
2007 NHIS Spanish Questionnaire - Sample Child

Child Identification

Document Version Date: 28-May-08

Question ID: CID.001_00.000 **Instrument Variable Name:** CURRES **QuestionnaireFileName:** Sample Child

Spanish Text:

Universe: Sample child section not started or not completed

Skip Instructions:

```
if CSTAT ne empty and CSTAT ne '2' THEN
  if ASTAT = empty or ASTAT = '2' THEN
    goto adult.aid.SADULT
  elseif recontact.RCIFLAG ne '1' THEN
    goto recontact.RCL_BEGIN procedure
  else
    goto back.OUTCOMEB1 procedure
  endif
  goto back.OUTCOMEB1 procedure
endif

<01-25> if this is NOT an allowable line number
  goto ERR_CURRES
elseif CURRES = a line number entered in KNOWSC2
  store CURRES in CSPAVAIL and CSRESP
  goto CSRELTIV
elseif KNOWSC2 = 'Don't know' or 'Refused' or empty (no line numbers in KNOWSC2)
  goto KNOAVAIL
else
  goto CSPAVAIL
endif
```

2007 NHIS Spanish Questionnaire - Sample Child
Child Identification
Document Version Date: 28-May-08

Question ID: CID.010_00.000 **Instrument Variable Name:** CSPAVAIL **QuestionnaireFileName:** Sample Child

Spanish Text: Las siguientes preguntas conciernen a [fill ALIAS Sample Child].

¿Está [fill2:KNOWSC2 names] disponible para contestar las preguntas sobre la salud de [fill ALIAS Sample Child]?

* Enter line number of available respondent from list or enter '96' if no one is available.

* If you think the respondent is going to refuse to answer all questions about the sample child, enter CTRL-R for "refused" to refuse the entire sample child section.

display roster of line numbers and names for all persons listed on KNOWSC2

96. No one available

Refused

Universe: Someone identified as knowledgeable about child's health and knowledgeable person(s) not entered in CURRE

Skip Instructions: <01-25> if line number not equal one of the line numbers in KNOWSC2

goto child.cid.ERR_CSPAVAIL

else

store child.cid.CSPAVAIL in child.cid.CSRESP

goto child.cid.CSRELTIV

endif

<96> store child.cid.CSPAVAIL in child.cid.CSRESP

goto cbk.CCALLBK1

<R> store '4' in CSTAT(FAMINT)

if ASTAT = empty or ASTAT = '2' THEN

goto adult.aid.SADULT

elseif recontact.RCIFLAG ne '1' THEN

goto recontact.RCI_BEGIN procedure

else

goto back.OUTCOMEB1 procedure

endif

2007 NHIS Spanish Questionnaire - Sample Child
Child Identification

 Document Version Date: 28-May-08

Question ID: CID.030_00.000 **Instrument Variable Name:** CSRELTIV **QuestionnaireFileName:** Sample Child

Spanish Text: (book) C1

[fill1: Las siguientes preguntas conciernen a [fill2: ALIAS Sample Child].

¿Cuál es su parentesco con [fill ALIAS Sample Child]?

1. Padre o Madre (biológico(a), adoptivo(a), padrastro o madrastra)
 2. Abuelo(a)
 3. Tío(a)
 4. Hermano(a)
 5. Otro pariente
 6. Guardián legal
 7. Guardián temporal
 8. Sin parentesco alguno
- Refused
Don't know

Universe: Someone identified as knowledgeable about child's health

Skip Instructions: <1-8,R,D> If CSRESP = demographics.hhc.RELRESP_A
 goto child.chs.BWGT_LB
 elseif CSRESP = demographics.hhc.HHRESP
 goto child.chs.BWGT_LB
 else]
 goto CSPVERF_S
 endif]

Question ID: CID.040_00.000 **Instrument Variable Name:** CSPVERF_S **QuestionnaireFileName:** Sample Child

Spanish Text: * Please verify the following information about the sample child before proceeding:

Tengo anotado que [fill1: ALIAS of Sample Child] es [fill2: Sex of Sample Child].

¿Es correcto?

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

1. Sí
2. No

Universe: Respondent is not the person entered in HHRESP or RELRESP_A.

Skip Instructions: <1> goto CSPVERF_A
 <2> goto NEWSEX

2007 NHIS Spanish Questionnaire - Sample Child**Child Identification**Document Version Date: 28-May-08

Question ID: CID.041_00.000 **Instrument Variable Name:** NEWSEX **QuestionnaireFileName:** Sample Child

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

¿Es [fill ALIAS Sample Child] de sexo masculino o femenino?

1. Masculino
2. Femenino

Universe: Respondent said child's sex is not correct.

Skip Instructions: <1,2> store NEWSEX in SEX
 goto ERR_NEWSEX
 reset CSPVERF_S
 goto CSPVERF_S

Question ID: CID.042_00.000 **Instrument Variable Name:** CSPVERF_A **QuestionnaireFileName:** Sample Child

Spanish Text: * Please verify the following information about the sample child before proceeding:

Tengo anotado que [fill1: ALIAS of Sample Child] tiene [fill2: Age of Sample Child] años de edad. ¿Es correcto?

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

1. Sí
2. No

Universe: Respondent verified child's sex

Skip Instructions: <1> goto CSPVERF_D
 <2> goto NEWAGE

Question ID: CID.043_00.000 **Instrument Variable Name:** NEWAGE **QuestionnaireFileName:** Sample Child

Spanish Text: ¿Qué edad tiene [fill ALIAS Sample Child]?

*If age given in months, weeks, or days, convert age to appropriate years. If less than one year old, enter '0'.

Universe: Respondent said child's age is not correct

Skip Instructions: <0-120, Refused, Don't know>
 if NEWAGE = 'Refused' or NEWAGE = 'Don't know' or NEWAGE = AGE
 reset CSPVERF_A
 goto ERR_NEWAGE
 else
 store NEWAGE in AGE
 goto NEWDOB_M

2007 NHIS Spanish Questionnaire - Sample Child**Child Identification**Document Version Date: 28-May-08

Question ID: CID.044_00.000 **Instrument Variable Name:** CSPVERF_D **QuestionnaireFileName:** Sample Child

Spanish Text: * Please verify the following information about the sample child before proceeding:

Tengo anotado que la fecha de nacimiento de [fill1: ALIAS of Sample Child] es [fill2: Birthday of Sample Child]. ¿Es correcto?

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

1. Sí
2. No

Universe: Respondent verified child's sex

Skip Instructions: <1> if AGE of Sample Child ge '18'
 goto CNO_MORE
 else
 goto child.chs.BWGT_LB
 endif
 <2> goto NEWDOB_M

Question ID: CID.046_01.000 **Instrument Variable Name:** NEWDOB_M **QuestionnaireFileName:** Sample Child

Spanish Text: 1 of 3

¿Cuándo es el cumpleaños de [fill ALIAS Sample Child]?

*Enter month of birth.

