## 2007 NHIS Questionnaire - Sample Adult
**Adult Identification**

**Document Version Date:** 27-May-08

### Question ID: AID.005_00.000  **Instrument Variable Name:** SADULT  **QuestionnaireFileName:** Sample Adult

**QuestionText:**
* The sample adult person is [fill: ALIAS of Sample Adult]. The next questions must be answered by this person. Probe as necessary to determine the availability of [fill: ALIAS of Sample Adult].

* If refused enter CTRL-R

1. Available
2. Not available
3. Physical or mental condition prohibits responding
7. Refused

**UniverseText:**
This is the Sample Adult and (the Sample Adult section has not been started or completed).

**SkipInstructions:**

```
<1> if Sample Adult = demographics.hhc.RELRESP_A
    goto beginning of adult.asd
elseif Sample Adult = demographics.hhc.HHRESP
    goto beginning of adult.asd
else
    goto AIDVERF_S
endif
<2> goto callbk.ACALLBK1
<3> goto PROX1
<R> store '4' in ASTAT
    if recontact.RCIFLAG ne '1'
        goto recontact.RCI_BEGIN procedure
    else
        goto back.OUTCOME1 procedure
    endif
```

### Question ID: AID.010_00.000  **Instrument Variable Name:** PROX1  **QuestionnaireFileName:** Sample Adult

**QuestionText:**
* Proxy interviews can be done for sample adults that have a mental or physical condition that prevents them from responding for themselves.

Is a family member or caregiver that is knowledgeable about [fill: ALIAS of Sample Adult]'s health available?

1. Yes
2. No

**UniverseText:**
The Sample Adult's physical or mental condition prohibits responding.

**SkipInstructions:**

```
<1> goto PROX2
<2> goto PROX3
```
**Question ID:** AID.015_00.000  **Instrument Variable Name:** PROX2  **QuestionnaireFileName:** Sample Adult

**QuestionText:** *Ask if necessary.

What is this person's relationship to [fill: ALIAS of Sample Adult]?

1 Relative who lives in household
2 Relative who doesn't live in household
3 Other caregiver
4 Other
7 Refused
9 Don't know

**UniverseText:** Knowledgeable proxy is available.

**SkipInstructions:** <1-4> goto AIDVERF_S

---

**Question ID:** AID.020_00.000  **Instrument Variable Name:** PROX3  **QuestionnaireFileName:** Sample Adult

**QuestionText:** *Ask if necessary.

Can a callback with someone knowledgeable about [fill: ALIAS of Sample Adult]'s health be arranged?

1 Yes
2 No

**UniverseText:** Knowledgeable proxy is not available.

**SkipInstructions:** <1> goto callbk.ACALLBK1
<2> store '3' in ASTAT
    if recontact.RCIFLAG ne '1'
        goto recontact.RCI_BEGIN procedure
    else
        goto back.OUTCOMEB1 procedure
    endif

---

**Question ID:** AID.030_00.000  **Instrument Variable Name:** AIDVERF_S  **QuestionnaireFileName:** Sample Adult

**QuestionText:** * Please verify the following information about the sample adult before proceeding:

I have recorded your sex as [fill: Sex of Sample Adult]. Is this correct?

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

1 Yes
2 No

**UniverseText:** Sample Adult is not the person entered in HHRESP or RELRESP_A. Or PROX1 = 'Yes'.

**SkipInstructions:** <1> goto AIDVERF_A
<2> goto AIDSEX
**Question ID:** AID.040_00.000  **Instrument Variable Name:** AIDSEX  **Questionnaire File Name:** Sample Adult

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

Are you Male or Female?

1  Male
2  Female

**Universe Text:** Respondent said his/her sex is not correct.

**Skip Instructions:**
<1,2> store AIDSEX in SEX
goto ERR_AIDSEX
reset AIDVERF_S
goto AIDVERF_S

---

**Question ID:** AID.045_00.000  **Instrument Variable Name:** AIDVERF_A  **Questionnaire File Name:** Sample Adult

**Question Text:**
* Please verify the following information about the sample adult before proceeding:

I have recorded your age as [fill: Age of Sample Adult] old.  Is this correct?

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

1  Yes
2  No

**Universe Text:** Sample Adult said his/her sex is correct.

**Skip Instructions:**
<1> goto AIDVERF_D
<2> goto AIDAGE

---

**Question ID:** AID.050_00.000  **Instrument Variable Name:** AIDAGE  **Questionnaire File Name:** Sample Adult

**Question Text:**
How old are you?

Age in years

000-120  Refused
997  Refused
999  Don't know

**Universe Text:** Respondent said his/her age is not correct.

**Skip Instructions:**
<0-120, Refused, Don't know>

if AIDAGE = 'Refused' or AIDAGE = 'Don't know' or AIDAGE = AGE
reset AIDVERF_A
goto ERR_AIDAGE
else
store AIDAGE in AGE
goto AIDDOB_M
Question ID: AID.055_00.000  Instrument Variable Name: AIDVERF_D  QuestionnaireFileName: Sample Adult

QuestionText: * Please verify the following information about the sample adult before proceeding:
I have recorded your birthday as [fill: Birthday of Sample Adult]. Is this correct?
*If respondent "refuses" or says "don't know", enter "1" for "yes".

1  Yes
2  No

UniverseText: Sample Adult said his/her age is correct.

SkipInstructions: <1> if AGE of Sample Adult le '17
goto NO_MORE
everse
goto beginning of adult.asd
endif
<2> goto AIDDOB_M

Question ID: AID.060_01.000  Instrument Variable Name: AIDDOB_M  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 3

What is your birthday?
*Enter month of birth.

01 January
02 February
03 March
04 April
05 May
06 June
07 July
08 August
09 September
10 October
11 November
12 December
97 Refused
99 Don't know

UniverseText: Respondent said his/her date of birth is not correct or his/her age is not correct

SkipInstructions: <01-12, Refused, Don't know> goto AIDDOB_D
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<table>
<thead>
<tr>
<th>Question ID: AID.060_02.000</th>
<th>Instrument Variable Name: AIDDOB_D</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> 2 of 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Enter day of birth.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day of the month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01-31 Day of the month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>97 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99 Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** Respondent said his/her date of birth is not correct or his/her age is not correct

**SkipInstructions:**
\[<01-31, Refused, Don't know> goto AIDDOB_Y\]

If days not valid, goto ERR_AIDDOB_D

<table>
<thead>
<tr>
<th>Question ID: AID.060_03.000</th>
<th>Instrument Variable Name: AIDDOB_Y</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> 3 of 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Enter year of birth.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year of Birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1880-2020</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** Respondent said his/her date of birth is not correct or his/her age is not correct

**SkipInstructions:**
\[<1880-2020, Refused, Don't know> if AIDVERF_A = '2' (No) then reset AIDVERF_A to empty\]
\[goto AIDVERF_A\]
\[elseif AIDVERF_D = '2' (No) then reset AIDVERF_D to empty\]
\[goto AIDVERF_D\]
\[endif\]
\[(if year GT current year) or (if year = current year and month GT current month) or (if year = current year and month = current month and day GT current day)\]
\[goto ERR1_AIDDOB_Y\]
\[endif\]
\[(if birth month = '02' and birth day = '29' and this is not a leap year)\]
\[goto ERR2_AIDDOB_Y\]
\[endif\]
\[(if AIDDOB_M = 'Ref' or 'DK') or (if AIDDOB_D = 'Ref' or 'DK') or (if AIDDOB_Y = 'Ref' or 'DK')\]
\[goto ERR3_AIDDOB_Y\]
\[else\]
\[store AIDDOB_M in DOBM\]
\[store AIDDOB_D in DOBD\]
\[store AIDDOB_Y in DOBY\]
\[if AIDVERF_A = '2' (No) then reset AIDVERF_A to empty\]
\[goto AIDVERF_A\]
\[elseif AIDVERF_D = '2' (No) then reset AIDVERF_D to empty\]
\[goto AIDVERF_D\]
\[endif\]
\[endif\]

Calculate age from AIDDOB_M, AIDDOB_D, and AIDDOB_Y.

if age from AIDDOB items is ne AGE and age from AIDDOB items is valid
reset AIDVERF_A or AIDVERF_D.
\[goto ERR4_AIDDOB_Y\]
\[endif\]
Now I am going to ask you about some health services you may have used. First I will ask you about some services for which you would have seen a practitioner. Then I will ask you about some other health practices you may have done on your own.

Have you EVER seen a provider or practitioner for any of the following therapies for yourself? Please say yes or no to each.

... Acupuncture (AK-you-punk-chur)

1 Yes
2 No
7 Refused
9 Don't know

Have you EVER seen a provider or practitioner for any of the following therapies for yourself?

... Ayurveda (eye-yur-VAY-duh)

1 Yes
2 No
7 Refused
9 Don't know
**2007 NHIS Questionnaire - Adult CAM**  
Adult Alternative Health/Complementary And Alternative Medicine  
**Document Version Date:** 28-May-08

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.014_00.000</th>
<th>Instrument Variable Name: BIO_EVER</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
</table>
| QuestionText:      | (book) ALT1 ?[F1] *Read if necessary. Have you EVER seen a provider or practitioner for any of the following therapies for yourself? ...Biofeedback | 1 Yes  
2 No  
7 Refused  
9 Don't know | UniverseText: Sample adults 18+ |
| SkipInstructions:  | <1,2,R,D>[goto CHE_EVER] | | |

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.016_00.000</th>
<th>Instrument Variable Name: CHE_EVER</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
</table>
| QuestionText:      | (book) ALT1 ?[F1] *Read if necessary. Have you EVER seen a provider or practitioner for any of the following therapies for yourself? ...Chelation (key-LAY-shun) Therapy | 1 Yes  
2 No  
7 Refused  
9 Don't know | UniverseText: Sample adults 18+ |
| SkipInstructions:  | <1,2,R,D>[goto COM_EVER] | | |

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.018_00.000</th>
<th>Instrument Variable Name: COM_EVER</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
</table>
| QuestionText:      | (book) ALT1 ?[F1] *Read if necessary. Have you EVER seen a provider or practitioner for any of the following therapies for yourself? ...Chiropractic (kye-row-PRAK-tik) or Osteopathic Manipulation | 1 Yes  
2 No  
7 Refused  
9 Don't know | UniverseText: Sample adults 18+ |
| SkipInstructions:  | <1,2,R,D>[goto EHT_EVER] | | |
Have you EVER seen a provider or practitioner for any of the following therapies for yourself?

...Energy Healing Therapy

1  Yes
2  No
7  Refused
9  Don't know

Have you EVER seen a provider or practitioner for any of the following therapies for yourself?

...Hypnosis

1  Yes
2  No
7  Refused
9  Don't know

Have you EVER seen a provider or practitioner for any of the following therapies for yourself?

...Massage

1  Yes
2  No
7  Refused
9  Don't know
Have you EVER seen a provider or practitioner for any of the following therapies for yourself?

