2012 NHIS 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

QuestionText: ? [F1]

A personal health care provider is a health professional who knows [fill S.C. name] well and is familiar with [fill: his/her] health history. This can be a general doctor, a specialist doctor, a nurse practitioner, a physician's assistant, or another type of provider. Do you have one or more persons you think of as [fill S.C. name]'s personal health care provider?

1   Yes
2   No
7   Refused
9   Don't know

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

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

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

QuestionText: ? [F1]

What type of provider(s) is it?

*Read categories if necessary.

*Enter all that apply, separate with commas.

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

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

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

QuestionText: ? [F1]

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

*Read categories if necessary.

*Enter all that apply, separate with commas.

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

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

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

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

QuestionText: ? [F1]

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

*Read categories if necessary.

*Enter all that apply, separate with commas.

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

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

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

QuestionText: ? [F1]

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

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

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

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+

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

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

QuestionText: ? [F1]

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

1   Yes
2   No
7   Refused
9   Don't know

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

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

QuestionText: ?[F1]

DURING THE PAST 12 MONTHS, did [fill S.C. name] see a practitioner for chiropractic or osteopathic manipulation?

1 Yes
2 No
7 Refused
9 Don't know

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

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

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

QuestionText: ? [F1]

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

1 Yes
2 No
7 Refused
9 Don't know

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

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

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

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

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

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

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

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

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

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

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

2012 NHIS 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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

*Enter '52' for 52 or more times.

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

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

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

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

*Read categories below.

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

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

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

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

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

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

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

QuestionText: Do you know the total amount that was paid for [fill: S.C. name] to see a practitioner for [fill1: chiropractic/osteopathic] manipulation in the past 12 months [fill2: not including the amount covered by insurance]?

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

QuestionText: What is the total amount that was paid for [fill: S.C. name] to see a practitioner for [fill1: chiropractic/osteopathic] manipulation in the past 12 months [fill2: not including the amount covered by insurance]?

*Enter '0' for no cost or free.

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

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

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

Soft Edit: Verify if over $1000

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

*Enter '0' if no cost or free.

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

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

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

*Enter '200' for $200 or more.

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

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

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

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

QuestionText: ? [F1]

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

Massage?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

QuestionText: ? [F1]

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

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have ever used massage

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

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

QuestionText: ?[F1]

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

1 Yes
2 No
7 Refused
9 Don't know

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

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

2012 NHIS 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

QuestionText: ? [F1]

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

*Enter '52' for 52 or more times.

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

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

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

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

*Read categories below.

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

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

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

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

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

*Enter '0' for no cost or free.

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

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

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

Soft Edit: Verify if over $1000

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

*Enter '0' if no cost or free.

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

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

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

*Enter '200' for $200 or more.

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

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

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

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

QuestionText: ? [F1]

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

Acupuncture (AK-you-punk-chur)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+

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

2012 NHIS 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

QuestionText: ? [F1]

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

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have ever used acupuncture

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

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

QuestionText: ?[F1]

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

1   Yes
2   No
7   Refused
9   Don't know

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

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

QuestionText: ? [F1]

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

*Enter '52' for 52 or more times.

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

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

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

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

*Read categories below.

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

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

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

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

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

*Enter '0' for no cost or free.

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

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

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

Soft Edit: Verify if over $1000

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

*Enter '0' if no cost or free.

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

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

2012 NHIS 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

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

*Enter '200' for $200 or more.

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

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

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

Question ID: CAL.085_00.000   **Instrument Variable Name:**   CEH_USE   **QuestionnaireFileName:**   Child CAM

QuestionText: ? [F1]

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

Energy Healing Therapy?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

QuestionText: ? [F1]

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

1   Yes
2   No
7   Refused
9   Don't know

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

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

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

QuestionText: ? [F1]

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

1   Yes
2   No
7   Refused
9   Don't know

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

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

2012 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

QuestionText: ? [F1]

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

*Enter '52' for 52 or more times.

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

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

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

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

*Read categories below.

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

UniverseText: 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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

2012 NHIS 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

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

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

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

*Enter '0' for no cost or free.

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

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

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

Soft Edit: Verify if over $1000

2012 NHIS 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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

*Enter '0' if no cost or free.

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

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

2012 NHIS 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

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

*Enter '200' for $200 or more.

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

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

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

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

QuestionText: ? [F1]

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

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+

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

2012 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

QuestionText: ? [F1]

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have ever used naturopathy

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

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

QuestionText: ? [F1]

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

QuestionText: ? [F1]

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

*Enter '52' for 52 or more times.

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

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

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

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

*Read categories below.

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

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

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

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

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

*Enter '0' for no cost or free.

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

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

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

Soft Edit: Verify if over $1000

2012 NHIS 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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

*Enter '0' if no cost or free.

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

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

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

*Enter '200' for $200 or more.

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

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

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

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

QuestionText: ? [F1]

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

Hypnosis?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

QuestionText: ? [F1]

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

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have ever used hypnosis

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

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

QuestionText: ? [F1]

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

1   Yes
2   No
7   Refused
9   Don't know

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

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

2012 NHIS 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

QuestionText: ? [F1]

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

1   Yes
2   No
7   Refused
9   Don't know

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

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

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

QuestionText: ? [F1]

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

1   Yes
2   No
7   Refused
9   Don't know

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

SkipInstructions: <1> [goto CHY_ MAT]
<2,R,D> [goto CBI_USE]

2012 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

*Enter '52' for 52 or more times.

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

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

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

2012 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

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

*Read categories below.

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

UniverseText: 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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

2012 NHIS 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

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

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

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

*Enter '0' for no cost or free.

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

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

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

Soft Edit: Verify if over $1000

2012 NHIS 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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

*Enter '0' if no cost or free.

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

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

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

*Enter '200' for $200 or more.

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

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

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

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

QuestionText: ? [F1]

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

Biofeedback?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

QuestionText: ? [F1]

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

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have ever used biofeedback

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

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

QuestionText: ? [F1]

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

1 Yes
2 No
7 Refused
9 Don't know

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

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

QuestionText: ? [F1]

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

1   Yes
2   No
7   Refused
9   Don't know

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

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

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

QuestionText: ? [F1]

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

1   Yes
2   No
7   Refused
9   Don't know

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

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

*Enter '52' for 52 or more times.

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

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

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

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

*Read categories below.

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

UniverseText: 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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

2012 NHIS 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

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

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

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

*Enter '0' for no cost or free.

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

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

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

Soft Edit: Verify if over $1000

2012 NHIS 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

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

1 Yes
2 No
7 Refused
9 Don't know

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

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

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

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

*Enter '0' if no cost or free.

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

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

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

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

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

1 Yes
2 No
7 Refused
9 Don't know

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

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

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

*Enter '200' for $200 or more.

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

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

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

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

QuestionText: ? [F1]

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

Ayurveda (eye-yur-VAY-duh)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

QuestionText: ? [F1]

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

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have ever used ayurveda

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

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

QuestionText: ?[F1]

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

1   Yes
2   No
7   Refused
9   Don't know

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

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

2012 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

QuestionText: ? [F1]

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

Question ID: CAL.187_00.000 **Instrument Variable Name:** CAY_PTIM **QuestionnaireFileName:** Child CAM

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

*Enter '52' for 52 or more times.

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

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

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

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

*Read categories below.

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

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

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

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

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

*Enter '0' for no cost or free.

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

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

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

Soft Edit: Verify if over $1000

2012 NHIS 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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

*Enter '0' if no cost or free.

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

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

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

*Enter '200' for $200 or more.

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

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

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

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

QuestionText: ? [F1]

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

Chelation (key-LAY-shun) Therapy?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+

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

2012 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

QuestionText: ? [F1]

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

1 Yes
2 No
7 Refused
9 Don't know

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

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

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

QuestionText: ? [F1]

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

1 Yes
2 No
7 Refused
9 Don't know

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

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

2012 NHIS 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

QuestionText: ? [F1]

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

*Enter '52' for 52 or more times.

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

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

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

2012 NHIS 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

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

*Read categories below.

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

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

2012 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

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

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

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

*Enter '0' for no cost or free.

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

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

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

Soft Edit: Verify if over $1000

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

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

1   Yes
2   No
7   Refused
9   Don't know

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

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

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

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

*Enter '0' if no cost or free.

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

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

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

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

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

1   Yes
2   No
7   Refused
9   Don't know

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

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

2012 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

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

*Enter '200' for $200 or more.

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

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

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

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

QuestionText: ? [F1]

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

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

QuestionText: ? [F1]

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

1 Yes
2 No
7 Refused
9 Don't know

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

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

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

QuestionText: ? [F1]

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

1 Yes
2 No
7 Refused
9 Don't know

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

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

2012 NHIS 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

QuestionText: ? [F1]

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

*Enter '52' for 52 or more times.

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

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

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

2012 NHIS 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

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

*Read categories below.

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

UniverseText: 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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

2012 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

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

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

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

*Enter '0' for no cost or free.

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

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

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

Soft Edit: Verify if over $1000

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

*Enter '0' if no cost or free.

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

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

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

*Enter '200' for $200 or more.

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

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

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

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

QuestionText: ? [F1]

(book) CAM1

Has [fill: S.C. name] EVER seen any of these traditional healers?

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+

SkipInstructions: <1> [goto CTR_EVR1]
<2,R,D> [goto CVT_USE]

2012 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

QuestionText: ? [F1]

(book) CAM1

Which ones?

*Enter all that apply, separate with commas.

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

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

SkipInstructions: cycle through "CTRU" questions for all selected practitioners:
<1> [goto CTRU_NAH]
<2> [goto CTRU_SHA]
<3> [goto CTRU_CUR]
<4> [goto CTRU_YER]
<5> [goto CTRU_SOB]
<6> [goto CTRU_HUE]
<R,D> [goto CVT_USE]

If CTR_EVR1 includes 1 goto CTRU_NAH
elseif CTR_EVR1 includes 2 goto CTRU_SHA
elseif CTR_EVR1 includes 3 goto CTRU_CUR
elseif CTR_EVR1 includes 4 goto CTRU_YER
elseif CTR_EVR1 includes 5 goto CTRU_SOB
elseif CTR_EVR1 includes 6 goto CTRU_HUE

2012 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

QuestionText: ? [F1]

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

A Native American Healer or Medicine Man

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

QuestionText: ? [F1]

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

A Shaman (SHAH-man)

1	Yes
2	No
7	Refused
9	Don't know

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

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

QuestionText: ? [F1]

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

QuestionText: ? [F1]

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

2012 NHIS 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

QuestionText: ? [F1]

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

A Sobador (so-bah-DOHR)

1	Yes
2	No
7	Refused
9	Don't know

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

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

QuestionText: ? [F1]

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

A Huesero (weh-SEHR-oh)

1	Yes
2	No
7	Refused
9	Don't know

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

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

*Enter '52' for 52 or more times.

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

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

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

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

*Read categories below.

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

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

2012 NHIS 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

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

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

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

*Enter '0' for no cost or free.

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

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

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

Soft Edit: Verify if over $1000

2012 NHIS 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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

*Enter '0' if no cost or free.

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

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

2012 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

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

*Enter '200' for $200 or more.

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

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

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

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

QuestionText: ? [F1]

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

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+

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

2012 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

2012 NHIS 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

QuestionText: ? [F1]

(book) CAM2

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

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

*Tinctures are included.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+

SkipInstructions: <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

QuestionText: ? [F1]

(book) CAM2

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

2012 NHIS 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

QuestionText: ? [F1]

(book) CAM2

Please tell me which of these supplements [S.C. name] has taken DURING THE PAST 12 MONTHS? If [fill: he/she] took more than one herb in a single supplement, select "combination herb pill."

*Enter all that apply, separate with commas.

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

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

SkipInstructions: <1-22> [goto CHB_MON]
<R,D> [goto CHB_EVR1]

2012 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.301_00.000   **Instrument Variable Name:**   CHB_MON   **QuestionnaireFileName:**   Child CAM

QuestionText: (book) CAM2

Did [fill: S.C.] take any of these DURING THE PAST 30 DAYS?

1	Yes
2	No
7	Refused
9	Don't know

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

SkipInstructions: <1> [goto CHB_LSTM]
<2,R,D> [goto CHB_EVR1]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.302_00.000   **Instrument Variable Name:**   CHB_LSTM   **QuestionnaireFileName:**   Child CAM

QuestionText: (book) CAM2

Which of these supplements has [S.C. name] taken DURING THE PAST 30 DAYS? If [fill: he/she] took more than one herb in a single supplement, select "combination herb pill."

*Enter all that apply, separate with commas.

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

UniverseText: Sample children 4+ who have taken herbs or other non-vitamin supplements in the past 30 days

SkipInstructions: <1> [goto CHB_CHPN]
<1,2-21> if CHB_CNT>2 [goto CHB_CHPN] (then to CHB_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]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.303_00.000 **Instrument Variable Name:**   CHB_CHPN   **QuestionnaireFileName:**   Child CAM

QuestionText: How many different "combination herb pills" did [fill: S.C. name] take?

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

UniverseText: Sample children 4+ who have taken a combination herb pill in the past 30 days

SkipInstructions: <1-50,R,D> [goto CHB_CHP1]

2012 NHIS 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

QuestionText: (book) CAM2

If CHB_CHPN=R,D, fill:
{Which herbs or other non-vitamin supplements are included in the combination herb pill or pills?}
If CHB_CHPN=1 fill:
{Which herbs or other non-vitamin supplements are included in the combination herb pill?}
Else if CHB_CHPN=2 fill:
{Which herbs or other non-vitamin supplements are included in the first combination herb pill?}
Else if CHB_CHPN=3-50, fill:
{Thinking of the two combination herb pills [fill: he/she] took most often, what herbs or other non-vitamin supplements are included in the first combination herb pill?}

*Enter all that apply, separate with commas.

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

UniverseText: Sample children 4+ who have taken a select number of combination herb pill(s) in the past 30 days

SkipInstructions: <2-22,R,D> if CHB_CHPN GE 2 [goto CHB_CHP2];
   else if CHB_LSTM=2-21 and CHB_CNT>2 [goto CHB_TP2];
   else if CHB_LSTM=22 [goto CHB_MOTH];
   else if CHB_CHPN=1 [goto CHB_EVR1]

2012 NHIS 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

QuestionText: (book) CAM2

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

*Enter all that apply, separate with commas.

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

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

SkipInstructions: <2-22,R,D> if CHB_CNT>2 [goto CHB_TP2];
    else if CHB_LSTM=22 [goto CHB_MOTH];
    else [goto CHB_EVR1]

2012 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.306_00.000   **Instrument Variable Name:**   CHB_MOTH   **QuestionnaireFileName:**   Child CAM

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

*Enter '50' for 50 or more.

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

UniverseText: Sample children 4+ who have taken other type of herb or non-vitamin supplement

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

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

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

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

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

50 characters allowed in look-up table

97	Refused
99	Don't Know

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

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

<R,D,ZZ>
if CHB_CNT>2 [goto CHB_TP2];
else CHB_CNT <=2 [goto CHB_EVR1]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.308_00.000   **Instrument Variable Name:**   CHB_LU2   **QuestionnaireFileName:**   Child CAM

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

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

   50 characters allowed in look-up table

97   Refused

99   Don't Know

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

SkipInstructions: <herb,R,D,ZZ> if CHB_CNT>2 herbs [goto CHB_TP2];
else if CHB_CNT <=2 [goto CHB_EVR1]

2012 NHIS 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

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

*Enter two answers, separate with commas.

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

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

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

SkipInstructions: <1-24> fill values into CHB_TP21 and CHB_TP22 if applicable; [goto CHB_EVR1];
<R,D> [goto CHB_EVR1]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

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

QuestionText: ? [F1]

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

1   Yes
2   No
7   Refused
9   Don't know

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

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

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

QuestionText: ? [F1]

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

1   Yes
2   No
7   Refused
9   Don't know

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

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

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.314_00.000   **Instrument Variable Name:**   CVT_BOFN   **QuestionnaireFileName:**   Child CAM

QuestionText: 1 of 2

Now I am going to ask you about how much you spend on {fill1: vitamins and minerals./vitamins and minerals and herbs or other non-vitamin supplements. First I will ask about vitamins and minerals and then about herbs or other non-vitamin supplements.}

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

*Enter number.

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

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

UniverseText: Sample children 4+ who have taken vitamins or minerals in the past year

SkipInstructions: <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

QuestionText: 2 of 2

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

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

UniverseText: Sample children 4+ who gave a number for how many times vitamins and minerals were purchased

SkipInstructions: <1-3,R,D> [goto CVT_CST1]

2012 NHIS 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

QuestionText: About how much did you or another family member spend the last time you bought vitamins or minerals for {fill: S.C. name}?

*Enter '0' for none.

0000-1000	$0-1000
9997	Refused
9999	Don't know

UniverseText: Sample children 4+ who have purchased vitamins in the past year a specific number of times or who don't know the number of times

SkipInstructions: <0-1000,R,D> if CHB_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

QuestionText: 1 of 2

Now I am going to ask you about how much you spend on herbs or other non-vitamin supplements for {fill: S.C. name}.

About how many times per week, month, or year do you or another family member buy herbs or other non-vitamin supplements for {fill: S.C. name}?

*Enter number.

*Enter '0' if herbs or non-vitamin supplements are not bought.

000-995	0-995
997	Refused
999	Don't know

UniverseText: Sample children 4+ who have taken herbs or other non-vitamin supplements in the past year

SkipInstructions: <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]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.318_00.000 **Instrument Variable Name:** CHB_BOFT **QuestionnaireFileName:** Child CAM

QuestionText: 2 of 2

*Enter time period for how often herbs and other non-vitamin supplements are bought.

0	Never/none
1	Week
2	Month
3	Year
7	Refused
9	Don't know

UniverseText: Sample children 4+ who gave a number for how many times herbs or other non-vitamin supplements were purchased

SkipInstructions: <1-3,R,D> [goto CHB_CST1]

Question ID: CAL.319_00.000 **Instrument Variable Name:** CHB_CST1 **QuestionnaireFileName:** Child CAM

QuestionText: About how much did you or another family member spend the last time you bought herbs or other non-vitamin supplements {for S.C. name}?