1. enero
 2. febrero
 3. marzo
 4. abril
 5. mayo
 6. junio
 7. julio
 8. agosto
 9. septiembre
 10. octubre
 11. noviembre
 12. Diciembre
- Refused
Don't know

Universe: Respondent said child's date of birth is not correct or child's age is not correct

Skip Instructions: <01-12, Refused, Don't know> goto NEWDOB_D

2007 NHIS Spanish Questionnaire - Sample Child
Child Identification
Document Version Date: 28-May-08

Question ID: CID.046_02.000 **Instrument Variable Name:** NEWDOB_D **QuestionnaireFileName:** Sample Child

Spanish Text:
Universe: Respondent said child's date of birth is not correct or child's age is not correct

Skip Instructions: <01-31,Refused,Don't know> goto NEWDOB_Y

If days not valid, goto ERR_NEWDOB_D

Question ID: CID.046_03.000 **Instrument Variable Name:** NEWDOB_Y **QuestionnaireFileName:** Sample Child

Spanish Text:
Universe: Respondent said child's date of birth is not correct or child's age is not correct

Skip Instructions: <1880-2020, Refused, Don't know> if CSPVERF_A = '2' (No) then reset CSPVERF_A to empty
 goto CSPVERF_A
 elseif CSPVERF_D = '2' (No) then reset CSPVERF_D to empty
 goto CSPVERF_D
 endif

(if year GT current year) or (if year = current year and month GT current month) or (if year = current year and month = current month and day GT current day)

 goto ERR1_NEWDOB_Y
endif

(if birth month = '02' and birth day = '29' and this is not a leap year)

 goto ERR2_NEWDOB_Y
endif

(if NEWDOB_M = 'Ref' or 'DK') or (if NEWDOB_D = 'Ref' or 'DK') or (if NEWDOB_Y = 'Ref' or 'DK')

goto ERR3_NEWDOB_Y

else

store NEWDOB_M in DOBM

store NEWDOB_D in DOBD

store NEWDOB_Y in DOBY

if CSPVERF_A = '2' (No) then reset CSPVERF_A to empty

goto CSPVERF_A

elseif CSPVERF_D = '2' (No) then reset CSPVERF_D to empty

goto CSPVERF_D

endif

endif

Calculate age from NEWDOB_M, NEWDOB_D, and NEWDOB_Y.

if age from NEWDOB items is ne AGE and age from NEWDOB items is valid

reset CSPVERF_A or CSPVERF_D

goto ERR4_NEWDOB_Y

endif

2007 NHIS Spanish Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 28-May-08

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

Spanish Text: Ahora voy a hacerle preguntas sobre los servicios de salud que [fill: S.C. name] pudo haber utilizado. Primero le preguntaré sobre servicios en específico para los cuales [fill:el /ella] hubiera consultado a un practicante. Después, le preguntaré sobre algunas prácticas de atención de la salud que [fill: ell/ella] pudo haber ejercido por su propia cuenta.

DURANTE LOS ULTIMOS 12 MESES, ¿Fue [fill: S.C. name] a un proveedor o practicante para cualquiera de las siguientes terapias? Favor de decir sí o no para cada tipo de terapia.

...Acupuntura?

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

Universe: Sample children <18

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

Question ID: CAL.020_00.000 **Instrument Variable Name:** CAY_USEM **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

DURANTE LOS ULTIMOS 12 MESES, ¿Fue [fill: S.C. name] a un proveedor o practicante para cualquiera de las siguientes terapias?

...Ayurveda?

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

Universe: Sample children <18

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

2007 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: CAL.030_00.000 **Instrument Variable Name:** CBI_USEM **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

DURANTE LOS ULTIMOS 12 MESES, ¿Fue [fill: S.C. name] a un proveedor o practicante para cualquiera de las siguientes terapias?

...Bioretroalimentación?

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

Universe: Sample children <18

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

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

Spanish Text: *Read if necessary.

DURANTE LOS ULTIMOS 12 MESES, ¿Fue [fill: S.C. name] a un proveedor o practicante para cualquiera de las siguientes terapias?

...Terapia de Quelación?

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

Universe: Sample children <18

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

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

Spanish Text: *Read if necessary.

DURANTE LOS ULTIMOS 12 MESES, ¿Fue [fill: S.C. name] a un proveedor o practicante para cualquiera de las siguientes terapias?

...Manipulación a base de Quiropráctica u Osteopatía?

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

Universe: Sample children <18

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

2007 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: CAL.060_00.000 **Instrument Variable Name:** CEH_USEM **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

DURANTE LOS ULTIMOS 12 MESES, ¿Fue [fill: S.C. name] a un proveedor o practicante para cualquiera de las siguientes terapias?

...Terapia de Sanamiento sobre la base de Energía?

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

Universe: Sample children <18

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

Question ID: CAL.070_00.000 **Instrument Variable Name:** CHY_USEM **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

DURANTE LOS ULTIMOS 12 MESES, ¿Fue [fill: S.C. name] a un proveedor o practicante para cualquiera de las siguientes terapias?

...Hipnosis?

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

Universe: Sample children <18

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

Question ID: CAL.080_00.000 **Instrument Variable Name:** CMS_USEM **QuestionnaireFileName:** Child CAM

Spanish Text: *Read if necessary.

DURANTE LOS ULTIMOS 12 MESES, ¿Fue [fill: S.C. name] a un proveedor o practicante para cualquiera de las siguientes terapias?

...Masaje?

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

Universe: Sample children <18

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

2007 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
 Document Version Date: 28-May-08

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

Spanish Text: *Read if necessary.

DURANTE LOS ULTIMOS 12 MESES, ¿Fue [fill: S.C. name] a un proveedor o practicante para cualquiera de las siguientes terapias?

...Naturopatía?

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

Universe: Sample children <18

Skip Instructions: *Cycle through list of modalities to determine follow-up questions.

```
<1,2,R,D> if CAC_USEM = 1 [goto CAC_TRET];
else if CAY_USEM = 1 [goto CAY_TRET];
else if CBI_USEM = 1 [goto CBI_TRET];
else if CCH_USEM = 1 [goto CCH_TRET];
else if CCO_USEM = 1 [goto CCO_TRET];
else if CEH_USEM = 1 [goto CEH_TRET];
else if CHY_USEM = 1 [goto CHY_TRET];
else if CMS_USEM = 1 [goto CMS_TRET];
else if CNT_USEM = 1 [goto CNT_TRET];
else [goto TRD]
```

Question ID: CAL.100_00.000 **Instrument Variable Name:** CAC_TRET **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ULTIMOS 12 MESES, ¿utilizó [fill: S.C. name] acupuntura para tratar un problema o una condición de salud específica?

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

Universe: Sample children <18 who have seen a provider or practitioner for acupuncture in the past 12 months

Skip Instructions: <1> [goto CAC_COND] <2,R,D> cycle through modalities, if CAY_USEM = 1 [goto CAY_TRET]; else [goto next selected modality.] If no more modalities selected [goto TRD]

2007 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: CAL.105_00.000 **Instrument Variable Name:** CAC_COND **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ULTIMOS 12 MESES, ¿para cuáles problemas o condiciones de salud utilizó [fill: S.C. name] acupuntura?

*Enter all that apply, separate with commas.

Universe: Sample children <18 who used acupuncture for a problem or condition

Skip Instructions: <1-57,R,D> Cycle through modalities, if CAY_USEM = 1 [goto CAY_TRET]; else [goto next selected modality.] If no more modalities selected [goto TRD] <58> [goto CAC_SPEC]

Question ID: CAL.106_00.000 **Instrument Variable Name:** CAC_SPEC **QuestionnaireFileName:** Child CAM

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

Universe: Sample children <18 who used acupuncture for other problem or condition

Skip Instructions: <allow 75,R,D> Cycle through modalities, if CAY_USEM = 1 [goto CAY_TRET]; else [goto next selected modality.] If no more modalities selected [goto TRD]

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

Spanish Text: DURANTE LOS ULTIMOS 12 MESES, ¿utilizó [fill: S.C. name] ayurveda para tratar un problema o una condición de salud específica?