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

1 Yes
2 No
7 Refused
9 Don't know

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

1 Yes
2 No
7 Refused
9 Don't know

If AYU_EVER = 1 goto AYU_USEM
elseif AYU_EVER = 2 goto AYU_MNOT
Question ID: ALT.030_00.000  Instrument Variable Name: ACU_NUMB  QuestionnaireFileName: Adult CAM

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

*Read categories if necessary.

1 Only one time
2 2-5 times
3 6-10 times
4 11-15 times
5 16-20 times
6 More than 20 times
7 Refused
9 Don't know

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

SkipInstructions: <1,2,3,4,5,6,R,D>[goto ACU_PAY]

Question ID: ALT.032_00.000  Instrument Variable Name: ACU_PAY  QuestionnaireFileName: Adult CAM

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

*Enter '500' for $500 or more.

000-499 $0-$499
500 $500 or more
997 Refused
999 Don't know

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

SkipInstructions: <0-500,Refused,Don't know>[goto ACU_TRET]

Question ID: ALT.034_00.000  Instrument Variable Name: ACU_TRET  QuestionnaireFileName: Adult CAM

QuestionText: Did you use acupuncture for a specific health problem or condition?

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: <1>[goto ACU_COND] <2,R,D>[goto ACU_ENG]
For what health problems or conditions did you use acupuncture?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
Memory loss or loss of other cognitive function
Menopause
Menstrual problems
Mental retardation
Missing limbs (fingers, toes or digits), amputee
Osteoporosis, tendinitis
Other developmental problem
Other injury
Other nerve damage, including carpal tunnel syndrome
Phobia or fears
Polio (myelitis), paralysis, para/quadruplegia
Poor circulation in legs
Prostate trouble or impotence
Regular headaches
Rheumatoid arthritis
Schizophrenia
Seizures
Senility
Sinusitis
Skin problems
Sprain or strain
Stroke
Substance abuse, other than alcohol or tobacco
Ulcer
Urinary problem
Varicose veins, hemorrhoids
Vision problem
Weak or failing kidneys
Weight problem
Back pain or problem
Head or chest cold
Neck pain or problem
Severe headache or migraine
Stomach or intestinal illness
Other - specify
Refused
Don't know

Sample adults 18+ who use acupuncture for a specific condition

<1-81> If more than one condition selected, [goto ACU_MOST], elseif only one condition selected, [goto ACU_MED],
<82> [goto ACU_SPEC]
<Refused, Don't know> [goto ACU_ENG]
Question ID: ALT.037_00.000  Instrument Variable Name: ACU_SPEC  QuestionnaireFileName: Adult CAM

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

97  Refused
99  Don't know

Verbatim: Verbatim response

UniverseText: Sample adults 18+ who used acupuncture to treat other health problem or condition

SkipInstructions: <Allow 75> if more than one condition selected [goto ACU_MOST]; else if only one condition selected [goto ACU_MED]
<R,D> [if more than one condition (1-81) selected [goto ACU_MOST]; elseif only one condition (1-81) selected [goto ACU_MED]; else [goto ACU_ENG]
For which ONE of these health conditions did you use acupuncture the most?

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

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
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47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who used acupuncture for more than 1 condition

SkipInstructions: <1-82> [goto ACU_MED],
<Refused,Don't know> [goto ACU_ENG]
Did you receive any of these conventional medical treatments for [Fill: condition for which acupuncture used the most]?* Enter all that apply, separate with commas.

- None
- Prescription medications
- Over-the-counter medications
- Surgery
- Physical therapy
- Mental health counseling
- Refused
- Don’t know

Sample adults 18+ who receive acupuncture for particular medical condition

Did you receive prescription medications for [fill: condition from ACU_MOST or ACU_COND or ACU_SPEC] before, at about the same time, or after trying acupuncture?

- Before
- At about the same time
- After
- Refused
- Don’t know

Sample adults 18+ who used prescription medications for condition they used acupuncture for the most

Did you receive over-the-counter medications for [fill: condition from ACU_MOST or ACU_COND or ACU_SPEC] before, at about the same time, or after trying acupuncture?

- Before
- At about the same time
- After
- Refused
- Don’t know

Sample adults 18+ who used over-the-counter medications for condition they used acupuncture for the most
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Question ID: ALT.042_03.000  Instrument Variable Name: ACU_TIM3  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive surgery for [fill: condition from ACU_MOST or ACU_COND or ACU_SPEC] before, at about the same time, or after trying acupuncture?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who had surgery for condition they used acupuncture for the most

SkipInstructions:  <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected [goto ACU_ENG]

Question ID: ALT.042_04.000  Instrument Variable Name: ACU_TIM4  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive physical therapy for [fill: condition from ACU_MOST or ACU_COND or ACU_SPEC] before, at about the same time, or after trying acupuncture?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who had physical therapy for condition they used acupuncture for the most

SkipInstructions:  <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected [goto ACU_ENG]

Question ID: ALT.042_05.000  Instrument Variable Name: ACU_TIM5  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive mental health counseling for [fill: condition from ACU_MOST or ACU_COND or ACU_SPEC] before, at about the same time, or after trying acupuncture?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who had mental health counseling for condition they used acupuncture for the most

SkipInstructions:  <1-3,R,D> [goto ACU_ENG]
DURING THE PAST 12 MONTHS, did you use acupuncture for any of these reasons? Please say yes or no to each.

...To improve or enhance energy

1 Yes
2 No
7 Refused
9 Don't know

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

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

*Read if necessary.

DURING THE PAST 12 MONTHS, did you use acupuncture for any of these reasons?

... For general wellness or general disease prevention

1 Yes
2 No
7 Refused
9 Don't know

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

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

*Read if necessary.

DURING THE PAST 12 MONTHS, did you use acupuncture for any of these reasons?

... To improve or enhance immune function

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: <1,2,D,R> [goto ACU_NOHP]
**Question ID:** ALT.050_00.000  
**Instrument Variable Name:** ACU_NOHP  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**  
*Read if necessary. DURING THE PAST 12 MONTHS, did you use acupuncture for any of these reasons? 

...Because medical treatments did not help

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

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

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

---

**Question ID:** ALT.052_00.000  
**Instrument Variable Name:** ACU_EXPS  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**  
*Read if necessary. DURING THE PAST 12 MONTHS, did you use acupuncture for any of these reasons? 

...Because medical treatments were too expensive

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

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

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

---

**Question ID:** ALT.054_00.000  
**Instrument Variable Name:** ACU_SUGG  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**  
*Read if necessary. DURING THE PAST 12 MONTHS, did you use acupuncture for any of these reasons? 

...It was recommended by a health care provider

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

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

**SkipInstructions:** <1,2,D,R> [goto ACU_FFC]
Question ID: ALT.056_00.000  Instrument Variable Name: ACU_FFC  QuestionnaireFileName: Adult CAM

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

DURING THE PAST 12 MONTHS, did you use acupuncture for any of these reasons?

...It was recommended by family, friends, or co-workers

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

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

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

---

Question ID: ALT.058_00.000  Instrument Variable Name: ACU_DISC  QuestionnaireFileName: Adult CAM

**QuestionText:** (book) ALT3 ?[F1]

DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of acupuncture?

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

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

**SkipInstructions:** <1>[goto ACUPROF]
<2,Refused,Don't know> [goto AYU_USEM or next modality which respondent has used. If no more, [goto cycle through reference table below:

If AYU_EVER = 1 goto AYU_USEM
elseif BÍO_EVER = 1 goto BÍO_USEM
elseif CHE_EVER = 1 goto CHE_USEM
elseif COM_EVER = 1 goto COM_USEM
elseif COM_EVER = 2 goto COM_NNOT
elseif EHT_EVER = 1 goto EHT_USEM
elseif HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER
(book) ALT3 ?[F1]

Which ones?

* Enter all that apply, separate with commas.

01 Medical doctor (including specialists)
02 Doctor of Osteopathy (D.O.)
03 Nurse practitioner/Physician assistant
04 Psychiatrist
05 Dentist (including specialists)
06 Psychologist/social worker
07 Pharmacist
97 Refused
99 Don't know

Sample adults 18+ who have let a conventional medical prof. know about use of acupuncture

If AYU_EVER = 1 goto AYU_USEM
elseif BIO_EVER = 1 goto BIO_USEM
elseif CHE_EVER = 1 goto CHE_USEM
elseif COM_EVER = 1 goto COM_USEM
elseif COM_EVER = 2 goto COM_NNOT
elseif EHT_EVER = 1 goto EHT_USEM
elseif HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER]
Question ID: ALT.062_00.000  Instrument Variable Name: ACU_MNOT  QuestionnaireFileName: Adult CAM

QuestionText: (book) ALT4

Please tell me the reasons why you have not used acupuncture in the PAST 12 MONTHS.

*Enter all that apply, separate with commas.

01 Never thought about it
02 No reason
03 Didn't need it in the last 12 months
04 It didn't work for me before
05 It costs too much
06 I had side effects last time
07 A health care provider told me not to use it
08 Medical science has not shown that it works
09 Some other reason
07 Refused
99 Don't know

UniverseText: Sample adults 18+ who have not used acupuncture in the past 12 months

SkipInstructions: <6> goto ACU_SDEF
<1-5,7-9,'R', 'D'>[goto AYU_USEM or next modality that respondent has used; ---see table below for determination:
If AYU_EVER = 1 goto AYU_USEM
elseif BIO_EVER = 1 goto BIO_USEM
elseif CHE_EVER = 1 goto CHE_USEM
elseif COM_EVER = 1 goto COM_USEM
elseif COM_EVER = 2 goto COM_NNOT
elseif EHT_EVER = 1 goto EHT_USEM
elseif HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER

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

QuestionText: What kinds of side effects did you have?

97 Refused
99 Don't know

Verbatim Verbatim response

UniverseText: Sample adults 18+ who had side effects from acupuncture

SkipInstructions: <allow 75 characters, 'Refused', 'Don't know'> [goto ACU_ATT]
Did any of these require medical attention?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who had side effects from acupuncture

If AYU_EVER = 1 goto AYU_USEM
elseif BIO_EVER = 1 goto BIO_USEM
elseif CHE_EVER = 1 goto CHE_USEM
elseif COM_EVER = 1 goto COM_USEM
elseif COM_EVER = 2 goto COM_NNOT
elseif EHT_EVER = 1 goto EHT_USEM
elseif HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER

Please tell me the reasons why you have never used acupuncture.

*Enter all that apply, separate with commas.