*Enter '0' for none.

0000-1000	$0-1000
9997	Refused
9999	Don't know

UniverseText: Sample children 4+ who have purchased vitamins in the past year a specific number of times or who don't know the number of times

SkipInstructions: <0-1000,R,D> if CHB_USE1=1 [goto CHB_PTIM];
   else if CHB_USE1 ne 1 [goto CHB_MAT]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.320_00.000 **Instrument Variable Name:** CHB_PTIM **QuestionnaireFileName:** Child CAM

QuestionText: Do you know the exact number of times [fill: S.C. name] saw a practitioner for herbs or other non-vitamin supplements in the past 12 months?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have seen a practitioner for herbs or other non-vitamin supplements in the past 12 months

SkipInstructions: <1> [goto CHB_TMNO]
<2,R,D> [goto CHB_TMCT]

Question ID: CAL.321_00.000 **Instrument Variable Name:** CHB_TMNO **QuestionnaireFileName:** Child CAM

QuestionText: DURING THE PAST 12 MONTHS, how many times did [fill S.C. name] see a practitioner for herbs or other non-vitamin supplements?

*Enter '52' for 52 or more times.

01-52	1-52
97	Refused
99	Don't know

UniverseText: Sample children 4+ with a known number of times they have seen a practitioner for herbs or other non-vitamin supplements in the past 12 months

SkipInstructions: <1-52,R,D> [goto CHB_HIC]

2012 NHIS 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

QuestionText: DURING THE PAST 12 MONTHS, ABOUT how many times did [fill S.C. name] see a practitioner for herbs or other non-vitamin supplements? Would you say...

*Read categories below.

01	Only 1 time
02	2-5 times
03	6-10 times
04	11-15 times
05	16-20 times
06	21-25 times
07	More than 25 times
97	Refused
99	Don't know

UniverseText: 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

SkipInstructions: <1-7,R,D> [goto CHB_HIC]

Question ID: CAL.323_00.000   **Instrument Variable Name:**   CHB_HIC   **QuestionnaireFileName:**   Child CAM

QuestionText: DURING THE PAST 12 MONTHS, were any of the costs of seeing a practitioner for herbs or other non-vitamin supplements covered by health insurance?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have seen a practitioner for herbs or other non-vitamin supplements in the past 12 months

SkipInstructions: <1> [goto CHB_HICA]
<2,R,D> [goto CHB_HIT]

2012 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.324_00.000   **Instrument Variable Name:**   CHB_HICA   **QuestionnaireFileName:**   Child CAM

QuestionText: DURING THE PAST 12 MONTHS, was all of the cost or just some of the cost of [fill: S.C. name]'s seeing a practitioner for herbs or other non-vitamin supplements covered by health insurance?

1	All of the cost
2	Some of the cost
7	Refused
9	Don't know

UniverseText: 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

SkipInstructions: <1> [goto CHB_MAT]
<2,R,D> [goto CHB_HIT]

Question ID: CAL.325_00.000   **Instrument Variable Name:**   CHB_HIT   **QuestionnaireFileName:**   Child CAM

QuestionText: Do you know the total amount that was paid for [fill: S.C. name] to see a practitioner for herbs or other non-vitamin supplements in the past 12 months [fill1: not including the amount covered by insurance]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: 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

SkipInstructions: <1> [goto CHB_HITS]
<2,R,D> [goto CHB_AVGC]

Question ID: CAL.326_00.000   **Instrument Variable Name:**   CHB_HITS   **QuestionnaireFileName:**   Child CAM

QuestionText: What is the total amount that was paid for [fill: S.C. name] to see a practitioner for herbs or other non-vitamin supplements in the past 12 months [fill1: not including the amount covered by insurance]?

*Enter '0' for no cost or free.

00000-26000	$0-26000
99997	Refused
99999	Don't know

UniverseText: Sample children 4+ where the amount paid is known for herbs or other non-vitamin supplements in the past 12 months

SkipInstructions: <0-26000,R,D> [goto CHB_MAT]

Soft Edit: Verify if over $1000

2012 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.327_00.000   **Instrument Variable Name:**   CHB_AVGC   **QuestionnaireFileName:**   Child CAM

QuestionText: Do you know the average amount that was paid for each of [fill: S.C. name]'s visits for herbs or other non-vitamin supplements {fill1: not including the amount covered by insurance} in the past 12 months?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who don't know the total amount they paid for herbs or other non-vitamin supplements in the past 12 months

SkipInstructions: <1> [goto CHB_AVGS]
<2,R,D> [goto CHB_MAT]

Question ID: CAL.328_00.000   **Instrument Variable Name:**   CHB_AVGS   **QuestionnaireFileName:**   Child CAM

QuestionText: On average, how much was paid out-of-pocket for each of [fill: S.C name]'s visits to a practitioner for herbs or other non-vitamin supplements?

*Enter '0' if no cost or free.

000-500	$0-500
997	Refused
999	Don't know

UniverseText: Sample children 4+ who know the average per visit they paid for herbs or other non-vitamin supplements in the past 12 months

SkipInstructions: <0-500,R,D> [goto CHB_MAT]

Question ID: CAL.329_00.000   **Instrument Variable Name:**   CHB_MAT   **QuestionnaireFileName:**   Child CAM

QuestionText: DURING THE PAST 12 MONTHS, did you or another family member buy a self-help book or other materials such as a DVD, CD, or Video to learn about [fill: S.C. name]'s use of herbs or other non-vitamin supplements?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have seen a practitioner for herbs or other non-vitamin supplements in the past 12 months

SkipInstructions: <1> [goto CHB_MATC]
<2,R,D> [goto CHM_USE]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.330_00.000 **Instrument Variable Name:** CHB_MATC **QuestionnaireFileName:** Child CAM

QuestionText: How much was paid for these materials in the past 12 months?

*Enter '200' for $200 or more.

000-200	$0-200
997	Refused
999	Don't know

UniverseText: Sample children 4+ who have bought self-help materials for herbs or other non-vitamin supplements in the past 12 months

SkipInstructions: <0-200,R,D> [goto CHM_USE]

Question ID: CAL.340_00.000 **Instrument Variable Name:** CHM_USE **QuestionnaireFileName:** Child CAM

QuestionText: ? [F1]

People who use homeopathy (ho-mee-AH-puh-thee) to treat health problems take small pills or drops that are often placed under the tongue. They may be labeled as homeopathic remedies or medicine and they may be prescribed by practitioners of homeopathy.

Has [fill: S.C. name] EVER used homeopathic treatment for [fill: his/her] health?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+

SkipInstructions: <1> [goto CHM_USM]
<2,R,D> [goto CMB_USE]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.341_00.000   **Instrument Variable Name:**   CHM_USM   **QuestionnaireFileName:**   Child CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill: S.C. name] use homeopathic treatment for [fill: his/her] health?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have ever used homeopathic treatment

SkipInstructions: <1> [goto CHM_OFTN]
<2,R,D [goto CMB_USE]

Question ID: CAL.342_00.000   **Instrument Variable Name:**   CHM_OFTN   **QuestionnaireFileName:**   Child CAM

QuestionText: 1 of 2

About how many times per week, month, or year do you or another family member buy homeopathic medicine for {fill: S.C. name} ?

* Enter number.

000-995	0-995
997	Refused
999	Don't know

UniverseText: Sample children 4+ who have used homeopathic treatment in the past 12 months

SkipInstructions: <1-995> [goto CHM_OFTT]
<D> [goto CHM_COST]
<0,R> [goto CHM_EVER]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.343_00.000 **Instrument Variable Name:** CHM_OFTT **QuestionnaireFileName:** Child CAM

QuestionText: 2 of 2

*Enter time period for how often homeopathic medicine purchased

* Read if necessary:
About how many times per week, month, or year do you buy homeopathic medicine?

*Read categories if necessary

0	Never/none
1	Week
2	Month
3	Year
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used homeopathic treatment in the past 12 months

SkipInstructions: <1-3,R,D> [goto CHM_COST]

Question ID: CAL.344_00.000 **Instrument Variable Name:** CHM_COST **QuestionnaireFileName:** Child CAM

QuestionText: About how much did you or another family member spend the last time you bought homeopathic medicine for [fill:S.C. name]?

*Enter '0' for none.

0000-1000	$0-1000
9997	Refused
9999	Don't know

UniverseText: Sample children 4+ who have purchased homeopathic medicine in the past year a specified number of times or who don't know the number of times

SkipInstructions: <0-1000,R,D> [goto CHM_EVER]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.345_00.000   **Instrument Variable Name:**   CHM_EVER   **QuestionnaireFileName:**   Child CAM

QuestionText: ? [F1]

Has [fill: S.C. name] EVER seen a practitioner for homeopathic treatment?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have used homeopathic treatment in the past 12 months

SkipInstructions: <1> [goto CHM_USEM]
<2,R,D> [goto CHM_MAT]

Question ID: CAL.346_00.000   **Instrument Variable Name:**   CHM_USEM   **QuestionnaireFileName:**   Child CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill S.C. name] see a practitioner for homeopathic treatment?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have ever seen a practitioner for homeopathic treatment

SkipInstructions: <1> [goto CHM_PTIM]
<2,R,D,> [goto CHM_MAT]

Question ID: CAL.347_00.000   **Instrument Variable Name:**   CHM_PTIM   **QuestionnaireFileName:**   Child CAM

QuestionText: Do you know the exact number of times [fill: S.C. name] saw a practitioner for homeopathic treatment in the past 12 months?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have seen a practitioner for homeopathic treatment in the past 12 months

SkipInstructions: <1> [goto CHM_TMNO]
<2,R,D> [goto CHM_TMCT]

2012 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.348_00.000 **Instrument Variable Name:** CHM_TMNO **QuestionnaireFileName:** Child CAM

QuestionText: DURING THE PAST 12 MONTHS, how many times did [fill S.C. name] see a practitioner for homeopathic treatment?

*Enter '52' for 52 or more times.

01-52	1-52
97	Refused
99	Don't know

UniverseText: Sample children 4+ with a known number of times they have seen a practitioner for homeopathic treatment in the past 12 months

SkipInstructions: <1-52,R,D> [goto CHM_HIC]

Question ID: CAL.349_00.000 **Instrument Variable Name:** CHM_TMCT **QuestionnaireFileName:** Child CAM

QuestionText: DURING THE PAST 12 MONTHS, ABOUT how many times did [fill S.C. name] see a practitioner for homeopathic treatment? Would you say...

*Read categories below.

01	Only 1 time
02	2-5 times
03	6-10 times
04	11-15 times
05	16-20 times
06	21-25 times
07	More than 25 times
97	Refused
99	Don't know

UniverseText: Sample children 4+ with an unknown number of specific times they have seen a practitioner for homeopathic treatment in the past 12 months or refuse the specific number of times

SkipInstructions: <1-7,R,D> [goto CHM_HIC]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.350_00.000 **Instrument Variable Name:** CHM_HIC **QuestionnaireFileName:** Child CAM

QuestionText: DURING THE PAST 12 MONTHS, were any of the costs of seeing a practitioner for homeopathic treatment covered by health insurance?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have seen a practitioner for homeopathic treatment in the past 12 months

SkipInstructions: <1> [goto CHM_HICA]
<2,R,D> [goto CHM_HIT]

Question ID: CAL.351_00.000 **Instrument Variable Name:** CHM_HICA **QuestionnaireFileName:** Child CAM

QuestionText: DURING THE PAST 12 MONTHS, was all of the cost or just some of the cost of [fill: S.C. name]'s seeing a practitioner for homeopathic treatment covered by health insurance?

1	All of the cost
2	Some of the cost
7	Refused
9	Don't know

UniverseText: Sample children 4+ whose visit(s) to a practitioner for homeopathic treatment in the past 12 months were (at least partly) covered by health insurance

SkipInstructions: <1> [goto CHM_MAT]
<2,R,D> [goto CHM_HIT]

Question ID: CAL.352_00.000 **Instrument Variable Name:** CHM_HIT **QuestionnaireFileName:** Child CAM

QuestionText: Do you know the total amount that was paid for [fill: S.C. name] to see a practitioner for homeopathic treatment in the past 12 months [fill1: not including the amount covered by insurance]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ whose health insurance covered none or some of the cost for homeopathic treatment in the past 12 months

SkipInstructions: <1> [goto CHM_HITS]
<2,R,D> [goto CHM_AVGC]

Question ID: CAL.353_00.000 **Instrument Variable Name:** CHM_HITS **QuestionnaireFileName:** Child CAM

QuestionText: What is the total amount that was paid for [fill: S.C. name] to see a practitioner for homeopathic treatment in the past 12 months [fill1: not including the amount covered by insurance]?

*Enter '0' for no cost or free.

00000-26000	$0-26000
99997	Refused
99999	Don't know

UniverseText: Sample children 4+ where the amount paid is known for homeopathic treatment in the past 12 months

SkipInstructions: <0-26000,R,D> [goto CHM_MAT]

Soft Edit: Verify if over $1000

Question ID: CAL.354_00.000 **Instrument Variable Name:** CHM_AVGC **QuestionnaireFileName:** Child CAM

QuestionText: Do you know the average amount that was paid for each of [fill: S.C. name]'s visits for homeopathic treatment {fill1: not including the amount covered by insurance} in the past 12 months?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who don't know the total amount they paid for homeopathic treatment in the past 12 months

SkipInstructions: <1> [goto CHM_AVGS]
<2,R,D> [goto CHM_MAT]

Question ID: CAL.355_00.000 **Instrument Variable Name:** CHM_AVGS **QuestionnaireFileName:** Child CAM

QuestionText: On average, how much was paid out-of-pocket for each of [fill: S.C name]'s visits to a practitioner for homeopathic treatment?

*Enter '0' if no cost or free.

000-500	$0-500
997	Refused
999	Don't know

UniverseText: Sample children 4+ who know the average per visit they paid for homeopathic treatment in the past 12 months

SkipInstructions: <0-500,R,D> [goto CHM_MAT]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.356_00.000   **Instrument Variable Name:**   CHM_MAT   **QuestionnaireFileName:**   Child CAM

QuestionText: DURING THE PAST 12 MONTHS, did you or another family member buy a self-help book or other materials such as a DVD, CD, or Video to learn about [fill: S.C. name]'s use of homeopathic treatment?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used homeopathy in the past 12 months

SkipInstructions: <1> [goto CHM_MATC]
<2,R,D> [goto CMB_USE]

Question ID: CAL.357_00.000   **Instrument Variable Name:**   CHM_MATC   **QuestionnaireFileName:**   Child CAM

QuestionText: How much was paid for these materials in the past 12 months?

*Enter '200' for $200 or more.

000-200	$0-200
997	Refused
999	Don't know

UniverseText: Sample children 4+ who have bought self-help materials for homeopathic treatment in the past 12 months

SkipInstructions: <0-200,R,D> [goto CMB_USE]

Question ID: CAL.367_00.000   **Instrument Variable Name:**   CMB_USE   **QuestionnaireFileName:**   Child CAM

QuestionText: ? [F1]

Has [fill: S.C. name] EVER used meditation, guided imagery, or progressive relaxation?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+

SkipInstructions: <1> [goto CMBE_MAN]
<2,R,D> [goto CYGE_YOG]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.368_00.000   **Instrument Variable Name:**   CMBE_MAN   **QuestionnaireFileName:**   Child CAM

QuestionText: ? [F1]

Has [fill: S.C. name] EVER used any of the following for health or treatment?

Mantra Meditation, including Transcendental Meditation®, Relaxation Response, and Clinically Standardized Meditation?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have ever used meditation, guided imagery, or progressive relaxation

SkipInstructions: <1,2,R,D> [goto CMBE_MND]

Question ID: CAL.369_00.000   **Instrument Variable Name:**   CMBE_MND   **QuestionnaireFileName:**   Child CAM

QuestionText: ? [F1]

*Read if necessary.

Has [fill: S.C. name] EVER used any of the following for health or treatment?

Mindfulness meditation, including Vipassana (vih-PAS-sah-nah), Zen Buddhist meditation, Mindfulness-based Stress Reduction, and Mindfulness-based Cognitive Therapy

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have ever used meditation, guided imagery, or progressive relaxation

SkipInstructions: <1,2,R,D> [goto CMBE_SPR]

2012 NHIS 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

QuestionText: ? [F1]

*Read if necessary.

Has [fill: S.C. name] EVER used any of the following for health or treatment?

Spiritual meditation including Centering Prayer and Contemplative Meditation

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have ever used meditation, guided imagery, or progressive relaxation

SkipInstructions: <1,2,R,D> [goto CMBE_IMG]

Question ID: CAL.371_00.000   **Instrument Variable Name:**   CMBE_IMG   **QuestionnaireFileName:**   Child CAM

QuestionText: ? [F1]

*Read if necessary.

Has [fill: S.C. name] EVER used any of the following for health or treatment?

Guided imagery

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have ever used meditation, guided imagery, or progressive relaxation

SkipInstructions: <1,2,R,D> [goto CMBE_PRO]

2012 NHIS 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

QuestionText: ? [F1]

*Read if necessary.

Has [fill: S.C. name] EVER used any of the following for health or treatment?

Progressive relaxation

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have ever used meditation, guided imagery, or progressive relaxation

SkipInstructions: <1,2,R,D> cycle through CMBU questions for all selected practitioners in CMBE_*:
if CMBE_MAN=1 [goto CMBU_MAN];
else if CMBE_MND=1 [goto CMBU_MND];
else if CMBE_SPR=1 [goto CMBU_SPR];
else if CMBE_IMG=1 [goto CMBU_IMG];
else if CMBE_PRO=1 [goto CMBU_PRO];

<2,R,D>
If (CMBE_MAN and CMBE_MND and CMBE_SPR and CMBE_IMG)=2,R,D [goto CYGE_YOG]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.373_00.000   **Instrument Variable Name:**   CMBU_MAN   **QuestionnaireFileName:**   Child CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill: S.C. name] use...