1. Sí
2. No
Refused
Don't know

Universe: Sample children <18 who have seen a provider or practitioner for ayurveda in the past 12 months

Skip Instructions: <1> [goto CAY_COND] <2,R,D> cycle through modalities, if CBI_USEM = 1 [goto CBI_TRET]; else [goto next selected modality.] If no more modalities selected [goto TRD]

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

Spanish Text: DURANTE LOS ULTIMOS 12 MESES, ¿para cuáles problemas o condiciones de salud utilizó [fill: S.C. name] ayurveda?

*Enter all that apply, separate with commas.

Universe: Sample children <18 who used ayurveda for a problem or condition

Skip Instructions: <1-57,R,D> Cycle through modalities, if CBI_USEM = 1 [goto CBI_TRET]; else [goto next selected modality.] If no more modalities selected [goto TRD] <58> [goto CAY_SPEC]

2007 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

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

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

Universe: Sample children <18 who used ayurveda for other problem or condition

Skip Instructions: <allow 75,R,D> Cycle through modalities, if CBI_USEM = 1 [goto CBI_TRET];
else [goto next selected modality.] If no more modalities selected [goto TRD]

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

Spanish Text: DURANTE LOS ULTIMOS 12 MESES, ¿utilizó [fill: S.C. name] bioretroalimentación para tratar un problema o una condición de salud específica?

1. Sí
2. No
- Refused
- Don't know

Universe: Sample children <18 who have seen a provider or practitioner for biofeedback in the past 12 months

Skip Instructions: <1> [goto CBI_COND] <2,R,D> cycle through modalities, if CCH_USEM = 1 [goto CCH_TRET];
else [goto next selected modality.] If no more modalities selected [goto TRD]

Question ID: CAL.125_00.000 **Instrument Variable Name:** CBI_COND **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ULTIMOS 12 MESES, ¿para cuáles problemas o condiciones de salud utilizó [fill: S.C. name] bioretroalimentación?

*Enter all that apply, separate with commas.

Universe: Sample children <18 who used biofeedback for a problem or condition

Skip Instructions: <1-57,R,D> Cycle through modalities, if CCH_USEM = 1 [goto CCH_TRET];
else [goto next selected modality.] If no more modalities selected [goto TRD]
<58> [goto CBI_SPEC]

Question ID: CAL.126_00.000 **Instrument Variable Name:** CBI_SPEC **QuestionnaireFileName:** Child CAM

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

Universe: Sample children <18 who used biofeedback for other problem or condition

Skip Instructions: <allow 75,R,D> Cycle through modalities, if CCH_USEM = 1 [goto CCH_TRET];
else [goto next selected modality.] If no more modalities selected [goto TRD]

2007 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: CAL.130_00.000 **Instrument Variable Name:** CCH_TRET **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ULTIMOS 12 MESES, ¿utilizó [fill: S.C. name] terapia de quelación para tratar un problema o una condición de salud específica?

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

Universe: Sample children <18 who have seen a provider or practitioner for chelation therapy in the past 12 months

Skip Instructions: <1> [goto CCH_COND] <2,R,D> cycle through modalities, if CCO_USEM = 1 [goto CCO_TRET]; else [goto next selected modality.] If no more modalities selected [goto TRD]

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

Spanish Text: DURANTE LOS ULTIMOS 12 MESES, ¿para cuáles problemas o condiciones de salud utilizó [fill: S.C. name] terapia de quelación?

*Enter all that apply, separate with commas.

Universe: Sample children <18 who used chelation therapy for a problem or condition

Skip Instructions: <1-57,R,D> Cycle through modalities, if CCO_USEM = 1 [goto CCO_TRET]; else [goto next selected modality.] If no more modalities selected [goto TRD] <58> [goto CCH_SPEC]

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

Spanish Text: *Enter condition for which chelation therapy was used. If respondent gives more than one condition, probe for condition most important for using chelation therapy.

Universe: Sample children <18 who used chelation therapy for other problem or condition

Skip Instructions: <allow 75,R,D> Cycle through modalities, if CCO_USEM = 1 [goto CCO_TRET]; else [goto next selected modality.] If no more modalities selected [goto TRD]

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

Spanish Text: DURANTE LOS ULTIMOS 12 MESES, ¿utilizó [fill: S.C. name] manipulación a base de quiropráctica u osteopatía para tratar un problema o una condición de salud específica?

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

Universe: Sample children <18 who have seen a provider or practitioner for chiropractic or osteopathic manipulation in the past 12 months

Skip Instructions: <1> [goto CCO_COND] <2,R,D> cycle through modalities, if CEH_USEM = 1 [goto CEH_TRET]; else [goto next selected modality.] If no more modalities selected [goto TRD]

2007 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

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

Spanish Text: DURANTE LOS ULTIMOS 12 MESES, ¿para cuáles problemas o condiciones de salud utilizó [fill: S.C. name] manipulación a base de quiropráctica u osteopatía?

*Enter all that apply, separate with commas.

Universe: Sample children <18 who used chiropractic or osteopathic manipulation for a problem or condition

Skip Instructions: <1-57,R,D> Cycle through modalities, if CEH_USEM = 1 [goto CEH_TRET];
else [goto next selected modality.] If no more modalities selected [goto TRD]
<58> [goto CCO_SPEC]

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

Spanish Text: *Enter condition for which chiropractic or osteopathic manipulation was used. If respondent gives more than one condition, probe for condition most important for using chiropractic or osteopathic manipulation.

Universe: Sample children <18 who used chiropractic or osteopathic manipulation for other problem or condition

Skip Instructions: <allow 75,R,D> Cycle through modalities, if CEH_USEM = 1 [goto CEH_TRET];
else [goto next selected modality.] If no more modalities selected [goto TRD]

Question ID: CAL.150_00.000 **Instrument Variable Name:** CEH_TRET **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ÚLTIMOS 12 MESES, ¿utilizó [fill: S.C. name] terapia de saneamiento sobre la base de energía para tratar un problema o una condición de salud específica?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children <18 who have seen a provider or practitioner for energy healing therapy in the past 12 months

Skip Instructions: <1> [goto CEH_COND] <2,R,D> cycle through modalities, if CHY_USEM = 1 [goto CHY_TRET];
else [goto next selected modality.] If no more modalities selected [goto TRD]

Question ID: CAL.155_00.000 **Instrument Variable Name:** CEH_COND **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ULTIMOS 12 MESES, ¿para cuáles problemas o condiciones de salud utilizó [fill: S.C. name] terapia de saneamiento sobre la base de energía?

*Enter all that apply, separate with commas.

Universe: Sample children <18 who used energy healing therapy for a problem or condition

Skip Instructions: <1-57,R,D> Cycle through modalities, if CHY_USEM = 1 [goto CHY_TRET];
else [goto next selected modality.] If no more modalities selected [goto TRD]
<58> [goto CEH_SPEC]

2007 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: CAL.156_00.000 **Instrument Variable Name:** CEH_SPEC **QuestionnaireFileName:** Child CAM

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

Universe: Sample children <18 who used energy healing therapy for other problem or condition

Skip Instructions: <allow 75,R,D> Cycle through modalities, if CHY_USEM = 1 [goto CHY_TRET];
else [goto next selected modality.] If no more modalities selected [goto TRD]

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

Spanish Text: DURANTE LOS ULTIMOS 12 MESES, ¿utilizó [fill: S.C. name] hipnosis para tratar un problema o una condición de salud específica?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children <18 who have seen a provider or practitioner for hypnosis in the past 12 months

Skip Instructions: <1> [goto CHY_COND] <2,R,D> cycle through modalities, if CMS_USEM = 1 [goto CMS_TRET];
else [goto next selected modality.] If no more modalities selected [goto TRD]

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

Spanish Text: DURANTE LOS ULTIMOS 12 MESES, ¿para cuáles problemas o condiciones de salud utilizó [fill: S.C. name] hipnosis?