01  Never heard of it/don't know much about it
02  Never thought about it
03  No reason
04  Don't need it
05  Don't believe in it/it doesn't work
06  It costs too much
07  It is not safe to use
08  A health care provider told me not to use it
09  Medical science has not shown that it works
10  Some other reason
97  Refused
99  Don't know

Sample adults 18+ who have never used acupuncture

If AYU_EVER = 1 goto AYU_USEM
elseif BIO_EVER = 1 goto BIO_USEM
elseif CHE_EVER = 1 goto CHE_USEM
elseif COM_EVER = 1 goto COM_USEM
elseif COM_EVER = 2 goto COM_NNOT
elseif EHT_EVER = 1 goto EHT_USEM
elseif HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER]
DURING THE PAST 12 MONTHS, did you see a practitioner for ayurveda?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have ever tried ayurveda

<1>[goto AYU_NUMB] <2, 'R', 'D' [goto BIO_USEM or next modality respondent has used--see table below for determination:

If BIO_EVER = 1 goto BIO_USEM
elseif CHE_EVER = 1 goto CHE_USEM
elseif COM_EVER = 1 goto COM_USEM
elseif COM_EVER = 2 goto COM_NNOT
elseif EHT_EVER = 1 goto EHT_USEM
elseif HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER

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

*Read categories if necessary.

1  Only one time
2  2-5 times
3  6-10 times
4  11-15 times
5  16-20 times
6  More than 20 times
7  Refused
9  Don't know

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

<1,2,3,4,5,6,R,D>[goto AYU_PAY]
**Question ID:** ALT.074_00.000  **Instrument Variable Name:** AYU_PAY  **QuestionnaireFileName:** Adult CAM

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

*Enter ‘500’ for $500 or more.*

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000-499</td>
<td>$0-$499</td>
</tr>
<tr>
<td>500</td>
<td>$500 or more</td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:** <0-500,Refused,Don't know> [goto AYU_TRET]

---

**Question ID:** ALT.076_00.000  **Instrument Variable Name:** AYU_TRET  **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you use ayurveda for a specific health problem or condition?

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

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

**SkipInstructions:** <1>[goto AYU_COND] <2,R,D>[goto AYU_ENG]
For what health problems or conditions did you use ayurveda?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
Memory loss or loss of other cognitive function
Menopause
Menstrual problems
Mental retardation
Missing limbs (fingers, toes or digits), amputee
Osteoporosis, tendinitis
Other developmental problem
Other injury
Other nerve damage, including carpal tunnel syndrome
Phobia or fears
Polio (myelitis), paralysis, para/quadriplegia
Poor circulation in legs
Prostate trouble or impotence
Regular headaches
Rheumatoid arthritis
Schizophrenia
Seizures
Senility
Sinusitis
Skin problems
Sprain or strain
Stroke
Substance abuse, other than alcohol or tobacco
Ulcer
Urinary problem
Varicose veins, hemorrhoids
Vision problem
Weak or failing kidneys
Weight problem
Back pain or problem
Head or chest cold
Neck pain or problem
Severe headache or migraine
Stomach or intestinal illness
Other - specify
Refused
Don't know

Sample adults 18+ who use ayurveda for a specific condition

<1-81> If more than one condition selected, [goto AYU_MOST], elseif only one condition selected, [goto AYU_MED],
<82> [goto AYU_SPEC]
<Refused,Don't know> goto AYU_ENG
*Enter condition for which ayurveda was used. If respondent gives more than one condition, probe for condition most important for using ayurveda.

- Refused
- Don't know

Sample adults 18+ who used ayurveda to treat other health problem or condition
For which ONE of these health conditions did you use ayurveda the most?

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

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
83 Refused
84 Don't know

UniverseText: Sample adults 18+ who used ayurveda for more than 1 condition

SkipInstructions: <1-82> [goto AYU_MED],
<Refused,Don't know> [goto AYU_ENG]
Did you receive any of these conventional medical treatments for [Fill: condition for which ayurveda used the most]?

*Enter all that apply, separate with commas.

0   None
1   Prescription medications
2   Over-the-counter medications
3   Surgery
4   Physical therapy
5   Mental health counseling
7   Refused
9   Don't know

Sample adults 18+ who received ayurveda for particular condition

Did you receive prescription medications for [fill: condition from AYU_MOST or AYU_COND or AYU_SPEC] before, at about the same time, or after trying ayurveda?

1   Before
2   At about the same time
3   After
7   Refused
9   Don't know

Sample adults 18+ who used prescription medications for condition they used ayurveda for the most

Did you receive over-the-counter medications for [fill: condition from AYU_MOST or AYU_COND or AYU_SPEC] before, at about the same time, or after trying ayurveda?

1   Before
2   At about the same time
3   After
7   Refused
9   Don't know

Sample adults 18+ who used over-the-counter medications for condition they used ayurveda for the most
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 28-May-08

Question ID: ALT.084_03.000  Instrument Variable Name: AYU_TIM3  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive surgery for [fill: condition from AYU_MOST or AYU_COND or AYU_SPEC] before, at about the same time, or after trying ayurveda?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who had surgery for condition they used ayurveda for the most

SkipInstructions: <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected [goto AYU_ENG]]

Question ID: ALT.084_04.000  Instrument Variable Name: AYU_TIM4  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive physical therapy for [fill: condition from AYU_MOST or AYU_COND or AYU_SPEC] before, at about the same time, or after trying ayurveda?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who had physical therapy for condition they used ayurveda for the most

SkipInstructions: <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected [goto AYU_ENG]]

Question ID: ALT.084_05.000  Instrument Variable Name: AYU_TIM5  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive mental health counseling for [fill: condition from AYU_MOST or AYU_COND or AYU_SPEC] before, at about the same time, or after trying ayurveda?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who had mental health counseling for condition they used ayurveda for the most

SkipInstructions: <1-3,R,D> [goto AYU_ENG]
DURING THE PAST 12 MONTHS, did you use ayurveda for any of these reasons? Please say yes or no to each.

...To improve or enhance energy

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

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

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

QuestionID: ALT.088_00.000  Instrument Variable Name: AYU_WEL  QuestionnaireFileName: Adult CAM

*Read if necessary.

DURING THE PAST 12 MONTHS, did you use ayurveda for any of these reasons?

...For general wellness or general disease prevention

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

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

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

QuestionID: ALT.090_00.000  Instrument Variable Name: AYU_IMM  QuestionnaireFileName: Adult CAM

*Read if necessary.

DURING THE PAST 12 MONTHS, did you use ayurveda for any of these reasons?

...To improve or enhance immune function

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

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

SkipInstructions: <1,2,D,R> [goto AYU_NOHP]
2007 NHIS Questionnaire - Adult CAM

Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 28-May-08

Question ID: ALT.092_00.000  Instrument Variable Name: AYU_NOHP  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you use ayurveda for any of these reasons?

...Because medical treatments did not help

1 Yes
2 No
7 Refused
9 Don't know

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

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

Question ID: ALT.094_00.000  Instrument Variable Name: AYU_EXPS  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you use ayurveda for any of these reasons?

...Because medical treatments were too expensive

1 Yes
2 No
7 Refused
9 Don't know

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

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

Question ID: ALT.096_00.000  Instrument Variable Name: AYU_SUGG  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you use ayurveda for any of these reasons?

...It was recommended by a health care provider

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: <1,2,D,R> [goto AYU_FFC]
Question ID: ALT.098_00.000  Instrument Variable Name: AYU_FFC  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.  
DURING THE PAST 12 MONTHS, did you use ayurveda for any of these reasons?

...It was recommended by family, friends, or co-workers

1  Yes
2  No
7  Refused
9  Don't know

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

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

Question ID: ALT.100_00.000  Instrument Variable Name: AYU_DISC  QuestionnaireFileName: Adult CAM

QuestionText: (book) ALT3 *[F1]  
DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of ayurveda?

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1>[goto AYUPROF]
<2,D,R>[goto BIO_USEM or next modality which respondent has used. Cycle through table below:

If BIO_EVER = 1 goto BIO_USEM
elseif CHE_EVER = 1 goto CHE_USEM
elseif COM_EVER = 1 goto COM_USEM
elseif COM_EVER = 2 goto COM_NNOT
elseif EHT_EVER = 1 goto EHT_USEM
elseif HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER
**2007 NHIS Questionnaire - Adult CAM**

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

Document Version Date: 28-May-08

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**Question ID:** ALT.102_00.000  
**Instrument Variable Name:** AYUPROF  
**QuestionnaireFileName:** Adult CAM

**Question Text:**

(book) ALT3 ?[F1]

Which ones?

* Enter all that apply, separate with commas.

01 Medical doctor (including specialists)
02 Doctor of Osteopathy (D.O.)
03 Nurse practitioner/Physician assistant
04 Psychiatrist
05 Dentist (including specialists)
06 Psychologist/social worker
07 Pharmacist
97 Refused
99 Don't know

**Universe Text:** Sample adults 18+ who have let a conventional medical prof. know about use of ayurveda

**Skip Instructions:**

<1-7,R,D>[goto see table below]

If BIO_EVER = 1 goto BIO_USEM
elseif CHE_EVER = 1 goto CHE_USEM
elseif COM_EVER = 1 goto COM_USEM
elseif COM_EVER = 2 goto COM_NNOT
elseif EHT_EVER = 1 goto EHT_USEM
elseif HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER

---

**Question ID:** ALT.104_00.000  
**Instrument Variable Name:** BIO_USEM  
**QuestionnaireFileName:** Adult CAM

**Question Text:**

? [F1]

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

1 Yes
2 No
7 Refused
9 Don't know

**Universe Text:** Sample adults 18+ who have ever tried biofeedback

**Skip Instructions:**

<1>[goto BIO_NUMB] <2,'R', 'D' [goto CHE_USEM or next modality respondent has used--see table below for determination:

If CHE_EVER = 1 goto CHE_USEM
elseif COM_EVER = 1 goto COM_USEM
elseif COM_EVER = 2 goto COM_NNOT
elseif EHT_EVER = 1 goto EHT_USEM
elseif HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER

---
Question ID: ALT.106_00.000  Instrument Variable Name: BIO_NUMB  QuestionnaireFileName: Adult CAM

**QuestionText:**

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

*Read categories if necessary.

1. Only one time
2. 2-5 times
3. 6-10 times
4. 11-15 times
5. 16-20 times
6. More than 20 times
7. Refused
9. Don't know

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

**SkipInstructions:** <1,2,3,4,5,6,R,D>[goto BIO_PAY]

Question ID: ALT.108_00.000  Instrument Variable Name: BIO_PAY  QuestionnaireFileName: Adult CAM

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

*Enter '500' for $500 or more.