Mantra Meditation, including Transcendental Meditation®, Relaxation Response, and Clinically Standardized Meditation?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have ever used a mantra meditation

SkipInstructions: <1,2,R,D>
if CMBE_MND=1 [goto CMBU_MND];
else if CMBE_SPR=1 [goto CMBU_SPR];
else if CMBE_IMG=1 [goto CMBU_IMG];
else if CMBE_PRO=1 [goto CMBU_PRO];
else if CMBE_MAN =1 and (CMBE_MND and CMBE_SPR and CMBE_IMG and
CBME_PRO)=2,R,D, fill value in CMB_MST1, [goto CMB_BRTH];

<2,R,D>
(CMBE_MND and CMBE_SPR and CMBE_IMG and CBME_PRO)=2,R,D [goto CYGE_YOG]

2012 NHIS 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

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill: S.C. name] use...

Mindfulness meditation, including Vipassana (vih-PAS-sah-nah), Zen Buddhist meditation, Mindfulness-based Stress Reduction, and Mindfulness-based Cognitive Therapy?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have ever used mindfulness meditation

SkipInstructions: <1,2,R,D>
if CMBE_SPR=1 [goto CMBU_SPR];
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]

2012 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.375_00.000 **Instrument Variable Name:** CMBU_SPR **QuestionnaireFileName:** Child CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill: S.C. name] use...

Spiritual meditation including Centering Prayer and Contemplative Meditation?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have ever used spiritual meditation

SkipInstructions: <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]

Question ID: CAL.376_00.000 **Instrument Variable Name:** CMBU_IMG **QuestionnaireFileName:** Child CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill: S.C. name] use...

Guided imagery?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have ever used guided imagery

SkipInstructions: <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]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.377_00.000   **Instrument Variable Name:**   CMBU_PRO   **QuestionnaireFileName:**   Child CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill: S.C. name] use...

Progressive relaxation?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have ever used a progressive relaxation

SkipInstructions: <1,2,R,D> if more than two types selected from: CMBU_MAN, CMBU_MND, CMBU_SPR, CMBU_IMG, and CMBU_PRO [goto
   CMB_MST1];
   else if only one selected from (CMBU_MAN or CMBU_MND or CMBU_SPR or CMBU_IMG or CMBU_PRO)=1, fill value in
   CMB_MST1, [goto CMB_BRTH];

<2,R,D>
   If (CMBE_MAN and CMBE_MND and CMBE_SPR and CMBE_IMG)=2,R,D [goto CYGE_YOG]

Question ID: CAL.378_00.000   **Instrument Variable Name:**   CMB_MST1   **QuestionnaireFileName:**   Child CAM

QuestionText: DURING THE PAST 12 MONTHS, which of these did [fill: S.C. name] use the most?

*Read categories below.

1	Mantra meditation
2	Mindfulness meditation
3	Spiritual meditation
4	Guided imagery
5	Progressive relaxation
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used more than two types of a mind-body therapy in the past 12 months

SkipInstructions: <1-5>
   If only one CMBU_*=1 fill value in CMB_MST1 and don't ask question [goto CMB_BRTH];
   else [goto CMB_BRTH]
   <R,D> [goto CYGE_YOG];

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.379_00.000   **Instrument Variable Name:**   CMB_BRTH   **QuestionnaireFileName:**   Child CAM

QuestionText: ? [F1]

Did [fill: S.C. name] do breathing exercises as part of [fill1]? Breathing exercises may involve actively controlling the way air is drawn in, or the rate or depth of breathing.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used a mind-body therapy in the past 12 months/used one the most in the past 12 months

SkipInstructions: <1,2,R,D> [goto CMB_USEM]

Question ID: CAL.380_00.000   **Instrument Variable Name:**   CMB_USEM   **QuestionnaireFileName:**   Child CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill S.C. name] see a practitioner or take a class for [fill1]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used a mind-body therapy in the past 12 months

SkipInstructions: <1> [goto CMB_PTIM]
<2,R,D> [goto CMB_MAT]

2012 NHIS 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

QuestionText: Do you know the exact number of times [fill: S.C. name] saw a practitioner or took a class for [fill1] in the past 12 months?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have seen a practitioner for a mind-body therapy in the past 12 months

SkipInstructions: <1> [goto CMB_TMNO]
<2,R,D> [goto CMB_TMCT]

Question ID: CAL.382_00.000   **Instrument Variable Name:**   CMB_TMNO   **QuestionnaireFileName:**   Child CAM

QuestionText: DURING THE PAST 12 MONTHS, how many times did [fill S.C. name] see a practitioner or take a class for [fill1]?

*Enter '52' for 52 or more times."

01-52	1-52
97	Refused
99	Don't know

UniverseText: Sample children 4+ with a known number of times they have seen a practitioner for a mind-body therapy in the past 12 months

SkipInstructions: <1-52,R,D> [goto CMB_HIC]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.383_00.000   **Instrument Variable Name:**   CMB_TMCT   **QuestionnaireFileName:**   Child CAM

QuestionText: DURING THE PAST 12 MONTHS, ABOUT how many times did [fill S.C. name] see a practitioner or take a class for [fill1]? Would you say...

*Read categories below.

01	Only 1 time
02	2-5 times
03	6-10 times
04	11-15 times
05	16-20 times
06	21-25 times
07	More than 25 times
97	Refused
99	Don't know

UniverseText: 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

SkipInstructions: <1-7,R,D> [goto CMB_HIC]

Question ID: CAL.384_00.000   **Instrument Variable Name:**   CMB_HIC   **QuestionnaireFileName:**   Child CAM

QuestionText: DURING THE PAST 12 MONTHS, were any of the costs of seeing a practitioner or taking a class for [fill1] covered by health insurance?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have seen a practitioner for a mind-body therapy in the past 12 months

SkipInstructions: <1> [goto CMB_HICA]
<2,R,D> [goto CMB_HIT]

2012 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.385_00.000   **Instrument Variable Name:**   CMB_HICA   **QuestionnaireFileName:**   Child CAM

QuestionText: DURING THE PAST 12 MONTHS, was all of the cost or just some of the cost of [fill: S.C. name]'s seeing a practitioner or taking a class for [fill1] covered by health insurance?

1	All of the cost
2	Some of the cost
7	Refused
9	Don't know

UniverseText: Sample children 4+ whose visit(s) to a practitioner for a mind-body therapy in the past 12 months were (at least partly) covered by health insurance

SkipInstructions: <1> [goto CMB_MAT]
<2,R,D> [goto CMB_HIT]

Question ID: CAL.386_00.000   **Instrument Variable Name:**   CMB_HIT   **QuestionnaireFileName:**   Child CAM

QuestionText: Do you know the total amount that was paid for [fill: S.C. name] to see a practitioner or taking a class for [fill1] in the past 12 months [fill2: not including the amount covered by insurance]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ whose health insurance covered none or some of the cost for a mind-body therapy in the past 12 months

SkipInstructions: <1> [goto CMB_HITS]
<2,R,D> [goto CMB_AVGC]

Question ID: CAL.387_00.000   **Instrument Variable Name:**   CMB_HITS   **QuestionnaireFileName:**   Child CAM

QuestionText: What is the total amount that was paid for [fill: S.C. name] to see a practitioner or taking a class for [fill1] in the past 12 months [fill2: not including the amount covered by insurance]?

*Enter '0' for no cost or free.

00000-26000	$0-26000
99997	Refused
99999	Don't know

UniverseText: Sample children 4+ where the amount paid is known for a mind-body therapy in the past 12 months

SkipInstructions: <0-26000,R,D> [goto CMB_MAT]

Soft Edit: Verify if over $1000

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

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Question ID: CAL.388_00.000 **Instrument Variable Name:** CMB_AVGC **QuestionnaireFileName:** Child CAM

QuestionText: Do you know the average amount that was paid for each of [fill: S.C. name]'s visits or class for [fill1] {fill2: not including the amount covered by insurance} in the past 12 months?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who don't know the total amount they paid for a mind-body therapy in the past 12 months

SkipInstructions: <1> [goto CMB_AVGS]
<2,R,D> [goto CMB_MAT]

Question ID: CAL.389_00.000 **Instrument Variable Name:** CMB_AVGS **QuestionnaireFileName:** Child CAM

QuestionText: On average, how much was paid out-of-pocket for each of [fill: S.C name]'s visits to a practitioner or class for [fill1]?

*Enter '0' if no cost or free.

000-500	$0-500
997	Refused
999	Don't know

UniverseText: Sample children 4+ who know the average per visit they paid for a mind-body therapy in the past 12 months

SkipInstructions: <0-500,R,D> [goto CMB_MAT]

Question ID: CAL.390_00.000 **Instrument Variable Name:** CMB_MAT **QuestionnaireFileName:** Child CAM

QuestionText: DURING THE PAST 12 MONTHS, did you or another family member buy a self-help book or other materials such as a DVD, CD, or Video to learn about [fill: S.C. name]'s use of[fill1]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used a mind-body therapy in the past 12 months

SkipInstructions: <1> [goto CMB_MATC]
<2,R,D> [goto CYGE_YOG]

Question ID: CAL.391_00.000 **Instrument Variable Name:**   CMB_MATC   **QuestionnaireFileName:** Child CAM

QuestionText: How much was paid for these materials in the past 12 months?

*Enter '200' for $200 or more.

000-200	$0-200
997	Refused
999	Don't know

UniverseText: Sample children 4+ who have bought self-help materials for a mind-body therapy in the past 12 months

SkipInstructions: <0-200,R,D> [goto CYGE_YOG]

Question ID: CAL.401_00.000 **Instrument Variable Name:**   CYGE_YOG   **QuestionnaireFileName:** Child CAM

QuestionText: ? [F1]

Has [fill: S.C. name] EVER practiced any of the following? Please say yes or no to each.

...Yoga?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+

SkipInstructions: <1,2,R,D> [goto CYGE_TAI]

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Question ID: CAL.402_00.000 **Instrument Variable Name:** CYGE_TAI **QuestionnaireFileName:** Child CAM

QuestionText: ? [F1]

*Read if necessary.

Has [fill: S.C. name] EVER practiced any of the following?

...Tai Chi (tie-CHEE)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+

SkipInstructions: <1,2,R,D> [goto CYGE_QIG]

Question ID: CAL.403_00.000 **Instrument Variable Name:** CYGE_QIG **QuestionnaireFileName:** Child CAM

QuestionText: ? [F1]

*Read if necessary.

Has [fill: S.C. name] EVER practiced any of the following?

...Qi Gong (chee-GONG)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+

SkipInstructions: If (CYGE_YOG or CYGE_TAI=1 or CYGE_QIG)=1 cycle through applicable CYGU questions;
<1,2,R,D>
if CYGE_YOG=1 [goto CYGU_YOG] or
if CYGE_TAI=1 [goto CYGU_TAI] or
if CYGE_QIG=1 [goto CYGU_QIG]
else if <2,R,D> (CYGE_YOG and CYGE_TAI and CYGE_QIG) in (2,R,D) [goto CDTE_VEG]

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Child Alternative Health/Complementary And Alternative Medicine

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Question ID: CAL.404_00.000   **Instrument Variable Name:**   CYGU_YOG   **QuestionnaireFileName:**   Child CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill: S.C. name] practice Yoga for [fill: himself/herself]?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have ever used Yoga

SkipInstructions: <1,2,R,D>
  if CYGE_TAI=1 [goto CYGU_TAI]
  else if CYGE_TAI=2 and CYGE_QIG=1 [goto CYGU_QIG]
  <1> If (CYGE_TAI and CYGE_QIG)=2 [goto CYG_BTHY]
  Else <2,R,D> and (CYGE_TAI and CYGE_QIG) in (2,R,D) [goto CDTE_VEG]

Question ID: CAL.405_00.000   **Instrument Variable Name:**   CYGU_TAI   **QuestionnaireFileName:**   Child CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill: S.C. name] practice Tai Chi for [fill: himself/herself]?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have ever used Tai Chi

SkipInstructions: <1,2,R,D> if CYGE_QIG=1 [goto CYGU_QIG];
  else if (CYGE_QIG=2 and CYGU_YOG=1) [goto CYG_BTHY];
  else if (CYGU_YOG and CYGU_TAI and CYGE_QIG) in (2,R,D) [goto CDTE_VEG]
  <1> if (CYGE_QIG and CYGU_YOG)=2 [goto CYG_BTHT]

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Child Alternative Health/Complementary And Alternative Medicine

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Question ID: CAL.406_00.000 **Instrument Variable Name:** CYGU_QIG **QuestionnaireFileName:** Child CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill: S.C. name] practice Qi Gong (chee-GONG) for [fill: himself/herself]?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have ever used Qi Gong

SkipInstructions: <1,2,R,D>
    if CYGU_YOG=1 [goto CYG_BTHY]
    Else if CYGU_TAI=1 and CYGU_YOG in (2,R,D) [goto CYG_BTHT]
    Else if CYGU_QIG=1 and (CYGU_YOG and CYGU_TAI) in (2,R,D) [goto CYG_BTHQ]
    <2,R,D> (CYGU_YOG and CYGU_TAI) in (2,R,D) [goto CDTE_VEG]

Question ID: CAL.407_00.010 **Instrument Variable Name:** CYG_BTHY **QuestionnaireFileName:** Child CAM

QuestionText: ? [F1]

Do you know whether [fill: S.C. name] did breathing exercises as part of Yoga? Breathing exercises may involve actively controlling the way air is drawn in, or the rate or depth of breathing.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have used Yoga in the past 12 months

SkipInstructions: <1,2,R,D> if CYGU_TAI=1 [goto CYG_BTHT];
    Else if CYGU_TAI in (2,R,D) and CYGU_QIG=1 [goto CYG_BTHQ]
    Else if CYGU_YOG=1 and (CYGU_TAI and CYGU_QIG) in (2,R,D) [goto CYG_MEDY]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

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Question ID: CAL.408_00.020   **Instrument Variable Name:**   CYG_BTHT   **QuestionnaireFileName:**   Child CAM

QuestionText: ? [F1]

Do you know whether [fill: S.C. name] did breathing exercises as part of Tai Chi? Breathing exercises may involve actively controlling the way air is drawn in, or the rate or depth of breathing.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have used Tai Chi in the past 12 months

SkipInstructions: <1,2,R,D> if CYGU_QIG=1 [goto CYG_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

QuestionText: ? [F1]

Do you know whether [S.C. name] did breathing exercises as part of Qi Gong (chee-GONG)? Breathing exercises may involve actively controlling the way air is drawn in, or the rate or depth of breathing.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have used Qi Gong in the past 12 months

SkipInstructions: <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]

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Question ID: CAL.410_00.010 **Instrument Variable Name:** CYG_MEDY **QuestionnaireFileName:** Child CAM

QuestionText: ? [F1]

Did [fill: S.C. name] do meditation as part of Yoga?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used Yoga in the past 12 months

SkipInstructions: <1,2,R,D>
If CYGU_TAI=1 [goto CYG_MEDT]
Else if CYGU_QIG=1 and (CYGU_TAI) in (2,R,D)) [goto CYG_MEDQ]
Else if (CYG_BTHY or CYG_MEDY)=1 and (CYG_BTHT and CYG_BTHQ) in (2,R,D,"))
fill answer in CYG_MOST [goto CYG_USEM]
<2,R,D> CYG_BTHY in (2,R,D) and (CYG_BTHT and CYG_BTHQ) in (2,R,D,")) [goto CDTE_VEG]

Question ID: CAL.411_00.020 **Instrument Variable Name:** CYG_MEDT **QuestionnaireFileName:** Child CAM

QuestionText: ? [F1]

Did [fill: S.C. name] do meditation as part of Tai Chi?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used Tai Chi in the past 12 months

SkipInstructions: <1,2,R,D>
If CYGU_QIG=1 [goto CYG_MEDQ]
else if CYG_CNT ge 2 [goto CYG_MOST];
else if CYG_CNT=1, fill answer in CYG_MOST [goto CYG_USEM]
<2,R,D> (CYG_BTHT and CYG_BTHY and CYG_BTHQ and CYG_MEDY) in (2,R,D,")) [goto CDTE_VEG]

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Question ID: CAL.412_00.030   **Instrument Variable Name:**   CYG_MEDQ   **QuestionnaireFileName:**   Child CAM

QuestionText: ? [F1]

Did [fill: S.C. name] do meditation as part of Qi Gong (chee-GONG)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used Qi Gong in the past 12 months

SkipInstructions: <1,2,R,D>
     If CYG_CNT ge 2 [goto CYG_MOST];
     else if CYG_CNT=1, fill answer in CYG_MOST [goto CYG_USEM]
     <2,R,D> (CYG_BTHY and CYG_BTHT and CYG_BTHQ and CYG_MEDY and CYG_MEDT) in (2,R,D,''))
     [goto CDTE_VEG]

Question ID: CAL.413_00.000   **Instrument Variable Name:**   CYG_MOST   **QuestionnaireFileName:**   Child CAM

QuestionText: DURING THE PAST 12 MONTHS, which exercise did [fill: S.C. name] practice the most?

*Read categories below.