*Enter all that apply, separate with commas.

Universe: Sample children <18 who used hypnosis for a problem or condition

Skip Instructions: <1-57,R,D> Cycle through modalities, if CMS_USEM = 1 [goto CMS_TRET];
else [goto next selected modality.] If no more modalities selected [goto TRD]
<58> [goto CHY_SPEC]

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

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

Universe: Sample children <18 who used hypnosis for other problem or condition

Skip Instructions: <allow 75,R,D> Cycle through modalities, if CMS_USEM = 1 [goto CMS_TRET];
else [goto next selected modality.] If no more modalities selected [goto TRD]

2007 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

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

Spanish Text: DURANTE LOS ULTIMOS 12 MESES, ¿utilizó [fill: S.C. name] masaje para tratar un problema o una condición de salud específica?

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

Universe: Sample children <18 who have seen a provider or practitioner for massage in the past 12 months

Skip Instructions: <1> [goto CMS_COND] <2,R,D> cycle through modalities, if CNT_USEM = 1 [goto CNT_TRET]; else [goto next selected modality.] If no more modalities selected [goto TRD]

Question ID: CAL.175_00.000 **Instrument Variable Name:** CMS_COND **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ULTIMOS 12 MESES, ¿para cuáles problemas o condiciones de salud utilizó [fill: S.C. name] masaje?

*Enter all that apply, separate with commas.

Universe: Sample children <18 who used massage for a problem or condition

Skip Instructions: <1-57,R,D> Cycle through modalities, if CNT_USEM = 1 [goto CNT_TRET]; else [goto next selected modality.] If no more modalities selected [goto TRD] <58> [goto CMS_SPEC]

Question ID: CAL.176_00.000 **Instrument Variable Name:** CMS_SPEC **QuestionnaireFileName:** Child CAM

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

Universe: Sample children <18 who used massage for other problem or condition

Skip Instructions: <allow 75,R,D> Cycle through modalities, if CNT_USEM = 1 [goto CNT_TRET]; else [goto next selected modality.] If no more modalities selected [goto TRD]

Question ID: CAL.180_00.000 **Instrument Variable Name:** CNT_TRET **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ULTIMOS 12 MESES, ¿utilizó [fill: S.C. name] naturopatía para tratar un problema o una condición de salud específica?

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

Universe: Sample children <18 who have seen a provider or practitioner for naturopathy in the past 12 months

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

2007 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

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

Spanish Text: DURANTE LOS ULTIMOS 12 MESES, ¿para cuáles problemas o condiciones de salud utilizó [fill: S.C. name] naturopatía?

*Enter all that apply, separate with commas.

Universe: Sample children <18 who used naturopathy for a problem or condition

Skip Instructions: <1-57,R,D> [goto TRD]
<58> [goto CNT_SPEC]

Question ID: CAL.186_00.000 **Instrument Variable Name:** CNT_SPEC **QuestionnaireFileName:** Child CAM

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

Universe: Sample children <18 who used naturopathy for other problem or condition

Skip Instructions: <allow 75,R,D> [goto TRD]

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

Spanish Text: DURANTE LOS ULTIMOS 12 MESES, fue [fill: S.C name] a cualquiera de los siguientes practicantes por razones de salud?

*Enter all that apply, separate with commas.

- 0. Ninguno
- 1. Curandero
- 2. Espiritista
- 3. Hierbero or Yerbera
- 4. Chamán
- 5. Botánica
- 6. Curandero/Hechizero Nativo Americano
- 7. Sobador
- Refused
- Don't know

Universe: Sample children <18

Skip Instructions: <1-7> [goto CTR_TRET]; <0,R,D> [goto MOV_FELD]

2007 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

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

Spanish Text: DURANTE LOS ULTIMOS 12 MESES, ¿utilizó [fill: S.C. name] a fill2: un Curandero / un Espiritista / un Hierbero o una Yerbera / un Chamán /una Botánica / un Curador Americano Nativo/Hechizador /un Sobador] para tratar un problema o una condición de salud específica?

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

Universe: Sample children <18 who saw a traditional practitioner during the past 12 months

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

Question ID: CAL.200_00.000 **Instrument Variable Name:** CTR_COND **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ULTIMOS 12 MESES, ¿para cuáles problemas o condiciones de salud utilizó [fill: S.C. name] a [fill2: un Curandero / un Espiritista / un Hierbero o una Yerbera / un Chamán /una Botánica / un Curador Americano Nativo/Hechizador / un Sobador]?

*Enter all that apply, separate with commas.

Universe: Sample children <18 who saw a traditional practitioner for a problem or condition

Skip Instructions: <1-57,R,D> [goto MOV_FELD]
<58> [goto CTR_SPEC]

Question ID: CAL.201_00.000 **Instrument Variable Name:** CTR_SPEC **QuestionnaireFileName:** Child CAM

Spanish Text: *Enter condition for which traditional healer(s) was used. If respondent gives more than one condition, probe for condition most important for using traditional healer(s).

Universe: Sample children <18 who saw a traditional practitioner for other problem or condition

Skip Instructions: <allow 75,R,D> [goto MOV_FELD]

Question ID: CAL.205_00.000 **Instrument Variable Name:** MOV_FELD **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ULTIMOS 12 MESES, ¿fue [fill: S.C name] a un practicante o instructor de cualquiera de las siguientes técnicas de movimiento? Por favor responda sí o no a cada categoría.

...Feldenkreis?

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

Universe: Sample children <18

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

2007 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

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

Spanish Text: *Read if necessary.

DURANTE LOS ULTIMOS 12 MESES, ¿fue [fill: S.C name] a un practicante o instructor de cualquiera de las siguientes técnicas de movimiento?

...Método Alexander?

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

Universe: Sample children <18

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

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

Spanish Text: *Read if necessary.

DURANTE LOS ULTIMOS 12 MESES, ¿fue [fill: S.C name] a un practicante o instructor de cualquiera de las siguientes técnicas de movimiento?

...Pilates?

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

Universe: Sample children <18

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

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

Spanish Text: *Read if necessary.

DURANTE LOS ULTIMOS 12 MESES, ¿fue [fill: S.C name] a un practicante o instructor de cualquiera de las siguientes técnicas de movimiento?

...Integración Psicofísica Trager?

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

Universe: Sample children <18

Skip Instructions: <1,2,R,D> if MOV_FELD=1 or MOV_ALEX=1 or MOV_PIL=1 or MOV_TRAG=1
[goto CMV_TRET]; else [goto CHB_USEM]

2007 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: CAL.225_00.000 **Instrument Variable Name:** CMV_TRET **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ULTIMOS 12 MESES, ¿utilizó [fill: S.C. name] [fill2: Feldenkreis / Método Alexander / Pilates / Integración Psicofísica Trager] para tratar un problema o una condición de salud específica?

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

Universe: Sample children <18 who have used movement technique in the past 12 months

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

Question ID: CAL.230_00.000 **Instrument Variable Name:** CMV_COND **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ULTIMOS 12 MESES, ¿para cuáles problemas o condiciones de salud utilizó [fill: S.C. name] [fill2: Feldenkreis / Método Alexander / Pilates / Integración Psicofísica Trager] ?