000-499  $0-$499
500  $500 or more
997  Refused
999  Don't know

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

**SkipInstructions:** <0-500,Refused,Don't know> [goto BIO_TRET]

Question ID: ALT.110_00.000  Instrument Variable Name: BIO_TRET  QuestionnaireFileName: Adult CAM

**QuestionText:** Did you use biofeedback for a specific health problem or condition?

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

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

**SkipInstructions:** <1>[goto BIO_COND] <2,R,D>[goto BIO_ENG]
For what health problems or conditions did you use biofeedback?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who use biofeedback for a specific condition

SkipInstructions: <1-81> If more than one condition selected, [goto BIO_MOST], elseif only one condition selected, [goto BIO_MED],
<82> [goto BIO_SPEC]
<Refused, Don't know> goto BIO_ENG
**Question Text:**

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

97 Refused

99 Don't know

Verbatim Verbatim response

**UniverseText:** Sample adults 18+ who used biofeedback to treat other health problem or condition

**SkipInstructions:**

<Allow 75> if more than one condition selected [goto BIO_MOST]; elseif only one condition selected [goto BIO_MED]

<R,D> [if more than one condition (1-81) selected [goto BIO_MOST]; elseif only one condition (1-81) selected [goto BIO_MED]; else [goto BIO_ENG]
For which ONE of these health conditions did you use biofeedback the most?

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

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
83 Refused
97 Don't know

UniverseText: Sample adults 18+ who used biofeedback for more than 1 condition

SkipInstructions: <1-82> [goto BIO_MED]
<Refused,Don't know> [goto BIO_ENG]
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 28-May-08

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

QuestionText: (book) ALT2 ?[F1]

Did you receive any of these conventional medical treatments for [fill: condition for which biofeedback used the most]? *Enter all that apply, separate with commas.

0  None
1  Prescription medications
2  Over-the-counter medications
3  Surgery
4  Physical therapy
5  Mental health counseling
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who received biofeedback for particular condition

SkipInstructions: <1> [goto BIO_TIM1]  
<2> [goto BIO_TIM2]  
<3> [goto BIO_TIM3]  
<4> [goto BIO_TIM4]  
<5> [goto BIO_TIM5]  
<0, 'R','D'> [goto BIO_ENG]

Question ID: ALT.118_01.000  Instrument Variable Name: BIO_TIM1  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive prescription medications for [fill: condition from BIO_MOST or BIO_COND or BIO_SPEC] before, at about the same time, or after trying biofeedback?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who used prescription medications for condition they used biofeedback for the most

SkipInstructions: <1-3,R,'D'> [goto next selected conventional medical treatment. If no more treatments selected [goto BIO_ENG]

Question ID: ALT.118_02.000  Instrument Variable Name: BIO_TIM2  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive over-the-counter medications for [fill: condition from BIO_MOST or BIO_COND or BIO_SPEC] before, at about the same time, or after trying biofeedback?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who used over-the-counter medications for condition they used biofeedback for the most

SkipInstructions: <1-3,R,D> [goto next selected conventional medical treatment. If no more treatments selected [goto BIO_ENG]
| Question ID: ALT.118_03.000 | Instrument Variable Name: BIO_TIM3 | QuestionnaireFileName: Adult CAM |
|-----------------------------|----------------------------------|---------------------------------
| **QuestionText:** Did you receive surgery for [fill: condition from BIO_MOST or BIO_COND or BIO_SPEC] before, at about the same time, or after trying biofeedback? |
| 1 Before | 2 At about the same time | 3 After |
| 7 Refused | 9 Don't know |
| **UniverseText:** Sample adults 18+ who had surgery for condition they used biofeedback for the most |
| **SkipInstructions:** <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected [goto BIO_ENG] |

| Question ID: ALT.118_04.000 | Instrument Variable Name: BIO_TIM4 | QuestionnaireFileName: Adult CAM |
|-----------------------------|----------------------------------|---------------------------------
| **QuestionText:** Did you receive physical therapy for [fill: condition from BIO_MOST or BIO_COND or BIO_SPEC] before, at about the same time, or after trying biofeedback? |
| 1 Before | 2 At about the same time | 3 After |
| 7 Refused | 9 Don't know |
| **UniverseText:** Sample adults 18+ who had physical therapy for condition they used biofeedback for the most |
| **SkipInstructions:** <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected [goto BIO_ENG] |

| Question ID: ALT.118_05.000 | Instrument Variable Name: BIO_TIM5 | QuestionnaireFileName: Adult CAM |
|-----------------------------|----------------------------------|---------------------------------
| **QuestionText:** Did you receive mental health counseling for [fill: condition from BIO_MOST or BIO_COND or BIO_SPEC] before, at about the same time, or after trying biofeedback? |
| 1 Before | 2 At about the same time | 3 After |
| 7 Refused | 9 Don't know |
| **UniverseText:** Sample adults 18+ who had mental health counseling for condition they used biofeedback for the most |
| **SkipInstructions:** <1-3,R,D> [goto BIO_ENG] |
**Question ID:** ALT.120_00.000  **Instrument Variable Name:** BIO_ENG  **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you use biofeedback for any of these reasons? Please say yes or no to each.

...To improve or enhance energy

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

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

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

---

**Question ID:** ALT.122_00.000  **Instrument Variable Name:** BIO_WEL  **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you use biofeedback for any of these reasons?

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

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

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

---

**Question ID:** ALT.124_00.000  **Instrument Variable Name:** BIO_IMM  **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you use biofeedback for any of these reasons?

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

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

**SkipInstructions:** <1,2,D,R> [goto BIO_NOHP]
**Question ID:** ALT.126_00.000  **Instrument Variable Name:** BIO_NOHP  **QuestionnaireFileName:** Adult CAM

**QuestionText:**
*Read if necessary.

DURING THE PAST 12 MONTHS, did you use biofeedback for any of these reasons?

...Because medical treatments did not help

1  Yes
2  No
7  Refused
9  Don't know

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

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

---

**Question ID:** ALT.128_00.000  **Instrument Variable Name:** BIO_EXPS  **QuestionnaireFileName:** Adult CAM

**QuestionText:**
*Read if necessary.

DURING THE PAST 12 MONTHS, did you use biofeedback for any of these reasons?

...Because medical treatments were too expensive

1  Yes
2  No
7  Refused
9  Don't know

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

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

---

**Question ID:** ALT.130_00.000  **Instrument Variable Name:** BIO_SUGG  **QuestionnaireFileName:** Adult CAM

**QuestionText:**
*Read if necessary.

DURING THE PAST 12 MONTHS, did you use biofeedback for any of these reasons?

...It was recommended by a health care provider

1  Yes
2  No
7  Refused
9  Don't know

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

**SkipInstructions:** <1,2,D,R> [goto BIO_FFC]
DURING THE PAST 12 MONTHS, did you use biofeedback for any of these reasons?

...It was recommended by family, friends, or co-workers

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

Sample adults 18+ who have been a practitioner for biofeedback in past 12 months

DURING THE PAST 12 MONTHS, did you let any of the CONVENTIONAL medical professionals know about your use of Biofeedback?

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

Sample adults 18+ who have been a practitioner for biofeedback in past 12 months
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine

Question ID: ALT.136_00.000 Instrument Variable Name: BIOPROF QuestionnaireFileName: Adult CAM

QuestionText: (book) ALT3 ?[F1]
Which ones?
* Enter all that apply, separate with commas.

01 Medical doctor (including specialists)
02 Doctor of Osteopathy (D.O.)
03 Nurse practitioner/Physician assistant
04 Psychiatrist
05 Dentist (including specialists)
06 Psychologist/social worker
07 Pharmacist
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who have let a conventional medical prof. know about use of biofeedback

SkipInstructions: <1-7,R,D>[goto see table below]
If CHE_EVER = 1 goto CHE_USEM
elseif COM_EVER = 1 goto COM_USEM
elseif COM_EVER = 2 goto COM_NNOT
elseif EHT_EVER = 1 goto EHT_USEM
elseif HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER

Question ID: ALT.138_00.000 Instrument Variable Name: CHE_USEM QuestionnaireFileName: Adult CAM

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

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have ever tried chelation therapy

SkipInstructions: <1>[goto CHE_NUMB] <2, 'R', 'D'>[goto COM_USEM or next modality respondent has used, see flow from table below:
If COM_EVER = 1 goto COM_USEM
elseif COM_EVER = 2 goto COM_NNOT
elseif EHT_EVER = 1 goto EHT_USEM
elseif HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER
DURING THE PAST 12 MONTHS, how many times did you see a practitioner for chelation therapy?

*Read categories if necessary.

1. Only one time
2. 2-5 times
3. 6-10 times
4. 11-15 times
5. 16-20 times
6. More than 20 times
7. Refused
8. Don't know

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

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

*Enter ‘500’ for $500 or more.

000-499 $0-$499
500 $500 or more
997 Refused
999 Don't know

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

Did you use chelation therapy for a specific health problem or condition?

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

Sample adults 18+ who have seen a practitioner for chelation therapy in past 12 months
For what health problems or conditions did you use chelation therapy?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
84 Refused
99 Don't know

UniverseText: Sample adults 18+ who use chelation therapy for a specific condition

SkipInstructions: <1-81> If more than one condition selected, [goto CHE_MOST], elseif only one condition selected, [goto CHE_MED]
<82> [goto CHE_SPEC]
<Refused,Don't know> goto CHE_ENG
Question ID: ALT.147_00.000  Instrument Variable Name: CHE_SPEC  QuestionnaireFileName: Adult CAM

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

   97  Refused
   99  Don't know

Verbatim  Verbatim response

UniverseText: Sample adults 18+ who used chelation therapy to treat other health problem or condition

SkipInstructions: <Allow 75> if more than one condition selected [goto CHE_MOST]; else if only one condition selected [goto CHE_MED]
                <R,D> [if more than one condition (1-81) selected [goto CHE_MOST]; elseif only one condition (1-81) selected [goto CHE_MED]; else [goto CHE_ENG]
For which ONE of these health conditions did you use chelation therapy the most?

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

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
Menopause
Menstrual problems
Mental retardation
Missing limbs (fingers, toes or digits), amputee
Osteoporosis, tendinitis
Other developmental problem
Other injury
Other nerve damage, including carpal tunnel syndrome
Phobia or fears
Polio (myelitis), paralysis, para/quadriplegia
Poor circulation in legs
Prostate trouble or impotence
Regular headaches
Rheumatoid arthritis
Schizophrenia
Seizures
Senility
Sinusitis
Skin problems
Sprain or strain
Stroke
Substance abuse, other than alcohol or tobacco
Filled problem
Filled problem
Ulcer
Urinary problem
Varicose veins, hemorrhoids
Vision problem
Weak or failing kidneys
Weight problem
Back pain or problem
Head or chest cold
Neck pain or problem
Severe headache or migraine
Stomach or intestinal illness
Other - specify
Refused
Don't know

Sample adults 18+ who used chelation therapy for more than 1 condition

<1-82> [goto CHE_MED],
<Refused,Don't know> [goto CHE_ENG]
Did you receive any of these conventional medical treatments for [Fill: condition for which chelation therapy used the most]?

*Enter all that apply, separate with commas.

