other type of herb or non-vitamin supplement

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

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

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

Spanish Text: {fill1: Por favor dígame el nombre de la otra hierba o suplemento no-vitamínico que tomó [fill: S.C. name] durante los últimos 30 días./ Por favor dígame el nombre de las dos hierbas o suplementos no-vitamínicos más importantes que tomó [fill: S.C. name] durante los últimos 30 días.}

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

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

<50 characters allowed in look-up table>

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

Skip Instructions: <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

Spanish Text: *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>

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

Skip Instructions: <herb,R,D,ZZ> if CHB_CNT>2 herbs [goto CHB_TP2];
else if CHB_CNT <=2 [goto CHB_EVR1]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.309_00.000 **Instrument Variable Name:** CHB_TP2 **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuáles DOS de estos suplementos herbales tomó [fill: S.C. name] con mas frecuencia DURANTE LOS ÚLTIMOS 30 DÍAS?

*Enter two answers, separate with commas.

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

1. Primer píldora con combinación de hierbas
 2. Acai (píldoras, cápsulas de gel)
 3. Pólen de abejas u otros productos de abejas
 4. Condroitina
 5. Coenzima Q10 (CoQ10)
 6. Arándano/Cranberry (píldoras o cápsulas)
 7. Enzimas Digestivas (lactaid)
 8. Equinácea
 9. Aceite de Pescado o omega 3 o suplementos de ácidos grasos DHA o EPA
 10. Suplementos de ajo (píldoras, cápsulas)
 11. Ginkgo Biloba
 12. Ginseng
 13. Glucosamina
 14. Píldoras de té verde (no té preparado) o EGCG (píldoras)
 15. Melatonina
 16. Cardo Lechosos (silimarina)
 17. MSM (Metano Slufaril Metílico)
 18. Probióticos o Prebióticos
 19. SAM-e (S-Adenosilmetionina)
 20. Palma Sabal (Saw Palmetto)
 21. Valeriana
 22. Otra(s) hierba(s) o suplemento(s) no-vitaminico(s)
- Refused
Don't know

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

Skip Instructions: <1-24> fill values into CHB_TP21 and CHB_TP22 if applicable; [goto CHB_EVR1];
<R,D> [goto CHB_EVR1]

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

Spanish Text: ? [F1]

¿Ha visto [fill: S.C. name] ALGUNA VEZ a un practicante para hierbas u otros suplementos no-vitamínicos?

1. Sí
 2. No
- Refused
Don't know

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

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

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

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

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿Ha visto [fill S.C. name] ALGUNA VEZ a un practicante para hierbas u otros suplementos no-vitamínicos?

1. Sí
2. No
- Refused
- Don't know

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

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

Question ID: CAL.314_00.000 **Instrument Variable Name:** CVT_BOFN **QuestionnaireFileName:** Child CAM

Spanish Text: 1 of 2

Ahora voy a hacerle preguntas sobre cuanto gasta usted para comprar {fill1: vitaminas y minerales. / vitaminas, minerales y hierbas u otros suplementos no-vitamínicos. Le preguntare sobre vitaminas y minerals y después le haré preguntas sobre suplementos no-vitamínicos.}

¿Aproximadamente cuántas veces por semana, mes, o año usted u otro miembro de la familia compra pervitaminas y minerales para {fill: S.C. name}?

*Enter number.

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

Allow 0-995,R,D

Universe: Sample children 4+ who have taken vitamins or minerals in the past year

Skip Instructions: <1-995> [goto CVT_BOFT]
<D> [goto CVT_CST1]
<0,R> if CHB_USM=1 [goto CHB_BOFN];
else CHB_USM ne 1 [goto CHM_USE]

Question ID: CAL.315_00.000 **Instrument Variable Name:** CVT_BOFT **QuestionnaireFileName:** Child CAM

Spanish Text: 2 of 2

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

1. Semana
2. Mes
3. Año
- Refused
- Don't know

Universe: Sample children 4+ who gave a number for how many times vitamins and minerals were purchased

Skip Instructions: <1-3,R,D> [goto CVT_CST1]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.316_00.000 **Instrument Variable Name:** CVT_CST1 **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Aproximadamente cuánto gastó usted u otro miembro de la familia la última vez que compró vitaminas y minerales para {fill: S.C. name}?

*Enter '0' for none.

Allow \$0-1000,R,D

Universe: 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

Skip Instructions: <0-1000,R,D> if CHB_USM=1 [goto CHB_BOFN];
 else CHB_USM ne 1 [goto CHM_USE]

Question ID: CAL.317_00.000 **Instrument Variable Name:** CHB_BOFN **QuestionnaireFileName:** Child CAM

Spanish Text: 1 of 2

Ahora voy a hacerle preguntas sobre cuanto gasta usted para comprar hierbas u otros suplementos no-vitamínicos para {fill: S.C. name}.

¿Aproximadamente cuántas veces por semana, mes, o año compra hierbas u otros suplementos no-vitamínicos para {fill: S.C. name}?

*Enter number.

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

Allow 0-995,R,D

Universe: Sample children 4+ who have taken herbs or other non-vitamin supplements in the past year

Skip Instructions: <1-995> [goto CHB_BOFT]
 <D> [goto CHB_CST1]
 <0,R> if CHB_USE1=1 [goto CHB_PTIM];
 else CHB_USE1 ne 1 [goto CHB_MAT]

Question ID: CAL.318_00.000 **Instrument Variable Name:** CHB_BOFT **QuestionnaireFileName:** Child CAM

Spanish Text: 2 of 2

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

1. Semana
2. Mes
3. Año
- Refused
- Don't know

Universe: Sample children 4+ who gave a number for how many times herbs or other non-vitamin supplements were purchased

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

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

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

Spanish Text: ¿Aproximadamente cuánto gastó usted u otro miembro de la familia la última vez que compró hierbas u otros suplementos no-vitamínicos para {fill: S.C. name}?

*Enter '0' for none.

Allow \$0-1000,R,D

Universe: 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

Skip Instructions: <0-1000,R,D> if CHB_USE1=1 [goto CHB_PTIM];
 else if CHB_USE1 ne 1 [goto CHB_MAT]

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

Spanish Text: ¿Sabe con exactitud el número de veces durante los últimos 12 meses que [fill: S.C. name] vio a un practicante para hierbas u otros suplementos no-vitamínicos?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: 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_TMNO]
 <2,R,D> [goto CHB_TMCT]

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

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces vio [fill S.C. name] a un practicante para hierbas u otros suplementos no-vitamínicos?

*Enter '52' for 52 or more times.

Allow 1-52,R,D

Universe: 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

Skip Instructions: <1-52,R,D> [goto CHB_HIC]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.322_00.000 **Instrument Variable Name:** CHB_TMCT **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿APROXIMADAMENTE cuántas veces vio [fill S.C. name] a un practicante para hierbas u otros suplementos no-vitamínicos? Diría...

*Read categories below.

1. Solo 1 vez
2. 2-5 veces
3. 6-10 veces
4. 11-15 veces
5. 16-20 veces
6. 21-25 veces
7. Más de 25 veces
- Refused
- Don't know

Universe: 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 **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿estaba alguno de los costos de ver a un practicante para hierbas u otros suplementos no-vitamínicos cubierto por seguro de salud?

1. Sí
2. No
- Refused
- Don't know

Universe: 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]

Question ID: CAL.324_00.000 **Instrument Variable Name:** CHB_HICA **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cubrió el seguro de salud todo el costo o solo parte del costo para que [fill: S.C. name] viera a un practicante de hierbas u otros suplementos no-vitamínicos?

1. Todo el costo
2. Parte del costo
- Refused
- Don't know

Universe: 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

Skip Instructions: <1> [goto CHB_MAT]
<2,R,D> [goto CHB_HIT]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.325_00.000 **Instrument Variable Name:** CHB_HIT **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Sabe la cantidad total que se pagó en los últimos 12 meses para que [fill: S.C. name] viera a un practicante para hierbas u otros suplementos no-vitamínicos [fill1: sin incluir la parte pagada por el seguro]?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: 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

Skip Instructions: <1> [goto CHB_HITS]
<2,R,D> [goto CHB_AVGC]

Question ID: CAL.326_00.000 **Instrument Variable Name:** CHB_HITS **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuánto en total se pagó durante los últimos 12 meses para que [fill: S.C. name] viera a un practicante para hierbas u otros suplementos no-vitamínicos [fill1: sin incluir la parte pagada por el seguro]?

*Enter '0' for no cost or free.
Allow \$0-26000,R,D

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

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

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

Spanish Text: ¿Sabe la cantidad en promedio que se pagó en los últimos 12 meses por cada visita de [fill: S.C. name] para hierbas u otros suplementos no-vitamínicos [fill1: sin incluir la parte pagada por el seguro]?

- 1. Sí
- 2. No
- Refused
- Don't know

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

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

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

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

Spanish Text: ¿Cuánto se pagó en promedio de bolsillo por cada visita de [fill: S.C name] a un practicante para hierbas u otros suplementos no-vitamínicos?

*Enter '0' if no cost or free.

Allow \$0-500,R,D

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

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

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

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿compró usted u otro familiar un libro de auto-ayuda u otros materiales como un DVD, CD, o Video para aprender algo sobre el uso de las hierbas u otros suplementos no-vitamínicos por [fill: S.C. name]?

1. Sí
 2. No
- Refused
Don't know

Universe: 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_MATC]
<2,R,D> [goto CHM_USE]

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

Spanish Text: ¿Cuánto se pagó por estos materiales durante los últimos 12 meses?

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

Allow \$0-200,R,D

Universe: Sample children 4+ who have bought self-help materials for herbs or other non-vitamin supplements in the past 12 months

Skip Instructions: <0-200,R,D> [goto CHM_USE]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

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

Spanish Text: ? [F1]

Las personas que usan homeopatía para tratar problemas de la salud toman píldoras o gotas pequeñas puestas frecuentemente bajo la lengua. Pueden que lleven etiquetas como remedios o medicinas homeopáticas y pueden ser recetas por practicantes de la homeopatía.

¿Ha usado ALGUNA VEZ [fill: S.C. name] tratamientos homeopáticos para su salud?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+

Skip Instructions: <1> [goto CHM_USM]
<2,R,D> [goto CMB_USE]

Question ID: CAL.341_00.000 **Instrument Variable Name:** CHM_USM **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿utilizó [fill: S.C. name] tratamientos homeopáticos para su salud?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have ever used homeopathic treatment

Skip Instructions: <1> [goto CHM_OFTN]
<2,R,D> [goto CMB_USE]

Question ID: CAL.342_00.000 **Instrument Variable Name:** CHM_OFTN **QuestionnaireFileName:** Child CAM

Spanish Text: 1 of 2

¿Aproximadamente cuántas veces por semana, por mes, o por año compra usted u otro familiar medicamentos homeopáticos para {fill: S.C. name}?

* Enter number.

Allow 0-995,R,D

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

Skip Instructions: <1-995> [goto CHM_OFTT]
<D> [goto CHM_COST]
<0,R> [goto CHM_EVER]

2012 NHIS Spanish 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

Spanish Text: 2 of 2

*Enter time period for how often homeopathic medicine purchased

* Read if necessary:

¿Aproximadamente cuántas veces por semana, por mes, o por año compra usted medicamentos homeopáticos?

*Read categories if necessary.

1. Semana
 2. Mes
 3. Año
- Refused
Don't know

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

Skip Instructions: <1-3,R,D> [goto CHM_COST]

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

Spanish Text: ¿Aproximadamente cuánto gastó usted u otro familiar la última vez que se compraron medicamentos homeopáticos para [fill:S.C. name]?

*Enter '0' for none.

Allow \$0-1000,R,D

Universe: 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

Skip Instructions: <0-1000,R,D> [goto CHM_EVER]

Question ID: CAL.345_00.000 **Instrument Variable Name:** CHM_EVER **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

¿Ha visto ALGUNA VEZ [fill: S.C. name] un practicante de tratamientos homeopáticos?

1. Sí
 2. No
- Refused
Don't know

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

Skip Instructions: <1> [goto CHM_USEM]
<2,R,D> [goto CHM_MAT]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
 Document Version Date: 24-May-13

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

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿vio [fill: S.C. name] a un practicante de tratamientos homeopáticos?

- 1. Sí
- 2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CHM_PTIM]
<2,R,D,> [goto CHM_MAT]

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

Spanish Text: ¿Sabe con exactitud el número de veces durante los últimos 12 meses que [fill: S.C. name] vio a un practicante para tratamientos homeopáticos?

- 1. Sí
- 2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CHM_TMNO]
<2,R,D> [goto CHM_TMCT]

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

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces vio [fill S.C. name] a un practicante para tratamientos homeopáticos?

*Enter '52' for 52 or more times.

Allow 1-52,R,D

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

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

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

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

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿APROXIMADAMENTE cuántas veces vio [fill S.C. name] a un practicante para tratamientos homeopáticos? Diría...

*Read categories below.

1. Solo 1 vez
2. 2-5 veces
3. 6-10 veces
4. 11-15 veces
5. 16-20 veces
6. 21-25 veces
7. Más de 25 veces
- Refused
- Don't know

Universe: 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

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

Question ID: CAL.350_00.000 **Instrument Variable Name:** CHM_HIC **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿estaba alguno de los costos de ver a un practicante para tratamientos homeopáticos cubierto por seguro de salud?

1. Sí
2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CHM_HICA]
<2,R,D> [goto CHM_HIT]

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

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cubrió el seguro de salud todo el costo o solo parte del costo para que [fill: S.C. name] viera a un practicante para tratamientos homeopáticos?