1	Yoga
2	Tai-Chi
3	Qi Gong
7	Refused
9	Don't Know

UniverseText: Sample children 4+ who have used more than one type of exercise in the past 12 months and used meditation or breathing exercises

SkipInstructions: <1-3> [goto CYG_USEM]
     <R,D> [goto CDTE_VEG]

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Question ID: CAL.414_00.000   **Instrument Variable Name:**   CYG_USEM   **QuestionnaireFileName:**   Child CAM

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] take a [fill1: Yoga/Tai Chi/Qi Gong] class or in some way receive formal training? Attending only one session does not count.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used an exercise in the past 12 months

SkipInstructions: <1> [goto CYG_PTIM]
<2,R,D> [goto CYG_MAT]

Question ID: CAL.415_00.000   **Instrument Variable Name:**   CYG_PTIM   **QuestionnaireFileName:**   Child CAM

QuestionText: Do you know the exact number of times [fill: S.C. name] saw an instructor for [fill1: Yoga/Tai Chi/Qi Gong] in the past 12 months?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have seen a practitioner for an exercise in the past 12 months

SkipInstructions: <1> [goto CYG_TMNO]
<2,R,D> [goto CYG_TMCT]

Question ID: CAL.416_00.000   **Instrument Variable Name:**   CYG_TMNO   **QuestionnaireFileName:**   Child CAM

QuestionText: DURING THE PAST 12 MONTHS, how many times did [fill S.C. name] see an instructor for [fill1: Yoga/Tai Chi/Qi Gong]?

*Enter '52' for 52 or more times.

01-52	1-52
97	Refused
99	Don't know

UniverseText: Sample children 4+ with a known number of times they have seen a practitioner for an exercise in the past 12 months

SkipInstructions: <1-52,R,D> [goto CYG_HIC]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

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Question ID: CAL.417_00.000   **Instrument Variable Name:**   CYG_TMCT   **QuestionnaireFileName:**   Child CAM

QuestionText: DURING THE PAST 12 MONTHS, ABOUT how many times did [fill S.C. name] see an instructor for [fill1: Yoga/Tai Chi/Qi Gong]? Would you say...

*Read categories below.

01	Only 1 time
02	2-5 times
03	6-10 times
04	11-15 times
05	16-20 times
06	21-25 times
07	More than 25 times
97	Refused
99	Don't know

UniverseText: Sample children 4+ with an unknown number of specific times they have seen a practitioner for an exercise in the past 12 months or refuse the specific number of times

SkipInstructions: <1-7,R,D> [goto CYG_HIC]

Question ID: CAL.418_00.000   **Instrument Variable Name:**   CYG_HIC   **QuestionnaireFileName:**   Child CAM

QuestionText: DURING THE PAST 12 MONTHS, were any of the costs of seeing an instructor for [fill1: Yoga/Tai Chi/Qi Gong] covered by health insurance?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have seen a practitioner for an exercise therapy in the past 12 months

SkipInstructions: <1> [goto CYG_HICA]
<2,R,D> [goto CYG_HIT]

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Child Alternative Health/Complementary And Alternative Medicine

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Question ID: CAL.419_00.000   **Instrument Variable Name:**   CYG_HICA   **QuestionnaireFileName:**   Child CAM

QuestionText: DURING THE PAST 12 MONTHS, was all of the cost or just some of the cost of [fill: S.C. name]'s seeing an instructor for [fill1: Yoga/Tai Chi/Qi Gong] covered by health insurance?

1	All of the cost
2	Some of the cost
7	Refused
9	Don't know

UniverseText: 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

SkipInstructions: <1> [goto CYG_MAT]
<2,R,D> [goto CYG_HIT]

Question ID: CAL.420_00.000   **Instrument Variable Name:**   CYG_HIT   **QuestionnaireFileName:**   Child CAM

QuestionText: Do you know the total amount that was paid for [fill: S.C. name] to see an instructor for [fill1: Yoga/Tai Chi/Qi Gong] in the past 12 months [fill2: not including the amount covered by insurance]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ whose health insurance covered none or some of the cost for an exercise in the past 12 months

SkipInstructions: <1> [goto CYG_HITS]
<2,R,D> [goto CYG_AVGC]

Question ID: CAL.421_00.000   **Instrument Variable Name:**   CYG_HITS   **QuestionnaireFileName:**   Child CAM

QuestionText: What is the total amount that was paid for [fill: S.C. name] to see an instructor for [fill1: Yoga/Tai Chi/Qi Gong] in the past 12 months [fill2: not including the amount covered by insurance]?

*Enter '0' for no cost or free.

00000-26000	$0-26000
99997	Refused
99999	Don't know

UniverseText: Sample children 4+ where the amount paid is known for an exercise in the past 12 months

SkipInstructions: <0-26000,R,D> [goto CYG_MAT]

Soft Edit: Verify if over $1000

2012 NHIS Questionnaire - Child CAM

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Question ID: CAL.422_00.000   **Instrument Variable Name:**   CYG_AVGC   **QuestionnaireFileName:**   Child CAM

QuestionText: Do you know the average amount that was paid for each of [fill: S.C. name]'s visits for [fill1: Yoga/Tai Chi/Qi Gong] [fill2: not including the amount covered by insurance] in the past 12 months?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who don't know the total amount they paid for an exercise in the past 12 months

SkipInstructions: <1> [goto CYG_AVGS]
<2,R,D> [goto CYG_MAT]

Question ID: CAL.423_00.000   **Instrument Variable Name:**   CYG_AVGS   **QuestionnaireFileName:**   Child CAM

QuestionText: On average, how much was paid out-of-pocket for each of [fill: S.C name]'s visits to an instructor for [fill1: Yoga/Tai Chi/Qi Gong]?

*Enter '0' if no cost or free.

000-500	$0-500
997	Refused
999	Don't know

UniverseText: Sample children 4+ who know the average per visit they paid for an exercise in the past 12 months

SkipInstructions: <0-500,R,D> [goto CYG_MAT]

Question ID: CAL.424_00.000   **Instrument Variable Name:**   CYG_MAT   **QuestionnaireFileName:**   Child CAM

QuestionText: DURING THE PAST 12 MONTHS, did you or another family member buy a self-help book or other materials such as a DVD, CD, or Video to learn about [fill: S.C. name]'s use of [fill1: Yoga/Tai Chi/Qi Gong]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used an exercise in the past 12 months

SkipInstructions: <1> [goto CYG_MATC]
<2,R,D> [goto CDTE_VEG]

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Question ID: CAL.425_00.000 **Instrument Variable Name:** CYG_MATC **QuestionnaireFileName:** Child CAM

QuestionText: How much was paid for these materials in the past 12 months?

*Enter '200' for $200 or more.

000-200	$0-200
997	Refused
999	Don't know

UniverseText: Sample children 4+ who have bought self-help materials for an exercise in the past 12 months

SkipInstructions: <0-200,R,D> [goto CDTE_VEG]

Question ID: CAL.435_00.000 **Instrument Variable Name:** CDTE_VEG **QuestionnaireFileName:** Child CAM

QuestionText: ? [F1]

Has [fill: S.C. name] EVER used any of the following special diets for two weeks or more for health reasons?

Vegetarian, including Vegan

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+

SkipInstructions: <1,2,R,D> [goto CDTEVER2]

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Question ID: CAL.436_00.000 **Instrument Variable Name:** CDTEVER2 **QuestionnaireFileName:** Child CAM

QuestionText: ? [F1]

*Read if necessary.

Has [fill: S.C. name] EVER used any of the following special diets for two weeks or more for health reasons?

Macrobiotic

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+

SkipInstructions: <1,2,R,D> [goto CDTEVER3]

Question ID: CAL.437_00.000 **Instrument Variable Name:** CDTEVER3 **QuestionnaireFileName:** Child CAM

QuestionText: ? [F1]

*Read if necessary.

Has [fill: S.C. name] EVER used any of the following special diets for two weeks or more for health reasons?

Atkins

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+

SkipInstructions: <1,2,R,D> [goto CDTEVER4]

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Question ID: CAL.438_00.000 **Instrument Variable Name:** CDTEVER4 **QuestionnaireFileName:** Child CAM

QuestionText: ? [F1]

*Read if necessary.

Has [fill: S.C. name] EVER used any of the following special diets for two weeks or more for health reasons?

Pritikin

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+

SkipInstructions: <1,2,R,D> [goto CDTEVER5]

Question ID: CAL.439_00.000 **Instrument Variable Name:** CDTEVER5 **QuestionnaireFileName:** Child CAM

QuestionText: ? [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	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+

SkipInstructions: <1,2,R,D> if CDTE_VEG=1 or CDTEVER2=1 or CDTEVER3=1 or CDTEVER4=1 or CDTEVER5=1, cycle through applicable
CDT_USM1, CDT_USM2, CDT_USM3, CDT_USM4, CDT_USM5;
Else if (CDTE_VEG and CDTEVER1-CDTEVER5) in (2,R,D [goto CMVE_FLD]

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Question ID: CAL.440_00.000   **Instrument Variable Name:**   CDT_USM1   **QuestionnaireFileName:**   Child CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill: S.C. name] use a vegetarian, including Vegan diet for two weeks or more for health reasons?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have ever used special diets-vegetarian, including vegan

SkipInstructions: <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]

Question ID: CAL.441_00.000   **Instrument Variable Name:**   CDT_USM2   **QuestionnaireFileName:**   Child CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill: S.C. name] use a macrobiotic diet for two weeks or more for health reasons?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have ever used special diets-macrobiotic

SkipInstructions: <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]

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Question ID: CAL.442_00.000   **Instrument Variable Name:**   CDT_USM3   **QuestionnaireFileName:**   Child CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill: S.C. name] use the Atkins diet for two weeks or more for health reasons?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have ever used special diets-Atkins

SkipInstructions: <1,2,R,D>
    If CDTEVER4=1 [goto CDT_USM4];
    else if CDTEVER5=1 [goto CDT_USM5]
<1> if (CDT_USM1=1 or CDT_USM2=1) and (CDTEVER4 and (CDTEVER5) in (2,R,D) [goto CDT_WGT1;
Else if <2,R,D,' '> if (CDTEVER4 and CDTEVER5) in (2,R,D) and (CDT_USM1 and CDT_USM2) ne 1) [goto
MOVE_FLD]

Question ID: CAL.443_00.000   **Instrument Variable Name:**   CDT_USM4   **QuestionnaireFileName:**   Child CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill: S.C. name] use the Pritikin diet for two weeks or more for health reasons?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have ever used special diets-Pritikin

SkipInstructions: <1,2,R,D>
    If CDTEVER5=1 [goto CDT_USM5]
    Else if (CDT_USM1=1 or CDT_USM2=1 or CDT_USM3=1 or CDT_USM4=1) [goto CDT WGT1;
Else <2,R,D,' '> if (CDTEVER5) in (2,R,D)) and ((CDT_USM1 and CDT_USM2 and CDT_USM3) ne 1) [goto
CMVE_FLD]

2012 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.444_00.000 **Instrument Variable Name:** CDT_USM5 **QuestionnaireFileName:** Child CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill: S.C. name] use the Ornish diet for two weeks or more for health reasons?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have ever used special diets-Ornish

SkipInstructions: <1,2,R,D>
    if (CDT_USM1 or CDT_USM2 or CDT_USM3 or CDT_USM4 or CDT_USM5)=1 [goto CDT_WGT1];
    else if <2,R,D,' '> to all CDT_USM_* [goto CMVE_FLD]

Question ID: CAL.445_00.000 **Instrument Variable Name:** CDT_WGT1 **QuestionnaireFileName:** Child CAM

QuestionText: Did [fill: S.C. name] use special diets for weight control or weight loss?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have used special diets in the past 12 months

SkipInstructions: <1,2,R,D> [goto CDT_PRE]

Question ID: CAL.446_00.000 **Instrument Variable Name:** CDT_PRE **QuestionnaireFileName:** Child CAM

QuestionText: ? [F1]

Has [fill: S.C. name] EVER seen a practitioner for special diets?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have used special diets in the past 12 months

SkipInstructions: <1> [goto CDT_PRU]
    <2,R,D> [goto CDT_MAT]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.447_00.000 **Instrument Variable Name:** CDT_PRU **QuestionnaireFileName:** Child CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill S.C. name] see a practitioner for special diets?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have ever seen a practitioner for special diets

SkipInstructions: <1> [goto CDT_PTIM]
<2,R,D> [goto CDT_MAT]

Question ID: CAL.448_00.000 **Instrument Variable Name:** CDT_PTIM **QuestionnaireFileName:** Child CAM

QuestionText: Do you know the exact number of times [fill: S.C. name] saw a practitioner for special diets in the past 12 months?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have seen a practitioner for special diets in the past 12 months

SkipInstructions: <1> [goto CDT_TMNO]
<2,R,D> [goto CDT_TMCT]

Question ID: CAL.449_00.000 **Instrument Variable Name:** CDT_TMNO **QuestionnaireFileName:** Child CAM

QuestionText: DURING THE PAST 12 MONTHS, how many times did [fill S.C. name] see a practitioner for special diets?

*Enter '52' for 52 or more times.

01-52	1-52
97	Refused
99	Don't know

UniverseText: Sample children 4+ with a known number of times they have seen a practitioner for special diets in the past 12 months

SkipInstructions: <1-52,R,D> [goto CDT_HIC]

2012 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.450_00.000   **Instrument Variable Name:**   CDT_TMCT   **QuestionnaireFileName:**   Child CAM

QuestionText: DURING THE PAST 12 MONTHS, ABOUT how many times did [fill S.C. name] see a practitioner for special diets? Would you say...

*Read categories below.

01	Only 1 time
02	2-5 times
03	6-10 times
04	11-15 times
05	16-20 times
06	21-25 times
07	More than 25 times
97	Refused
99	Don't know

UniverseText: Sample children 4+ with an unknown number of specific times they have seen a practitioner for special diets in the past 12 months or refuse the specific number of times

SkipInstructions: <1-7,R,D> [goto CDT_HIC]

Question ID: CAL.451_00.000   **Instrument Variable Name:**   CDT_HIC   **QuestionnaireFileName:**   Child CAM

QuestionText: DURING THE PAST 12 MONTHS, were any of the costs of seeing a practitioner for special diets covered by health insurance?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have seen a practitioner for special diets in the past 12 months

SkipInstructions: <1> [goto CDT_HICA]
<2,R,D> [goto CDT_HIT]

2012 NHIS 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

QuestionText: DURING THE PAST 12 MONTHS, was all of the cost or just some of the cost of [fill: S.C. name]'s seeing a practitioner for special diets covered by health insurance?

1	All of the cost
2	Some of the cost
7	Refused
9	Don't know

UniverseText: Sample children 4+ whose visit(s) to a practitioner for special diets in the past 12 months were (at least partly) covered by health insurance

SkipInstructions: <1> [goto CDT_MAT]
<2,R,D> [goto CDT_HIT]

Question ID: CAL.453_00.000   **Instrument Variable Name:** CDT_HIT   **QuestionnaireFileName:** Child CAM

QuestionText: Do you know the total amount that was paid for [fill: S.C. name] to see a practitioner for special diets in the past 12 months [fill1: not including the amount covered by insurance]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ whose health insurance covered none or some of the cost for special diets in the past 12 months

SkipInstructions: <1> [goto CDT_HITS]
<2,R,D> [goto CDT_AVGC]

Question ID: CAL.454_00.000   **Instrument Variable Name:** CDT_HITS   **QuestionnaireFileName:** Child CAM

QuestionText: What is the total amount that was paid for [fill: S.C. name] to see a practitioner for special diets in the past 12 months [fill1: not including the amount covered by insurance]?

*Enter '0' for no cost or free.

00000-26000	$0-26000
99997	Refused
99999	Don't know

UniverseText: Sample children 4+ where the amount paid is known for special diets in the past 12 months

SkipInstructions: <0-26000,R,D> [goto CDT_MAT]

Soft Edit: Verify if over $1000

2012 NHIS 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

QuestionText: Do you know the average amount that was paid for each of [fill: S.C. name]'s visits for special diets {fill1: not including the amount covered by insurance} in the past 12 months?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who don't know the total amount they paid for special diets in the past 12 months

SkipInstructions: <1> [goto CDT_AVGS]
<2,R,D> [goto CDT_MAT]

Question ID: CAL.456_00.000 **Instrument Variable Name:** CDT_AVGS **QuestionnaireFileName:** Child CAM

QuestionText: On average, how much was paid out-of-pocket for each of [fill: S.C name]'s visits to a practitioner for special diets?

*Enter '0' if no cost or free.

000-500	$0-500
997	Refused
999	Don't know

UniverseText: Sample children 4+ who know the average per visit they paid for special diets in the past 12 months

SkipInstructions: <0-500,R,D> [goto CDT_MAT]

Question ID: CAL.457_00.000 **Instrument Variable Name:** CDT_MAT **QuestionnaireFileName:** Child CAM

QuestionText: DURING THE PAST 12 MONTHS, did you or another family member buy a self-help book or other materials such as a DVD, CD, or Video to learn about [fill: S.C. name]'s use of special diets?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used special diets in the past 12 months

SkipInstructions: <1> [goto CDT_MATC]
<2,R,D> [goto CMVE_FLD]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.458_00.000   **Instrument Variable Name:** CDT_MATC   **QuestionnaireFileName:** Child CAM

QuestionText: How much was paid for these materials in the past 12 months?

*Enter '200' for $200 or more.

000-200	$0-200
997	Refused
999	Don't know

UniverseText: Sample children 4+ who have bought self-help materials for special diets in the past 12 months

SkipInstructions: <0-200,R,D> [goto CMVE_FLD]

Question ID: CAL.468_00.000   **Instrument Variable Name:** CMVE_FLD   **QuestionnaireFileName:** Child CAM

QuestionText: ? [F1]

Has [fill: S.C. name] EVER practiced any of the following movement or exercise techniques?

Feldenkrais (FELL-den-krice)

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+

SkipInstructions: <1,2,R,D> [goto CMVE_ALX]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.469_00.000 **Instrument Variable Name:** CMVE_ALX **QuestionnaireFileName:** Child CAM

QuestionText: ? [F1]

Has [fill: S.C. name] EVER practiced any of the following movement or exercise techniques?

Alexander Technique

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+

SkipInstructions: <1,2,R,D> [goto CMVE_PIL]

Question ID: CAL.470_00.000 **Instrument Variable Name:** CMVE_PIL **QuestionnaireFileName:** Child CAM

QuestionText: ? [F1]

Has [fill: S.C. name] EVER practiced any of the following movement or exercise techniques?