0 None
1 Prescription medications
2 Over-the-counter medications
3 Surgery
4 Physical therapy
5 Mental health counseling
7 Refused
9 Don't know

Sample adults 18+ who received chelation therapy for particular condition

Did you receive prescription medications for [fill: condition from CHE_MOST or CHE_COND or CHE_SPEC] before, at about the same time, or after trying chelation therapy?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

Sample adults 18+ who used prescription medications for condition they used chelation therapy for the most

Did you receive over-the-counter medications for [fill: condition from CHE_MOST or CHE_COND or CHE_SPEC] before, at about the same time, or after trying chelation therapy?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

Sample adults 18+ who used over-the-counter medications for condition they used chelation therapy for the most
Did you receive surgery for [fill: condition from CHE_MOST or CHE_COND or CHE_SPEC] before, at about the same time, or after trying chelation therapy?

1. Before
2. At about the same time
3. After
7. Refused
9. Don't know

Sample adults 18+ who had surgery for condition they used chelation therapy for the most

Did you receive physical therapy for [fill: condition from CHE_MOST or CHE_COND or CHE_SPEC] before, at about the same time, or after trying chelation therapy?

1. Before
2. At about the same time
3. After
7. Refused
9. Don't know

Sample adults 18+ who had physical therapy for condition they used chelation therapy for the most

Did you receive mental health counseling for [fill: condition from CHE_MOST or CHE_COND or CHE_SPEC] before, at about the same time, or after trying chelation therapy?

1. Before
2. At about the same time
3. After
7. Refused
9. Don't know

Sample adults 18+ who had mental health counseling for condition they used chelation therapy for the most
DURING THE PAST 12 MONTHS, did you use chelation therapy for any of these reasons? Please say yes or no to each.

...To improve or enhance energy
1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have seen a practitioner for chelation therapy in past 12 months
SkipInstructions: <1,2,D,R> [goto CHE_WEL]

DURING THE PAST 12 MONTHS, did you use chelation therapy for any of these reasons?

...For general wellness or general disease prevention
1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have seen a practitioner for chelation therapy in past 12 months
SkipInstructions: <1,2,D,R> [goto CHE_IMM]

DURING THE PAST 12 MONTHS, did you use chelation therapy for any of these reasons?

...To improve or enhance immune function
1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have seen a practitioner for chelation therapy in past 12 months
SkipInstructions: <1,2,D,R> [goto CHE_NOHP]
DURING THE PAST 12 MONTHS, did you use chelation therapy for any of these reasons?

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

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

See instructions for CHE_EXPS and CHE_SUGG

DURING THE PAST 12 MONTHS, did you use chelation therapy for any of these reasons?

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

Sample adults 18+ who have seen a practitioner for chelation therapy in past 12 months
DURING THE PAST 12 MONTHS, did you use chelation therapy for any of these reasons?

...It was recommended by family, friends, or co-workers

1 Yes
2 No
7 Refused
9 Don't know

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

DURING THE PAST 12 MONTHS, did you let any of the CONVENTIONAL medical professionals know about your use of chelation therapy?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have seen a practitioner for chelation therapy in past 12 months
Question ID: ALT.170_00.000  Instrument Variable Name: CHEPROF  QuestionnaireFileName: Adult CAM

QuestionText: (book) ALT3 *[F1]

Which ones?

* Enter all that apply, separate with commas.

01 Medical doctor (including specialists)
02 Doctor of Osteopathy (D.O.)
03 Nurse practitioner/Physician assistant
04 Psychiatrist
05 Dentist (including specialists)
06 Psychologist/social worker
07 Pharmacist
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who have let a conventional medical prof. know about use of chelation therapy

SkipInstructions: <1-7,R,D>[goto see table below]  
If COM_EVER = 1 goto COM_USEM  
elseif COM_EVER = 2 goto COM_NNOT  
elseif EHT_EVER = 1 goto EHT_USEM  
elseif HYP_EVER = 1 goto HYP_USEM  
elseif MAS_EVER = 1 goto MAS_USEM  
elseif NAT_EVER = 1 goto NAT_USEM  
else goto TRD_EVER

Question ID: ALT.172_00.000  Instrument Variable Name: COM_USEM  QuestionnaireFileName: Adult CAM

QuestionText: *[F1]  
DURING THE PAST 12 MONTHS, did you see a practitioner for chiropractic or osteopathic manipulation?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have ever tried chiropractic or osteopathic manipulation

SkipInstructions: <1>[goto COM_NUMB] <2>[goto COM_MNOT] <R,D>[goto EHT_USEM or next modality respondent has used.--see table below for determination:
If EHT_EVER = 1 goto EHT_USEM  
elseif HYP_EVER = 1 goto HYP_USEM  
elseif MAS_EVER = 1 goto MAS_USEM  
elseif NAT_EVER = 1 goto NAT_USEM  
else goto TRD_EVER
**Question ID:** ALT.174_00.000  **Instrument Variable Name:** COM_NUMB  **QuestionnaireFileName:** Adult CAM

**QuestionText:**
DURING THE PAST 12 MONTHS, how many times did you see a practitioner for chiropractic or osteopathic manipulation?

*Read categories if necessary.

1  Only one time
2  2-5 times
3  6-10 times
4  11-15 times
5  16-20 times
6  More than 20 times
7  Refused
9  Don't know

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

**SkipInstructions:**
<1,2,3,4,5,6,R,D>[goto COM_PAY]

---

**Question ID:** ALT.176_00.000  **Instrument Variable Name:** COM_PAY  **QuestionnaireFileName:** Adult CAM

**QuestionText:**
On average, how much did you pay out-of-pocket for each visit to a practitioner for chiropractic or osteopathic manipulation?

*Enter ‘500’ for $500 or more.

000-499  $0-$499
500  $500 or more
997  Refused
999  Don't know

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

**SkipInstructions:**
<0-500,Refused,Don't know> [goto COM_TRET]

---

**Question ID:** ALT.178_00.000  **Instrument Variable Name:** COM_TRET  **QuestionnaireFileName:** Adult CAM

**QuestionText:**
Did you use chiropractic or osteopathic manipulation for a specific health problem or condition?

1  Yes
2  No
7  Refused
9  Don't know

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

**SkipInstructions:**
<1>[goto COM_COND] <2,R,D>[goto COM_ENG]
For what health problems or conditions did you use chiropractic or osteopathic manipulation?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
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46 Memory loss or loss of other cognitive function
47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
83 Refused
84 Don't know

UniverseText: Sample adults 18+ who use chiropractic or osteopathic manipulation for a specific condition

SkipInstructions: <1-81> If more than one condition selected, [goto COM_MOST], elseif only one condition selected, [goto COM_MED]
<82> [goto COM_SPEC]
<Refused,Don't know> goto COM_ENG
*Enter condition for which chiropractic or osteopathic manipulation was used. If respondent gives more than one condition, probe for condition most important for using chiropractic or osteopathic manipulation.

97 Refused
99 Don't know

Sample adults 18+ who used chiropractic or osteopathic manipulation to treat other health problem or condition

<Allow 75> if more than one condition selected [goto COM_MOST]; else if only one condition selected [goto COM_MED]

<R,D> [if more than one condition (1-81) selected [goto COM_MOST]; elseif only one condition (1-81) selected [goto COM_MED]; else [goto COM_ENG]
**Question Text:**

For which ONE of these health conditions did you use chiropractic or osteopathic manipulation the most?

*If respondent cannot choose one condition, probe for condition most important for using chiropractic or osteopathic manipulation.

<table>
<thead>
<tr>
<th></th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Acid reflux or heartburn</td>
</tr>
<tr>
<td>02</td>
<td>Angina</td>
</tr>
<tr>
<td>03</td>
<td>Anxiety</td>
</tr>
<tr>
<td>04</td>
<td>Asthma</td>
</tr>
<tr>
<td>05</td>
<td>Arthritis</td>
</tr>
<tr>
<td>06</td>
<td>Attention Deficit Disorder/Hyperactivity</td>
</tr>
<tr>
<td>07</td>
<td>Autism</td>
</tr>
<tr>
<td>08</td>
<td>Benign tumors, cysts</td>
</tr>
<tr>
<td>09</td>
<td>Bipolar Disorder</td>
</tr>
<tr>
<td>10</td>
<td>Birth defect</td>
</tr>
<tr>
<td>11</td>
<td>Cancer</td>
</tr>
<tr>
<td>12</td>
<td>Cholesterol</td>
</tr>
<tr>
<td>13</td>
<td>Chronic Bronchitis</td>
</tr>
<tr>
<td>14</td>
<td>Circulation problems (other than in the legs)</td>
</tr>
<tr>
<td>15</td>
<td>Constipation severe enough to require medication</td>
</tr>
<tr>
<td>16</td>
<td>Coronary heart disease</td>
</tr>
<tr>
<td>17</td>
<td>Dementia, including Alzheimer's Disease</td>
</tr>
<tr>
<td>18</td>
<td>Dental pain</td>
</tr>
<tr>
<td>19</td>
<td>Depression</td>
</tr>
<tr>
<td>20</td>
<td>Diabetes</td>
</tr>
<tr>
<td>21</td>
<td>Emphysema</td>
</tr>
<tr>
<td>22</td>
<td>Excessive sleepiness during the day</td>
</tr>
<tr>
<td>23</td>
<td>Excessive use of alcohol or tobacco</td>
</tr>
<tr>
<td>24</td>
<td>Fibromyalgia</td>
</tr>
<tr>
<td>25</td>
<td>Fracture, bone/joint injury</td>
</tr>
<tr>
<td>26</td>
<td>Gout</td>
</tr>
<tr>
<td>27</td>
<td>Gum disease</td>
</tr>
<tr>
<td>28</td>
<td>Gynecologic problem</td>
</tr>
<tr>
<td>29</td>
<td>Hay fever</td>
</tr>
<tr>
<td>30</td>
<td>Hearing problem</td>
</tr>
<tr>
<td>31</td>
<td>Heart attack</td>
</tr>
<tr>
<td>32</td>
<td>Other heart condition or disease</td>
</tr>
<tr>
<td>33</td>
<td>Hernia</td>
</tr>
<tr>
<td>34</td>
<td>Hypertension</td>
</tr>
<tr>
<td>35</td>
<td>Inflammatory bowel disease</td>
</tr>
<tr>
<td>36</td>
<td>Influenza or pneumonia</td>
</tr>
<tr>
<td>37</td>
<td>Insomnia or trouble sleeping</td>
</tr>
<tr>
<td>38</td>
<td>Irritable bowel</td>
</tr>
<tr>
<td>39</td>
<td>Jaw pain</td>
</tr>
<tr>
<td>40</td>
<td>Joint pain or stiffness/other joint condition</td>
</tr>
<tr>
<td>41</td>
<td>Knee problems (not arthritis, not joint injury)</td>
</tr>
<tr>
<td>42</td>
<td>Liver problem</td>
</tr>
<tr>
<td>43</td>
<td>Lung/breathing problem (not already listed)</td>
</tr>
<tr>
<td>44</td>
<td>Lupus</td>
</tr>
<tr>
<td>45</td>
<td>Mania or psychosis</td>
</tr>
<tr>
<td>46</td>
<td>Memory loss or loss of other cognitive function</td>
</tr>
</tbody>
</table>
47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who used chiropractic or osteopathic manipulation for more than 1 condition

SkipInstructions: <1-82> [goto COM_MED],
<Refused,Don't know> [goto COM_ENG]
Did you receive any of these conventional medical treatments for [fill: condition for which chiropractic or osteopathic manipulation used the most]?