1. Todo el costo
2. Parte del costo
- Refused
- Don't know

Universe: 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

Skip Instructions: <1> [goto CHM_MAT]
<2,R,D> [goto CHM_HIT]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

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

Spanish Text: ¿Sabe la cantidad total que se pagó en los últimos 12 meses para que [fill: S.C. name] viera a un practicante para tratamientos homeopáticos [fill1: sin incluir la parte pagada por el seguro]?

- 1. Sí
- 2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CHM_HITS]
<2,R,D> [goto CHM_AVGC]

Question ID: CAL.353_00.000 **Instrument Variable Name:** CHM_HITS **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuánto en total se pagó durante los últimos 12 meses para que [fill: S.C. name] viera a un practicante para tratamientos homeopáticos [fill1: sin incluir la parte pagada por el seguro]?

- *Enter '0' for no cost or free.
- Allow \$0-26000,R,D

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

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

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

Spanish Text: ¿Sabe la cantidad promedio que se pagó en los últimos 12 meses por cada visita de [fill: S.C. name] para tratamientos homeopáticos [fill 1: sin incluir la parte pagada por el seguro]?

- 1. Sí
- 2. No
- Refused
- Don't know

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

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

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

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

Spanish Text: ¿Cuánto se pagó en promedio de bolsillo por cada visita de [fill: S.C name] a un practicante para tratamientos homeopáticos?

*Enter '0' if no cost or free.

Allow \$0-500,R,D

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

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

Question ID: CAL.356_00.000 **Instrument Variable Name:** CHM_MAT **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿compró usted u otro familiar un libro de auto-ayuda u otros materiales como un DVD, CD, o Video para aprender algo sobre el uso de los tratamientos homeopáticos por [fill: S.C. name]?

1. Sí
 2. No
- Refused
Don't know

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

Skip Instructions: <1> [goto CHM_MATC]
<2,R,D> [goto CMB_USE]

Question ID: CAL.357_00.000 **Instrument Variable Name:** CHM_MATC **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuánto se pagó por estos materiales durante los últimos 12 meses?

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

Allow \$0-200,R,D

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

Skip Instructions: <0-200,R,D> [goto CMB_USE]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
 Document Version Date: 24-May-13

Question ID: CAL.367_00.000 **Instrument Variable Name:** CMB_USE **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

¿Ha usado ALGUNA VEZ [fill: S.C. name] meditación, ensoñación dirigida, o relajamiento progresivo?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+

Skip Instructions: <1> [goto CMBE_MAN]
<2,R,D> [goto CYGE_YOG]

Question ID: CAL.368_00.000 **Instrument Variable Name:** CMBE_MAN **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

¿Ha utilizado ALGUNA VEZ [fill: S.C. name] una de las siguientes para la salud o tratamiento?

Meditación con Mantras, incluyendo Meditación Transcendental®, Respuesta de Relajación, y Meditación Clínica Estandarizada?

- 1. Sí
- 2. No
- Refused
- Don't know

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

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

Question ID: CAL.369_00.000 **Instrument Variable Name:** CMBE_MND **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

*Read if necessary.

¿Ha utilizado ALGUNA VEZ [fill: S.C. name] una de las siguientes para la salud o tratamiento?

Meditación de atención plena, incluyendo Vipássana (vih-PAS-sah-nah), meditación de Budismo Zen, Reducción del Estrés Basado en la Atención Plena, y Terapia Cognitiva Basada en la Atención Plena.

- 1. Sí
- 2. No
- Refused
- Don't know

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

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

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

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

Spanish Text: ? [F1]

*Read if necessary.

¿Ha utilizado ALGUNA VEZ [fill: S.C. name] una de las siguientes para la salud o tratamiento?

Meditación Espiritual incluyendo Oración Centrante y Meditación Contemplativa

1. Sí
 2. No
- Refused
Don't know

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

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

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

Spanish Text: ? [F1]

*Read if necessary.

¿Ha utilizado ALGUNA VEZ [fill: S.C. name] una de las siguientes para la salud o tratamiento?

Ensoñación dirigida

1. Sí
 2. No
- Refused
Don't know

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

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

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.372_00.000 **Instrument Variable Name:** CMBE_PRO **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

*Read if necessary.

¿Ha utilizado ALGUNA VEZ [fill: S.C. name] una de las siguientes para la salud o tratamiento?

Relajación progresiva

1. Sí
 2. No
- Refused
Don't know

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

Skip Instructions: <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]

Question ID: CAL.373_00.000 **Instrument Variable Name:** CMBU_MAN **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿utilizó [fill: S.C. name]...

Meditación con Mantras, incluyendo Meditación Transcendental®, Respuesta de Relajación, y Meditación Clínica Estandarizada?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have ever used a mantra meditation

Skip Instructions: <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]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.374_00.000 **Instrument Variable Name:** CMBU_MND **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿utilizó [fill: S.C. name] ...

Meditación de atención plena, incluyendo Vipásana (vih-PAS-sah-nah), meditación de Budismo Zen, Reducción del Estrés Basado en la Atención Plena, y Terapia Cognitiva Basada en la Atención Plena?

1. Sí
2. No
- Refused
- Don't know

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

Skip Instructions: <1,2,R,D>
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_MND =1 and (CMBE_MAN and CMBE_SPR and CMBE_IMG and
CBME_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_SPR and CMBE_IMG and CMBE_PRO)=2,R,D [goto CYGE_YOG]
else if at the last cycle though of the CMBU_* variables where ALL=2,R,D, [goto CYGE_YOG]

Question ID: CAL.375_00.000 **Instrument Variable Name:** CMBU_SPR **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿utilizó [fill: S.C. name] ...

Meditación Espiritual incluyendo Oración Centrante y Meditación Contemplativa?

1. Sí
2. No
- Refused
- Don't know

Universe: 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]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
 Document Version Date: 24-May-13

Question ID: CAL.376_00.000 **Instrument Variable Name:** CMBU_IMG **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿utilizó [fill: S.C. name] ...

Ensoñación dirigida?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have ever used guided imagery

Skip Instructions: <1,2,R,D>
 if CMBE_PRO=1 [goto CMBU_PRO];
 else if CMBE_IMG=1 and (CMBE_MAN and CMBE_MND and CMBE_SPR 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_SPR 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]

Question ID: CAL.377_00.000 **Instrument Variable Name:** CMBU_PRO **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿utilizó [fill: S.C. name] ...

Relajación progresiva?

1. Sí
 2. No
- Refused
Don't know

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

Skip Instructions: <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]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

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

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cuál de los siguientes utilizó [fill: S.C. name] con más frecuencia?

*Read categories below.

1. Meditación de mantras
 2. Meditación de atención plena
 3. Meditación espiritual
 4. Enseñación dirigida
 5. Relajación progresiva
- Refused
Don't know

Universe: Sample children 4+ who have used more than two types of a mind-body therapy in the past 12 months

Skip Instructions: <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

Spanish Text: ? [F1]

¿Hizo [fill: S.C. name] ejercicios de respiración como parte de la [fill1]? Ejercicios de respiración pueden implicar el control activo de la forma en que el aire se respira, o la rapidéz o profundidad de la respiración.

1. Sí
 2. No
- Refused
Don't know

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

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

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

Spanish Text: ? [F1]

DURANTE LOS ULTIMOS 12 MESES, ¿vivo [fill S.C. name] a un practicante o asistió a una clase para [fill1]?

1. Sí
 2. No
- Refused
Don't know

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

Skip Instructions: <1> [goto CMB_PTIM]
 <2,R,D> [goto CMB_MAT]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.381_00.000 **Instrument Variable Name:** CMB_PTIM **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Sabe con exactitud el número de veces durante los últimos 12 meses que [fill: S.C. name] vio a un practicante o asistió a una clase para [fill 1]?

- 1. Sí
- 2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CMB_TMNO]
<2,R,D> [goto CMB_TMCT]

Question ID: CAL.382_00.000 **Instrument Variable Name:** CMB_TMNO **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿Cuántas veces vio [fill S.C. name] a un practicante o asistió a una clase para [fill1]? Diría...

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

Allow 1-52,R,D

Universe: Sample children 4+ with a known number of times they have seen a practitioner for a mind-body therapy in the past 12 months

Skip Instructions: <1-52,R,D> [goto CMB_HIC]

Question ID: CAL.383_00.000 **Instrument Variable Name:** CMB_TMCT **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿APROXIMADAMENTE cuántas veces vio [fill S.C. name] a practicante o asistió a una clase para [fill1]? Diría...

*Read categories below.

- 1. Solo 1 vez
- 2. 2-5 veces
- 3. 6-10 veces
- 4. 11-15 veces
- 5. 16-20 veces
- 6. 21-25 veces
- 7. Más de 25 veces
- Refused
- Don't know

Universe: 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

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

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.384_00.000 **Instrument Variable Name:** CMB_HIC **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿estaba alguno de los costos de ver a un practicante o asistir a clases para [fill1] cubierto por seguro de salud?

- 1. Sí
- 2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CMB_HICA]
<2,R,D> [goto CMB_HIT]

Question ID: CAL.385_00.000 **Instrument Variable Name:** CMB_HICA **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cubrió el seguro de salud todo el costo o solo parte del costo para que [fill: S.C. name] viera a un practicante o asistir a una clase para [fill1]?

- 1. Todo el costo
- 2. Parte del costo
- Refused
- Don't know

Universe: 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

Skip Instructions: <1> [goto CMB_MAT]
<2,R,D> [goto CMB_HIT]

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

Spanish Text: ¿Sabe la cantidad total que se pagó en los últimos 12 meses para que [fill: S.C. name] viera a un practicante o asistir a una clase de [fill1] [fill2: sin incluir la parte pagada por el seguro]?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ whose health insurance covered none or some of the cost for a mind-body therapy in the past 12 months

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

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

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

Spanish Text: ¿Cuánto en total se pagó durante los últimos 12 meses para que [fill: S.C. name] viera a un practicante o asistir a una clase para [fill1][fill2: sin incluir la parte pagada por el seguro]?

*Enter '0' for no cost or free.

Allow \$0-26000,R,D

Universe: Sample children 4+ where the amount paid is known for a mind-body therapy in the past 12 months

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

Question ID: CAL.388_00.000 **Instrument Variable Name:** CMB_AVGC **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Sabe la cantidad en promedio que usted pagó en los últimos 12 meses por cada visita o clase de [fill: S.C. name] para [fill1] [fill2: sin incluir la parte pagada por el seguro]?

1. Sí
2. No
- Refused
- Don't know

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

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

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

Spanish Text: ¿Cuánto se pagó en promedio de bolsillo por cada visita de [fill: S.C name] a un practicante o clase para [fill 1]?

*Enter '0' if no cost or free.

Allow \$0-500,R,D

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

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

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

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿compró usted u otro familiar un libro de auto-ayuda u otros materiales como un DVD, CD, o Video para aprender algo sobre el uso de la [fill1] por [fill: S.C. name]?

1. Sí
2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CMB_MATC]
 <2,R,D> [goto CYGE_YOG]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.391_00.000 **Instrument Variable Name:** CMB_MATC **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuánto se pagó por estos materiales durante los últimos 12 meses?

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

 Allow \$0-200,R,D

Universe: Sample children 4+ who have bought self-help materials for a mind-body therapy in the past 12 months

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

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

Spanish Text: ? [F1]

 ¿Ha practicado ALGUNA VEZ [fill: S.C. name] cualquiera de los siguientes? Por favor responde si o no a cada uno.

 ...Yoga?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+

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

Question ID: CAL.402_00.000 **Instrument Variable Name:** CYGE_TAI **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

 *Read if necessary.

 ¿Ha practicado ALGUNA VEZ [fill: S.C. name] cualquiera de los siguientes?

 ...Tai Chi?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+

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

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

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

Spanish Text: ? [F1]

*Read if necessary.

¿Ha practicado ALGUNA VEZ [fill: S.C. name] cualquiera de los siguientes?

...Qi Gong?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+

Skip Instructions: 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]

Question ID: CAL.404_00.000 **Instrument Variable Name:** CYGU_YOG **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

¿DURANTE LOS ÚLTIMOS 12 MESES, practicó [fill: S.C. name] Yoga para [fill: el/ella] mismo(a)?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have ever used Yoga

Skip Instructions: <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]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

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

Spanish Text: ? [F1]

¿DURANTE LOS ÚLTIMOS 12 MESES, practicó [fill: S.C. name] Tai Chi para [fill: el/ella] mismo(a)?

- 1. Sí
- 2. No
- Refused
- Don't know

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

Skip Instructions: <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]

Question ID: CAL.406_00.000 **Instrument Variable Name:** CYGU_QIG **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

¿DURANTE LOS ÚLTIMOS 12 MESES, practicó [fill: S.C. name] Qi Gong para [fill: el/ella] mismo(a)?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have ever used Qi Gong

Skip Instructions: <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

Spanish Text: ? [F1]

¿Sabe usted si [fill: S.C. name] hizo ejercicios de respiración como parte de la Yoga? Ejercicios de respiración pueden implicar el control activo de la forma en que el aire se respira, o la rapidéz o profundidad de la respiración.

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used Yoga in the past 12 months

Skip Instructions: <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]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.408_00.020 **Instrument Variable Name:** CYG_BTHT **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

¿Sabe usted si [fill: S.C. name] hizo ejercicios de respiración como parte del Tai Chi? Ejercicios de respiración pueden implicar el control activo de la forma en que el aire se respira, o la rapidéz o profundidad de la respiración.