Pilates (pih-LAH-teez)

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+

SkipInstructions: <1,2,R,D> [goto CMVE_TPI]

2012 NHIS 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

QuestionText: ? [F1]

Has [fill: S.C. name] EVER practiced any of the following movement or exercise techniques?

Trager Psychophysical Integration

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+

SkipInstructions: <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

QuestionText: ? [F1]

Has [fill: S.C. name] EVER seen a practitioner or teacher for...

Feldenkrais (FELL-den-krice)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used Feldenkrais

SkipInstructions: <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 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

QuestionText: ? [F1]

Has [fill: S.C. name] EVER seen a practitioner or teacher for...

Alexander Technique?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have used Alexander technique

SkipInstructions: <1,2,R,D>
If any other CMVE_*='1' [goto next appropriate CMVP_* question]
else if (CMVE_PIL and CMVE_TPI) ne '1' and any CMVP_*='1' [goto next appropriate CMVE_* question]

<2,R,D> Else if all CMVP_* ne '1' and where there's CMVE_*='1' [goto appropriate CMVU_* question(s)]

Question ID: CAL.474_00.000 **Instrument Variable Name:** CMVP_PIL **QuestionnaireFileName:** Child CAM

QuestionText: ? [F1]

Has [fill: S.C. name] EVER seen a practitioner or teacher for...

Pilates (pih-LAH-teez)?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have used Pilates

SkipInstructions: <1,2,R,D> if CMVE_TPI='1' [goto CMVP_TPI]
<1> If any CMVP_*='1' [goto next appropriate CMV_* question]

<2,R,D> Else if all of CMVP_* ne '1' [goto appropriate CMVU_* question(s)]

2012 NHIS Questionnaire - Child CAM

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

QuestionText: ? [F1]

Has [fill: S.C. name] EVER seen a practitioner or teacher for...

Trager Psychophysical Integration?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used Trager Psychophysical Integration

SkipInstructions: <1,2,R,D>
   If any CMVP_*='1' [goto next appropriate CMV_* question]
   <2,R,D> If all of CMVP_* ne '1' and where there's CMVE_*=1 [goto appropriate CMVU_* question(s)]

Question ID: CAL.476_00.000   **Instrument Variable Name:**   CMV_FLD   **QuestionnaireFileName:**   Child CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill S.C. name] see a practitioner or teacher for...?

Feldenkrais (FELL-den-krice)

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have ever seen a practitioner for Feldenkrais

SkipInstructions: <1,2,R,D> Cycle through all CMVP_*=1 [goto CMV_*] in the appropriate sequence
   <2,R,D> If all other CMVP_* ne 1 [goto CMVU_FLD]
   <1> If all others CMVP_* ne 1 [goto CMV_PTIM]

2012 NHIS 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

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill S.C. name] see a practitioner or teacher for...?

Alexander Technique

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have ever seen a practitioner for Alexander technique

SkipInstructions: <1,2,R,D> cycle through all CMVP_*=1 [goto CMV_*] in the appropriate sequence
<2,R,D> If all other CMVP_* ne 1 [CMVU_ALX]
   Else if all other CMVP_* ne 1 and CMVE_FLD=1 [goto CMVU_FLD]
<1> If all others CMVP_* ne 1 [goto CMV_PTIM]

Question ID: CAL.478_00.000   **Instrument Variable Name:**   CMV_PIL   **QuestionnaireFileName:**   Child CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill S.C. name] see a practitioner or teacher for...?

Pilates (pih-LAH-teez)

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have ever seen a practitioner for Pilates

SkipInstructions: <1,2,R,D>
If CMVP_TPI=1 [goto CMV_TPI]

<2,R,D>
If (CMVP_TPI ne 1) and (CMV_FLD in [2,R,D]) [goto CMVU_FLD]
   Else if (CMVP_FLD and CMVP_ALX and CMVP_TP) in [2,R,D]) [goto CMVU_FLD]
<1> If all others CMVP_* in [2,R,D] [goto CMV_PTIM]

2012 NHIS 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

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill S.C. name] see a practitioner or teacher for...?

Trager Psychophysical Integration

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have ever seen a practitioner for Trager Psychophysical Integration

SkipInstructions: <1> [goto CMV_PTIM]
<2,R,D> if no to all CMV, go to CMVU question for first relevant CMVE answer;
else [goto CMV_PTIM]

Question ID: CAL.480_00.000   **Instrument Variable Name:**   CMVU_FLD   **QuestionnaireFileName:**   Child CAM

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill: S.C. name] use...?

Feldenkrais (FELL-den-krice)

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used Feldenkrais

SkipInstructions: Cycle through all CMVU_* questions where (CMVP_ALX or CMV_ALX) IN ('2','7','9')
If no more skips to a CMVU_* question(s) then

<1,2,R,D> If (any CMVU_*=1 or any CMV_*=1) [goto CMV_PTIM]
<2,R,D>
   If (all CMVU_* ne 1 or any CMV_*=1) [goto CMV_MAT]
   Else if (all CMVU_* and CMV_*) ne 1 and
   if more than 3 modalities not including chelation/ayurveda [goto CAL_TOP3];
   else if <=3 modalities excluding chelation/ayurveda [goto CTP1REA1]

go to next CMVU question for CMVE question answered "1"

2012 NHIS Questionnaire -   Child CAM

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

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill: S.C. name] use...?

Alexander Technique

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used Alexander technique

SkipInstructions: Cycle through all CMVU_* question where (CMVP_ALX or CMV_ALX) IN ('2','7','9')
If no more skips to a CMVU_* question(s) then.

<1,2,R,D> If (any CMVU*=1 or any CMV_*=1) [goto CMV_PTIM]
<2,R,D>
   If (all CMVU_* 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

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill: S.C. name] use...?

Pilates (pih-LAH-teez)

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used Pilates

SkipInstructions: Cycle through all CMVU_* questions where (CMVP_ALX or CMV_ALX) IN ('2','7','9')
If no more skips to a CMVU_* question(s) then.

<1,2,R,D> If (any CMVU_*=1 or any CMV_*=1) [goto CMV_PTIM]
<2,R,D>
   If (all CMVU_*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 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

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did [fill: S.C. name] use...?

Trager Psychophysical Integration

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used Trager Psychophysical Integration

SkipInstructions: Cycle through all CMVU_* questions where (CMVP_ALX or CMV_ALX) IN ('2','7','9')
If no more skips to a CMVU_* question(s) then.

<1,2,R,D> If (any CMVU_*=1 or any CMV_*=1) [goto CMV_PTIM]
<2,R,D>
   If (all CMVU_* ne 1 or any CMV_*=1) [goto CMV_MAT]
   Else if (all CMVU_* and CMV_*) ne 1 and
   if more than 3 modalities not including chelation/ayurveda [goto CAL_TOP3];
   else if <=3 modalities excluding chelation/ayurveda [goto CTP1REA1]

Question ID: CAL.484_00.000 **Instrument Variable Name:** CMV_PTIM **QuestionnaireFileName:** Child CAM

QuestionText: Do you know the exact number of times [fill: S.C. name] saw a practitioner or teacher for movement and exercise techniques in the past 12 months?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have seen a practitioner for movement and exercise techniques in the past 12 months

SkipInstructions: <1> [goto CMV_TMNO]
<2,R,D> [goto CMV_TMCT]

Question ID: CAL.485_00.000   **Instrument Variable Name:**   CMV_TMNO   **QuestionnaireFileName:**   Child CAM

QuestionText: DURING THE PAST 12 MONTHS, how many times did [fill S.C. name] see a practitioner or teacher for movement and exercise techniques?

*Enter '52' for 52 or more times.

01-52	1-52
97	Refused
99	Don't know

UniverseText: Sample children 4+ with a known number of times they have seen a practitioner for movement and exercise techniques in the past 12 months

SkipInstructions: <1-52,R,D> [goto CMV_HIC]

Question ID: CAL.486_00.000   **Instrument Variable Name:**   CMV_TMCT   **QuestionnaireFileName:**   Child CAM

QuestionText: DURING THE PAST 12 MONTHS, ABOUT how many times did [fill S.C. name] see a practitioner or teacher for movement and exercise techniques? Would you say...

*Read categories below.

01	Only 1 time
02	2-5 times
03	6-10 times
04	11-15 times
05	16-20 times
06	21-25 times
07	More than 25 times
97	Refused
99	Don't know

UniverseText: Sample children 4+ with an unknown number of specific times they have seen a practitioner for movement and exercise techniques in the past 12 months or refuse the specific number of times

SkipInstructions: <1-7,R,D> [goto CMV_HIC]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.487_00.000 **Instrument Variable Name:** CMV_HIC **QuestionnaireFileName:** Child CAM

QuestionText: DURING THE PAST 12 MONTHS, were any of the costs of seeing a practitioner or teacher for movement and exercise techniques covered by health insurance?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have seen a practitioner for movement and exercise techniques in the past 12 months

SkipInstructions: <1> [goto CMV_HICA]
<2,R,D> [goto CMV_HIT]

Question ID: CAL.488_00.000 **Instrument Variable Name:** CMV_HICA **QuestionnaireFileName:** Child CAM

QuestionText: DURING THE PAST 12 MONTHS, was all of the cost or just some of the cost of [fill: S.C. name]'s seeing a practitioner or teacher for movement and exercise techniques covered by health insurance?

1	All of the cost
2	Some of the cost
7	Refused
9	Don't know

UniverseText: Sample children 4+ whose visit(s) to a practitioner for movement and exercise techniques in the past 12 months were (at least partly) covered by health insurance

SkipInstructions: <1> [goto CMV_MAT]
<2,R,D> [goto CMV_HIT]

Question ID: CAL.489_00.000 **Instrument Variable Name:** CMV_HIT **QuestionnaireFileName:** Child CAM

QuestionText: Do you know the total amount that was paid for [fill: S.C. name] to see a practitioner or teacher for movement and exercise techniques in the past 12 months [fill1: not including the amount covered by insurance]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ whose health insurance covered none or some of the cost for movement and exercise techniques in the past 12 months

SkipInstructions: <1> [goto CMV_HITS]
<2,R,D> [goto CMV_AVGC]

2012 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.490_00.000   **Instrument Variable Name:**   CMV_HITS   **QuestionnaireFileName:**   Child CAM

QuestionText: What is the total amount that was paid for [fill: S.C. name] to see a practitioner or teacher for movement and exercise techniques in the past 12 months [fill1: not including the amount covered by insurance]?

*Enter '0' for no cost or free.

00000-26000	$0-26000
99997	Refused
99999	Don't know

UniverseText: Sample children 4+ where the amount paid is known for movement and exercise techniques in the past 12 months

SkipInstructions: <0-26000,R,D> [goto CMV_MAT]

Soft Edit: Verify if over $1000

Question ID: CAL.491_00.000   **Instrument Variable Name:**   CMV_AVGC   **QuestionnaireFileName:**   Child CAM

QuestionText: Do you know the average amount that was paid for each of [fill: S.C. name]'s visits for movement and exercise techniques {fill1: not including the amount covered by insurance} in the past 12 months?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who don't know the total amount they paid for movement and exercise techniques in the past 12 months

SkipInstructions: <1> [goto CMV_AVGS]
<2,R,D> [goto CMV_MAT]

Question ID: CAL.492_00.000   **Instrument Variable Name:**   CMV_AVGS   **QuestionnaireFileName:**   Child CAM

QuestionText: On average, how much was paid out-of-pocket for each of [fill: S.C name]'s visits to a practitioner or teacher for movement and exercise techniques?

*Enter '0' if no cost or free.

000-500	$0-500
997	Refused
999	Don't know

UniverseText: Sample children 4+ who know the average per visit they paid for movement and exercise techniques in the past 12 months

SkipInstructions: <0-500,R,D> [goto CMV_MAT]

2012 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.493_00.000 **Instrument Variable Name:** CMV_MAT **QuestionnaireFileName:** Child CAM

QuestionText: DURING THE PAST 12 MONTHS, did you or another family member buy a self-help book or other materials such as a DVD, CD, or Video to learn about [fill: S.C. name]'s use of movement and exercise techniques?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have seen a practitioner for or have used movement and exercise techniques in the past 12 months

SkipInstructions: <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

QuestionText: "How much was paid for these materials in the past 12 months?

*Enter '200' for $200 or more."

000-200	$0-200
997	Refused
999	Don't know

UniverseText: Sample children 4+ who have bought self-help materials for movement and exercise techniques in the past 12 months

SkipInstructions: <0-200,R,D>
   if more than 3 modalities [goto CAL_TOP3];
   else less than 4 chosen [goto CTP1REA1]

2012 NHIS 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

QuestionText: DURING THE PAST 12 MONTHS, which THREE of these therapies were the most important for [fill: S.C. name]'s health?

*Read list below.

01	Chiropractic or Osteopathic Manipulation
02	Massage
03	Acupuncture
04	Energy Healing Therapy
05	Naturopathy
06	Hypnosis
07	Biofeedback
08	Craniosacral therapy
09	Traditional Healers
10	[fill1: Herb 1 from CHB_TP21]
11	[fill2: Herb 2 from CHB_TP22]
12	Homeopathy
13	[fill3: Mantra meditation/ Mindfulness meditation/ Spiritual meditation/Guided imagery/ Progressive relaxation from CMB
14	[fill4: Yoga/Tai Chi/Qi Gong from CYG_MOST]
15	Special diets
16	Movement or exercise techniques
97	Refused
99	Don't know

UniverseText: Sample children 4+ who have used/seen a practitioner for any of a number of therapies in the past 12 months

SkipInstructions: <1-16> If less than three selected [goto ERR_CAL_TOP3]

<1-16> [goto CTP1REA1]
R,D [goto end]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.510_00.000 **Instrument Variable Name:** CTP1REA1 **QuestionnaireFileName:** Child CAM

QuestionText: Did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

For general wellness or general disease prevention?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP1REA2]

Question ID: CAL.511_00.000 **Instrument Variable Name:** CTP1REA2 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

Did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

To improve {fill: his/her} energy?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP1REA3]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.512_00.000 **Instrument Variable Name:**   CTP1REA3   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

To improve [fill: his/her] immune function?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP1REA4]

Question ID: CAL.513_00.000 **Instrument Variable Name:**   CTP1REA4   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

To improve [fill: his/her] athletic or sports performance?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP1REA5]

2012 NHIS 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

QuestionText: *Read if necessary.

Did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

To improve [fill: his/her] memory or concentration?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP1MOT1]

Question ID: CAL.515_00.000   **Instrument Variable Name:**   CTP1MOT1   **QuestionnaireFileName:**   Child CAM

QuestionText: Do you think [fill1: seeing a practitioner for/using] [fill2: modality] motivated [fill: S.C. name] to

Eat healthier?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP1MOT2]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.516_00.000   **Instrument Variable Name:**   CTP1MOT2   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] motivated [fill: S.C. name] to

Eat more organic foods?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP1MOT3]

Question ID: CAL.517_00.000   **Instrument Variable Name:**   CTP1MOT3   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] motivated [fill: S.C. name] to

Exercise more regularly?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP1OUT1]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.520_00.000 **Instrument Variable Name:** CTP1OUT1 **QuestionnaireFileName:** Child CAM

QuestionText: Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Give [fill: him/her] a sense of control over [fill: his/her] health

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP1OUT2]

Question ID: CAL.521_00.000 **Instrument Variable Name:** CTP1OUT2 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Help to reduce [fill: his/her] stress level or to relax?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP1OUT3]

2012 NHIS 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

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Help [fill: him/her] to sleep better?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP1OUT4]

Question ID: CAL.523_00.000   **Instrument Variable Name:**   CTP1OUT4   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Make [fill: him/her] feel better emotionally?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP1OUT5]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.524_00.000   **Instrument Variable Name:**   CTP1OUT5   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Make it easier for [him/her] to cope with health problems?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP1OUT6]

Question ID: CAL.525_00.000   **Instrument Variable Name:**   CTP1OUT6   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Improve [fill: his/her] overall health and make [fill: him/her] feel better?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP1OUT7]

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Document Version Date: 24-May-13

Question ID: CAL.526_00.000   **Instrument Variable Name:**   CTP1OUT7   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Improve [fill: his/her] relationships with others?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP1OUT8]

Question ID: CAL.527_00.000   **Instrument Variable Name:**   CTP1OUT8   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Improve [fill: his/her] attendance at school?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D>
   else if CTP1CNT >1 [goto CTP1MOST];
   else if CTP1CNT=1 [goto CTP1HELP];
   else CTP1CNT=0 [goto CTP1TRET]

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Document Version Date: 24-May-13

Question ID: CAL.528_00.000   **Instrument Variable Name:**   CTP1MOST   **QuestionnaireFileName:**   Child CAM

QuestionText: Of these reasons, which ONE was the most important for [fill: S.C. name] [fill1: using/seeing] [fill2: modality]?

*Read list below.

01	For [fill3: his/her] general wellness or general disease prevention
02	To improve [fill3: his/her] energy
03	To improve [fill3: his/her] immune function
04	To improve [fill3: his/her] athletic or sports performance
05	To improve [fill3: his/her] memory or concentration
06	To eat healthier
07	To eat more organic foods
08	To cut back or stop drinking alcohol
09	To cut back or stop smoking cigarettes
10	To exercise more regularly
11	To give [fill4: him/her] a sense of control over [fill3: his/her] health
12	To help to reduce [fill3: his/her] stress level or to relax
13	To help [fill4: him/her] to sleep better
14	To make [fill4: him/her] feel better emotionally
15	To make it easier to cope with health problems
16	To improve [fill3: his/her] overall health and make [fill4: him/her] feel better
17	To improve [fill3: his/her] relationships with others
18	To improve [fill3: his/her] attendance at school
97	Refused
99	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities and two or more reasons for seeing a practitioner/using modality chosen

SkipInstructions: <1-18> [goto CTP1HELP]
<R,D> [goto CTP1TRET]

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Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.529_00.000   **Instrument Variable Name:** CTP1HELP   **QuestionnaireFileName:** Child CAM

QuestionText: How much do you think [fill1: modality] helped [fill: S.C. name] [fill2: reason given in CTP1MOST question]? Would you say…

*Read categories below.