*Enter all that apply, separate with commas.

0 None
1 Prescription medications
2 Over-the-counter medications
3 Surgery
4 Physical therapy
5 Mental health counseling
7 Refused
9 Don't know

Sample adults 18+ who received chiropractic or osteopathic manipulation for particular condition

Did you receive prescription medications for [fill: condition from COM_MOST or COM_COND or COM_SPEC] before, at about the same time, or after trying chiropractic or osteopathic manipulation?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

Sample adults 18+ who used prescription medications for condition they used chiropractic or osteopathic manipulation for the most

<1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected [goto COM_ENG]]
Did you receive over-the-counter medications for [fill: condition from COM_MOST or COM_COND or COM_SPEC] before, at about the same time, or after trying chiropractic or osteopathic manipulation?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

Sample adults 18+ who used over-the-counter medications for condition they used chiropractic or osteopathic manipulation for the most

Did you receive surgery for [fill: condition from COM_MOST or COM_COND or COM_SPEC] before, at about the same time, or after trying chiropractic or osteopathic manipulation?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

Sample adults 18+ who had surgery for condition they used chiropractic or osteopathic manipulation for the most

Did you receive physical therapy for [fill: condition from COM_MOST or COM_COND or COM_SPEC] before, at about the same time, or after trying chiropractic or osteopathic manipulation?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

Sample adults 18+ who had physical therapy for condition they used chiropractic or osteopathic manipulation for the most
Did you receive mental health counseling for [fill: condition from COM_MOST or COM_COND or COM_SPEC] before, at about the same time, or after trying chiropractic or osteopathic manipulation?

1. Before
2. At about the same time
3. After
7. Refused
9. Don't know

Sample adults 18+ who had mental health counseling for condition they used chiropractic or osteopathic manipulation for the most

During the past 12 months, did you use chiropractic or osteopathic manipulation for any of these reasons? Please say yes or no to each.

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

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

During the past 12 months, did you use chiropractic or osteopathic manipulation for any of these reasons?

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

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

*Read if necessary.

During the past 12 months, did you use chiropractic or osteopathic manipulation for any of these reasons?

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

Sample adults 18+ who have seen a practitioner for chiropractic or osteopathic manipulation in past 12 months
**2007 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date: 28-May-08**

**Question ID:** ALT.192_00.000  **Instrument Variable Name:** COM_IMM  **QuestionnaireFileName:** Adult CAM

**QuestionText:** *Read if necessary.

DURING THE PAST 12 MONTHS, did you use chiropractic or osteopathic manipulation for any of these reasons?

...To improve or enhance immune function

1  Yes
2  No
7  Refused
9  Don't know

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

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

---

**Question ID:** ALT.194_00.000  **Instrument Variable Name:** COM_NOHP  **QuestionnaireFileName:** Adult CAM

**QuestionText:** *Read if necessary.

DURING THE PAST 12 MONTHS, did you use chiropractic or osteopathic manipulation for any of these reasons?

...Because medical treatments did not help

1  Yes
2  No
7  Refused
9  Don't know

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

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

---

**Question ID:** ALT.196_00.000  **Instrument Variable Name:** COM_EXPS  **QuestionnaireFileName:** Adult CAM

**QuestionText:** *Read if necessary.

DURING THE PAST 12 MONTHS, did you use chiropractic or osteopathic manipulation for any of these reasons?

...Because medical treatments were too expensive

1  Yes
2  No
7  Refused
9  Don't know

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

**SkipInstructions:** <1,2,D,R> [goto COM_SUGG]
DURING THE PAST 12 MONTHS, did you use chiropractic or osteopathic manipulation for any of these reasons?

...It was recommended by a health care provider

1 Yes
2 No
7 Refused
9 Don't know

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

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

DURING THE PAST 12 MONTHS, did you use chiropractic or osteopathic manipulation for any of these reasons?

...It was recommended by family, friends, or co-workers

1 Yes
2 No
7 Refused
9 Don't know

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

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

DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of chiropractic or osteopathic manipulation?

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: <1>[goto COMPROF]
<2,D,R>[goto EHT_USEM or next modality which respondent has used.--see table below for determination:

If EHT_EVER = 1 goto EHT_USEM
elseif HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else gotoTRD_EVER
(book) ALT3 [F1]

Which ones?

* Enter all that apply, separate with commas.

01 Medical doctor (including specialists)
02 Doctor of Osteopathy (D.O.)
03 Nurse practitioner/Physician assistant
04 Psychiatrist
05 Dentist (including specialists)
06 Psychologist/social worker
07 Pharmacist
97 Refused
99 Don't know

Sample adults 18+ who have let a conventional medical prof. know about use of chiropractic or osteopathic manipulation

If EHT_EVER = 1 goto EHT_USEM
elseif HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

**Question ID:** ALT.206_00.000  **Instrument Variable Name:** COM_MNOT  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

(book) ALT4

Please tell me the reasons why you have not used chiropractic or osteopathic manipulation in the PAST 12 MONTHS.

*Enter all that apply, separate with commas.

01 Never thought about it
02 No reason
03 Didn't need it in the last 12 months
04 It didn't work for me before
05 It costs too much
06 I had side effects last time
07 A health care provider told me not to use it
08 Medical science has not shown that it works
09 Some other reason
08 Medical science has not shown that it works
09 Some other reason
97 Refused
99 Don't know

**UniverseText:** Sample adults 18+ who have not used chiropractic or osteopathic manipulation in the past 12 months

**SkipInstructions:**

<6> goto COM_SDEF
<1-5,7-9, 'R', 'D'>[goto EHT_USEM or next modality that respondent has used;--see table below for determination:

If EHT_EVER = 1 goto EHT_USEM
elseif HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER

**Question ID:** ALT.208_00.000  **Instrument Variable Name:** COM_SDEF  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

What kinds of side effects did you have?

97 Refused
99 Don't know

**Verbatim**

Verbatim response

**UniverseText:** Sample adults 18+ who had side effects from chiropractic or osteopathic manipulation

**SkipInstructions:**

<allow 75 characters, 'R', 'D'> [goto COM_ATT]
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: ALT.210_00.000  Instrument Variable Name: COM_ATT  QuestionnaireFileName: Adult CAM

QuestionText: Did any of these require medical attention?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who had side effects from chiropractic or osteopathic manipulation

SkipInstructions: <1,2,R,D> [goto EHT_USEM or next modality respondent has used -- see table below for determination:
If EHT_EVER = 1 goto EHT_USEM
elseif HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER

Question ID: ALT.212_00.000  Instrument Variable Name: COM_NNOT  QuestionnaireFileName: Adult CAM

QuestionText: (book) ALT5
Please tell me the reasons why you have never used chiropractic or osteopathic manipulation.

*Enter all that apply, separate with commas.

01  Never heard of it/don't know much about it
02  Never thought about it
03  No reason
04  Don't need it
05  Don't believe in it/it doesn't work
06  It costs too much
07  It is not safe to use
08  A health care provider told me not to use it
09  Medical science has not shown that it works
10  Some other reason
97  Refused
99  Don't know

UniverseText: Sample adults 18+ who have never used chiropractic or osteopathic manipulation

SkipInstructions: <1-10,R,D> If EHT_EVER = 1 goto EHT_USEM
elseif HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: ALT.214_00.000  Instrument Variable Name: EHT_USEM  QuestionnaireFileName: Adult CAM

QuestionText: [F1]

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

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: <1>[goto EHT_NUMB] <2,R,D>[cycle through other modalities respondant has used -- see table below for determination:

If HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER

Question ID: ALT.216_00.000  Instrument Variable Name: EHT_NUMB  QuestionnaireFileName: Adult CAM

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

*Read categories if necessary.

1 Only one time
2 2-5 times
3 6-10 times
4 11-15 times
5 16-20 times
6 More than 20 times
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have seen a practitioner for energy healing therapy in past 12 months

SkipInstructions: <1,2,3,4,5,6,R,D>[goto EHT_PAY]

Question ID: ALT.218_00.000  Instrument Variable Name: EHT_PAY  QuestionnaireFileName: Adult CAM

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

*Enter ‘500’ for $500 or more.

000-499 $0-$499
500 $500 or more
997 Refused
999 Don't know

UniverseText: Sample adults 18+ who have seen a practitioner for energy healing therapy in past 12 months

SkipInstructions: <0-500,Refused,Don't know> [goto EHT_TRET]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.220_00.000</th>
<th>Instrument Variable Name:</th>
<th>EHT_TRET</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Did you use energy healing therapy for a specific health problem or condition?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who have seen a practitioner for energy healing therapy in past 12 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1&gt;[goto EHT_COND] &lt;2,R,D&gt;[goto EHT_ENG]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
For what health problems or conditions did you use energy healing therapy?

*Enter all that apply, separate with commas.

- Acid reflux or heartburn
- Angina
- Anxiety
- Asthma
- Arthritis
- Attention Deficit Disorder/Hyperactivity
- Autism
- Benign tumors, cysts
- Bipolar Disorder
- Birth defect
- Cancer
- Cholesterol
- Chronic Bronchitis
- Circulation problems (other than in the legs)
- Constipation severe enough to require medication
- Coronary heart disease
- Dementia, including Alzheimer's Disease
- Dental pain
- Depression
- Diabetes
- Emphysema
- Excessive sleepiness during the day
- Excessive use of alcohol or tobacco
- Fibromyalgia
- Fracture, bone/joint injury
- Gout
- Gum disease
- Gynecologic problem
- Hay fever
- Hearing problem
- Heart attack
- Other heart condition or disease
- Hernia
- Hypertension
- Inflammatory bowel disease
- Influenza or pneumonia
- Insomnia or trouble sleeping
- Irritable bowel
- Jaw pain
- Joint pain or stiffness/other joint condition
- Knee problems (not arthritis, not joint injury)
- Liver problem
- Lung/breathing problem (not already listed)
- Lupus
- Mania or psychosis
Memory loss or loss of other cognitive function
Menopause
Menstrual problems
Mental retardation
Missing limbs (fingers, toes or digits), amputee
Osteoporosis, tendinitis
Other developmental problem
Other injury
Other nerve damage, including carpal tunnel syndrome
Phobia or fears
Polio (myelitis), paralysis, para/quadriplegia
Poor circulation in legs
Prostate trouble or impotence
Regular headaches
Rheumatoid arthritis
Schizophrenia
Seizures
Senility
Sinusitis
Skin problems
Sprain or strain
Stroke
Substance abuse, other than alcohol or tobacco
Ulcer
Urinary problem
Varicose veins, hemorrhoids
Vision problem
Weak or failing kidneys
Weight problem
Back pain or problem
Head or chest cold
Neck pain or problem
Severe headache or migraine
Stomach or intestinal illness
Other - specify
Refused
Don't know