*Enter all that apply, separate with commas.

Universe: Sample children <18 who have used movement technique for a specific health problem or condition

Skip Instructions: <1-57,R,D> [goto CHB_USEM]
<58> [goto CMV_SPEC]

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

Spanish Text: *Enter condition for which movement technique(s) was used. If respondent gives more than one condition, probe for condition most important for using movement technique(s).

Universe: Sample children <18 who have used movement technique for other problem or condition

Skip Instructions: <allow 75,R,D> [goto CHB_USEM]

2007 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

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

Spanish Text: (book) CAL3 ?[F1]

Ahora le haré preguntas sobre algunas prácticas de salud adicionales para su hijo(a). La primera serie de preguntas tratará los suplementos herbarios, después le haré preguntas sobre vitaminas y minerales.

Las personas usan suplementos herbarios y otros suplementos no-vitamina para sus hijos por varias razones. El término suplemento herbario significa píldoras, cápsulas, o tabletas que llevan marca de suplemento dietético. Esto NO incluye el consumo de té herbario o té verde.

DURANTE LOS ULTIMOS 12 MESES, ¿ha tomado [S.C. name] cualquiera de los suplementos herbarios que aparecen en esta tarjeta?

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

Universe: Sample children <18

Skip Instructions: <1> [goto CHERB_MO]; <2,R,D> [goto CVT_USEM]

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

Spanish Text: (book) CAL3

DURANTE LOS ÚLTIMOS 30 DÍAS, ¿utilizó [fill: S.C. name] cualquier de los suplementos herbarios que aparecen en esta tarjeta?

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

Universe: Sample children <18 who have taken herbal supplements in the past 12 months

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

2007 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

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

Spanish Text: Por favor indique cuál(es) suplemento(s) [S.C. name] tomó durante los últimos 30 días.
Si [S.C. name] consumió más de una hierba en un solo suplemento, seleccione "píldora con combinación de hierbas."

*Enter all that apply, separate with commas.

1. Píldora con combinación de hierbas
 2. Androstenediona
 3. Cohosh negro
 4. Carnitina
 5. Sauzgatillo
 6. Condroitina
 7. Coenzima Q-10
 8. Comfrey
 9. Acido Linolénico Conjugado (CLA en inglés)
 10. Arándano (píldoras, cápsulas)
 11. Creatina
 12. DHEA
 13. Equinácea
 14. Efedra
 15. Prímula o primavera (Evening primrose)
 16. Santamaría/Matricaria (Feverfew)
 17. Fibra o Psilio (en píldora o polvo)
 18. Suplementos de aceite de pescado, omega 3, o ácidos grasos DHA
 19. Semilla de Lino en aceite o píldoras
 20. Suplementos de ajo (píldoras, cápsulas)
 21. Gengibre en píldoras, cápsulas
 22. Ginko biloba
 23. Ginseng
 24. Glucosamina
 25. Sello de Oro
 26. Guarana
 27. Extracto de semilla de uva
 28. Píldoras de té verde (no té líquido)
 29. EGCG (píldoras)
 30. Hawthorn
 31. Hierba "Horny Goat"
 32. Kava kava
 33. Lecitina
 34. Luteína
 35. Licopene
 36. Melatonina
 37. MSM (Metano Sulfonil Metílico)
 38. Cardo lechoso
 39. Prebióticos o Probióticos
 40. S-Adenosilmetionina
 41. Palma sabal (Saw palmetto)
 42. Senna
 43. Soya en suplementos o isoflavonas
 44. Planta de San Juan (St. John's wort)
 45. Valeriana
 - Refused
 - Don't know
-

2007 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Universe: Sample children <18 who have taken herbal supplements in the past 30 days

Skip Instructions: <1-45> if more than 2 herbs chosen [goto CHB_TOP2]; else [goto CHB_TRT1];
<R,D> [goto CHB_SPRT]

Question ID: CAL.250_00.000 **Instrument Variable Name:** CHB_TOP2 **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuáles DOS de estos suplementos herbarios, tomó [fill: S.C. name] más frecuentemente durante los ULTIMOS 30 DIAS?

*Enter two answers, separate with comma.

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

Universe: Sample children <18 who have taken more than 2 herbs in the past 30 days

Skip Instructions: If only one answer entered, goto ERR_CHB_TOP2
else <1-45> First herb chosen [goto CHB_TRT1]; <R,D> [goto CHB_SPRT]

Question ID: CAL.255_00.000 **Instrument Variable Name:** CHB_TRT1 **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Tomó [fill: S.C. name] [fill2: herb] para tratar un problema o una condición de salud específica?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample Children <18 who have taken one or more herbal supplements in the past 30 days

Skip Instructions: <1> [goto CHB_CON1]; <2, R, D> if CHRBTAKE=1 herb [goto CHB_SPRT], else [goto CHB_TRT2]

Question ID: CAL.260_00.000 **Instrument Variable Name:** CHB_CON1 **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Para cuáles problemas o condiciones de salud específicas tomó [fill: S.C. name] [fill2: herb]?

*Enter all that apply, separate with commas.

Universe: Sample children <18 who have used at least one herb to treat a specific health problem or condition.

Skip Instructions: <1-57, R, D> if CHRBTAKE = 1 herb [goto CHB_SPRT], else [goto CHB_TRT2]; <58> [goto CHB_SPC1].

Question ID: CAL.261_00.000 **Instrument Variable Name:** CHB_SPC1 **QuestionnaireFileName:** Child CAM

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

Universe: Sample children <18 who have used herb(s) to treat other problem or condition

Skip Instructions: <allow 75,R,D> if more than 1 herb [goto CHB_TRT2]; else [goto CHB_SPRT]

2007 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: CAL.265_00.000 **Instrument Variable Name:** CHB_TRT2 **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Tomó [fill: S.C. name] [fill2: 2nd herb of two] para tratar un problema o una condición de salud específica?

1. Sí
2. No
Refused
Don't know

Universe: Sample Children <18 who have taken at least two herbs in the past 30 days.

Skip Instructions: <1> [goto CHB_CON2]; <2,R,D> [goto CHB_SPRT]

Question ID: CAL.270_00.000 **Instrument Variable Name:** CHB_CON2 **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Para cuáles problemas o condiciones de salud específicas tomó [fill: S.C. name] [fill2: herb]?

*Enter all that apply, separate with commas.

Universe: Sample children <18 who have used at least two herbs, and who have used selected herb to treat a specific health problem or condition.

Skip Instructions: <1-57,R,D> [goto CHB_SPRT]; <58> [CHB_SPC2]

Question ID: CAL.271_00.000 **Instrument Variable Name:** CHB_SPC2 **QuestionnaireFileName:** Child CAM

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

Universe: Sample children <18 who have used herb(s) to treat other problem or condition

Skip Instructions: <allow 75,R,D> [goto CHB_SPRT]

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

Spanish Text: (book) CAL3

DURANTE LOS ÚLTIMOS 30 DÍAS, ¿Tomó [fill: S.C. name] cualquiera de las hierbas naturales en listadas en esta tarjeta para mejorar su ejecución atlética o deportiva?

1. Sí
2. No
Refused
Don't know

Universe: Sample children <18 who have taken herbal supplements in the past 30 days

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

2007 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: CAL.290_00.000 Instrument Variable Name: CHB_SPHB QuestionnaireFileName: Child CAM

Spanish Text: (book) CAL3

¿Cuál(es) hierba(s) tomó [fill: S.C. name] para mejorar su ejecución atlética o deportiva?