1	A great deal
2	Some
3	Only a little
4	Not at all
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities and had a most important reason for using selected modality/seeing a practitioner for selected modality

SkipInstructions: <1-4,R,D> [goto CTP1TRET]

Question ID: CAL.530_00.000   **Instrument Variable Name:** CTP1TRET   **QuestionnaireFileName:** Child CAM

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for one or more specific health problems, symptoms, or conditions?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities

SkipInstructions: <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]

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Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.531_00.000 **Instrument Variable Name:** CTP1COND **QuestionnaireFileName:** Child CAM

QuestionText: For what health problems, symptoms, or conditions did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality]?

*Enter all that apply, separate with commas.

01	Abdominal pain
02	Anemia
03	Feeling anxious, nervous or worried
04	Arthritis
05	Asthma
06	Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD)
07	Autism/Autism Spectrum Disorder
08	Cerebral palsy
09	Chickenpox
10	High cholesterol
11	Congenital heart disease
12	Constipation
13	Cystic fibrosis
14	Depression
15	Dental pain
16	Diabetes
17	Down syndrome
18	Eczema or skin allergy
19	Excessive sleepiness during the day
20	Fatigue or lack of energy more than 3 days
21	Fever more than 1 day
22	Food or digestive allergy
23	Frequent or repeated diarrhea or colitis
24	Gynecologic problem
25	Hay fever
26	Head or chest cold
27	Hearing problem
28	Hypertension
29	Influenza or pneumonia
30	Insomnia or trouble sleeping
31	Joint pain or stiffness
32	Low back pain
33	Intellectual disability, also known as mental retardation
34	Menstrual problems
35	Migraine headaches
36	Muscular dystrophy
37	Nausea and/or vomiting
38	Neck pain
39	Chronic pain
40	Muscle or bone pain
41	Other developmental delay
42	Heart condition
43	Problems with being overweight
44	Non-migraine headaches
45	Respiratory allergy

46	Seizures
47	Sickle cell anemia
48	Sinusitis
49	Sore throat other than strep or tonsillitis
50	Sprain or strain
51	Strep throat or tonsillitis
52	Frequent stress
53	Stuttering or stammering
54	Three or more ear infections
55	Vision problems
56	Other specify
97	Refused
99	Don't Know

UniverseText: 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

SkipInstructions: <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

QuestionText: *Enter condition for which [fill1: modality] was used. If respondent gives more than one condition, probe for condition which is most important.

97	Refused
99	Don't Know
Verbatim	Verbatim response

UniverseText: Sample children 4+ who have used first of top three modalities and used modality to treat other health problem or condition

SkipInstructions: <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]

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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

QuestionText: For which ONE of these did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] the most?

*If respondent cannot choose one condition, probe for condition most important for child using therapy.

01	Abdominal pain
02	Anemia
03	Feeling anxious, nervous or worried
04	Arthritis
05	Asthma
06	Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD)
07	Autism/Autism Spectrum Disorder
08	Cerebral palsy
09	Chickenpox
10	High cholesterol
11	Congenital heart disease
12	Constipation
13	Cystic fibrosis
14	Depression
15	Dental pain
16	Diabetes
17	Down syndrome
18	Eczema or skin allergy
19	Excessive sleepiness during the day
20	Fatigue or lack of energy more than 3 days
21	Fever more than 1 day
22	Food or digestive allergy
23	Frequent or repeated diarrhea or colitis
24	Gynecologic problem
25	Hay fever
26	Head or chest cold
27	Hearing problem
28	Hypertension
29	Influenza or pneumonia
30	Insomnia or trouble sleeping
31	Joint pain or stiffness
32	Low back pain
33	Intellectual disability, also known as mental retardation
34	Menstrual problems
35	Migraine headaches
36	Muscular dystrophy
37	Nausea and/or vomiting
38	Neck pain
39	Chronic pain
40	Muscle or bone pain
41	Other developmental delay
42	Heart condition
43	Problems with being overweight
44	Non-migraine headaches
45	Respiratory allergy

46	Seizures
47	Sickle cell anemia
48	Sinusitis
49	Sore throat other than strep or tonsillitis
50	Sprain or strain
51	Strep throat or tonsillitis
52	Frequent stress
53	Stuttering or stammering
54	Three or more ear infections
55	Vision problems
56	Other specify
97	Refused
99	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities and used modality to treat specific conditions and more than one condition selected

SkipInstructions: <1-56> [goto CTP1CHLP]
<R,D> if self-care modality (CAL_TP31=6,7,10-16) [goto CTP1RS5];
  else [goto CTP1RS6]

Question ID: CAL.533_00.000   **Instrument Variable Name:**   CTP1CHLP   **QuestionnaireFileName:**   Child CAM

QuestionText: How much do you think [fill1: modality] helped [fill: S.C. name]'s [fill2: condition from CTP1CMST]? Would you say...

*Read categories below.

1	A great deal
2	Some
3	Only a little
4	Not at all
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1-4,R,D> [goto CTP1MTR1]

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Document Version Date: 24-May-13

Question ID: CAL.534_00.000 **Instrument Variable Name:** CTP1MTR1 **QuestionnaireFileName:** Child CAM

QuestionText: Did [fill: S.C. name] receive any of the following medical treatments for [fill1: condition from CTP1CMST]?

Prescription medications?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1,2,R,D> [goto CTP1MTR2]

Question ID: CAL.535_00.000 **Instrument Variable Name:** CTP1MTR2 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

Did [fill: S.C. name] receive any of the following medical treatments for [fill1: condition from CTP1CMST]?

Over-the-counter medications?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1,2,R,D> [goto CTP1MTR3]

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Question ID: CAL.536_00.000 **Instrument Variable Name:** CTP1MTR3   **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

Did [fill: S.C. name] receive any of the following medical treatments for [fill1: condition from CTP1CMST]?

Surgery?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1,2,R,D> [goto CTP1MTR4]

Question ID: CAL.537_00.000 **Instrument Variable Name:** CTP1MTR4   **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

Did [fill: S.C. name] receive any of the following medical treatments for [fill1: condition from CTP1CMST]?

Physical therapy?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1,2,R,D> [goto CTP1MTR5]

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Question ID: CAL.538_00.000   **Instrument Variable Name:**   CTP1MTR5   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Did [fill: S.C. name] receive any of the following medical treatments for [fill1: condition from CTP1CMST]?

Mental health counseling?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1,2,R,D> if CTP1MTR1=1 or CTP1MTR2=1 or CTP1MTR3=1 or CTP1MTR4=1 or CTP1MTR5=1 [goto CTP1RS1];
    else if self-care modality (CAL_TP31=6,7,10-16) [goto CTP1RS5];
    else [goto CTP1RS6]

Question ID: CAL.539_00.000   **Instrument Variable Name:**   CTP1RS1   **QuestionnaireFileName:**   Child CAM

QuestionText: DURING THE PAST 12 MONTHS, did [fill S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

These medical treatments were too expensive?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities and used some type of treatment for specific condition(s)

SkipInstructions: <1,2,R,D> [goto CTP1RS2]

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Document Version Date: 24-May-13

Question ID: CAL.540_00.000 **Instrument Variable Name:** CTP1RS2 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did [fill S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

[fill3: modality] combined with these medical treatments would help?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities and used some type of treatment for specific condition(s)

SkipInstructions: <1,2,R,D> [goto CTP1RS3]

Question ID: CAL.541_00.000 **Instrument Variable Name:** CTP1RS3 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did [fill S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

These medical treatments do not work for [fill: his/her] health problems?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities and used some type of treatment for specific condition(s)

SkipInstructions: <1,2,R,D> if CTP1MTR1=1 or CTP1MTR2=1 [goto CTP1RS4];
   else if self-care modality (categories 6,7 and 10-16 on CAL_TP31 variable, [goto CTP1RS5];
   else [goto CTP1RS6]

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Question ID: CAL.542_00.000   **Instrument Variable Name:**   CTP1RS4   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did [fill S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

[fill3: Prescription medications/Over the counter medications/Prescription or over-the-counter medications] cause side effects?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities and used prescription or over-the-counter medication to treat specific condition(s)

SkipInstructions: <1,2,R,D> if self-care modality (categories 6,7 and 10-16 on CAL_TP31 variable, [goto CTP1RS5];
else goto CTP1RS6]

Question ID: CAL.543_00.000   **Instrument Variable Name:**   CTP1RS5   **QuestionnaireFileName:**   Child CAM

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] [fill1: use modality] for any of these reasons?

Because it can be done without help from a specialist?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities and picked a self care modality

SkipInstructions: <1,2,R,D> [goto CTP1RS6]

2012 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.544_00.000 **Instrument Variable Name:** CTP1RS6 **QuestionnaireFileName:** Child CAM

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

It is natural?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP1RS7]

Question ID: CAL.545_00.000 **Instrument Variable Name:** CTP1RS7 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did [fill S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

It focuses on the whole person, mind, body, and spirit?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP1RS8]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.546_00.000   **Instrument Variable Name:**   CTP1RS8   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did [fill S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

It treats the cause and not just the symptoms?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP1RS9]

Question ID: CAL.547_00.000   **Instrument Variable Name:**   CTP1RS9   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did [fill S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

It was part of [fill: his/her] upbringing?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP1REC1]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.548_00.000   **Instrument Variable Name:**   CTP1REC1   **QuestionnaireFileName:**   Child CAM

QuestionText: Did [S.C. name] [fill1: see a practitioner for/use] [fill2: modality] because it was recommended by any of the following people?

A medical doctor?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP1REC2]

Question ID: CAL.549_00.000   **Instrument Variable Name:**   CTP1REC2   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Did [S.C. name] [fill1: see a practitioner for/use] [fill2: modality] because it was recommended by any of the following people?

A family member?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP1REC3]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.550_00.000   **Instrument Variable Name:**   CTP1REC3   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Did [S.C. name] [fill1: see a practitioner for/use] [fill2: modality] because it was recommended by any of the following people?

A friend?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP1REC4]

Question ID: CAL.551_00.000   **Instrument Variable Name:**   CTP1REC4   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] because it was recommended by any of the following people?

A co-worker of yours or a co-worker of another family member?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP1IMP]

2012 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.552_00.000   **Instrument Variable Name:** CTP1IMP   **QuestionnaireFileName:** Child CAM

QuestionText: DURING THE PAST 12 MONTHS, how important do you think [fill: S.C. name]'s use of [fill1: modality] was in maintaining [fill: his/her] health and well-being? Would you say…

*Read categories below.

1	Very important
2	Somewhat important
3	Slightly important
4	Not at all important
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities

SkipInstructions: <1-4,R,D> if CPROVTYP=1-4 [goto CTP1DS1];
     else [goto CTP1INF1]

Question ID: CAL.553_00.000   **Instrument Variable Name:** CTP1DS1   **QuestionnaireFileName:** Child CAM

QuestionText: [fill1: Not including the practitioner [fill: S.C. name] saw for] [fill2: modality] DURING THE PAST 12 MONTHS, did you let [fill S.C. name]'s personal health care provider know about [fill: his/her] use of [fill3: modality]?

*If practitioner for therapy is the same person as personal health care provider, enter '1'.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities and has a personal health care provider

SkipInstructions: <1,R,D> [goto CTP1INF1]
     <2> [goto CTP1DS2]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.554_00.000 **Instrument Variable Name:** CTP1DS2 **QuestionnaireFileName:** Child CAM

QuestionText: Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

[fill: S.C. name] was not using it at the time?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities and did not tell their personal health care provider about using therapy

SkipInstructions: <1,2,R,D> [goto CTP1DS3]

Question ID: CAL.555_00.000 **Instrument Variable Name:** CTP1DS3 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

They discouraged use of it in the past?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities and did not tell their personal health care provider about using therapy

SkipInstructions: <1,2,R,D> [goto CTP1DS4]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.556_00.000   **Instrument Variable Name:**   CTP1DS4   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

You were worried they would discourage it?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities and did not tell their personal health care provider about using therapy

SkipInstructions: <1,2,R,D> [goto CTP1DS5]

Question ID: CAL.557_00.000   **Instrument Variable Name:**   CTP1DS5   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

You were concerned about a negative reaction?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities and did not tell their personal health care provider about using therapy

SkipInstructions: <1,2,R,D> [goto CTP1DS6]

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Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.558_00.000   **Instrument Variable Name:**   CTP1DS6   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

You didn't think they needed to know?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities and did not tell their personal health care provider about using therapy

SkipInstructions: <1,2,R,D> [goto CTP1DS7]

Question ID: CAL.559_00.000   **Instrument Variable Name:**   CTP1DS7   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

They didn't ask?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities and did not tell their personal health care provider about using therapy

SkipInstructions: <1,2,R,D> [goto CTP1DS8]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.560_00.000   **Instrument Variable Name:**   CTP1DS8   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

You don't think they know as much about it as you do?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities and did not tell their personal health care provider about using therapy

SkipInstructions: <1,2,R,D> [goto CTP1DS9]

Question ID: CAL.561_00.000   **Instrument Variable Name:**   CTP1DS9   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

They didn't give you enough time to tell them?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities and did not tell their personal health care provider about using therapy

SkipInstructions: <1,2,R,D> [goto CTP1INF1]

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Document Version Date: 24-May-13

Question ID: CAL.580_00.000   **Instrument Variable Name:**   CTP1INF1   **QuestionnaireFileName:**   Child CAM

QuestionText: DURING THE PAST 12 MONTHS, did you or another family member get information about [fill1: modality] from any of the following sources?

The Internet?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP1INF2]

Question ID: CAL.581_00.000   **Instrument Variable Name:**   CTP1INF2   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you or another family member get information about [fill1: modality] from any of the following sources?

Books, magazines, or newspapers?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP1INF3]

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Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.582_00.000 **Instrument Variable Name:** CTP1INF3 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you or another family member get information about [fill1: modality] from any of the following sources?

DVDs, videos, or CDs?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP1INF4]

Question ID: CAL.583_00.000 **Instrument Variable Name:** CTP1INF4 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you or another family member get information about [fill1: modality] from any of the following sources?

Television or radio?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP1INF5]

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Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.584_00.000 **Instrument Variable Name:**   CTP1INF5   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you or another family member get information about [fill1: modality] from any of the following sources?

Scientific articles?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP1INF6]

Question ID: CAL.585_00.000 **Instrument Variable Name:**   CTP1INF6   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you or another family member get information about [fill1: modality] from any of the following sources?

Health food stores?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used first of top three modalities

SkipInstructions: <1,2,R,D> if CAL_TP32 ne ' ' [goto CTP2REA1];
    else [goto next section]

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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

QuestionText: Did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

For general wellness or general disease prevention?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2REA2]

Question ID: CAL.596_00.000   **Instrument Variable Name:**   CTP2REA2   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

To improve {fill: his/her} energy?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2REA3]

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Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.597_00.000   **Instrument Variable Name:**   CTP2REA3   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

To improve [fill: his/her] immune function?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2REA4]

Question ID: CAL.598_00.000   **Instrument Variable Name:**   CTP2REA4   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

To improve [fill: his/her] athletic or sports performance?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2REA5]

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Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.599_00.000   **Instrument Variable Name:**   CTP2REA5   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

To improve [fill: his/her] memory or concentration?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2MOT1]

Question ID: CAL.600_00.000   **Instrument Variable Name:**   CTP2MOT1   **QuestionnaireFileName:**   Child CAM

QuestionText: Do you think [fill1: seeing a practitioner for/using] [fill2: modality] motivated [fill: S.C. name] to

Eat healthier?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2MOT2]

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Document Version Date: 24-May-13

Question ID: CAL.601_00.000 **Instrument Variable Name:** CTP2MOT2 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] motivated [fill: S.C. name] to

Eat more organic foods?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2MOT3]

Question ID: CAL.602_00.000 **Instrument Variable Name:** CTP2MOT3 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] motivated [fill: S.C. name] to

Exercise more regularly?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2OUT1]

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Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.605_00.000   **Instrument Variable Name:**   CTP2OUT1   **QuestionnaireFileName:**   Child CAM

QuestionText: Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Give [fill: him/her] a sense of control over [fill: his/her] health?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2OUT2]

Question ID: CAL.606_00.000   **Instrument Variable Name:**   CTP2OUT2   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Help to reduce [fill: his/her] stress level or to relax?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2OUT3]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.607_00.000   **Instrument Variable Name:**   CTP2OUT3   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Help [fill: him/her] to sleep better?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2OUT4]

Question ID: CAL.608_00.000   **Instrument Variable Name:**   CTP2OUT4   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Make [fill: him/her] feel better emotionally?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2OUT5]

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Document Version Date: 24-May-13

Question ID: CAL.609_00.000 **Instrument Variable Name:** CTP2OUT5 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Make it easier for [him/her] to cope with health problems?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2OUT6]

Question ID: CAL.610_00.000 **Instrument Variable Name:** CTP2OUT6 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Improve [fill: his/her] overall health and make [fill: him/her] feel better?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2OUT7]

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Document Version Date: 24-May-13

Question ID: CAL.611_00.000 **Instrument Variable Name:** CTP2OUT7 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Improve [fill: his/her] relationships with others?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2OUT8]

Question ID: CAL.612_00.000 **Instrument Variable Name:** CTP2OUT8 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Improve [fill: his/her] attendance at school?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D>
if CTP2CNT>1 [goto CTP2MOST];
else if CTP2CNT=1 [goto CTP2HELP];
else CTP2CNT=0 [goto CTP2TRET]

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Document Version Date: 24-May-13

Question ID: CAL.613_00.000 **Instrument Variable Name:** CTP2MOST **QuestionnaireFileName:** Child CAM

QuestionText: Of these reasons, which ONE was the most important for [fill: S.C. name] [fill1: using/seeing] [fill2: modality]?