Sample adults 18+ who use energy healing therapy for a specific condition

<1-81> If more than one condition selected, [goto EHT_MOST], elseif only one condition selected, [goto EHT_MED]
<82> [goto EHT_SPEC]
<Refused,Don't know> goto EHT_ENG
**2007 NHIS Questionnaire - Adult CAM**

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

**Document Version Date:** 28-May-08

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.223_00.000</th>
<th>Instrument Variable Name: EHT_SPEC</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>*Enter condition for which energy healing therapy was used. If respondent gives more than one condition, probe for condition most important for using energy healing therapy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refused</td>
<td>97</td>
<td>Refused</td>
<td>99 Don't know</td>
</tr>
<tr>
<td>Verbatim response</td>
<td>99</td>
<td>Verbatim response</td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who used energy healing therapy to treat other health problem or condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td><code>&lt;Allow 75&gt;</code> if more than one condition selected [goto EHT_MOST]; else if only one condition selected [goto EHT_MED]</td>
<td><code>&lt;R,D&gt;</code> if more than one condition (1-81) selected [goto EHT_MOST]; elseif only one condition (1-81) selected [goto EHT_MED]; else [goto EHT_ENG]</td>
<td></td>
</tr>
<tr>
<td>Question ID: ALT.224_00.000</td>
<td>Instrument Variable Name: EHT_MOST</td>
<td>QuestionnaireFileName: Adult CAM</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **QuestionText:** For which ONE of these health conditions did you use energy healing therapy the most? **

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

01 Acid reflux or heartburn  
02 Angina  
03 Anxiety  
04 Asthma  
05 Arthritis  
06 Attention Deficit Disorder/Hyperactivity  
07 Autism  
08 Benign tumors, cysts  
09 Bipolar Disorder  
10 Birth defect  
11 Cancer  
12 Cholesterol  
13 Chronic Bronchitis  
14 Circulation problems (other than in the legs)  
15 Constipation severe enough to require medication  
16 Coronary heart disease  
17 Dementia, including Alzheimer's Disease  
18 Dental pain  
19 Depression  
20 Diabetes  
21 Emphysema  
22 Excessive sleepiness during the day  
23 Excessive use of alcohol or tobacco  
24 Fibromyalgia  
25 Fracture, bone/joint injury  
26 Gout  
27 Gum disease  
28 Gynecologic problem  
29 Hay fever  
30 Hearing problem  
31 Heart attack  
32 Other heart condition or disease  
33 Hernia  
34 Hypertension  
35 Inflammatory bowel disease  
36 Influenza or pneumonia  
37 Insomnia or trouble sleeping  
38 Irritable bowel  
39 Jaw pain  
40 Joint pain or stiffness/other joint condition  
41 Knee problems (not arthritis, not joint injury)  
42 Liver problem  
43 Lung/breathing problem (not already listed)  
44 Lupus  
45 Mania or psychosis  
46 Memory loss or loss of other cognitive function
Menopause
Menstrual problems
Mental retardation
Missing limbs (fingers, toes or digits), amputee
Osteoporosis, tendinitis
Other developmental problem
Other injury
Other nerve damage, including carpal tunnel syndrome
Phobia or fears
Polio (myelitis), paralysis, para/quadriplegia
Poor circulation in legs
Prostate trouble or impotence
Regular headaches
Rheumatoid arthritis
Schizophrenia
Seizures
Senility
Sinusitis
Skin problems
Sprain or strain
Stroke
Substance abuse, other than alcohol or tobacco
Filled problem
Filled problem
Ulcer
Urinary problem
Varicose veins, hemorrhoids
Vision problem
Weak or failing kidneys
Weight problem
Back pain or problem
Head or chest cold
Neck pain or problem
Severe headache or migraine
Stomach or intestinal illness
Other - specify
Refused
Don't know

Sample adults 18+ who used energy healing therapy for more than 1 condition

<1-82> [goto EHT_MED],
<Refused,Don't know> [goto EHT_ENG]
Did you receive any of these conventional medical treatments for [Fill: condition for which energy healing therapy used the most]?

*Enter all that apply, separate with commas.

0  None
1  Prescription medications
2  Over-the-counter medications
3  Surgery
4  Physical therapy
5  Mental health counseling
7  Refused
9  Don't know

Sample adults 18+ who received energy healing therapy for particular condition

Did you receive prescription medications for [fill: condition from EHT_MOST or EHT_COND or EHT_SPEC] before, at about the same time, or after trying energy healing therapy?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

Sample adults 18+ who used prescription medications for condition they used energy healing therapy for the most
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 28-May-08

Question ID: ALT.228_02.000  Instrument Variable Name: EHT_TIM2  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive over-the-counter medications for [fill: condition from EHT_MOST or EHT_COND or EHT_SPEC] before, at about the same time, or after trying energy healing therapy?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who used over-the-counter medications for condition they used energy healing therapy for the most

SkipInstructions: <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected [goto EHT_ENG]

Question ID: ALT.228_03.000  Instrument Variable Name: EHT_TIM3  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive surgery for [fill: condition from EHT_MOST or EHT_COND or EHT_SPEC] before, at about the same time, or after trying energy healing therapy?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who had surgery for condition they used energy healing therapy for the most

SkipInstructions: <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected [goto EHT_ENG]

Question ID: ALT.228_04.000  Instrument Variable Name: EHT_TIM4  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive physical therapy for [fill: condition from EHT_MOST or EHT_COND or EHT_SPEC] before, at about the same time, or after trying energy healing therapy?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who had physical therapy for condition they used energy healing therapy for the most

SkipInstructions: <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected [goto EHT_ENG]
Did you receive mental health counseling for [fill: condition from EHT_MOST or EHT_COND or EHT_SPEC] before, at about the same time, or after trying energy healing therapy?

1. Before
2. At about the same time
3. After
7. Refused
9. Don't know

Sample adults 18+ who had mental health counseling for condition they used energy healing therapy for the most

DURING THE PAST 12 MONTHS, did you use energy healing therapy for any of these reasons? Please say yes or no to each.

...To improve or enhance energy

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

Sample adults 18+ who have seen a practitioner for energy healing therapy in past 12 months

DURING THE PAST 12 MONTHS, did you use energy healing therapy for any of these reasons?

...For general wellness or general disease prevention

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

Sample adults 18+ who have seen a practitioner for energy healing therapy in past 12 months
**Question ID:** ALT.234_00.000  **Instrument Variable Name:** EHT_IMM  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

*Read if necessary.*

DURING THE PAST 12 MONTHS, did you use energy healing therapy for any of these reasons?

...To improve or enhance immune function

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

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

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

---

**Question ID:** ALT.236_00.000  **Instrument Variable Name:** EHT_NOHP  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

*Read if necessary.*

DURING THE PAST 12 MONTHS, did you use energy healing therapy for any of these reasons?

...Because medical treatments did not help

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

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

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

---

**Question ID:** ALT.238_00.000  **Instrument Variable Name:** EHT_EXPS  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

*Read if necessary.*

DURING THE PAST 12 MONTHS, did you use energy healing therapy for any of these reasons?

...Because medical treatments were too expensive

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

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

**SkipInstructions:** <1,2,D,R> [goto EHT_SUGG]
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

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

QuestionText:  *Read if necessary.

DURING THE PAST 12 MONTHS, did you use energy healing therapy for any of these reasons?

...It was recommended by a health care provider

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have seen a practitioner for energy healing therapy in past 12 months

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

Question ID: ALT.242_00.000  Instrument Variable Name: EHT_FFC  QuestionnaireFileName: Adult CAM

QuestionText:  *Read if necessary.

DURING THE PAST 12 MONTHS, did you use energy healing therapy for any of these reasons?

...It was recommended by family, friends, or co-workers

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have seen a practitioner for energy healing therapy in past 12 months

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

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

QuestionText:  (book) ALT3 ?[F1]

DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of Energy Healing Therapy?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have seen a practitioner for energy healing therapy in past 12 months

SkipInstructions: <1>[goto EHTPROF]
<2,D,R>[goto HYP_USEM or next modality which respondent has used -- see table below for determination:

If HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER
### Question ID: ALT.246.00.000
**Instrument Variable Name:** EHTPROF  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

(booking) ALT3 ?[F1]

Which ones?

*Enter all that apply, separate with commas.

01 Medical doctor (including specialists)
02 Doctor of Osteopathy (D.O.)
03 Nurse practitioner/Physician assistant
04 Psychiatrist
05 Dentist (including specialists)
06 Psychologist/social worker
07 Pharmacist
97 Refused
99 Don't know

**UniverseText:** Sample adults 18+ who have let a conventional medical prof. know about use of energy healing therapy

**SkipInstructions:**<1-7,R,D> [goto see table below for determination:]

If HYP_EVER = 1 goto HYP_USEM
elseif MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER

---

### Question ID: ALT.248.00.000
**Instrument Variable Name:** HYP_USEM  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

? [F1]  

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

1 Yes
2 No
7 Refused
99 Don't know

**UniverseText:** Sample adults 18+ who have ever tried hypnosis

**SkipInstructions:** <1>[goto HYP_NUMB] <2,R,D>[cycle through other modalities respondant has used --see table below for determination:]

If MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER
DURING THE PAST 12 MONTHS, how many times did you see a practitioner for hypnosis?

*Read categories if necessary.

1. Only one time
2. 2-5 times
3. 6-10 times
4. 11-15 times
5. 16-20 times
6. More than 20 times
7. Refused
8. Don't know

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

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

*Enter '500' for $500 or more.

000-499 $0-$499
500 $500 or more
997 Refused
999 Don't know

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

Did you use hypnosis for a specific health problem or condition?

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

Sample adults 18+ who have seen a practitioner for hypnosis in past 12 months
For what health problems or conditions did you use hypnosis?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
Memory loss or loss of other cognitive function
Menopause
Menstrual problems
Mental retardation
Missing limbs (fingers, toes or digits), amputee
Osteoporosis, tendinitis
Other developmental problem
Other injury
Other nerve damage, including carpal tunnel syndrome
Phobia or fears
Polio (myelitis), paralysis, para/quadruplegia
Poor circulation in legs
Prostate trouble or impotence
Regular headaches
Rheumatoid arthritis
Schizophrenia
Seizures
Senility
Sinusitis
Skin problems
Sprain or strain
Stroke
Substance abuse, other than alcohol or tobacco
Ulcer
Urinary problem
Varicose veins, hemorrhoids
Vision problem
Weak or failing kidneys
Weight problem
Back pain or problem
Head or chest cold
Neck pain or problem
Severe headache or migraine
Stomach or intestinal illness
Other - specify
Refused
Don't know

UniverseText: Sample adults 18+ who use hypnosis for a specific condition
SkipInstructions: <1-81> If more than one condition selected, [goto HYP_MOST], elseif only one condition selected, [goto HYP_MED]
<82> [goto HYP_SPEC]
<Refused,Don't know> goto HYP_ENG
*Enter condition for which hypnosis was used. If respondent gives more than one condition, probe for condition most important for using hypnosis.