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used Tai Chi in the past 12 months

Skip Instructions: <1,2,R,D> if CYGU_QIG=1 [goto CYG_BTHQ];
 Else if CYGU_YOG=1 and CYGU_QIG in (2,R,D) [goto CYG_MEDY]
 Else if (CYGU_YOG and CYGU_QIG) in (2,R,D) [goto CYG_MEDT]

Question ID: CAL.409_00.030 **Instrument Variable Name:** CYG_BTHQ **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

¿Sabe usted si [fill: S.C. name] hizo ejercicios de respiración como parte del Qi Gong? Ejercicios de respiración pueden implicar el control activo de la forma en que el aire se respira, o la rapidéz o profundidad de la respiración.

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used Qi Gong in the past 12 months

Skip Instructions: <1,2,R,D>
 If CYGU_YOG=1 [goto CYG_MEDY]
 Else if CYGU_TAI=1 [goto CYG_MEDT]
 Else if CYGU_QIG=1 [goto CYG_MEDQ]

Question ID: CAL.410_00.010 **Instrument Variable Name:** CYG_MEDY **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

¿Hizo [fill: S.C. name] meditación como parte del Yoga?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used Yoga in the past 12 months

Skip Instructions: <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_USEM]
 <2,R,D> CYG_BTHY in (2,R,D) and (CYG_BTHT and CYG_BTHQ) in (2,R,D,")) [goto CDTE_VEG]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
 Document Version Date: 24-May-13

Question ID: CAL.411_00.020 **Instrument Variable Name:** CYG_MEDT **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

¿Hizo [fill: S.C. name] meditación como parte de Tai Chi?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used Tai Chi in the past 12 months

Skip Instructions: <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_USEM]
 <2,R,D> (CYG_BTHT and CYG_BTHY and CYG_BTHQ and CYG_MEDY) in (2,R,D,") [goto CDTE_VEG]

Question ID: CAL.412_00.030 **Instrument Variable Name:** CYG_MEDQ **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

¿Hizo [fill: S.C. name] meditación como parte de Qi Gong?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used Qi Gong in the past 12 months

Skip Instructions: <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]

Question ID: CAL.413_00.000 **Instrument Variable Name:** CYG_MOST **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cuál ejercicio practicó [fill: S.C. name] más frecuentemente?

*Read categories below.

- 1. Yoga
- 2. Tai-Chi
- 3. Qi Gong
- Refused
- Don't know

Universe: Sample children 4+ who have used more than one type of exercise in the past 12 months and used meditation or breathing exercises

Skip Instructions: <1-3> [goto CYG_USEM]
 <R,D> [goto CDTE_VEG]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.414_00.000 **Instrument Variable Name:** CYG_USEM **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿asistió [fill: S.C. name] a una clase de [fill1: Yoga/Tai Chi/Qi Gong] o recibió entrenamiento formal de algún tipo? Asistir solo una sesión no cuenta.

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used an exercise in the past 12 months

Skip Instructions: <1> [goto CYG_PTIM]
<2,R,D> [goto CYG_MAT]

Question ID: CAL.415_00.000 **Instrument Variable Name:** CYG_PTIM **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Sabe con exactitud el número de veces durante los últimos 12 meses que [fill: S.C. name] vio a instructor de [fill1: Yoga/Tai Chi/Qi Gong]?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have seen a practitioner for an exercise in the past 12 months

Skip Instructions: <1> [goto CYG_TMNO]
<2,R,D> [goto CYG_TMCT]

Question ID: CAL.416_00.000 **Instrument Variable Name:** CYG_TMNO **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces vio [fill S.C. name] a un instructor para [fill1: Yoga/Tai Chi/Qi Gong]?

*Enter '52' for 52 or more times.
Allow 1-52,R,D

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

Skip Instructions: <1-52,R,D> [goto CYG_HIC]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.417_00.000 **Instrument Variable Name:** CYG_TMCT **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿APROXIMADAMENTE cuántas veces vio [fill: S.C. name] a un instructor para [fill1: Yoga/Tai Chi/Qi Gong]? Diría...

*Read categories below.

1. Solo 1 vez
 2. 2-5 veces
 3. 6-10 veces
 4. 11-15 veces
 5. 16-20 veces
 6. 21-25 veces
 7. Más de 25 veces
- Refused
Don't know

Universe: 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

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

Question ID: CAL.418_00.000 **Instrument Variable Name:** CYG_HIC **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿estaba alguno de los costos de ver a un instructor para [fill1: Yoga/Tai Chi/Qi Gong] cubierto por seguro de salud?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have seen a practitioner for an exercise therapy in the past 12 months

Skip Instructions: <1> [goto CYG_HICA]
<2,R,D> [goto CYG_HIT]

Question ID: CAL.419_00.000 **Instrument Variable Name:** CYG_HICA **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cubrió el seguro de salud todo el costo o solo parte del costo para que [fill: S.C. name] viera a un instructor para [fill1: Yoga/Tai Chi/Qi Gong] ?

1. Todo el costo
 2. Parte del costo
- Refused
Don't know

Universe: 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

Skip Instructions: <1> [goto CYG_MAT]
<2,R,D> [goto CYG_HIT]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.420_00.000 **Instrument Variable Name:** CYG_HIT **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Sabe la cantidad total que se pagó en los últimos 12 meses para que [fill: S.C. name] viera a un instructor para [fill1: Yoga/Tai Chi/Qi Gong] [fill2: sin incluir la parte pagada por el seguro]?

- 1. Sí
- 2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CYG_HITS]
<2,R,D> [goto CYG_AVGC]

Question ID: CAL.421_00.000 **Instrument Variable Name:** CYG_HITS **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuánto en total se pagó durante los últimos 12 meses para que [fill: S.C. name] viera a un instructor para [fill1: Yoga/Tai Chi/Qi Gong] [fill 2: sin incluir la parte pagada por el seguro]?

*Enter '0' for no cost or free.
Allow \$0-26000,R,D

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

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

Question ID: CAL.422_00.000 **Instrument Variable Name:** CYG_AVGC **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Sabe la cantidad promedio que se pagó en los últimos 12 meses por cada visita de [fill: S.C. name] para [fill1: Yoga/Tai Chi/Qi Gong] [fill2: sin incluir la parte pagada por el seguro]?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: 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]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.423_00.000 **Instrument Variable Name:** CYG_AVGS **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuánto se pagó en promedio de bolsillo por cada visita de [fill: S.C name] a un instructor para [fill1: Yoga/Tai Chi/Qi Gong]?

*Enter '0' if no cost or free.

Allow \$0-500,R,D

Universe: 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

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿compró usted u otro familiar un libro de auto-ayuda u otros materiales como un DVD, CD, o Video para aprender algo sobre el uso de la/del [fill1: Yoga/Tai Chi/Qi Gong] por [fill: S.C. name]?

1. Sí
 2. No
- Refused
Don't know

Universe: 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]

Question ID: CAL.425_00.000 **Instrument Variable Name:** CYG_MATC **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuánto se pagó por estos materiales durante los últimos 12 meses?

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

Allow \$0-200,R,D

Universe: Sample children 4+ who have bought self-help materials for an exercise in the past 12 months

Skip Instructions: <0-200,R,D> [goto CDTE_VEG]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.435_00.000 **Instrument Variable Name:** CDTE_VEG **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

¿Ha utilizado ALGUNA VEZ [fill: S.C. name] una de las siguientes dietas especiales por dos semanas o más por razones de salud?

Vegetariana, incluyendo Vegana

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+

Skip Instructions: <1,2,R,D> [goto CDTEVER2]

Question ID: CAL.436_00.000 **Instrument Variable Name:** CDTEVER2 **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

*Read if necessary.

¿Ha utilizado ALGUNA VEZ [fill: S.C. name] una de las siguientes dietas especiales por dos semanas o más por razones de salud?

Macrobiótica

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+

Skip Instructions: <1,2,R,D> [goto CDTEVER3]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.437_00.000 **Instrument Variable Name:** CDTEVER3 **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

*Read if necessary.

¿Ha utilizado ALGUNA VEZ [fill: S.C. name] una de las siguientes dietas especiales por dos semanas o más por razones de salud?

Atkins

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+

Skip Instructions: <1,2,R,D> [goto CDTEVER4]

Question ID: CAL.438_00.000 **Instrument Variable Name:** CDTEVER4 **QuestionnaireFileName:** Child CAM

Spanish Text: ? [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?

Pritikin

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+

Skip Instructions: <1,2,R,D> [goto CDTEVER5]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
 Document Version Date: 24-May-13

Question ID: CAL.439_00.000 **Instrument Variable Name:** CDTEVER5 **QuestionnaireFileName:** Child CAM

Spanish Text: ? [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?

Ornish

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+

Skip Instructions: <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]

Question ID: CAL.440_00.000 **Instrument Variable Name:** CDT_USM1 **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿utilizó [fill: S.C. name] una dieta vegetarian, incluyendo Vegana, por dos semanas o más por razones de salud?

1. Sí
 2. No
- Refused
Don't know

Universe: 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 (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]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine

 Document Version Date: 24-May-13

Question ID: CAL.441_00.000 **Instrument Variable Name:** CDT_USM2 **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿utilizó [fill: S.C. name] una dieta macrobiótica por dos semanas o más por razones de salud?

1. Sí
 2. No
- Refused
Don't know

Universe: 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

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿utilizó [fill: S.C. name] una dieta Atkins por dos semanas o más por razones de salud?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have ever used special diets-Atkins

Skip Instructions: <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]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.443_00.000 **Instrument Variable Name:** CDT_USM4 **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿utilizó [fill: S.C. name] una dieta Pritikin por dos semanas o más por razones de salud?

1. Sí
2. No
- Refused
- Don't know

Universe: Sample children 4+ who have ever used special diets-Pritikin

Skip Instructions: <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]

Question ID: CAL.444_00.000 **Instrument Variable Name:** CDT_USM5 **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿utilizó [fill: S.C. name] una dieta Ornish por dos semanas o más por razones de salud?

1. Sí
2. No
- Refused
- Don't know

Universe: Sample children 4+ who have ever used special diets-Ornish

Skip Instructions: <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]

Question ID: CAL.445_00.000 **Instrument Variable Name:** CDT_WGT1 **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Utilizó [fill: S.C. name] dietas especiales para el control o pérdida de peso?

1. Sí
2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used special diets in the past 12 months

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

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.446_00.000 **Instrument Variable Name:** CDT_PRE **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

¿Ha visto ALGUNA VEZ [fill: S.C. name] a un practicante para dietas especiales?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used special diets in the past 12 months

Skip Instructions: <1> [goto CDT_PRU]
<2,R,D> [goto CDT_MAT]

Question ID: CAL.447_00.000 **Instrument Variable Name:** CDT_PRU **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿vio [fill: S.C. name] a un practicante para dietas especiales?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have ever seen a practitioner for special diets

Skip Instructions: <1> [goto CDT_PTIM]
<2,R,D> [goto CDT_MAT]

Question ID: CAL.448_00.000 **Instrument Variable Name:** CDT_PTIM **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Sabe con exactitud el número de veces durante los últimos 12 meses que [fill: S.C. name] vio a un practicante para dietas especiales?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have seen a practitioner for special diets in the past 12 months

Skip Instructions: <1> [goto CDT_TMNO]
<2,R,D> [goto CDT_TMCT]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.449_00.000 **Instrument Variable Name:** CDT_TMNO **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces vio [fill S.C. name] a un practicante para dietas especiales?

*Enter '52' for 52 or more times.

Allow 1-52,R,D

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

Skip Instructions: <1-52,R,D> [goto CDT_HIC]

Question ID: CAL.450_00.000 **Instrument Variable Name:** CDT_TMCT **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿APROXIMADAMENTE cuántas veces vio [fill S.C. name] a un practicante para dietas especiales? Diría...

*Read categories below.

1. Solo 1 vez
 2. 2-5 veces
 3. 6-10 veces
 4. 11-15 veces
 5. 16-20 veces
 6. 21-25 veces
 7. Más de 25 veces
- Refused
Don't know

Universe: 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

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

Question ID: CAL.451_00.000 **Instrument Variable Name:** CDT_HIC **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿estaba alguno de los costos de ver a un practicante para dietas especiales cubierto por seguro de salud?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have seen a practitioner for special diets in the past 12 months

Skip Instructions: <1> [goto CDT_HICA]
<2,R,D> [goto CDT_HIT]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.452_00.000 **Instrument Variable Name:** CDT_HICA **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cubrió el seguro de salud todo el costo o solo parte del costo para que [fill: S.C. name] viera a un practicante para dietas especiales?

- 1. Todo el costo
- 2. Parte del costo
- Refused
- Don't know

Universe: 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

Skip Instructions: <1> [goto CDT_MAT]
<2,R,D> [goto CDT_HIT]

Question ID: CAL.453_00.000 **Instrument Variable Name:** CDT_HIT **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Sabe la cantidad total que se pagó en los últimos 12 meses para que [fill: S.C. name] viera a un practicante para dietas especiales [fill1: sin incluir la parte pagada por el seguro]?

- 1. Sí
- 2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CDT_HITS]
<2,R,D> [goto CDT_AVGC]

Question ID: CAL.454_00.000 **Instrument Variable Name:** CDT_HITS **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuánto en total se pagó durante los últimos 12 meses para que [fill: S.C. name] viera a un practicante para dietas especiales [fill 2: sin incluir la parte pagada por el seguro]?

*Enter '0' for no cost or free.