*Enter all that apply, separate with commas.

1. Píldora con combinación de hierbas
 2. Androstenediona
 3. Cohosh negro
 4. Carnitina
 5. Sauzgatillo
 6. Condroitina
 7. Coenzima Q-10
 8. Comfrey
 9. Acido Linolénico Conjugado (CLA en inglés)
 10. Arándano (píldoras, cápsulas)
 11. Creatina
 12. DHEA
 13. Equinácea
 14. Efedra
 15. Prímula o primavera (Evening primrose)
 16. Santamaría/Matricaria (Feverfew)
 17. Fibra o Psilio (en píldora o polvo)
 18. Suplementos de aceite de pescado, omega 3, o ácidos grasos DHA
 19. Semilla de Lino en aceite o píldoras
 20. Suplementos de ajo (píldoras, cápsulas)
 21. Gengibre en píldoras, cápsulas
 22. Ginko biloba
 23. Ginseng
 24. Glucosamina
 25. Sello de Oro
 26. Guarana
 27. Extracto de semilla de uva
 28. Píldoras de té verde (no té líquido)
 29. EGCG (píldoras)
 30. Hawthorn
 31. Hierba "Horny Goat"
 32. Kava kava
 33. Lecitina
 34. Luteína
 35. Licopene
 36. Melatonina
 37. MSM (Metano Sulfonil Metílico)
 38. Cardo lechoso
 39. Prebióticos o probióticos
 40. SAmE (S-Adenosilmetionina)
 41. Palma sabal (Saw palmetto)
 42. Senna
 43. Soya en suplementos o isoflavonas
 44. Planta de San Juan (St. John's wort)
 45. Valeriana
- Refused
Don't know
-

2007 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Universe: Sample children <18 who have used herbs to improve athletic or sports performance

Skip Instructions: <1-45,R,D> [goto CVT_USEM]

Question ID: CAL.295_00.000 **Instrument Variable Name:** CVT_USEM **QuestionnaireFileName:** Child CAM

Spanish Text: (book) CAL4

Las siguientes preguntas tratan las vitaminas o minerales que [fill: S.C. name] puede estar tomando.

DURANTE LOS ULTIMOS 12 MESES, ¿tomó [fill: S.C. name] cualquiera de las vitaminas o minerales que aparecen en esta lista?

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

Universe: Sample children <18

Skip Instructions: <1> [goto CVIT_MO]; <2,R,D> [goto HOM]

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

Spanish Text: (book) CAL4

DURANTE LOS ÚLTIMOS 30 DÍAS, ¿tomó [fill: S.C. name] cualquiera de las vitaminas o minerales que aparecen en esta lista?

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

Universe: Sample children <18 who have taken vitamins or minerals in the past 12 months

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

2007 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
 Document Version Date: 28-May-08

Question ID: CAL.305_00.000 **Instrument Variable Name:** CVITTAKE **QuestionnaireFileName:** Child CAM

Spanish Text: book) CAL4

Por favor dígame cuáles de las vitaminas y minerales en esta lista tomó [fill: S.C. name] durante los últimos 30 días. Si [fill: el/ella] toma una mutlivitamina o multimineral, considérelo como un solo suplemento.

*Enter all that apply, separate with commas.

1. Multivitamina y/o combinación de minerales
 2. Calcio
 3. Cromo
 4. Calcio de Coral
 5. Ácido Fólico
 6. Hierro
 7. Magnesio
 8. Niacina/Ácido Nicotínico
 9. Potasio
 10. Selenio
 11. Vitamina A
 12. Complejo de Vitamina B
 13. Vitamina B6
 14. Vitamina B12
 15. Vitamina C
 16. Vitamina D
 17. Vitamina E
 18. Vitamina K
 19. Cinc
 20. Paquete de Vitaminas
- Refused
Don't know

Universe: Sample children <18 who have taken vitamins or minerals in the past 30 days

Skip Instructions: <1-20> if more than 2 vitamins chosen [goto CVT_TOP2]; else if one or two chosen [goto CVT_TRT1]; <R,D> [goto CVT_SPRT]

Question ID: CAL.310_00.000 **Instrument Variable Name:** CVT_TOP2 **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Cuáles son las DOS vitaminas suplomentas que [S.C. name] tomó con más frecuencia durante los ÚLTIMOS 30 DÍAS?

*Enter two answers, separate with comma.

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

Universe: Sample children <18 who have taken more than 2 vitamins in the past 30 days

Skip Instructions: If only one answer entered, goto ERR_CVT_TOP2
 else <1-20> First vitamin chosen [goto CVT_TRT1];
 <R,D> [goto CVT_SPRT]

2007 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
 Document Version Date: 28-May-08

Question ID: CAL.320_00.000 **Instrument Variable Name:** CVT_TRT1 **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Tomó [fill: S.C. name] [fill2: vitamin/mineral] para tratar un problema o una condición de salud específica?
 1. Sí
 2. No
 Refused
 Don't know

Universe: Sample Children <18 who have taken at least one vitamin or mineral in the past 30 days.

Skip Instructions: <1> [goto CVT_CON1]
 <2, R, D> if CVITTAKE=1 vitamin [goto CVT_SPRT], else [goto CVT_TRT2]

Question ID: CAL.330_00.000 **Instrument Variable Name:** CVT_CON1 **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Para cuáles problemas o condiciones de salud específicas tomó [fill: S.C. name] [fill2: vitamin/mineral]?
 *Enter all that apply, separate with commas.

Universe: Sample children <18 who have used at least one vitamin or mineral to treat a specific health problem or condition

Skip Instructions: <1-57,R,D> if CVITTAKE = 1 vitamin [goto CVT_SPRT], else [goto CVT_TRT2]; <58> [goto CVT_SPC1]

Question ID: CAL.331_00.000 **Instrument Variable Name:** CVT_SPC1 **QuestionnaireFileName:** Child CAM

Spanish Text: *Enter condition for which vitamin/mineral was used. If respondent gives more than one condition, probe for condition most important for using vitamin or mineral.

Universe: Sample children <18 who have used vitamin(s) to treat other problem or condition

Skip Instructions: <allow 75,R,D> if more than 1 vitamin [goto CVT_TRT2]; else [goto CVT_SPRT]

Question ID: CAL.335_00.000 **Instrument Variable Name:** CVT_TRT2 **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Tomó [fill: S.C. name] [fill2: 1st vitamin/mineral of two] para tratar un problema o una condición de salud específica?
 1. Sí
 2. No
 Refused
 Don't know

Universe: Sample Children <18 who have taken at least two vitamins or minerals in the past 30 days

Skip Instructions: <1> [goto CVT_CON2] <2,R,D> [goto CVT_SPRT]

2007 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: CAL.340_00.000 **Instrument Variable Name:** CVT_CON2 **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Para cuáles problemas o condiciones de salud específicas tomó [fill: S.C. name] [fill2: vitamin/mineral]?

*Enter all that apply, separate with commas.

Universe: Sample children <18 who have used two or more vitamins or minerals, and who have used selected vitamin/mineral to treat a specific health problem or condition.

Skip Instructions: <1-57,R,D> [goto CVT_SPRT]; <58> [goto CVT_SPC2]

Question ID: CAL.341_00.000 **Instrument Variable Name:** CVT_SPC2 **QuestionnaireFileName:** Child CAM

Spanish Text: *Enter condition for which vitamin/mineral was used. If respondent gives more than one condition, probe for condition most important for using vitamin or mineral.