*Read list below.

01	For[fill3: his/her] general wellness or general disease prevention
02	To improve [fill3: his/her] energy
03	To improve [fill3: his/her] immune function
04	To improve [fill3: his/her] athletic or sports performance
05	To improve [fill3: his/her] memory or concentration
06	To eat healthier
07	To eat more organic foods
08	To cut back or stop drinking alcohol
09	To cut back or stop smoking cigarettes
10	To exercise more regularly
11	To give [fill4: him/her] a sense of control over [fill3: his/her] health
12	To help to reduce [fill3: his/her] stress level or to relax
13	To help [fill4: him/her] to sleep better
14	To make [fill4: him/her] feel better emotionally
15	To make it easier to cope with health problems
16	To improve [fill3: his/her] overall health and make [fill4: him/her] feel better
17	To improve [fill3: his/her] relationships with others
18	To improve [fill3: his/her] attendance at school
97	Refused
99	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities and two or more reasons for seeing a practitioner/using modality chosen

SkipInstructions: <1-18> [goto CTP2HELP]
<R,D> [goto CTP2TRET]

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Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.614_00.000   **Instrument Variable Name:**   CTP2HELP   **QuestionnaireFileName:**   Child CAM

QuestionText: How much do you think [fill1: modality] helped [fill: S.C. name] [fill2: reason given in CTP2MOST question]? Would you say…

*Read categories below.

1	A great deal
2	Some
3	Only a little
4	Not at all
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities and had a most important reason for using selected modality/seeing a practitioner for selected modality

SkipInstructions: <1-4,R,D> [goto CTP2TRET]

Question ID: CAL.615_00.000   **Instrument Variable Name:**   CTP2TRET   **QuestionnaireFileName:**   Child CAM

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for one or more specific health problems, symptoms, or conditions?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1> [goto CTP2COND]
<2,R,D> CAL_TP32 IN (6,7,10-16) [goto CTP2RS5];
    else CAL_TP32 ne (6,7,10-16) [goto CTP2RS6]

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Question ID: CAL.616_00.000   **Instrument Variable Name:**   CTP2COND   **QuestionnaireFileName:**   Child CAM

QuestionText: For what health problems, symptoms, or conditions did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality]?

*Enter all that apply, separate with commas.

01	Abdominal pain
02	Anemia
03	Feeling anxious, nervous or worried
04	Arthritis
05	Asthma
06	Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD)
07	Autism/Autism Spectrum Disorder
08	Cerebral palsy
09	Chickenpox
10	High cholesterol
11	Congenital heart disease
12	Constipation
13	Cystic fibrosis
14	Depression
15	Dental pain
16	Diabetes
17	Down syndrome
18	Eczema or skin allergy
19	Excessive sleepiness during the day
20	Fatigue or lack of energy more than 3 days
21	Fever more than 1 day
22	Food or digestive allergy
23	Frequent or repeated diarrhea or colitis
24	Gynecologic problem
25	Hay fever
26	Head or chest cold
27	Hearing problem
28	Hypertension
29	Influenza or pneumonia
30	Insomnia or trouble sleeping
31	Joint pain or stiffness
32	Low back pain
33	Intellectual disability, also known as mental retardation
34	Menstrual problems
35	Migraine headaches
36	Muscular dystrophy
37	Nausea and/or vomiting
38	Neck pain
39	Chronic pain
40	Muscle or bone pain
41	Other developmental delay
42	Heart condition
43	Problems with being overweight
44	Non-migraine headaches
45	Respiratory allergy

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46	Seizures
47	Sickle cell anemia
48	Sinusitis
49	Sore throat other than strep or tonsillitis
50	Sprain or strain
51	Strep throat or tonsillitis
52	Frequent stress
53	Stuttering or stammering
54	Three or more ear infections
55	Vision problems
56	Other specify
97	Refused
99	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities and saw a practitioner or used modality for a specific health problem, symptom or condition

SkipInstructions: <1-55> If CTP2CNT>1 [goto CTP2CMST];
    else if CTP2CNT=1 [goto CTP2CHLP];
<56> [goto CTP2SPEC];
<R,D> if self-care modality (CAL_TP32 IN (6,7,10-16)) [goto CTP2RS5];
    else (CAL_TP32 ne (6,7,10-16)) [goto CTP2RS6]

Question ID: CAL.616_00.010 **Instrument Variable Name:** CTP2SPEC **QuestionnaireFileName:** Child CAM

QuestionText: *Enter condition for which [fill1: modality] was used. If respondent gives more than one condition, probe for condition which is most important.

97	Refused
99	Don't Know
Verbatim	Verbatim response

UniverseText: Sample children 4+ who have used second of top three modalities and used modality to treat other health problem or condition

SkipInstructions: <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]

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Question ID: CAL.617_00.000 **Instrument Variable Name:** CTP2CMST **QuestionnaireFileName:** Child CAM

QuestionText: For which ONE of these did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] the most?

*If respondent cannot choose one condition, probe for condition most important for child using therapy.

01	Abdominal pain
02	Anemia
03	Feeling anxious, nervous or worried
04	Arthritis
05	Asthma
06	Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD)
07	Autism/Autism Spectrum Disorder
08	Cerebral palsy
09	Chickenpox
10	High cholesterol
11	Congenital heart disease
12	Constipation
13	Cystic fibrosis
14	Depression
15	Dental pain
16	Diabetes
17	Down syndrome
18	Eczema or skin allergy
19	Excessive sleepiness during the day
20	Fatigue or lack of energy more than 3 days
21	Fever more than 1 day
22	Food or digestive allergy
23	Frequent or repeated diarrhea or colitis
24	Gynecologic problem
25	Hay fever
26	Head or chest cold
27	Hearing problem
28	Hypertension
29	Influenza or pneumonia
30	Insomnia or trouble sleeping
31	Joint pain or stiffness
32	Low back pain
33	Intellectual disability, also known as mental retardation
34	Menstrual problems
35	Migraine headaches
36	Muscular dystrophy
37	Nausea and/or vomiting
38	Neck pain
39	Chronic pain
40	Muscle or bone pain
41	Other developmental delay
42	Heart condition
43	Problems with being overweight
44	Non-migraine headaches
45	Respiratory allergy

46	Seizures
47	Sickle cell anemia
48	Sinusitis
49	Sore throat other than strep or tonsillitis
50	Sprain or strain
51	Strep throat or tonsillitis
52	Frequent stress
53	Stuttering or stammering
54	Three or more ear infections
55	Vision problems
56	Other specify
97	Refused
99	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities and used modality to treat specific conditions and more than one condition selected

SkipInstructions: <1-56> [goto CTP2CHLP]
<R,D> if self-care modality (CAL_TP32=6,7,10-16) [goto CTP2RS5];
   else [goto CTP2RS6]

Question ID: CAL.618_00.000   **Instrument Variable Name:**   CTP2CHLP   **QuestionnaireFileName:**   Child CAM

QuestionText: How much do you think [fill1: modality] helped [fill: S.C. name]'s [fill2: condition from CTP2CMST]? Would you say...

*Read categories below.

1	A great deal
2	Some
3	Only a little
4	Not at all
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1-4,R,D> [goto CTP2MTR1]

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Question ID: CAL.619_00.000 **Instrument Variable Name:** CTP2MTR1 **QuestionnaireFileName:** Child CAM

QuestionText: Did [fill: S.C. name] receive any of the following medical treatments for [fill1: condition from CTP2CMST]?

Prescription medications?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have used second of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1,2,R,D> [goto CTP2MTR2]

Question ID: CAL.620_00.000 **Instrument Variable Name:** CTP2MTR2 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

Did [fill: S.C. name] receive any of the following medical treatments for [fill1: condition from CTP2CMST]?

Over-the-counter medications?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have used second of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1,2,R,D> [goto CTP2MTR3]

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Question ID: CAL.621_00.000   **Instrument Variable Name:**   CTP2MTR3   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Did [fill: S.C. name] receive any of the following medical treatments for [fill1: condition from CTP2CMST]?

Surgery?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1,2,R,D> [goto CTP2MTR4]

Question ID: CAL.622_00.000   **Instrument Variable Name:**   CTP2MTR4   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Did [fill: S.C. name] receive any of the following medical treatments for [fill1: condition from CTP2CMST]?

Physical therapy?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1,2,R,D> [goto CTP2MTR5]

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Question ID: CAL.623_00.000 **Instrument Variable Name:** CTP2MTR5 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

Did [fill: S.C. name] receive any of the following medical treatments for [fill1: condition from CTP1CMST]?

Mental health counseling?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have used second of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1,2,R,D> if CTP2MTR1=1 or CTP2MTR2=1 or CTP2MTR3=1 or CTP2MTR4=1 or CTP2MTR5=1 [goto CTP2RS1];
    else if self-care modality (CAL_TP32=6,7,10-16) [goto CTP2RS5];
    else [goto CTP2RS6]

Question ID: CAL.624_00.000 **Instrument Variable Name:** CTP2RS1 **QuestionnaireFileName:** Child CAM

QuestionText: DURING THE PAST 12 MONTHS, did [fill S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

These medical treatments were too expensive?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have used second of top three modalities and used some type of treatment for specific condition(s)

SkipInstructions: <1,2,R,D> [goto CTP2RS2]

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Question ID: CAL.625_00.000 **Instrument Variable Name:** CTP2RS2 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did [fill S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

[fill3: modality] combined with these medical treatments would help?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities and used some type of treatment for specific condition(s)

SkipInstructions: <1,2,R,D> [goto CTP2RS3]

Question ID: CAL.626_00.000 **Instrument Variable Name:** CTP2RS3 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did [fill S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

These medical treatments do not work for [fill: his/her] health problems?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities and used some type of treatment for specific condition(s)

SkipInstructions: <1,2,R,D> if CTP2MTR1=1 or CTP2MTR2=1 [goto CTP2RS4];
else if self-care modality (CAL_TP32=6,7,10-16) [goto CTP2RS5];
else [goto CTP2RS6]

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Question ID: CAL.627_00.000 **Instrument Variable Name:** CTP2RS4 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did [fill S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

[fill3: Prescription medications/Over the counter medications/Prescription or over-the-counter medications] cause side effects?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have used second of top three modalities and used prescription or over-the-counter medications to treat specific condition(s)

SkipInstructions: <1,2,R,D> if self-care modality (CAL_TP32=6,7,10-16) [goto CTP2RS5];
else [goto CTP2RS6]

Question ID: CAL.628_00.000 **Instrument Variable Name:** CTP2RS5 **QuestionnaireFileName:** Child CAM

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] [fill1: use modality] for any of these reasons?

Because it can be done without help from a specialist?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have used second of top three modalities and picked a self care modality

SkipInstructions: <1,2,R,D> [goto CTP2RS6]

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Question ID: CAL.629_00.000   **Instrument Variable Name:**   CTP2RS6   **QuestionnaireFileName:**   Child CAM

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

It is natural?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2RS7]

Question ID: CAL.630_00.000   **Instrument Variable Name:**   CTP2RS7   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did [fill S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

It focuses on the whole person, mind, body, and spirit?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2RS8]

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Question ID: CAL.631_00.000 **Instrument Variable Name:** CTP2RS8 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did [fill S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

It treats the cause and not just the symptoms?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2RS9]

Question ID: CAL.632_00.000 **Instrument Variable Name:** CTP2RS9 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did [fill S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

It was part of [fill: his/her] upbringing?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2REC1]

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Question ID: CAL.633_00.000   **Instrument Variable Name:**   CTP2REC1   **QuestionnaireFileName:**   Child CAM

QuestionText: Did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] because it was recommended by any of the following people?

A medical doctor?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2REC2]

Question ID: CAL.634_00.000   **Instrument Variable Name:**   CTP2REC2   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] because it was recommended by any of the following people?

A family member?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2REC3]

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Question ID: CAL.635_00.000 **Instrument Variable Name:** CTP2REC3 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

Did [S.C. name] [fill1: see a practitioner for/use] [fill2: modality] because it was recommended by any of the following people?

A friend?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2REC4]

Question ID: CAL.636_00.000 **Instrument Variable Name:** CTP2REC4 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

Did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] because it was recommended by any of the following people?

A co-worker of yours or a co-worker of another family member?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2IMP]

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Question ID: CAL.637_00.000 **Instrument Variable Name:** CTP2IMP **QuestionnaireFileName:** Child CAM

QuestionText: DURING THE PAST 12 MONTHS, how important do you think [fill: S.C. name]'s use of [fill1: modality] was in maintaining [fill: his/her] health and well-being? Would you say…

*Read categories below.

1	Very important
2	Somewhat important
3	Slightly important
4	Not at all important
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1-4,R,D> if CPROVTYP=1-4 [goto CTP2DS1];
else [goto CTP2INF1]

Question ID: CAL.638_00.000 **Instrument Variable Name:** CTP2DS1 **QuestionnaireFileName:** Child CAM

QuestionText: [fill1: Not including the practitioner [fill: S.C. name] saw for] [fill2: modality] DURING THE PAST 12 MONTHS, did you let [fill S.C. name]'s personal health care provider know about [fill: his/her] use of [fill3: modality]?

*If practitioner for therapy is the same person as personal health care provider, enter '1'.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities and has a personal health care provider

SkipInstructions: <1,R,D> [goto CTP2INF1]
<2> [goto CTP2DS2]

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Question ID: CAL.639_00.000   **Instrument Variable Name:**   CTP2DS2   **QuestionnaireFileName:**   Child CAM

QuestionText: Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

[fill: S.C. name] was not using it at the time?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities and did not tell their personal health care provider about using therapy

SkipInstructions: <1,2,R,D> [goto CTP2DS3]

Question ID: CAL.640_00.000   **Instrument Variable Name:**   CTP2DS3   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

They discouraged use of it in the past?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities and did not tell their personal health care provider about using therapy

SkipInstructions: <1,2,R,D> [goto CTP2DS4]

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Question ID: CAL.641_00.000   **Instrument Variable Name:**   CTP2DS4   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

You were worried they would discourage it?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities and did not tell their personal health care provider about using therapy

SkipInstructions: <1,2,R,D> [goto CTP2DS5]

Question ID: CAL.642_00.000   **Instrument Variable Name:**   CTP2DS5   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

You were concerned about a negative reaction?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities and did not tell their personal health care provider about using therapy

SkipInstructions: <1,2,R,D> [goto CTP2DS6]

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Question ID: CAL.643_00.000   **Instrument Variable Name:**   CTP2DS6   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

You didn't think they needed to know?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities and did not tell their personal health care provider about using therapy

SkipInstructions: <1,2,R,D> [goto CTP2DS7]

Question ID: CAL.644_00.000   **Instrument Variable Name:**   CTP2DS7   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

They didn't ask?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities and did not tell their personal health care provider about using therapy

SkipInstructions: <1,2,R,D> [goto CTP2DS8]

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Question ID: CAL.645_00.000 **Instrument Variable Name:** CTP2DS8 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

You don't think they know as much about it as you do?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have used second of top three modalities and did not tell their personal health care provider about using therapy

SkipInstructions: <1,2,R,D> [goto CTP2DS9]

Question ID: CAL.646_00.000 **Instrument Variable Name:** CTP2DS9 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

They didn't give you enough time to tell them?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have used second of top three modalities and did not tell their personal health care provider about using therapy

SkipInstructions: <1,2,R,D> [goto CTP2INF1]

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Question ID: CAL.675_00.000   **Instrument Variable Name:**   CTP2INF1   **QuestionnaireFileName:**   Child CAM

QuestionText: DURING THE PAST 12 MONTHS, did you or another family member get information about [fill1: modality] from any of the following sources?

The Internet?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2INF2]

Question ID: CAL.676_00.000   **Instrument Variable Name:**   CTP2INF2   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you or another family member get information about [fill1: modality] from any of the following sources?

Books, magazines, or newspapers?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2INF3]

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Question ID: CAL.677_00.000 **Instrument Variable Name:** CTP2INF3 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you or another family member get information about [fill1: modality] from any of the following sources?

DVDs, videos, or CDs?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2INF4]

Question ID: CAL.678_00.000 **Instrument Variable Name:** CTP2INF4 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you or another family member get information about [fill1: modality] from any of the following sources?

Television or radio?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2INF5]

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Question ID: CAL.679_00.000 **Instrument Variable Name:** CTP2INF5 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you or another family member get information about [fill1: modality] from any of the following sources?

Scientific articles?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP2INF6]

Question ID: CAL.680_00.000 **Instrument Variable Name:** CTP2INF6 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you or another family member get information about [fill1: modality] from any of the following sources?