Allow \$0-26000,R,D

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

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

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.455_00.000 **Instrument Variable Name:** CDT_AVGC **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Sabe la cantidad promedio que se pagó en los últimos 12 meses por cada visita de [fill: S.C. name] para dietas especiales [fill1: sin incluir la parte pagada por el seguro]?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who don't know the total amount they paid for special diets in the past 12 months

Skip Instructions: <1> [goto CDT_AVGS]
 <2,R,D> [goto CDT_MAT]

Question ID: CAL.456_00.000 **Instrument Variable Name:** CDT_AVGS **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuánto se pagó en promedio de bolsillo por cada visita de [fill: S.C name] a un practicante para dietas especiales?

*Enter '0' if no cost or free.

Allow \$0-500,R,D

Universe: Sample children 4+ who know the average per visit they paid for special diets in the past 12 months

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

Question ID: CAL.457_00.000 **Instrument Variable Name:** CDT_MAT **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿compró usted u otro familiar un libro de auto-ayuda u otros materiales como un DVD, CD, o Video para aprender algo sobre el uso de dietas especiales por [fill: S.C. name]?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used special diets in the past 12 months

Skip Instructions: <1> [goto CDT_MATC]
 <2,R,D> [goto CMVE_FLD]

Question ID: CAL.458_00.000 **Instrument Variable Name:** CDT_MATC **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuánto se pagó por estos materiales durante los últimos 12 meses?

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

Allow \$0-200,R,D

Universe: Sample children 4+ who have bought self-help materials for special diets in the past 12 months

Skip Instructions: <0-200,R,D> [goto CMVE_FLD]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.468_00.000 **Instrument Variable Name:** CMVE_FLD **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

¿Ha practicado ALGUNA VEZ [fill: S.C. name] cualquiera de las siguientes técnicas de movimiento o ejercicio?

Feldenkrais

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+

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

Question ID: CAL.469_00.000 **Instrument Variable Name:** CMVE_ALX **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

¿Ha practicado ALGUNA VEZ [fill: S.C. name] cualquiera de las siguientes técnicas de movimiento o ejercicio?

Técnica Alexander

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+

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

Question ID: CAL.470_00.000 **Instrument Variable Name:** CMVE_PIL **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

¿Ha practicado ALGUNA VEZ [fill: S.C. name] cualquiera de las siguientes técnicas de movimiento o ejercicio?

Pilates

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+

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

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.471_00.000 **Instrument Variable Name:** CMVE_TPI **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

¿Ha practicado ALGUNA VEZ [fill: S.C. name] cualquiera de las siguientes técnicas de movimiento o ejercicio?

Integración Psicofísica Trager

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+

Skip Instructions: <1,2,R,D> if CMVE_FLD=1 or CMVE_ALX=1 or CMVE_PIL=1 or CMVE_TP1=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.472_00.000 **Instrument Variable Name:** CMVP_FLD **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

¿Ha visto ALGUNA VEZ [fill: S.C. name] a un practicante o maestro(a) para...

Feldenkrais?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used Feldenkrais

Skip Instructions: <1,2,R,D>
 If any other CMVE_* ='1' [goto next appropriate CMVP_* question]
 <1> If (CMVE_ALX and CMVE_PIL and CMVE_TPI) ne '1' [goto CMV_FLD]
 <2,R,D> if (CMVE_ALX and CMVE_PIL and CMVE_TPI) ne '1' [goto CMVU_FLD]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.473_00.000 **Instrument Variable Name:** CMVP_ALX **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

¿Ha visto ALGUNA VEZ [fill: S.C. name] a un practicante o maestro(a) para...

Técnica Alexander?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used Alexander technique

Skip Instructions: <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

Spanish Text: ? [F1]

¿Ha visto ALGUNA VEZ [fill: S.C. name] a un practicante o maestro(a) para...

Pilates?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used Pilates

Skip Instructions: <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 Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.475_00.000 **Instrument Variable Name:** CMVP_TPI **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

¿Ha visto ALGUNA VEZ [fill: S.C. name] a un practicante o maestro(a) para...

Integración Psicofísica Trager?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used Trager Psychophysical Integration

Skip Instructions: <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)]

Question ID: CAL.476_00.000 **Instrument Variable Name:** CMV_FLD **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿vio [fill S.C. name] a un practicante o maestro(a) para...

Feldenkrais?

1. Sí
 2. No
- Refused
Don't know

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

Skip Instructions: <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]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.477_00.000 **Instrument Variable Name:** CMV_ALX **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿vio [fill S.C. name] a un practicante o maestro(a) para...

Técnica Alexander?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have ever seen a practitioner for Alexander technique

Skip Instructions: <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

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿vio [fill S.C. name] a un practicante o maestro(a) para...

Pilates?

- 1. Sí
- 2. No
- Refused
- Don't know

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

Skip Instructions: <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]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.479_00.000 **Instrument Variable Name:** CMV_TPI **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿vio [fill S.C. name] a un practicante o maestro(a) para...

Integración Psicofísica Trager?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have ever seen a practitioner for Trager Psychophysical Integration

Skip Instructions: <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

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿utilizó [fill: S.C. name] ...

Feldenkrais?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used Feldenkrais

Skip Instructions: 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 Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.481_00.000 **Instrument Variable Name:** CMVU_ALX **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿utilizó [fill: S.C. name] ...

Técnica Alexander?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used Alexander technique

Skip Instructions: 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_* 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.482_00.000 **Instrument Variable Name:** CMVU_PIL **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿utilizó [fill: S.C. name] ...

Pilates?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used Pilates

Skip Instructions: 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_*ne1 or any CMV_*=1) [goto CMV_MAT]
 Else If (all CMVU_* and CMV_*) ne1 and
 if more than 3 modalities not including chelation/ayurveda [goto CAL_TOP3];
 else if <=3 modalities excluding chelation/ayurveda [goto CTP1REA1]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.483_00.000 **Instrument Variable Name:** CMVU_TPI **QuestionnaireFileName:** Child CAM

Spanish Text: ? [F1]

DURANTE LOS ÚLTIMOS 12 MESES, ¿utilizó [fill: S.C. name] ...

Integración Psicofísica Trager?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used Trager Psychophysical Integration

Skip Instructions: 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

Spanish Text: ¿Sabe con exactitud el número de veces durante los últimos 12 meses que [fill: S.C. name] vio a un practicante o maestro(a) para técnicas de movimiento y ejercicio?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have seen a practitioner for movement and exercise techniques in the past 12 months

Skip Instructions: <1> [goto CMV_TMNO]

<2,R,D> [goto CMV_TMCT]

Question ID: CAL.485_00.000 **Instrument Variable Name:** CMV_TMNO **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces vio [fill S.C. name] a un practicante o maestro(a) para técnicas de movimiento y ejercicio?

*Enter '52' for 52 or more times.

Allow 1-52,R,D

Universe: Sample children 4+ with a known number of times they have seen a practitioner for movement and exercise techniques in the past 12 months

Skip Instructions: <1-52,R,D> [goto CMV_HIC]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.486_00.000 **Instrument Variable Name:** CMV_TMCT **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿APROXIMADAMENTE cuántas veces vio [fill S.C. name] a un practicante o maestro para técnicas de movimiento y ejercicio? Diría...

*Read categories below.

1. Solo 1 vez
 2. 2-5 veces
 3. 6-10 veces
 4. 11-15 veces
 5. 16-20 veces
 6. 21-25 veces
 7. Más de 25 veces
- Refused
Don't know

Universe: 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

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

Question ID: CAL.487_00.000 **Instrument Variable Name:** CMV_HIC **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿estaba alguno de los costos de ver a un practicante o maestro de técnicas de movimiento y ejercicio cubierto por seguro de salud?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have seen a practitioner for movement and exercise techniques in the past 12 months

Skip Instructions: <1> [goto CMV_HICA]
<2,R,D> [goto CMV_HIT]

Question ID: CAL.488_00.000 **Instrument Variable Name:** CMV_HICA **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cubrió el seguro de salud todo el costo o solo parte del costo para que [fill: S.C. name] viera a un practicante para técnicas de movimiento y ejercicio?

1. Todo el costo
 2. Parte del costo
- Refused
Don't know

Universe: 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

Skip Instructions: <1> [goto CMV_MAT]
<2,R,D> [goto CMV_HIT]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.489_00.000 **Instrument Variable Name:** CMV_HIT **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Sabe la cantidad total que se pagó en los últimos 12 meses para que [fill: S.C. name] viera a un practicante o maestro para técnicas de movimiento y ejercicio [fill1: sin incluir la parte pagada por el seguro]?

- 1. Sí
- 2. No
- Refused
- Don't know

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

Skip Instructions: <1> [goto CMV_HITS]
<2,R,D> [goto CMV_AVGC]

Question ID: CAL.490_00.000 **Instrument Variable Name:** CMV_HITS **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuánto en total se pagó durante los últimos 12 meses para que [fill: S.C. name] viera a un practicante de técnicas de movimiento y ejercicio [fill 2: sin incluir la parte pagada por el seguro]?

Allow \$0-26000,R,D

Universe: Sample children 4+ where the amount paid is known for movement and exercise techniques in the past 12 months

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

Question ID: CAL.491_00.000 **Instrument Variable Name:** CMV_AVGC **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Sabe la cantidad en promedio que se pagó en los últimos 12 meses por cada visita de [fill: S.C. name] para las técnicas de movimiento y ejercicio [fill1: sin incluir la parte pagada por el seguro]?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who don't know the total amount they paid for movement and exercise techniques in the past 12 months

Skip Instructions: <1> [goto CMV_AVGS]
<2,R,D> [goto CMV_MAT]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.492_00.000 **Instrument Variable Name:** CMV_AVGS **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuánto se pagó en promedio de bolsillo por cada visita de [fill: S.C name] a un practicante o maestro(a) para técnicas de movimiento y ejercicio?

*Enter '0' if no cost or free.

Allow \$0-500,R,D

Universe: Sample children 4+ who know the average per visit they paid for movement and exercise techniques in the past 12 months

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

Question ID: CAL.493_00.000 **Instrument Variable Name:** CMV_MAT **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿compró usted u otro familiar un libro de auto-ayuda u otros materiales como un DVD, CD, o Video para aprender algo sobre el uso de técnicas de movimiento y ejercicio por [fill: S.C. name]?

1. Sí
2. No
Refused
Don't know

Universe: Sample children 4+ who have seen a practitioner for or have used movement and exercise techniques in the past 12 months

Skip Instructions: <1> [goto CMV_MATC]
<2,R,D> if more than 3 modalities [goto CAL_TOP3];
else less than 4 chosen [goto CTP1REA1]

Question ID: CAL.494_00.000 **Instrument Variable Name:** CMV_MATC **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuánto se pagó por estos materiales durante los últimos 12 meses?

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

Allow \$0-200,R,D

Universe: Sample children 4+ who have bought self-help materials for movement and exercise techniques in the past 12 months

Skip Instructions: <0-200,R,D>
if more than 3 modalities [goto CAL_TOP3];
else less than 4 chosen [goto CTP1REA1]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.504_00.000 **Instrument Variable Name:** CAL_TOP3 **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿cuáles TRES de estas terapias eran las más importantes para la salud de [fill: S.C. name]?

*Read list below.

1. Manipulación Quiropráctica u Osteopática
 2. Masaje
 3. Acupuntura
 4. Terapia de Sanación Energética
 5. Naturopatía
 6. Hipnosis
 7. Bioretroalimentación
 8. Terapia craneosacral
 9. Sanadores tradicionales
 10. [fill1: Herb 1 from CHB_TP21]
 11. [fill2: Herb 2 from CHB_TP22]
 12. Homeopatía
 13. [fill3: Meditación de mantras/ Meditación de atención plena/Meditación espiritual /Ensoñación dirigida/Relajación Progresiva from CMB_MST1]
 14. [fill4: Yoga/Tai Chi/Qi Gong from CYG_MOST]
 15. Dietas especiales
 16. Técnicas de movimiento o ejercicio
- Refused
Don't know

Universe: Sample children 4+ who have used/seen a practitioner for any of a number of therapies in the past 12 months

Skip Instructions: <1-16> If less than three selected [goto ERR_CAL_TOP3]

<1-16> [goto CTP1REA1]
R,D [goto end]

Question ID: CAL.510_00.000 **Instrument Variable Name:** CTP1REA1 **QuestionnaireFileName:** Child CAM

Spanish Text: ¿[fill: S.C. name] {fill1: vio a un practicante /utilizó} {fill2: modality} para cualquiera de esta razones?

¿Para el bienestar en general o la prevención de enfermedades?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP1REA2]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.511_00.000 **Instrument Variable Name:** CTP1REA2 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿[fill: S.C. name] {fill1: vio a un practicante /utilizó} {fill2: modality} para cualquiera de esta razones?

¿Para mejorar su energía?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP1REA3]

Question ID: CAL.512_00.000 **Instrument Variable Name:** CTP1REA3 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿[fill: S.C. name] {fill1: vio a un practicante /utilizó} {fill2: modality} para cualquiera de esta razones?

¿Para mejorar su función inmune?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP1REA4]

Question ID: CAL.513_00.000 **Instrument Variable Name:** CTP1REA4 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿[fill: S.C. name] {fill1: vio a un practicante /utilizó} {fill2: modality} para cualquiera de esta razones?

¿Para mejorar su rendimiento atlético?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP1REA5]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.514_00.000 **Instrument Variable Name:** CTP1REA5 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿[fill: S.C. name] {fill1: vio a un practicante /utilizó} {fill2: modality} para cualquiera de esta razones?