Universe: Sample children <18 who have used vitamin(s) to treat other problem or condition

Skip Instructions: <allow 75,R,D> [goto CVT_SPRT]

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

Spanish Text: (book) CAL4

DURANTE LOS ÚLTIMOS 30 DÍAS, ¿Tomó [fill: S.C. name] cualquiera de las vitaminas o minerales en listados en esta tarjeta para mejorar su ejecución atlética o deportiva?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children <18 who have taken vitamins or minerals in the past 30 days

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

2007 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
 Document Version Date: 28-May-08

Question ID: CAL.360_00.000 **Instrument Variable Name:** CVT_SPVT **QuestionnaireFileName:** Child CAM

Spanish Text: (book) CAL4

¿Cuál(es) vitaminas o minerales tomó [fill: S.C. name] para mejorar su ejecución atlética o deportiva?

*Enter all that apply, separate with commas.

1. Multivitamina y/o combinación de minerales
2. Calcio
3. Cromo
4. Calcio de Coral
5. Ácido Fólico
6. Yerro
7. Magnesio
8. Ácido Nicotínico
9. Potasio
10. Selenio
11. Vitamina A
12. Complejo de Vitamina B
13. Vitamina B6
14. Vitamina B12
15. Vitamina C
16. Vitamina D
17. Vitamina E
18. Vitamina K
19. Cinc
20. Paquete de Vitaminas
- Refused
- Don't know

Universe: Sample children <18 who have used vitamins or minerals to improve athletic or sports performance

Skip Instructions: <1-20,R,D> [goto HOM]

Question ID: CAL.365_00.000 **Instrument Variable Name:** HOM **QuestionnaireFileName:** Child CAM

Spanish Text: Las personas que utilizan a la homeopatía para tratar problemas de la salud toman píldoras o gotas pequeñas que son puestas debajo de la lengua. Estas píldoras o gotas frecuentemente son recetadas por practicantes de la homeopatía.

DURANTE LOS ULTIMOS 12 MESES, ¿utilizó [fill: S.C. name] tratamiento homeopático?

1. Sí
2. No
- Refused
- Don't know

Universe: Sample children <18

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

2007 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

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

Spanish Text: DURANTE LOS ULTIMOS 12 MESES, ¿utilizó [fill: S.C. name] tratamiento homeopático para tratar un problema o una condición de salud específica?

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

Universe: Sample children <18 who have used homeopathic treatment in the past 12 months

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

Question ID: CAL.375_00.000 **Instrument Variable Name:** CHM_COND **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ULTIMOS 12 MESES, ¿para cuáles problemas o condiciones específicas utilizó [fill: S.C. name] tratamiento homeopático?

*Enter all that apply, separate with commas.

Universe: Sample children <18 who have used homeopathic treatment to treat a specific problem or condition

Skip Instructions: <1-57, R,D> [goto CDT_VEG];
<58> [goto CHM_SPEC].

Question ID: CAL.376_00.000 **Instrument Variable Name:** CHM_SPEC **QuestionnaireFileName:** Child CAM

Spanish Text: *Enter condition for which homeopathic treatment was used. If respondent gives more than one condition, probe for condition most important for using homeopathic treatment.

Universe: Sample children <18 who have used homeopathic treatment to treat other problem or condition

Skip Instructions: <allow 75,R,D> [goto CDT_VEG]

2007 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

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

Spanish Text: ?[F1]

DURANTE LOS ULTIMOS 12 MESES, ¿utilizó [S.C. name] cualquiera de las siguientes dietas especiales por dos semanas o más por razones de salud? Por favor reponda sí o no a cada una.

...Vegetariana?

*Include Vegan

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

Universe: Sample children <18

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

Question ID: CAL.385_00.000 **Instrument Variable Name:** CDT_MAC **QuestionnaireFileName:** Child CAM

Spanish Text: ?[F1]

*Read if necessary.

DURANTE LOS ULTIMOS 12 MESES, ¿utilizó [S.C. name] cualquiera 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 <18

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

2007 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

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

Spanish Text: ?[F1]

*Read if necessary.

DURANTE LOS ULTIMOS 12 MESES, ¿utilizó [S.C. name] cualquiera 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 <18

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

Question ID: CAL.395_00.000 **Instrument Variable Name:** CDT_PRT **QuestionnaireFileName:** Child CAM

Spanish Text: ?[F1]

*Read if necessary.

DURANTE LOS ULTIMOS 12 MESES, ¿utilizó [S.C. name] cualquiera de las siguientes dietas especiales por dos semanas o más por razones de salud?

...Pritikin?

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

Universe: Sample children <18

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

2007 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: CAL.400_00.000 **Instrument Variable Name:** CDT_ORN **QuestionnaireFileName:** Child CAM

Spanish Text: ?[F1]

*Read if necessary.

DURANTE LOS ULTIMOS 12 MESES, ¿utilizó [S.C. name] cualquiera de las siguientes dietas especiales por dos semanas o más por razones de salud?

...Ornish?

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

Universe: Sample children <18

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

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

Spanish Text: ?[F1]

*Read if necessary.

DURANTE LOS ULTIMOS 12 MESES, ¿utilizó [S.C. name] cualquiera de las siguientes dietas especiales por dos semanas o más por razones de salud?

...Zona?

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

Universe: Sample children <18

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

2007 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: CAL.410_00.000 **Instrument Variable Name:** CDT_SB **QuestionnaireFileName:** Child CAM

Spanish Text: ?[F1]

*Read if necessary.

DURANTE LOS ULTIMOS 12 MESES, ¿utilizó [S.C. name] cualquiera de las siguientes dietas especiales por dos semanas o más por razones de salud?

...South Beach?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children <18

Skip Instructions: <1,2,R,D> if CDT_VEG=1 or CDT_MAC=1 or CDT_ATK=1 or CDT_PRT=1 OR CDT_ORN=1 or CDT_ZON=1 or CDT_SB=1 [goto CDT_TRET]; else [goto CYOGA]

Question ID: CAL.415_00.000 **Instrument Variable Name:** CDT_TRET **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ULTIMOS 12 MESES, ¿utilizó [S.C. name] una dieta [fill2: a Vegetariana / Macrobiótica / Atkins / Pritikin / Ornish/ Zona / South Beach] para tratar un problema o una condición de salud específica que no sea de control o reducción de peso?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children <18 who have used special diets in the past 12 months

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

Question ID: CAL.420_00.000 **Instrument Variable Name:** CDT_COND **QuestionnaireFileName:** Child CAM

Spanish Text: ?[F1]

DURANTE LOS ULTIMOS 12 MESES, ¿para cuáles problemas o condiciones utilizó [S.C. name] dieta(s) [fill2: a Vegetariana / Macrobiótica / Atkins / Pritikin / Ornish/ Zona / South Beach]?

*Enter all that apply, separate with commas.

Universe: Sample children <18 who have used special diets to treat a specific health problem or condition

Skip Instructions: <1-57,R,D> [goto CDT_WGHT]; <58> [goto CDT_SPEC]

2007 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: CAL.421_00.000 **Instrument Variable Name:** CDT_SPEC **QuestionnaireFileName:** Child CAM

Spanish Text: *Enter condition for which special diet(s) was used. If respondent gives more than one condition, probe for condition most important for using special diet(s).