Health food stores?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used second of top three modalities

SkipInstructions: <1,2,R,D> if CAL_TP33 ne ' ' [goto CTP3REA1];
 else [goto next section]

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Child Alternative Health/Complementary And Alternative Medicine

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Question ID: CAL.690_00.000 **Instrument Variable Name:** CTP3REA1 **QuestionnaireFileName:** Child CAM

QuestionText: Did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

For general wellness or general disease prevention?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3REA2]

Question ID: CAL.691_00.000 **Instrument Variable Name:** CTP3REA2 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

Did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

To improve {fill: his/her} energy?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3REA3]

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Question ID: CAL.692_00.000 **Instrument Variable Name:** CTP3REA3 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

Did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

To improve [fill: his/her] immune function?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3REA4]

Question ID: CAL.693_00.000 **Instrument Variable Name:** CTP3REA4 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

Did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

To improve [fill: his/her] athletic or sports performance?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3REA5]

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Question ID: CAL.694_00.000 **Instrument Variable Name:** CTP3REA5 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

Did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

To improve [fill: his/her] memory or concentration?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3MOT1]

Question ID: CAL.695_00.000 **Instrument Variable Name:** CTP3MOT1 **QuestionnaireFileName:** Child CAM

QuestionText: Do you think [fill1: seeing a practitioner for/using] [fill2: modality] motivated [fill: S.C. name] to

Eat healthier?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3MOT2]

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Question ID: CAL.696_00.000 **Instrument Variable Name:** CTP3MOT2 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] motivated [fill: S.C. name] to

Eat more organic foods?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3MOT3]

Question ID: CAL.697_00.000 **Instrument Variable Name:** CTP3MOT3 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] motivated [fill: S.C. name] to

Exercise more regularly?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3OUT1]

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Document Version Date: 24-May-13

Question ID: CAL.700_00.000   **Instrument Variable Name:**   CTP3OUT1   **QuestionnaireFileName:**   Child CAM

QuestionText: Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Give [fill: him/her] a sense of control over [fill: his/her] health?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3OUT2]

Question ID: CAL.701_00.000   **Instrument Variable Name:**   CTP3OUT2   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Help to reduce [fill: his/her] stress level or to relax?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3OUT3]

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Document Version Date: 24-May-13

Question ID: CAL.702_00.000 **Instrument Variable Name:** CTP3OUT3 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Help [fill: him/her] to sleep better?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3OUT4]

Question ID: CAL.703_00.000 **Instrument Variable Name:** CTP3OUT4 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Make [fill: him/her] feel better emotionally?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3OUT5]

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Question ID: CAL.704_00.000   **Instrument Variable Name:**   CTP3OUT5   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Make it easier for [him/her] to cope with health problems?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3OUT6]

Question ID: CAL.705_00.000   **Instrument Variable Name:**   CTP3OUT6   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Improve [fill: his/her] overall health and make [fill: him/her] feel better?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3OUT7]

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Question ID: CAL.706_00.000   **Instrument Variable Name:**   CTP3OUT7   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Improve [fill: his/her] relationships with others?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3OUT8]

Question ID: CAL.707_00.000   **Instrument Variable Name:**   CTP3OUT8   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Do you think [fill1: seeing a practitioner for/using] [fill2: modality] led to any of these outcomes?

Improve [fill: his/her] attendance at school?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> if CTP3CNT>1 [goto CTP3MOST];
   else if CTP3CNT=1 [goto CTP3HELP];
   else [goto CTP3TRET]

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Question ID: CAL.708_00.000 **Instrument Variable Name:** CTP3MOST **QuestionnaireFileName:** Child CAM

QuestionText: Of these reasons, which ONE was the most important for [fill: S.C. name] [fill1: using/seeing] [fill2: modality]?

*Read list below.

01	[fill3: his/her] general wellness or general disease prevention
02	To improve [fill3: his/her] energy
03	To improve [fill3: his/her] immune function
04	To improve [fill3: his/her] athletic or sports performance
05	To improve [fill3: his/her] memory or concentration
06	To eat healthier
07	To eat more organic foods
08	To cut back or stop drinking alcohol
09	To cut back or stop smoking cigarettes
10	To exercise more regularly
11	To give [fill4: him/her] a sense of control over [fill3: his/her] health
12	To help to reduce [fill3: his/her] stress level or to relax
13	To help [fill4: him/her] to sleep better
14	To make [fill4: him/her] feel better emotionally
15	To make it easier to cope with health problems
16	To improve [fill3: his/her] overall health and make [fill4: him/her] feel better
17	To improve [fill3: his/her] relationships with others
18	To improve [fill3: his/her] attendance at school
97	Refused
99	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities and had two or more reasons for seeing a practitioner/using modality chosen

SkipInstructions: <1-18> [goto CTP3HELP]
<R,D> [goto CTP3TRET]

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Question ID: CAL.709_00.000   **Instrument Variable Name:**   CTP3HELP   **QuestionnaireFileName:**   Child CAM

QuestionText: How much do you think [fill1: modality] helped [fill: S.C. name] [fill2: reason given in CTP1MOST question]? Would you say…

*Read categories below.

1	A great deal
2	Some
3	Only a little
4	Not at all
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities and had a most important reason for using selected modality/seeing a practitioner for selected modality

SkipInstructions: <1-4,R,D> [goto CTP3TRET]

Question ID: CAL.710_00.000   **Instrument Variable Name:**   CTP3TRET   **QuestionnaireFileName:**   Child CAM

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for one or more specific health problems, symptoms, or conditions?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1> [goto CTP3COND]
<2,R,D> CAL_TP33 in (6,7,10-16) [goto CTP3RS5];
     else CAL_TP33 ne (6,7,10-16) [goto CTP3RS6]

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Question ID: CAL.711_00.000   **Instrument Variable Name:**   CTP3COND   **QuestionnaireFileName:**   Child CAM

QuestionText: For what health problems, symptoms, or conditions did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality]?

*Enter all that apply, separate with commas.

01	Abdominal pain
02	Anemia
03	Feeling anxious, nervous or worried
04	Arthritis
05	Asthma
06	Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD)
07	Autism/Autism Spectrum Disorder
08	Cerebral palsy
09	Chickenpox
10	High cholesterol
11	Congenital heart disease
12	Constipation
13	Cystic fibrosis
14	Depression
15	Dental pain
16	Diabetes
17	Down syndrome
18	Eczema or skin allergy
19	Excessive sleepiness during the day
20	Fatigue or lack of energy more than 3 days
21	Fever more than 1 day
22	Food or digestive allergy
23	Frequent or repeated diarrhea or colitis
24	Gynecologic problem
25	Hay fever
26	Head or chest cold
27	Hearing problem
28	Hypertension
29	Influenza or pneumonia
30	Insomnia or trouble sleeping
31	Joint pain or stiffness
32	Low back pain
33	Intellectual disability, also known as mental retardation
34	Menstrual problems
35	Migraine headaches
36	Muscular dystrophy
37	Nausea and/or vomiting
38	Neck pain
39	Chronic pain
40	Muscle or bone pain
41	Other developmental delay
42	Heart condition
43	Problems with being overweight
44	Non-migraine headaches
45	Respiratory allergy

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46	Seizures
47	Sickle cell anemia
48	Sinusitis
49	Sore throat other than strep or tonsillitis
50	Sprain or strain
51	Strep throat or tonsillitis
52	Frequent stress
53	Stuttering or stammering
54	Three or more ear infections
55	Vision problems
56	Other specify
97	Refused
99	Don't know

UniverseText: 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

SkipInstructions: <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

QuestionText: *Enter condition for which [fill1: modality] was used. If respondent gives more than one condition, probe for condition which is most important.

97	Refused
99	Don't Know
Verbatim	Verbatim response

UniverseText: Sample children 4+ who have used third of top three modalities and used modality to treat other health problem or condition

SkipInstructions: <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]

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Question ID: CAL.712_00.000 **Instrument Variable Name:** CTP3CMST **QuestionnaireFileName:** Child CAM

QuestionText: For which ONE of these did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] the most?

*If respondent cannot choose one condition, probe for condition most important for child using therapy.

01	Abdominal pain
02	Anemia
03	Feeling anxious, nervous or worried
04	Arthritis
05	Asthma
06	Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD)
07	Autism/Autism Spectrum Disorder
08	Cerebral palsy
09	Chickenpox
10	High cholesterol
11	Congenital heart disease
12	Constipation
13	Cystic fibrosis
14	Depression
15	Dental pain
16	Diabetes
17	Down syndrome
18	Eczema or skin allergy
19	Excessive sleepiness during the day
20	Fatigue or lack of energy more than 3 days
21	Fever more than 1 day
22	Food or digestive allergy
23	Frequent or repeated diarrhea or colitis
24	Gynecologic problem
25	Hay fever
26	Head or chest cold
27	Hearing problem
28	Hypertension
29	Influenza or pneumonia
30	Insomnia or trouble sleeping
31	Joint pain or stiffness
32	Low back pain
33	Intellectual disability, also known as mental retardation
34	Menstrual problems
35	Migraine headaches
36	Muscular dystrophy
37	Nausea and/or vomiting
38	Neck pain
39	Chronic pain
40	Muscle or bone pain
41	Other developmental delay
42	Heart condition
43	Problems with being overweight
44	Non-migraine headaches
45	Respiratory allergy

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46	Seizures
47	Sickle cell anemia
48	Sinusitis
49	Sore throat other than strep or tonsillitis
50	Sprain or strain
51	Strep throat or tonsillitis
52	Frequent stress
53	Stuttering or stammering
54	Three or more ear infections
55	Vision problems
56	Other specify
97	Refused
99	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities and used modality to treat specific conditions and more than one condition selected

SkipInstructions: <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

QuestionText: How much do you think [fill1: modality] helped [fill: S.C. name]'s [fill2: condition from CTP3CMST]? Would you say...

*Read categories below.

1	A great deal
2	Some
3	Only a little
4	Not at all
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1-4,R,D> [goto CTP3MTR1]

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Question ID: CAL.714_00.000 **Instrument Variable Name:** CTP3MTR1 **QuestionnaireFileName:** Child CAM

QuestionText: Did [fill: S.C. name] receive any of the following medical treatments for [fill1: condition from CTP3CMST]?

Prescription medications?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1,2,R,D> [goto CTP3MTR2]

Question ID: CAL.715_00.000 **Instrument Variable Name:** CTP3MTR2 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

Did [fill: S.C. name] receive any of the following medical treatments for [fill1: condition from CTP3CMST]?

Over-the-counter medications?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1,2,R,D> [goto CTP3MTR3]

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Question ID: CAL.716_00.000 **Instrument Variable Name:** CTP3MTR3 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

Did [fill: S.C. name] receive any of the following medical treatments for [fill1: condition from CTP3CMST]?

Surgery?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1,2,R,D> [goto CTP3MTR4]

Question ID: CAL.717_00.000 **Instrument Variable Name:** CTP3MTR4 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

Did [fill: S.C. name] receive any of the following medical treatments for [fill1: condition from CTP3CMST]?

Physical therapy?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1,2,R,D> [goto CTP3MTR5]

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Question ID: CAL.718_00.000 **Instrument Variable Name:** CTP3MTR5 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

Did [fill: S.C. name] receive any of the following medical treatments for [fill1: condition from CTP3CMST]?

Mental health counseling?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have used third of top three modalities and used modality to treat specific condition(s)

SkipInstructions: <1,2,R,D> if CTP3MTR1=1 or CTP3MTR2=1 or CTP3MTR3=1 or CTP3MTR4=1 or CTP3MTR5=1 [goto CTP3RS1];
   else if self-care modality (CAL_TP33=6,7,10-16) [goto CTP3RS5];
   else [goto CTP3RS6]

Question ID: CAL.719_00.000 **Instrument Variable Name:** CTP3RS1 **QuestionnaireFileName:** Child CAM

QuestionText: DURING THE PAST 12 MONTHS, did [fill S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

These medical treatments were too expensive?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4+ who have used third of top three modalities and used treatments for specific condition(s)

SkipInstructions: <1,2,R,D> [goto CTP3RS2]

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Question ID: CAL.720_00.000   **Instrument Variable Name:**   CTP3RS2   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did [fill S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

[fill3: modality] combined with these medical treatments would help?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities and used treatments for specific condition(s)

SkipInstructions: <1,2,R,D> [goto CTP3RS3]

Question ID: CAL.721_00.000   **Instrument Variable Name:**   CTP3RS3   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did [fill S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

These medical treatments do not work for [fill: his/her] health problems?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities and used treatments for specific condition(s)

SkipInstructions: <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]

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Question ID: CAL.722_00.000   **Instrument Variable Name:**   CTP3RS4   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did [fill S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

[fill3: Prescription medications/Over the counter medications/Prescription or over-the-counter medications] cause side effects?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities and used prescription or over-the-counter medication to treat specific condition(s)

SkipInstructions: <1,2,R,D> if self-care modality (CAL_TP33=6,7,10-16) [goto CTP3RS5];
                                 else [goto CTP3RS6]

Question ID: CAL.723_00.000   **Instrument Variable Name:**   CTP3RS5   **QuestionnaireFileName:**   Child CAM

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] [fill1: use modality] for any of these reasons?

Because it can be done without help from a specialist?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities and picked a self care modality

SkipInstructions: <1,2,R,D> [goto CTP3RS6]

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Question ID: CAL.724_00.000   **Instrument Variable Name:**   CTP3RS6   **QuestionnaireFileName:**   Child CAM

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

It is natural?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3RS7]

Question ID: CAL.725_00.000   **Instrument Variable Name:**   CTP3RS7   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did [fill S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

It focuses on the whole person, mind, body, and spirit?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3RS8]

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Question ID: CAL.726_00.000   **Instrument Variable Name:**   CTP3RS8   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did [fill S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

It treats the cause and not just the symptoms?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3RS9]

Question ID: CAL.727_00.000   **Instrument Variable Name:**   CTP3RS9   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did [fill S.C. name] [fill1: see a practitioner for/use] [fill2: modality] for any of these reasons?

It was part of [fill: his/her] upbringing?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3REC1]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.728_00.000   **Instrument Variable Name:**   CTP3REC1   **QuestionnaireFileName:**   Child CAM

QuestionText: Did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] because it was recommended by any of the following people?

A medical doctor?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3REC2]

Question ID: CAL.729_00.000   **Instrument Variable Name:**   CTP3REC2   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] because it was recommended by any of the following people?

A family member?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3REC3]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.730_00.000   **Instrument Variable Name:**   CTP3REC3   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] because it was recommended by any of the following people?

A friend?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3REC4]

Question ID: CAL.731_00.000   **Instrument Variable Name:**   CTP3REC4   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Did [fill: S.C. name] [fill1: see a practitioner for/use] [fill2: modality] because it was recommended by any of the following people?

A co-worker of yours or a co-worker of another family member?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3IMP]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.732_00.000   **Instrument Variable Name:**   CTP3IMP   **QuestionnaireFileName:**   Child CAM

QuestionText: DURING THE PAST 12 MONTHS, how important do you think [fill: S.C. name]'s use of [fill1: modality] was in maintaining [fill: his/her] health and well-being? Would you say…

*Read categories below.

1	Very important
2	Somewhat important
3	Slightly important
4	Not at all important
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1-4,R,D> if CPROVTYP=1-4 [goto CTP3DS1];
                    else [goto CTP3INF1]

Question ID: CAL.733_00.000   **Instrument Variable Name:**   CTP3DS1   **QuestionnaireFileName:**   Child CAM

QuestionText: [fill1: Not including the practitioner [fill: S.C. name] saw for [fill2: modality] DURING THE PAST 12 MONTHS, did you let [fill S.C. name]'s personal health care provider know about [fill: his/her] use of [fill3: modality]?

*If practitioner for therapy is the same person as personal health care provider, enter '1'.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities and has a personal health care provider

SkipInstructions: <1,R,D> [goto CTP3INF1]
                    <2> [goto CTP3DS2]

2012 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.734_00.000   **Instrument Variable Name:**   CTP3DS2   **QuestionnaireFileName:**   Child CAM

QuestionText: Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

[fill: S.C. name] was not using it at the time?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities and did not tell their personal health care provider about using therapy

SkipInstructions: <1,2,R,D> [goto CTP3DS3]

Question ID: CAL.735_00.000   **Instrument Variable Name:**   CTP3DS3   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

They discouraged use of it in the past?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities and did not tell their personal health care provider about using therapy

SkipInstructions: <1,2,R,D> [goto CTP3DS4]

2012 NHIS 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

QuestionText: *Read if necessary.

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

You were worried they would discourage it?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities and did not tell their personal health care provider about using therapy

SkipInstructions: <1,2,R,D> [goto CTP3DS5]

Question ID: CAL.737_00.000   **Instrument Variable Name:**   CTP3DS5   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

You were concerned about a negative reaction?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities and did not tell their personal health care provider about using therapy

SkipInstructions: <1,2,R,D> [goto CTP3DS6]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.738_00.000   **Instrument Variable Name:**   CTP3DS6   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

You didn't think they needed to know?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities and did not tell their personal health care provider about using therapy

SkipInstructions: <1,2,R,D> [goto CTP3DS7]

Question ID: CAL.739_00.000   **Instrument Variable Name:**   CTP3DS7   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

They didn't ask?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities and did not tell their personal health care provider about using therapy

SkipInstructions: <1,2,R,D> [goto CTP3DS8]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.740_00.000 **Instrument Variable Name:** CTP3DS8 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

You don't think they know as much about it as you do?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities and did not tell their personal health care provider about using therapy

SkipInstructions: <1,2,R,D> [goto CTP3DS9]

Question ID: CAL.741_00.000 **Instrument Variable Name:** CTP3DS9 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

Why didn't you tell [fill: S.C. name]'s personal health care provider about [fill: his/her] use of [fill1: modality]?

They didn't give you enough time to tell them?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities and did not tell their personal health care provider about using therapy

SkipInstructions: <1,2,R,D> [goto CTP3INF1]

2012 NHIS 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

QuestionText: DURING THE PAST 12 MONTHS, did you or another family member get information about [fill1: modality] from any of the following sources?

The Internet?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3INF2]

Question ID: CAL.761_00.000 **Instrument Variable Name:** CTP3INF2 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you or another family member get information about [fill1: modality] from any of the following sources?

Books, magazines, or newspapers?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3INF3]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.762_00.000   **Instrument Variable Name:**   CTP3INF3   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you or another family member get information about [fill1: modality] from any of the following sources?

DVDs, videos, or CDs?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3INF4]

Question ID: CAL.763_00.000   **Instrument Variable Name:**   CTP3INF4   **QuestionnaireFileName:**   Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you or another family member get information about [fill1: modality] from any of the following sources?

Television or radio?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3INF5]

2012 NHIS Questionnaire -   Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 24-May-13

Question ID: CAL.764_00.000 **Instrument Variable Name:** CTP3INF5 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you or another family member get information about [fill1: modality] from any of the following sources?

Scientific articles?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto CTP3INF6]

Question ID: CAL.765_00.000 **Instrument Variable Name:** CTP3INF6 **QuestionnaireFileName:** Child CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you or another family member get information about [fill1: modality] from any of the following sources?

Health food stores?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4+ who have used third of top three modalities

SkipInstructions: <1,2,R,D> [goto next section]