¿Para mejorar su memoria o concentración?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP1MOT1]

Question ID: CAL.515_00.000 **Instrument Variable Name:** CTP1MOT1 **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Piensa usted que {fill1: ver a un practicante para/utilizar} {fill2: modality} motivó a [fill: S.C. name]

Comer más saludable?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP1MOT2]

Question ID: CAL.516_00.000 **Instrument Variable Name:** CTP1MOT2 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Piensa usted que {fill1: ver a un practicante para/utilizar} {fill2: modality} motivó a [fill: S.C. name]

Comer más alimentos orgánicos?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP1MOT3]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.517_00.000 **Instrument Variable Name:** CTP1MOT3 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Piensa usted que {fill1: ver a un practicante para/utilizar} {fill2: modality} motivó a [fill: S.C. name]

Hacer ejercicios con más regularidad?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP1OUT1]

Question ID: CAL.520_00.000 **Instrument Variable Name:** CTP1OUT1 **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Piensa usted que {fill1: ver a un practicante para/utilizar} {fill2: modality} produjo alguno de estos resultados?

¿Darle a [fill: el/ella] un sentido de control sobre su salud?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP1OUT2]

Question ID: CAL.521_00.000 **Instrument Variable Name:** CTP1OUT2 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Piensa usted que {fill1: ver a un practicante para/utilizar} {fill2: modality} produjo alguno de estos resultados?

¿Ayudarle a [fill: S.C. name] reducir su nivel de estrés o relajarse?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP1OUT3]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.522_00.000 **Instrument Variable Name:** CTP1OUT3 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Piensa usted que {fill1: ver a un practicante para/utilizar} {fill2: modality} produjo alguno de estos resultados?

Ayudarle a [fill: el/ella] dormir mejor?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP1OUT4]

Question ID: CAL.523_00.000 **Instrument Variable Name:** CTP1OUT4 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Piensa usted que {fill1: ver a un practicante para/utilizar} {fill2: modality} produjo alguno de estos resultados?

¿Hacerle a [fill: el/ella] sentirse mejor emocionalmente?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP1OUT5]

Question ID: CAL.524_00.000 **Instrument Variable Name:** CTP1OUT5 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Piensa usted que {fill1: ver a un practicante para/utilizar} {fill2: modality} produjo alguno de estos resultados?

¿Hacerle más fácil a [el/ella] lidiar con problemas de la salud?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP1OUT6]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.525_00.000 **Instrument Variable Name:** CTP1OUT6 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Piensa usted que {fill1: ver a un practicante para/utilizar} {fill2: modality} produjo alguno de estos resultados?

¿Mejorar la salud de [fill: S.C. name] en general y hacerle sentir mejor?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP1OUT7]

Question ID: CAL.526_00.000 **Instrument Variable Name:** CTP1OUT7 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Piensa usted que {fill1: ver a un practicante para/utilizar} {fill2: modality} produjo alguno de estos resultados?

¿Mejorar la relaciones sociales de [fill: S.C. name] con otras personas?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP1OUT8]

Question ID: CAL.527_00.000 **Instrument Variable Name:** CTP1OUT8 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Piensa usted que {fill1: ver a un practicante para/utilizar} {fill2: modality} produjo alguno de estos resultados?

¿Mejorar la asistencia de [fill: S.C. name] en la escuela?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities

Skip Instructions: <1,2,R,D>
 else if CTP1CNT >1 [goto CTP1MOST];
 else if CTP1CNT=1 [goto CTP1HELP];
 else CTP1CNT=0 [goto CTP1TRET]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.528_00.000 **Instrument Variable Name:** CTP1MOST **QuestionnaireFileName:** Child CAM

Spanish Text: ¿De estas razones, cuál SOLA era la más importante para que [fill: S.C. name] [fill1: usara/viera [fill2: modality]?)

*Read list below.

1. Su bienestar en general o la prevención de enfermedades
 2. Mejorar su energía
 3. Mejorar su función inmune
 4. Mejorar su rendimiento atlético o en deportes
 5. Mejorar su memoria o concentración
 6. Comer más saludable
 7. Comer más alimentos orgánicos
 8. Reducir o dejar el consumo de alcohol
 9. Reducir o dejar el uso de cigarrillos
 10. Hacer ejercicios con más regularidad
 11. Darle a [fill4: el/ella] un sentido de control sobre su salud
 12. Ayudarle a [fill4: el/ella] reducir su nivel de estrés o a relajarse
 13. Ayudarle a [fill4: el/ella] dormir mejor
 14. Ayudarle a [fill4: el/ella] sentirse mejor emocionalmente
 15. Hacer más fácil lidiar con problemas de la salud
 16. Mejorar su salud en general y hacerle sentir mejor
 17. Mejorar sus relaciones sociales con otras personas
 18. Mejorar su puntualidad/asistencia en la escuela
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities and two or more reasons for seeing a practitioner/using modality chosen

Skip Instructions: <1-18> [goto CTP1HELP]
 <R,D> [goto CTP1TRET]

Question ID: CAL.529_00.000 **Instrument Variable Name:** CTP1HELP **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuánto piensa usted que [fill1: modality] ayudó a [fill: S.C. name] {fill2: reason given in CTP1MOST question}?
 Diría...

*Read categories below.

1. Muchísimo
 2. Algo
 3. Solo un poco
 4. Nada
- Refused
Don't know

Universe: 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

Skip Instructions: <1-4,R,D> [goto CTP1TRET]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.530_00.000 **Instrument Variable Name:** CTP1TRET **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿[fill: S.C. name] {fill1: vio a un practicante/utilizó} {fill2: modality} para uno o más problemas, síntomas, o condiciones de salud específicos?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used first of top three modalities

Skip Instructions: <1> [goto CTP1COND]
 <2,R,D> CAL_TP31 in (6,7,10-16) [goto CTP1RS5];
 else CAL_TP31 ne (6,7,10-16) [goto CTP1RS6]

Question ID: CAL.531_00.000 **Instrument Variable Name:** CTP1COND **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Para cuáles problemas, síntomas, o condiciones de salud específicos [fill: S.C. name] {fill1: vio a un practicante para/utilizó} {fill2: modality}?

*Enter all that apply, separate with commas.

Fill applicable conditions from CCAMCND1

Universe: 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

Skip Instructions: <1-56> If CTP1CNT >1 [goto CTP1CMST]
 else if CTP1CNT=1 [goto CTP1CHLP];
 <56> [goto CTP1SPEC];
 <R,D> if self-care modality (CAL_TP31 in (6,7,10-16)) [goto CTP1RS5];
 else [goto CTP1RS6]

Question ID: CAL.531_00.010 **Instrument Variable Name:** CTP1SPEC **QuestionnaireFileName:** Child CAM

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

Allow 75,R,D

Universe: Sample children 4+ who have used first of top three modalities and used modality to treat other health problem or condition

Skip Instructions: <Allow 75,R,D> If CTP1CNT>1 [goto CTP1CMST]
 else if CTP1CNT=1 [goto CTP1CHLP];
 <R,D> If CTP1CNT=1 and if self-care modality (CAL_TP31 in (6,7,10-16)) [goto CTP1RS5];
 else [goto CTP1RS6]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
 Document Version Date: 24-May-13

Question ID: CAL.532_00.000 **Instrument Variable Name:** CTP1CMST **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Para CUÁL de estas [fill: S.C. name] {fill1: vio a un practicante para/utilizó} {fill2: modality} más frecuentemente?

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

Fill applicable conditions from CTP1COND or CTP1SPEC

Universe: Sample children 4+ who have used first of top three modalities and used modality to treat specific conditions and more than one condition selected

Skip Instructions: <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

Spanish Text: ¿Cuánto piensa usted que [fill1: modality] ayudó a [fill: S.C. name] con su [fill2: condition from CTP1CMST]? Diría...

*Read categories below.

1. Muchísimo
2. Algo
3. Solo un poco
4. Nada
- Refused
- Don't know

Universe: Sample children 4+ who have used first of top three modalities and used modality to treat specific condition(s)

Skip Instructions: <1-4,R,D> [goto CTP1MTR1]

Question ID: CAL.534_00.000 **Instrument Variable Name:** CTP1MTR1 **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Recibió [fill: S.C. name] alguno de estos tratamientos médicos para [fill1: condition from CTP1CMST]?

¿Medicamentos recetados?

1. Sí
2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used first of top three modalities and used modality to treat specific condition(s)

Skip Instructions: <1,2,R,D> [goto CTP1MTR2]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.535_00.000 **Instrument Variable Name:** CTP1MTR2 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Recibió [fill: S.C. name] alguno de estos tratamientos médicos para [fill1: condition from CTP1CMST]?

¿Medicamentos sin receta?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities and used modality to treat specific condition(s)

Skip Instructions: <1,2,R,D> [goto CTP1MTR3]

Question ID: CAL.536_00.000 **Instrument Variable Name:** CTP1MTR3 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Recibió [fill: S.C. name] alguno de estos tratamientos médicos para [fill1: condition from CTP1CMST]?

¿Cirujía?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities and used modality to treat specific condition(s)

Skip Instructions: <1,2,R,D> [goto CTP1MTR4]

Question ID: CAL.537_00.000 **Instrument Variable Name:** CTP1MTR4 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Recibió [fill: S.C. name] alguno de estos tratamientos médicos para [fill1: condition from CTP1CMST]?

¿Terapia física?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities and used modality to treat specific condition(s)

Skip Instructions: <1,2,R,D> [goto CTP1MTR5]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.538_00.000 **Instrument Variable Name:** CTP1MTR5 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Recibió [fill: S.C. name] alguno de estos tratamientos médicos para [fill1: condition from CTP1CMST]?

¿Consejo de salud mental?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities and used modality to treat specific condition(s)

Skip Instructions: <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]

Question ID: CAL.539_00.000 **Instrument Variable Name:** CTP1RS1 **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿[fill S.C. name] {fill1: vio a un practicante para/utilizó} {fill2: modality} por alguna de estas razones?

¿Estos tratamientos médicos eran muy caros?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities and used some type of treatment for specific condition(s)

Skip Instructions: <1,2,R,D> [goto CTP1RS2]

Question ID: CAL.540_00.000 **Instrument Variable Name:** CTP1RS2 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

DURANTE LOS ÚLTIMOS 12 MESES, ¿[fill S.C. name] {fill1: vio a un practicante para/utilizó} {fill2: modality} por alguna de estas razones?

[fill3: modality] en combinación con estos tratamientos médicos ayudarían?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities and used some type of treatment for specific condition(s)

Skip Instructions: <1,2,R,D> [goto CTP1RS3]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.541_00.000 **Instrument Variable Name:** CTP1RS3 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

DURANTE LOS ÚLTIMOS 12 MESES, ¿[fill S.C. name] {fill1: vio a un practicante para/utilizó} {fill2: modality} por alguna de estas razones?

¿Estos tratamientos médicos no ayudan con los problemas de la salud de [fill S.C. name]?

1. Sí
2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used first of top three modalities and used some type of treatment for specific condition(s)

Skip Instructions: <1,2,R,D> if 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

Spanish Text: *Read if necessary.

DURANTE LOS ÚLTIMOS 12 MESES, ¿[fill S.C. name] {fill1: vio a un practicante para/utilizó} {fill2: modality} por alguna de estas razones?

[fill3: ¿Los medicamentos recetados/¿Los medicamentos sin receta/¿Los medicamentos recetados o sin receta] causan efectos secundarios?

1. Sí
2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used first of top three modalities and used prescription or over-the-counter medication to treat specific condition(s)

Skip Instructions: <1,2,R,D> if self-care modality (categories 6,7 and 10-16 on CAL_TP31 variable, [goto CTP1RS5];
 else goto CTP1RS6]

Question ID: CAL.543_00.000 **Instrument Variable Name:** CTP1RS5 **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿[fill S.C. name] {fill1: utilizó modality } por alguna de estas razones?

¿Porque se puede hacer sin la ayuda de un especialista?

1. Sí
2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used first of top three modalities and picked a self care modality

Skip Instructions: <1,2,R,D> [goto CTP1RS6]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.544_00.000 **Instrument Variable Name:** CTP1RS6 **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿[fill S.C. name]] [fill1: vio a un practicante para/utilizó] [fill2: modality} por alguna de estas razones?

¿Es natural?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP1RS7]

Question ID: CAL.545_00.000 **Instrument Variable Name:** CTP1RS7 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

DURANTE LOS ÚLTIMOS 12 MESES, ¿[fill S.C. name]] [fill1: vio a un practicante para/utilizó] [fill2: modality} por alguna de estas razones?

¿Enfoca en el la persona en su totalidad, mente, cuerpo, y espíritu?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP1RS8]

Question ID: CAL.546_00.000 **Instrument Variable Name:** CTP1RS8 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

DURANTE LOS ÚLTIMOS 12 MESES, ¿[fill S.C. name]] [fill1: vio a un practicante para/utilizó] [fill2: modality} por alguna de estas razones?

¿Trata la causa y no solo los síntomas?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP1RS9]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.547_00.000 **Instrument Variable Name:** CTP1RS9 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

DURANTE LOS ÚLTIMOS 12 MESES, ¿[fill S.C. name]] [fill1: vio a un practicante para/utilizó]
[fill2: modality} por alguna de estas razones?

¿Era parte de su crianza?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP1REC1]

Question ID: CAL.548_00.000 **Instrument Variable Name:** CTP1REC1 **QuestionnaireFileName:** Child CAM

Spanish Text: ¿[S.C. name] {fill1: vio a un practicante para/utilizó} {fill2: modality} porque fue recomendado
por alguna de las siguientes personas?

¿Un doctor de medicina?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP1REC2]

Question ID: CAL.549_00.000 **Instrument Variable Name:** CTP1REC2 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿[S.C. name] {fill1: vio a un practicante para/utilizó} {fill2: modality} porque fue recomendado
por alguna de las siguientes personas?