Universe: Sample children <18 who have used special diets to treat other problem or condition

Skip Instructions: <allow 75,R,D> [goto CDT_WGHT]

Question ID: CAL.422_00.000 **Instrument Variable Name:** CDT_WGHT **QuestionnaireFileName:** Child CAM

Spanish Text: ¿Utilizó [fill: S.C. name] [fill2: esta dieta/ estas dietas] para el control o la reducción de peso?

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

Universe: Sample children <18 who have used special diets in the past 12 months

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

Question ID: CAL.425_00.000 **Instrument Variable Name:** CYOGA **QuestionnaireFileName:** Child CAM

Spanish Text: ?[F1]

DURANTE LOS ULTIMOS 12 MESES, ¿practicó [S.C. name] cualquiera de los siguientes?
Por favor responda sí o no a cada uno.

...Yoga?

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

Universe: Sample children <18

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

2007 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: CAL.430_00.000 **Instrument Variable Name:** CTAICHI **QuestionnaireFileName:** Child CAM

Spanish Text: ?[F1]

*Read if necessary.

DURANTE LOS ULTIMOS 12 MESES, ¿practicó [S.C. name] cualquiera de los siguientes?

...Tai Chi (tie-CHEE)?

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

Universe: Sample children <18

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

Question ID: CAL.435_00.000 **Instrument Variable Name:** CQIGONG **QuestionnaireFileName:** Child CAM

Spanish Text: ?[F1]

*Read if necessary.

DURANTE LOS ULTIMOS 12 MESES, ¿practicó [S.C. name] cualquiera de los siguientes?

...Qi Gong (chee-KUNG)?

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

Universe: Sample children <18

Skip Instructions: <1,2,R,D> if CYOGA=1 or CTAICHI=1 or CQIGONG=1 [goto CYG_TRET]; else [goto CRL_MED]

Question ID: CAL.440_00.000 **Instrument Variable Name:** CYG_TRET **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ULTIMOS 12 MESES, ¿practicó [S.C. name] [fill2: Yoga/Tai Chi/Qi Gong] para tratar un problema o una condición específica?

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

Universe: Sample children <18 who have used Yoga, Tai Chi or Qi Gong in the past 12 months

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

2007 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: CAL.445_00.000 **Instrument Variable Name:** CYG_COND **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ULTIMOS 12 MESES, ¿para cuáles problemas o condiciones practicó [S.C. name] [fill2: Yoga/Tai Chi/Qi Gong]?

*Enter all that apply, separate with commas.

Universe: Sample children <18 who have used Yoga, Tai Chi or Qi Gong to treat a specific health problem or condition

Skip Instructions: <1-57,R,D> [goto CRL_MED]; <58> [goto CYG_SPEC]

Question ID: CAL.446_00.000 **Instrument Variable Name:** CYG_SPEC **QuestionnaireFileName:** Child CAM

Spanish Text: *Enter condition for which Yoga/Tai Chi/Qi Gong was used. If respondent gives more than one condition, probe for condition most important for using practice(s).

Universe: Sample children <18 who have used Yoga, Tai Chi or Qi Gong to treat other problem or condition

Skip Instructions: <allow 75,R,D> [goto CRL_MED]

Question ID: CAL.450_00.000 **Instrument Variable Name:** CRL_MED **QuestionnaireFileName:** Child CAM

Spanish Text: ?[F1]

DURANTE LOS ULTIMOS 12 MESES, ¿utilizó [S.C. name] cualquiera de las siguientes técnicas de relajación o de manejo del estrés? Por favor responda sí o no a cada uno.

...Meditación?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children <18

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

2007 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: CAL.455_00.000 **Instrument Variable Name:** CRL_GI **QuestionnaireFileName:** Child CAM

Spanish Text: ?[F1]

*Read if necessary.

DURANTE LOS ULTIMOS 12 MESES, ¿utilizó [S.C. name] cualquiera de las siguientes técnicas de relajación o de manejo del estrés?

...Visualización guiada?

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

Universe: Sample children <18

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

Question ID: CAL.460_00.000 **Instrument Variable Name:** CRL_PR **QuestionnaireFileName:** Child CAM

Spanish Text: ?[F1]

*Read if necessary.

DURANTE LOS ULTIMOS 12 MESES, ¿utilizó [S.C. name] cualquiera de las siguientes técnicas de relajación o de manejo del estrés?

...Relajación progresiva?

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

Universe: Sample children <18

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

2007 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: CAL.465_00.000 **Instrument Variable Name:** CRL_DBE **QuestionnaireFileName:** Child CAM

Spanish Text: ?[F1]

*Read if necessary.

DURANTE LOS ULTIMOS 12 MESES, ¿utilizó [S.C. name] cualquiera de las siguientes técnicas de relajación o de manejo del estrés?

...Ejercicios de respiración profunda?

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

Universe: Sample children <18

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

Question ID: CAL.470_00.000 **Instrument Variable Name:** CRL_SG **QuestionnaireFileName:** Child CAM

Spanish Text: ?[F1]

*Read if necessary.

DURANTE LOS ULTIMOS 12 MESES, ¿utilizó [S.C. name] cualquiera de las siguientes técnicas de relajación o de manejo del estrés?

...Reuniones de grupo de apoyo?

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

Universe: Sample children <18

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

2007 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
 Document Version Date: 28-May-08

Question ID: CAL.475_00.000 **Instrument Variable Name:** CRL_SMC **QuestionnaireFileName:** Child CAM

Spanish Text: ?[F1]

*Read if necessary.

DURANTE LOS ULTIMOS 12 MESES, ¿utilizó [S.C. name] cualquiera de las siguientes técnicas de relajación o de manejo del estrés?

...Curso sobre el manejo del estrés?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children <18

Skip Instructions: <1,2,R,D> if CRL_MED=1 or CRL_GI=1 or CRL_PR=1 or CRL_DBE=1 OR CRL_SG=1 or CRL_SMC=1 [goto CRL_TRET]; else [goto next section]

Question ID: CAL.480_00.000 **Instrument Variable Name:** CRL_TRET **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ULTIMOS 12 MESES, ¿utilizó [S.C. name] [fill2: Meditación/ Visualización guiada/Relajación progresiva/Ejercicios de respiración profunda/Reuniones de grupo de apoyo/un curso sobre manejo del estrés] para tratar un problema o una condición de salud específica?

1. Sí
 2. No
- Refused
Don't know

Universe: Sample children <18 who have used relaxation techniques in the past 12 months

Skip Instructions: <1> [goto CRL_COND] <2,R,D> [goto next section]

Question ID: CAL.485_00.000 **Instrument Variable Name:** CRL_COND **QuestionnaireFileName:** Child CAM

Spanish Text: DURANTE LOS ULTIMOS 12 MESES, ¿para cuáles problemas o condiciones de salud utilizó [S.C. name] [fill2: Meditación/ Visualización guiada/ Relajación progresiva/Ejercicios de respiración profunda/Reuniones de grupo de apoyo/un curso sobre manejo del estrés]

*Enter all that apply, separate with commas.

Universe: Sample children <18 who have used relaxation techniques to treat a specific health problem or condition

Skip Instructions: <1-57,R,D> [goto next section]; <58> [goto CRL_SPEC].

2007 NHIS Spanish Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: CAL.486_00.000 **Instrument Variable Name:** CRL_SPEC **QuestionnaireFileName:** Child CAM

Spanish Text:

Universe: Sample children <18 who have used relaxation techniques to treat other problem or condition

Skip Instructions: <allow 75,R,D> [goto next section]