¿Un familiar?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP1REC3]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.553_00.000 **Instrument Variable Name:** CTP1DS1 **QuestionnaireFileName:** Child CAM

Spanish Text: [fill1: Sin incluir el practicante que [fill: S.C. name] vio para [fill2: modality] DURANTE LOS ÚLTIMOS 12 MESES, avisó usted al proveedor personal de servicios de salud de [fill: S.C. name] sobre su uso de [fill3: modality]?

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

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used first of top three modalities and has a personal health care provider

Skip Instructions: <1,R,D> [goto CTP1INF1]
<2> [goto CTP1DS2]

Question ID: CAL.554_00.000 **Instrument Variable Name:** CTP1DS2 **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Porqué no avisó usted al proveedor personal de servicios de salud de [fill: S.C. name] sobre su uso de [fill1: modality]?

¿[fill: S.C. name] no estaba usándolo durante ese tiempo?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used first of top three modalities and did not tell their personal health care provider about using therapy

Skip Instructions: <1,2,R,D> [goto CTP1DS3]

Question ID: CAL.555_00.000 **Instrument Variable Name:** CTP1DS3 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Porqué no avisó usted al proveedor personal de servicios de salud de [fill: S.C. name] sobre su uso de [fill1: modality]?

¿Ellos disuadieron su uso en el pasado?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used first of top three modalities and did not tell their personal health care provider about using therapy

Skip Instructions: <1,2,R,D> [goto CTP1DS4]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.556_00.000 **Instrument Variable Name:** CTP1DS4 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Porqué no avisó usted al proveedor personal de servicios de salud de [fill: S.C. name] sobre su uso de [fill1: modality]?

¿Estaba preocupado(a) que ellos lo disuadirían?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities and did not tell their personal health care provider about using therapy

Skip Instructions: <1,2,R,D> [goto CTP1DS5]

Question ID: CAL.557_00.000 **Instrument Variable Name:** CTP1DS5 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Porqué no avisó usted al proveedor personal de servicios de salud de [fill: S.C. name] sobre su uso de [fill1: modality]?

¿Estaba preocupado(a) sobre una reacción negativa?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities and did not tell their personal health care provider about using therapy

Skip Instructions: <1,2,R,D> [goto CTP1DS6]

Question ID: CAL.558_00.000 **Instrument Variable Name:** CTP1DS6 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Porqué no avisó usted al proveedor personal de servicios de salud de [fill: S.C. name] sobre su uso de [fill1: modality]?

¿No pensaba que ellos necesitaban saberlo?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities and did not tell their personal health care provider about using therapy

Skip Instructions: <1,2,R,D> [goto CTP1DS7]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.559_00.000 **Instrument Variable Name:** CTP1DS7 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Porqué no avisó usted al proveedor personal de servicios de salud de [fill: S.C. name] sobre su uso de [fill1: modality]?

¿Ellos no le preguntaron?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities and did not tell their personal health care provider about using therapy

Skip Instructions: <1,2,R,D> [goto CTP1DS8]

Question ID: CAL.560_00.000 **Instrument Variable Name:** CTP1DS8 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Porqué no avisó usted al proveedor personal de servicios de salud de [fill: S.C. name] sobre su uso de [fill1: modality]?

¿No pensaba que ellos conocen el tema tan bien como usted?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities and did not tell their personal health care provider about using therapy

Skip Instructions: <1,2,R,D> [goto CTP1DS9]

Question ID: CAL.561_00.000 **Instrument Variable Name:** CTP1DS9 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Porqué no avisó usted al proveedor personal de servicios de salud de [fill: S.C. name] sobre su uso de [fill1: modality]?

¿No le dieron suficiente tiempo para decírselos?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities and did not tell their personal health care provider about using therapy

Skip Instructions: <1,2,R,D> [goto CTP1INF1]

2012 NHIS Spanish 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

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿obtuvo usted u otro familiar información sobre [fill1: modality] de alguna de las siguientes fuentes?

¿El Internet?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP1INF2]

Question ID: CAL.581_00.000 **Instrument Variable Name:** CTP1INF2 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

DURANTE LOS ÚLTIMOS 12 MESES, ¿obtuvo usted u otro familiar información sobre [fill1: modality] de alguna de las siguientes fuentes?

¿Libros, revistas, o periódicos?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP1INF3]

Question ID: CAL.582_00.000 **Instrument Variable Name:** CTP1INF3 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

DURANTE LOS ÚLTIMOS 12 MESES, ¿obtuvo usted u otro familiar información sobre [fill1: modality] de alguna de las siguientes fuentes?

¿DVDs, videos, o CDs?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used first of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP1INF4]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.595_00.000 **Instrument Variable Name:** CTP2REA1 **QuestionnaireFileName:** Child CAM

Spanish Text: ¿[fill: S.C. name] {fill1: vio a un practicante /utilizó} {fill2: modality} para cualquiera de esta razones?

¿Para el bienestar en general o la prevención de enfermedades?

1. Sí
2. No
Refused
Don't know

Universe: Sample children 4+ who have used second of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP2REA2]

Question ID: CAL.596_00.000 **Instrument Variable Name:** CTP2REA2 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿[fill: S.C. name] {fill1: vio a un practicante /utilizó} {fill2: modality} para cualquiera de esta razones?

¿Para mejorar su energía?

1. Sí
2. No
Refused
Don't know

Universe: Sample children 4+ who have used second of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP2REA3]

Question ID: CAL.597_00.000 **Instrument Variable Name:** CTP2REA3 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿[fill: S.C. name] {fill1: vio a un practicante /utilizó} {fill2: modality} para cualquiera de esta razones?

¿Para mejorar su función inmune?

1. Sí
2. No
Refused
Don't know

Universe: Sample children 4+ who have used second of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP2REA4]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.598_00.000 **Instrument Variable Name:** CTP2REA4 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿[fill: S.C. name] {fill1: vio a un practicante /utilizó} {fill2: modality} para cualquiera de esta razones?

¿Para el mejorar su redimiento atlético?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used second of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP2REA5]

Question ID: CAL.599_00.000 **Instrument Variable Name:** CTP2REA5 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿[fill: S.C. name] {fill1: vio a un practicante /utilizó} {fill2: modality} para cualquiera de esta razones?

¿Para mejorar su memoria o concentración?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used second of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP2MOT1]

Question ID: CAL.600_00.000 **Instrument Variable Name:** CTP2MOT1 **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Piensa usted que {fill1: ver a un practicante para/utilizar} {fill2: modality} motivó a [fill: S.C. name]

Comer más saludable?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used second of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP2MOT2]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.601_00.000 **Instrument Variable Name:** CTP2MOT2 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Piensa usted que {fill1: ver a un practicante para/utilizar} {fill2: modality} motivó a [fill: S.C. name]

Comer más alimentos orgánicos?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used second of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP2MOT3]

Question ID: CAL.602_00.000 **Instrument Variable Name:** CTP2MOT3 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Piensa usted que {fill1: ver a un practicante para/utilizar} {fill2: modality} motivó a [fill: S.C. name]

Hacer ejercicios con más regularidad?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used second of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP2OUT1]

Question ID: CAL.605_00.000 **Instrument Variable Name:** CTP2OUT1 **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Piensa usted que {fill1: ver a un practicante para/utilizar} {fill2: modality} produjo alguno de estos resultados?

¿Darle a [fill: el/ella] un sentido de control sobre su salud?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used second of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP2OUT2]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.606_00.000 **Instrument Variable Name:** CTP2OUT2 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Piensa usted que {fill1: ver a un practicante para/utilizar} {fill2: modality} produjo alguno de estos resultados?

¿Ayudarle a [fill: S.C. name] reducir su nivel de estrés o relajarse?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used second of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP2OUT3]

Question ID: CAL.607_00.000 **Instrument Variable Name:** CTP2OUT3 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Piensa usted que {fill1: ver a un practicante para/utilizar} {fill2: modality} produjo alguno de estos resultados?

Ayudarle a [fill: el/ella] dormir mejor?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used second of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP2OUT4]

Question ID: CAL.608_00.000 **Instrument Variable Name:** CTP2OUT4 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Piensa usted que {fill1: ver a un practicante para/utilizar} {fill2: modality} produjo alguno de estos resultados?

¿Hacerle a [fill: el/ella] sentirse mejor emocionalmente?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used second of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP2OUT5]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.609_00.000 **Instrument Variable Name:** CTP2OUT5 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Piensa usted que {fill1: ver a un practicante para/utilizar} {fill2: modality} produjo alguno de estos resultados?

¿Hacerle más fácil a [el/ella] lidiar con problemas de la salud?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used second of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP2OUT6]

Question ID: CAL.610_00.000 **Instrument Variable Name:** CTP2OUT6 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Piensa usted que {fill1: ver a un practicante para/utilizar} {fill2: modality} produjo alguno de estos resultados?

¿Hacerle a [fill: S.C. name] sentir mejor y mejorar su salud en general?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used second of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP2OUT7]

Question ID: CAL.611_00.000 **Instrument Variable Name:** CTP2OUT7 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Piensa usted que {fill1: ver a un practicante para/utilizar} {fill2: modality} produjo alguno de estos resultados?

¿Mejorar la relaciones sociales de [fill: S.C. name] con otras personas?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used second of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP2OUT8]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.616_00.010 **Instrument Variable Name:** CTP2SPEC **QuestionnaireFileName:** Child CAM

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

Allow 75,R,D

Universe: Sample children 4+ who have used second of top three modalities and used modality to treat other health problem or condition

Skip Instructions: <Allow 75,R,D> If CTP2CNT>1, [goto CTP2CMST],
 else if CTP2CNT=1 [goto CTP2CHLP];
 <R,D> If CTP2CNT=1 and if self-care modality (CAL_TP32 IN (6,7,10-16)) [goto CTP2RS5];
 else [goto CTP2RS6]

Question ID: CAL.617_00.000 **Instrument Variable Name:** CTP2CMST **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Para CUÁL de estas [fill: S.C. name] {fill1: vio a un practicante para/utilizó} {fill2: modality} más frecuentemente?

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

Fill applicable conditions from CTP2COND or CTP2SPEC

Universe: Sample children 4+ who have used second of top three modalities and used modality to treat specific conditions and more than one condition selected

Skip Instructions: <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

Spanish Text: ¿Cuánto piensa que [fill1: modality] ayudó a [fill: S.C. name] con su [fill2: condition from CTP1CMST]? Diría...

*Read categories below.

1. Muchísimo
 2. Algo
 3. Solo un poco
 4. Nada
- Refused
 Don't know

Universe: Sample children 4+ who have used second of top three modalities and used modality to treat specific condition(s)

Skip Instructions: <1-4,R,D> [goto CTP2MTR1]

2012 NHIS Spanish 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

Spanish Text: ¿Recibió [fill: S.C. name] alguno de estos tratamientos médicos para [fill1: condition from CTP2CMST]?

¿Medicamentos recetados?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used second of top three modalities and used modality to treat specific condition(s)

Skip Instructions: <1,2,R,D> [goto CTP2MTR2]

Question ID: CAL.620_00.000 **Instrument Variable Name:** CTP2MTR2 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Recibió [fill: S.C. name] alguno de estos tratamientos médicos para [fill1: condition from CTP2CMST]?

¿Medicamentos sin receta?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used second of top three modalities and used modality to treat specific condition(s)

Skip Instructions: <1,2,R,D> [goto CTP2MTR3]

Question ID: CAL.621_00.000 **Instrument Variable Name:** CTP2MTR3 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Recibió [fill: S.C. name] alguno de estos tratamientos médicos para [fill1: condition from CTP2CMST]?

¿Cirujía?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used second of top three modalities and used modality to treat specific condition(s)

Skip Instructions: <1,2,R,D> [goto CTP2MTR4]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
 Document Version Date: 24-May-13

Question ID: CAL.622_00.000 **Instrument Variable Name:** CTP2MTR4 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Recibió [fill: S.C. name] alguno de estos tratamientos médicos para [fill1: condition from CTP2CMST]?

¿Terapia física?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used second of top three modalities and used modality to treat specific condition(s)

Skip Instructions: <1,2,R,D> [goto CTP2MTR5]

Question ID: CAL.623_00.000 **Instrument Variable Name:** CTP2MTR5 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Recibió [fill: S.C. name] alguno de estos tratamientos médicos para [fill1: condition from CTP2CMST]?

¿Consejo de salud mental?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used second of top three modalities and used modality to treat specific condition(s)

Skip Instructions: <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

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿[fill S.C. name] {fill1: vio a un practicante para/utilizó} {fill2: modality} por alguna de estas razones?

¿Estos tratamientos médicos eran muy caros?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used second of top three modalities and used some type of treatment for specific condition(s)

Skip Instructions: <1,2,R,D> [goto CTP2RS2]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.627_00.000 **Instrument Variable Name:** CTP2RS4 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

DURANTE LOS ÚLTIMOS 12 MESES, ¿[fill S.C. name] {fill1: vio a un practicante para/utilizó} {fill2: modality} por alguna de estas razones?

[fill3: ¿Los medicamentos recetados/¿Los medicamentos no recetados/¿Los medicamentos recetados o no recetados] causan efectos secundarios?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used second of top three modalities and used prescription or over-the-counter medications to treat specific condition(s)

Skip Instructions: <1,2,R,D> if self-care modality (CAL_TP32=6,7,10-16) [goto CTP2RS5];
 else [goto CTP2RS6]

Question ID: CAL.628_00.000 **Instrument Variable Name:** CTP2RS5 **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿[fill S.C. name] {fill1: utilizó modality } por alguna de estas razones?

¿Porque se puede hacer sin la ayuda de un especialista?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used second of top three modalities and picked a self care modality

Skip Instructions: <1,2,R,D> [goto CTP2RS6]

Question ID: CAL.629_00.000 **Instrument Variable Name:** CTP2RS6 **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿[fill S.C. name]] [fill1: vio a un practicante para/utilizó]
 [fill2: modality} por alguna de estas razones?

¿Es natural?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used second of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP2RS7]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.630_00.000 **Instrument Variable Name:** CTP2RS7 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

DURANTE LOS ÚLTIMOS 12 MESES, ¿[fill S.C. name]] [fill1: vio a un practicante para/utilizó]
[fill2: modality} por alguna de estas razones?

¿Enfoca en el la persona en su totalidad, mente, cuerpo, y espirito?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used second of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP2RS8]

Question ID: CAL.631_00.000 **Instrument Variable Name:** CTP2RS8 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

DURANTE LOS ÚLTIMOS 12 MESES, ¿[fill S.C. name]] [fill1: vio a un practicante para/utilizó]
[fill2: modality} por alguna de estas razones?

¿Trata la causa y no solo los síntomas?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used second of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP2RS9]

Question ID: CAL.632_00.000 **Instrument Variable Name:** CTP2RS9 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

DURANTE LOS ÚLTIMOS 12 MESES, ¿[fill S.C. name]] [fill1: vio a un practicante para/utilizó]
[fill2: modality} por alguna de estas razones?

¿Era parte de su crianza?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used second of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP2REC1]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.633_00.000 **Instrument Variable Name:** CTP2REC1 **QuestionnaireFileName:** Child CAM

Spanish Text: ¿[S.C. name] {fill1: vio a un practicante para/utilizó} {fill2: modality} porque fue recomendado por alguna de las siguientes personas?

¿Un doctor de medicina?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used second of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP2REC2]

Question ID: CAL.634_00.000 **Instrument Variable Name:** CTP2REC2 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿[S.C. name] {fill1: vio a un practicante para/utilizó} {fill2: modality} porque fue recomendado por alguna de las siguientes personas?

¿Un familiar?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used second of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP2REC3]

Question ID: CAL.635_00.000 **Instrument Variable Name:** CTP2REC3 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿[S.C. name] {fill1: vio a un practicante para/utilizó} {fill2: modality} porque fue recomendado por alguna de las siguientes personas?

¿Una amistad?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used second of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP2REC4]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.639_00.000 **Instrument Variable Name:** CTP2DS2 **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Porqué no avisó usted al proveedor personal de servicios de salud de [fill: S.C. name] sobre su uso de [fill1: modality]?

¿[fill: S.C. name] no estaba usándolo durante ese tiempo?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used second of top three modalities and did not tell their personal health care provider about using therapy

Skip Instructions: <1,2,R,D> [goto CTP2DS3]

Question ID: CAL.640_00.000 **Instrument Variable Name:** CTP2DS3 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Porqué no avisó usted al proveedor personal de servicios de salud de [fill: S.C. name] sobre su uso de [fill1: modality]?

¿Ellos lo disuadieron su uso en el pasado?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used second of top three modalities and did not tell their personal health care provider about using therapy

Skip Instructions: <1,2,R,D> [goto CTP2DS4]

Question ID: CAL.641_00.000 **Instrument Variable Name:** CTP2DS4 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Porqué no avisó usted al proveedor personal de servicios de salud de [fill: S.C. name] sobre su uso de [fill1: modality]?

¿Estaba preocupado(a) que ellos lo disuadirían?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used second of top three modalities and did not tell their personal health care provider about using therapy

Skip Instructions: <1,2,R,D> [goto CTP2DS5]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.642_00.000 **Instrument Variable Name:** CTP2DS5 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Porqué no avisó usted al proveedor personal de servicios de salud de [fill: S.C. name] sobre su uso de [fill1: modality]?

¿Estaba preocupado(a) sobre una reacción negativa?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used second of top three modalities and did not tell their personal health care provider about using therapy

Skip Instructions: <1,2,R,D> [goto CTP2DS6]

Question ID: CAL.643_00.000 **Instrument Variable Name:** CTP2DS6 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Porqué no avisó usted al proveedor personal de servicios de salud de [fill: S.C. name] sobre su uso de [fill1: modality]?

¿No pensaba que ellos necesitaban saberlo?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used second of top three modalities and did not tell their personal health care provider about using therapy

Skip Instructions: <1,2,R,D> [goto CTP2DS7]

Question ID: CAL.644_00.000 **Instrument Variable Name:** CTP2DS7 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Porqué no avisó usted al proveedor personal de servicios de salud de [fill: S.C. name] sobre su uso de [fill1: modality]?

¿Ellos no le preguntaron?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used second of top three modalities and did not tell their personal health care provider about using therapy

Skip Instructions: <1,2,R,D> [goto CTP2DS8]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.645_00.000 **Instrument Variable Name:** CTP2DS8 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Porqué no avisó usted al proveedor personal de servicios de salud de [fill: S.C. name] sobre su uso de [fill1: modality]?

¿No pensaba que ellos conocen el tema tan bien como usted?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used second of top three modalities and did not tell their personal health care provider about using therapy

Skip Instructions: <1,2,R,D> [goto CTP2DS9]

Question ID: CAL.646_00.000 **Instrument Variable Name:** CTP2DS9 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Porqué no avisó usted al proveedor personal de servicios de salud de [fill: S.C. name] sobre su uso de [fill1: modality]?

¿No le dieron suficiente tiempo para decírselos?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used second of top three modalities and did not tell their personal health care provider about using therapy

Skip Instructions: <1,2,R,D> [goto CTP2INF1]

Question ID: CAL.675_00.000 **Instrument Variable Name:** CTP2INF1 **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿obtuvo usted u otro familiar información sobre [fill1: modality] de alguna de las siguientes fuentes?

¿El Internet?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used second of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP2INF2]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.676_00.000 **Instrument Variable Name:** CTP2INF2 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

DURANTE LOS ÚLTIMOS 12 MESES, ¿obtuvo usted u otro familiar información sobre [fill1: modality] de alguna de las siguientes fuentes?

¿Libros, revistas, o periódicos?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used second of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP2INF3]

Question ID: CAL.677_00.000 **Instrument Variable Name:** CTP2INF3 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

DURANTE LOS ÚLTIMOS 12 MESES, ¿obtuvo usted u otro familiar información sobre [fill1: modality] de alguna de las siguientes fuentes?

¿DVDs, videos, o CDs?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used second of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP2INF4]

Question ID: CAL.678_00.000 **Instrument Variable Name:** CTP2INF4 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

DURANTE LOS ÚLTIMOS 12 MESES, ¿obtuvo usted u otro familiar información sobre [fill1: modality] de alguna de las siguientes fuentes?

¿Televisión o radio?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used second of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP2INF5]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.679_00.000 **Instrument Variable Name:** CTP2INF5 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

DURANTE LOS ÚLTIMOS 12 MESES, ¿obtuvo usted u otro familiar información sobre [fill1: modality] de alguna de las siguientes fuentes?

¿Artículos científicos?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used second of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP2INF6]

Question ID: CAL.680_00.000 **Instrument Variable Name:** CTP2INF6 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

DURANTE LOS ÚLTIMOS 12 MESES, ¿obtuvo usted u otro familiar información sobre [fill1: modality] de alguna de las siguientes fuentes?

¿Tiendas de alimentos para la salud?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used second of top three modalities

Skip Instructions: <1,2,R,D> if CAL_TP33 ne '' [goto CTP3REA1];
 else [goto next section]

Question ID: CAL.690_00.000 **Instrument Variable Name:** CTP3REA1 **QuestionnaireFileName:** Child CAM

Spanish Text: ¿[fill: S.C. name] {fill1: vio a un practicante /utilizó} {fill2: modality} para cualquiera de esta razones?

¿Para el bienestar en general o la prevención de enfermedades?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used third of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP3REA2]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.691_00.000 **Instrument Variable Name:** CTP3REA2 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿[fill: S.C. name] {fill1: vio a un practicante /utilizó} {fill2: modality} para cualquiera de esta razones?

¿Para mejorar su energía?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used third of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP3REA3]

Question ID: CAL.692_00.000 **Instrument Variable Name:** CTP3REA3 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿[fill: S.C. name] {fill1: vio a un practicante /utilizó} {fill2: modality} para cualquiera de esta razones?

¿Para mejorar su función inmune?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used third of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP3REA4]

Question ID: CAL.693_00.000 **Instrument Variable Name:** CTP3REA4 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿[fill: S.C. name] {fill1: vio a un practicante /utilizó} {fill2: modality} para cualquiera de esta razones?

¿Para el mejorar su redimiento atlético?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used third of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP3REA5]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.694_00.000 **Instrument Variable Name:** CTP3REA5 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿[fill: S.C. name] {fill1: vio a un practicante /utilizó} {fill2: modality} para cualquiera de esta razones?

¿Para mejorar su memoria o concentración?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used third of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP3MOT1]

Question ID: CAL.695_00.000 **Instrument Variable Name:** CTP3MOT1 **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Piensa usted que {fill1: ver a un practicante para/utilizar} {fill2: modality} motivó a [fill: S.C. name]

Comer más saludable?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used third of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP3MOT2]

Question ID: CAL.696_00.000 **Instrument Variable Name:** CTP3MOT2 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Piensa usted que {fill1: ver a un practicante para/utilizar} {fill2: modality} motivó a [fill: S.C. name]

Comer más alimentos orgánicos?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used third of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP3MOT3]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.697_00.000 **Instrument Variable Name:** CTP3MOT3 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Piensa usted que {fill1: ver a un practicante para/utilizar} {fill2: modality} motivó a [fill: S.C. name]

Hacer ejercicios con más regularidad?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used third of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP3OUT1]

Question ID: CAL.700_00.000 **Instrument Variable Name:** CTP3OUT1 **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Piensa usted que {fill1: ver a un practicante para/utilizar} {fill2: modality} produjo alguno de estos resultados?

¿Darle a [fill: el/ella] un sentido de control sobre su salud?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used third of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP3OUT2]

Question ID: CAL.701_00.000 **Instrument Variable Name:** CTP3OUT2 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Piensa usted que {fill1: ver a un practicante para/utilizar} {fill2: modality} produjo alguno de estos resultados?

¿Ayudarle a [fill: S.C. name] reducir su nivel de estrés o relajarse?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used third of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP3OUT3]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.702_00.000 **Instrument Variable Name:** CTP3OUT3 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Piensa usted que {fill1: ver a un practicante para/utilizar} {fill2: modality} produjo alguno de estos resultados?

Ayudarle a [fill: el/ella] dormir mejor?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used third of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP3OUT4]

Question ID: CAL.703_00.000 **Instrument Variable Name:** CTP3OUT4 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Piensa usted que {fill1: ver a un practicante para/utilizar} {fill2: modality} produjo alguno de estos resultados?

¿Hacerle a [fill: el/ella] sentirse mejor emocionalmente?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used third of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP3OUT5]

Question ID: CAL.704_00.000 **Instrument Variable Name:** CTP3OUT5 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Piensa usted que {fill1: ver a un practicante para/utilizar} {fill2: modality} produjo alguno de estos resultados?

¿Hacerle más fácil a [el/ella] lidiar con problemas de la salud?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used third of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP3OUT6]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.705_00.000 **Instrument Variable Name:** CTP3OUT6 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Piensa usted que {fill1: ver a un practicante para/utilizar} {fill2: modality} produjo alguno de estos resultados?

¿Hacerle a [fill: S.C. name] sentir mejor y mejorar su salud en general?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used third of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP3OUT7]

Question ID: CAL.706_00.000 **Instrument Variable Name:** CTP3OUT7 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Piensa usted que {fill1: ver a un practicante para/utilizar} {fill2: modality} produjo alguno de estos resultados?

¿Mejorar la relaciones sociales de [fill: S.C. name] con otras personas?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used third of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP3OUT8]

Question ID: CAL.707_00.000 **Instrument Variable Name:** CTP3OUT8 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Piensa usted que {fill1: ver a un practicante para/utilizar} {fill2: modality} produjo alguno de estos resultados?

¿Mejorar la asistencia de [fill: S.C. name] en la escuela?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used third of top three modalities

Skip Instructions: <1,2,R,D> if CTP3CNT>1 [goto CTP3MOST];
 else if CTP3CNT=1 [goto CTP3HELP];
 else [goto CTP3TRET]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.708_00.000 **Instrument Variable Name:** CTP3MOST **QuestionnaireFileName:** Child CAM

Spanish Text: ¿De estas razones, cuál SOLA era la más importante para que [fill: S.C. name] [fill1: usara/viera [fill2: modality]?)

*Read list below.

1. Su bienestar en general o la prevención de enfermedades
 2. Mejorar su energía
 3. Mejorar su función inmune
 4. Mejorar su rendimiento atlético o en deportes
 5. Mejorar su memoria o concentración
 6. Comer más saludable
 7. Comer más alimentos orgánicos
 8. Reducir o dejar el consumo de alcohol
 9. Reducir o dejar el uso de cigarrillos
 10. Hacer ejercicios con más regularidad
 11. Darle a [fill4: el/ella] un sentido de control sobre su salud
 12. Ayudarle a [fill4: el/ella] reducir su nivel de estrés o a relajarse
 13. Ayudarle a [fill4: el/ella] dormir mejor
 14. Ayudarle a [fill4: el/ella] sentirse mejor emocionalmente
 15. Hacer más fácil lidiar con problemas de la salud
 16. Mejorar su salud en general y hacerle sentir mejor
 17. Mejorar sus relaciones sociales con otras personas
 18. Mejorar su puntualidad/asistencia en la escuela
- Refused
Don't know

Universe: Sample children 4+ who have used third of top three modalities and had two or more reasons for seeing a practitioner/using modality chosen

Skip Instructions: <1-18> [goto CTP3HELP]
 <R,D> [goto CTP3TRET]

Question ID: CAL.709_00.000 **Instrument Variable Name:** CTP3HELP **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuánto piensa usted que [fill1: modality] ayudó a [fill: S.C. name] {fill2: reason given in CTP3CMST question}? Diría...

*Read categories below.

1. Muchísimo
 2. Algo
 3. Solo un poco
 4. Nada
- Refused
Don't know

Universe: 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

Skip Instructions: <1-4,R,D> [goto CTP3TRET]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.710_00.000 **Instrument Variable Name:** CTP3TRET **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿[fill: S.C. name] {fill1: vio a un practicante/utilizó} {fill2: modality} para uno o más problemas, síntomas, o condiciones de salud específicos?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used third of top three modalities

Skip Instructions: <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]

Question ID: CAL.711_00.000 **Instrument Variable Name:** CTP3COND **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Para cuáles problemas, síntomas, o condiciones de salud específicos [fill: S.C. name] {fill1: vio a un practicante para/utilizó} {fill2: modality}?

*Enter all that apply, separate with commas.

Fill applicable conditions from CCAMCND1

Universe: 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

Skip Instructions: <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]

Question ID: CAL.711_00.010 **Instrument Variable Name:** CTP3SPEC **QuestionnaireFileName:** Child CAM

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

Allow 75,R,D

Universe: Sample children 4+ who have used third of top three modalities and used modality to treat other health problem or condition

Skip Instructions: <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 Spanish 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

Spanish Text: ¿Para CUÁL de estas [fill: S.C. name] {fill1: vio a un practicante para/utilizó} {fill2: modality} más frecuentemente?

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

Fill applicable conditions from CTP3COND or CTP3SPEC

Universe: Sample children 4+ who have used third of top three modalities and used modality to treat specific conditions and more than one condition selected

Skip Instructions: <1-56> [goto CTP3CHLP]
<R,D> if self-care modality (CAL_TP33=6,7,10-16) [goto CTP3RS5];
else [goto CTP3RS6]

Question ID: CAL.713_00.000 **Instrument Variable Name:** CTP3CHLP **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuánto piensa que [fill1: modality] ayudó a [fill: S.C. name] con su [fill2: condition from CTP3CMST]? Diría...

*Read categories below.

1. Muchísimo
 2. Algo
 3. Solo un poco
 4. Nada
- Refused
Don't know

Universe: Sample children 4+ who have used third of top three modalities and used modality to treat specific condition(s)

Skip Instructions: <1-4,R,D> [goto CTP3MTR1]

Question ID: CAL.714_00.000 **Instrument Variable Name:** CTP3MTR1 **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Recibió [fill: S.C. name] alguno de estos tratamientos médicos para [fill1: condition from CTP3CMST]?

¿Medicamentos recetados?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used third of top three modalities and used modality to treat specific condition(s)

Skip Instructions: <1,2,R,D> [goto CTP3MTR2]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.715_00.000 **Instrument Variable Name:** CTP3MTR2 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Recibió [fill: S.C. name] alguno de estos tratamientos médicos para [fill1: condition from CTP3CMST]?

¿Medicamentos sin receta?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used third of top three modalities and used modality to treat specific condition(s)

Skip Instructions: <1,2,R,D> [goto CTP3MTR3]

Question ID: CAL.716_00.000 **Instrument Variable Name:** CTP3MTR3 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Recibió [fill: S.C. name] alguno de estos tratamientos médicos para [fill1: condition from CTP3CMST]?

¿Cirujía?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used third of top three modalities and used modality to treat specific condition(s)

Skip Instructions: <1,2,R,D> [goto CTP3MTR4]

Question ID: CAL.717_00.000 **Instrument Variable Name:** CTP3MTR4 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Recibió [fill: S.C. name] alguno de estos tratamientos médicos para [fill1: condition from CTP3CMST]?

¿Terapia física?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used third of top three modalities and used modality to treat specific condition(s)

Skip Instructions: <1,2,R,D> [goto CTP3MTR5]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.721_00.000 **Instrument Variable Name:** CTP3RS3 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

DURANTE LOS ÚLTIMOS 12 MESES, ¿[fill S.C. name] {fill1: vio a un practicante para/utilizó} {fill2: modality} por alguna de estas razones?

¿Estos tratamientos médicos no ayudan con el problema de salud que usted quiere tratar o prevenir?

1. Sí
2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used third of top three modalities and used treatments for specific condition(s)

Skip Instructions: <1,2,R,D> if CTP3MTR1=1 or CTP3MTR2=1 [goto CTP3RS4];
 else if self-care modality (CAL_TP33=6,7,10-16) [goto CTP3RS5];
 else [goto CTP3RS6]

Question ID: CAL.722_00.000 **Instrument Variable Name:** CTP3RS4 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

DURANTE LOS ÚLTIMOS 12 MESES, ¿[fill S.C. name] {fill1: vio a un practicante para/utilizó} {fill2: modality} por alguna de estas razones?

[fill3: ¿Los medicamentos recetados/¿Los medicamentos no recetados/¿Los medicamentos recetados o no recetados] causan efectos secundarios?

1. Sí
2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used third of top three modalities and used prescription or over-the-counter medication to treat specific condition(s)

Skip Instructions: <1,2,R,D> if self-care modality (CAL_TP33=6,7,10-16) [goto CTP3RS5];
 else [goto CTP3RS6]

Question ID: CAL.723_00.000 **Instrument Variable Name:** CTP3RS5 **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿[fill S.C. name] {fill1: utilizó modality } por alguna de estas razones?

¿Porque se puede hacer sin la ayuda de un especialista?

1. Sí
2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used third of top three modalities and picked a self care modality

Skip Instructions: <1,2,R,D> [goto CTP3RS6]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.724_00.000 **Instrument Variable Name:** CTP3RS6 **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿[fill S.C. name]] [fill1: vio a un practicante para/utilizó] [fill2: modality} por alguna de estas razones?

¿Es natural?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used third of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP3RS7]

Question ID: CAL.725_00.000 **Instrument Variable Name:** CTP3RS7 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

DURANTE LOS ÚLTIMOS 12 MESES, ¿[fill S.C. name]] [fill1: vio a un practicante para/utilizó] [fill2: modality} por alguna de estas razones?

¿Enfoca en el la persona en su totalidad, mente, cuerpo, y espíritu?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used third of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP3RS8]

Question ID: CAL.726_00.000 **Instrument Variable Name:** CTP3RS8 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

DURANTE LOS ÚLTIMOS 12 MESES, ¿[fill S.C. name]] [fill1: vio a un practicante para/utilizó] [fill2: modality} por alguna de estas razones?

¿Trata la causa y no solo los síntomas?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used third of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP3RS9]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.727_00.000 **Instrument Variable Name:** CTP3RS9 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

DURANTE LOS ÚLTIMOS 12 MESES, ¿[fill S.C. name]] [fill1: vio a un practicante para/utilizó]
[fill2: modality} por alguna de estas razones?

¿Era parte de su crianza?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used third of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP3REC1]

Question ID: CAL.728_00.000 **Instrument Variable Name:** CTP3REC1 **QuestionnaireFileName:** Child CAM

Spanish Text: ¿[S.C. name] {fill1: vio a un practicante para/utilizó} {fill2: modality} porque fue recomendado
por alguna de las siguientes personas?

¿Un doctor de medicina?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used third of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP3REC2]

Question ID: CAL.729_00.000 **Instrument Variable Name:** CTP3REC2 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿[S.C. name] {fill1: vio a un practicante para/utilizó} {fill2: modality} porque fue recomendado
por alguna de las siguientes personas?

¿Un familiar?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used third of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP3REC3]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.733_00.000 **Instrument Variable Name:** CTP3DS1 **QuestionnaireFileName:** Child CAM

Spanish Text: [fill1: Sin incluir el practicante que [fill: S.C. name] vio para [fill2: modality] DURANTE LOS ÚLTIMOS 12 MESES, avisó usted al proveedor personal de servicios de salud de [fill: S.C. name] sobre su uso de [fill3: modality]?

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

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: 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

Spanish Text: ¿Porqué no avisó usted al proveedor personal de servicios de salud de [fill: S.C. name] sobre su uso de [fill1: modality]?

¿[fill: S.C. name] no estaba usándolo durante ese tiempo?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used third of top three modalities and did not tell their personal health care provider about using therapy

Skip Instructions: <1,2,R,D> [goto CTP3DS3]

Question ID: CAL.735_00.000 **Instrument Variable Name:** CTP3DS3 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Porqué no avisó usted al proveedor personal de servicios de salud de [fill: S.C. name] sobre su uso de [fill1: modality]?

¿Ellos lo disuadieron su uso en el pasado?

- 1. Sí
- 2. No
- Refused
- Don't know

Universe: Sample children 4+ who have used third of top three modalities and did not tell their personal health care provider about using therapy

Skip Instructions: <1,2,R,D> [goto CTP3DS4]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.736_00.000 **Instrument Variable Name:** CTP3DS4 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Porqué no avisó usted al proveedor personal de servicios de salud de [fill: S.C. name] sobre su uso de [fill1: modality]?

¿Estaba preocupado(a) que ellos lo disuadirían?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used third of top three modalities and did not tell their personal health care provider about using therapy

Skip Instructions: <1,2,R,D> [goto CTP3DS5]

Question ID: CAL.737_00.000 **Instrument Variable Name:** CTP3DS5 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Porqué no avisó usted al proveedor personal de servicios de salud de [fill: S.C. name] sobre su uso de [fill1: modality]?

¿Estaba preocupado(a) sobre una reacción negativa?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used third of top three modalities and did not tell their personal health care provider about using therapy

Skip Instructions: <1,2,R,D> [goto CTP3DS6]

Question ID: CAL.738_00.000 **Instrument Variable Name:** CTP3DS6 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Porqué no avisó usted al proveedor personal de servicios de salud de [fill: S.C. name] sobre su uso de [fill1: modality]?

¿No pensaba que ellos necesitaban saberlo?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used third of top three modalities and did not tell their personal health care provider about using therapy

Skip Instructions: <1,2,R,D> [goto CTP3DS7]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.739_00.000 **Instrument Variable Name:** CTP3DS7 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Porqué no avisó usted al proveedor personal de servicios de salud de [fill: S.C. name] sobre su uso de [fill1: modality]?

¿Ellos no le preguntaron?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used third of top three modalities and did not tell their personal health care provider about using therapy

Skip Instructions: <1,2,R,D> [goto CTP3DS8]

Question ID: CAL.740_00.000 **Instrument Variable Name:** CTP3DS8 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Porqué no avisó usted al proveedor personal de servicios de salud de [fill: S.C. name] sobre su uso de [fill1: modality]?

¿No pensaba que ellos conocen el tema tan bien como usted?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used third of top three modalities and did not tell their personal health care provider about using therapy

Skip Instructions: <1,2,R,D> [goto CTP3DS9]

Question ID: CAL.741_00.000 **Instrument Variable Name:** CTP3DS9 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

¿Porqué no avisó usted al proveedor personal de servicios de salud de [fill: S.C. name] sobre su uso de [fill1: modality]?

¿No le dieron suficiente tiempo para decírselos?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used third of top three modalities and did not tell their personal health care provider about using therapy

Skip Instructions: <1,2,R,D> [goto CTP3INF1]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.760_00.000 **Instrument Variable Name:** CTP3INF1 **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿obtuvo usted u otro familiar información sobre [fill1: modality] de alguna de las siguientes fuentes?

¿El Internet?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used third of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP3INF2]

Question ID: CAL.761_00.000 **Instrument Variable Name:** CTP3INF2 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

DURANTE LOS ÚLTIMOS 12 MESES, ¿obtuvo usted u otro familiar información sobre [fill1: modality] de alguna de las siguientes fuentes?

¿Libros, revistas, o periódicos?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used third of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP3INF3]

Question ID: CAL.762_00.000 **Instrument Variable Name:** CTP3INF3 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

DURANTE LOS ÚLTIMOS 12 MESES, ¿obtuvo usted u otro familiar información sobre [fill1: modality] de alguna de las siguientes fuentes?

¿DVDs, videos, o CDs?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used third of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP3INF4]

2012 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 24-May-13

Question ID: CAL.763_00.000 **Instrument Variable Name:** CTP3INF4 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

DURANTE LOS ÚLTIMOS 12 MESES, ¿obtuvo usted u otro familiar información sobre [fill1: modality] de alguna de las siguientes fuentes?

¿Televisión o radio?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used third of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP3INF5]

Question ID: CAL.764_00.000 **Instrument Variable Name:** CTP3INF5 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

DURANTE LOS ÚLTIMOS 12 MESES, ¿obtuvo usted u otro familiar información sobre [fill1: modality] de alguna de las siguientes fuentes?

¿Artículos científicos?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used third of top three modalities

Skip Instructions: <1,2,R,D> [goto CTP3INF6]

Question ID: CAL.765_00.000 **Instrument Variable Name:** CTP3INF6 **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

DURANTE LOS ÚLTIMOS 12 MESES, ¿obtuvo usted u otro familiar información sobre [fill1: modality] de alguna de las siguientes fuentes?

¿Tiendas de alimentos para la salud?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children 4+ who have used third of top three modalities

Skip Instructions: <1,2,R,D> [goto next section]