97 Refused
99 Don't know

Sample adults 18+ who used hypnosis to treat other health problem or condition

<Allow 75> if more than one condition selected [goto HYP_MOST]; else if only one condition selected [goto HYP_MED]
<R,D> [if more than one condition (1-81) selected [goto HYP_MOST]; elseif only one condition (1-81) selected [goto HYP_MED]; else [goto HYP_ENG]}
For which ONE of these health conditions did you use hypnosis the most?

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

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
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25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
Menopause
Menstrual problems
Mental retardation
Missing limbs (fingers, toes or digits), amputee
Osteoporosis, tendinitis
Other developmental problem
Other injury
Other nerve damage, including carpal tunnel syndrome
Phobia or fears
Polio (myelitis), paralysis, para/quadriplegia
Poor circulation in legs
Prostate trouble or impotence
Regular headaches
Rheumatoid arthritis
Schizophrenia
Seizures
Senility
Sinusitis
Skin problems
Sprain or strain
Stroke
Substance abuse, other than alcohol or tobacco
Filled problem
Filled problem
Ulcer
Urinary problem
Varicose veins, hemorrhoids
Vision problem
Weak or failing kidneys
Weight problem
Back pain or problem
Head or chest cold
Neck pain or problem
Severe headache or migraine
Stomach or intestinal illness
Other - specify
Refused
Don't know

Sample adults 18+ who used hypnosis for more than 1 condition

<1-82> [goto HYP_MED]
<Refused,Don't know> [goto HYP_ENG]
Did you receive any of these conventional medical treatments for [Fill: condition for which hypnosis used the most]?

*Enter all that apply, separate with commas.

0 None
1 Prescription medications
2 Over-the-counter medications
3 Surgery
4 Physical therapy
5 Mental health counseling
7 Refused
9 Don't know

Sample adults 18+ who received hypnosis for particular condition

Did you receive prescription medications for [fill: condition from HYP_MOST or HYP_COND or HYP_SPEC] before, at about the same time, or after trying hypnosis?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

Sample adults 18+ who used prescription medications for condition they used hypnosis for the most

Did you receive over-the-counter medications for [fill: condition from HYP_MOST or HYP_COND or HYP_SPEC] before, at about the same time, or after trying hypnosis?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

Sample adults 18+ who used over-the-counter medications for condition they used hypnosis for the most
### Question 3: Surgery

**Question ID:** ALT.262_03.000  
**Instrument Variable Name:** HYP_TIM3  
**QuestionnaireFileName:** Adult CAM

**Question Text:** Did you receive surgery for [fill: condition from HYP_MOST or HYP_COND or HYP_SPEC] before, at about the same time, or after trying hypnosis?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>7</th>
<th>9</th>
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<tbody>
<tr>
<td></td>
<td>Before</td>
<td>At about the same time</td>
<td>After</td>
<td>Refused</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**Universe Text:** Sample adults 18+ who had surgery for condition they used hypnosis for the most

**Skip Instructions:** <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected [goto HYP_ENG]

### Question 4: Physical Therapy

**Question ID:** ALT.262_04.000  
**Instrument Variable Name:** HYP_TIM4  
**QuestionnaireFileName:** Adult CAM

**Question Text:** Did you receive physical therapy for [fill: condition from HYP_MOST or HYP_COND or HYP_SPEC] before, at about the same time, or after trying hypnosis?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
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<th>3</th>
<th>7</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Before</td>
<td>At about the same time</td>
<td>After</td>
<td>Refused</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**Universe Text:** Sample adults 18+ who had physical therapy for condition they used hypnosis for the most

**Skip Instructions:** <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected [goto HYP_ENG]

### Question 5: Mental Health Counseling

**Question ID:** ALT.262_05.000  
**Instrument Variable Name:** HYP_TIM5  
**QuestionnaireFileName:** Adult CAM

**Question Text:** Did you receive mental health counseling for [fill: condition from HYP_MOST or HYP_COND or HYP_SPEC] before, at about the same time, or after trying hypnosis?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
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<th>3</th>
<th>7</th>
<th>9</th>
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<tbody>
<tr>
<td></td>
<td>Before</td>
<td>At about the same time</td>
<td>After</td>
<td>Refused</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**Universe Text:** Sample adults 18+ who had mental health counseling for condition they used hypnosis for the most

**Skip Instructions:** <1-3,R,D> [goto HYP_ENG]
DURING THE PAST 12 MONTHS, did you use hypnosis for any of these reasons? Please say yes or no to each.

...To improve or enhance energy

1 Yes
2 No
7 Refused
9 Don't know

DURING THE PAST 12 MONTHS, did you use hypnosis for any of these reasons?

...For general wellness or general disease prevention

1 Yes
2 No
7 Refused
9 Don't know

DURING THE PAST 12 MONTHS, did you use hypnosis for any of these reasons?

...To improve or enhance immune function

1 Yes
2 No
7 Refused
9 Don't know

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

<1,2,D,R> [goto HYP_WEL]
DURING THE PAST 12 MONTHS, did you use hypnosis for any of these reasons?

...Because medical treatments did not help

1  Yes
2  No
7  Refused
9  Don't know

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

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

DURING THE PAST 12 MONTHS, did you use hypnosis for any of these reasons?

...Because medical treatments were too expensive

1  Yes
2  No
7  Refused
9  Don't know

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

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

DURING THE PAST 12 MONTHS, did you use hypnosis for any of these reasons?

...It was recommended by a health care provider

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1,2,D,R> [goto HYP_FFC]
### Question 276

**Question ID:** ALT.276_00.000  
**Instrument Variable Name:** HYP_FFC  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

*Read if necessary.*

DURING THE PAST 12 MONTHS, did you use hypnosis for any of these reasons?

...It was recommended by family, friends, or co-workers

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

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

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

### Question 278

**Question ID:** ALT.278_00.000  
**Instrument Variable Name:** HYP_DISC  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

(book) ALT3 ?[F1]

DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of hypnosis?

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

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

**SkipInstructions:**  
<1>[goto HYPPROF]

<2,D,R>[goto MAS_USEM or next modality which respondent has used --see table below for determination:

- If MAS_EVER = 1 goto MAS_USEM
- elseif NAT_EVER = 1 goto NAT_USEM
- else goto TRD_EVER
ALT.280_00.000 | HYPPROF | Adult CAM
---|---|---
**Question Text:**

(book) ALT3 `[F1]

Which ones?

*Enter all that apply, separate with commas.

01 Medical doctor (including specialists)
02 Doctor of Osteopathy (D.O.)
03 Nurse practitioner/Physician assistant
04 Psychiatrist
05 Dentist (including specialists)
06 Psychologist/social worker
07 Pharmacist
97 Refused
99 Don't know

**Universe Text:** Sample adults 18+ who have let a conventional medical prof. know about use of hypnosis

**Skip Instructions:** 
<1-7,R,D>[goto see table below for determination:

If MAS_EVER = 1 goto MAS_USEM
elseif NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER

---

ALT.282_00.000 | MAS_USEM | Adult CAM
---|---|---
**Question Text:**

`[F1]

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

1 Yes
2 No
7 Refused
9 Don't know

**Universe Text:** Sample adults 18+ who have ever tried massage

**Skip Instructions:**
<1>[goto MAS_NUMB] <2,R,D>[cycle through other modalities respondent has used --see table below for determination:

If NAT_EVER = 1 goto NAT_USEM
else goto TRD_EVER
**2007 NHIS Questionnaire - Adult CAM**

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

**Document Version Date:** 28-May-08

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**Question IDs:**

- **ALT.284_00.000**
- **ALT.286_00.000**
- **ALT.288_00.000**

**Questionnaire File Name:** Adult CAM

---

**Question 1:**

**Question ID:** ALT.284_00.000

**Instrument Variable Name:** MAS_NUMB

**Question Text:**

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

*Read categories if necessary.*

1. Only one time
2. 2-5 times
3. 6-10 times
4. 11-15 times
5. 16-20 times
6. More than 20 times
7. Refused
9. Don't know

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

**Skip Instructions:** <1,2,3,4,5,6,R,D> [goto MAS_PAY]

---

**Question 2:**

**Question ID:** ALT.286_00.000

**Instrument Variable Name:** MAS_PAY

**Question Text:**

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

*Enter '500' for $500 or more.*

000-499 $0-$499
500 $500 or more
997 Refused
999 Don't know

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

**Skip Instructions:** <0-500,Refused,Don't know> [goto MAS_TRET]

---

**Question 3:**

**Question ID:** ALT.288_00.000

**Instrument Variable Name:** MAS_TRET

**Question Text:**

Did you use massage for a specific health problem or condition?

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

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

**Skip Instructions:** <1>[goto MAS_COND] <2,R,D>[goto MAS_ENG]
Question ID: ALT.290_00.000  Instrument Variable Name: MAS_COND  QuestionnaireFileName: Adult CAM

QuestionText: 

For what health problems or conditions did you use massage?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
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41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
<table>
<thead>
<tr>
<th></th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>46</td>
<td>Memory loss or loss of other cognitive function</td>
</tr>
<tr>
<td>47</td>
<td>Menopause</td>
</tr>
<tr>
<td>48</td>
<td>Menstrual problems</td>
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<tr>
<td>49</td>
<td>Mental retardation</td>
</tr>
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<td>50</td>
<td>Missing limbs (fingers, toes or digits), amputee</td>
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<td>Osteoporosis, tendinitis</td>
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<td>Other injury</td>
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<td>Other nerve damage, including carpal tunnel syndrome</td>
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<td>Schizophrenia</td>
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<tr>
<td>62</td>
<td>Seizures</td>
</tr>
<tr>
<td>63</td>
<td>Senility</td>
</tr>
<tr>
<td>64</td>
<td>Sinusitis</td>
</tr>
<tr>
<td>65</td>
<td>Skin problems</td>
</tr>
<tr>
<td>66</td>
<td>Sprain or strain</td>
</tr>
<tr>
<td>67</td>
<td>Stroke</td>
</tr>
<tr>
<td>68</td>
<td>Substance abuse, other than alcohol or tobacco</td>
</tr>
<tr>
<td>69</td>
<td>Filled problem</td>
</tr>
<tr>
<td>70</td>
<td>Filled problem</td>
</tr>
<tr>
<td>71</td>
<td>Ulcer</td>
</tr>
<tr>
<td>72</td>
<td>Urinary problem</td>
</tr>
<tr>
<td>73</td>
<td>Varicose veins, hemorrhoids</td>
</tr>
<tr>
<td>74</td>
<td>Vision problem</td>
</tr>
<tr>
<td>75</td>
<td>Weak or failing kidneys</td>
</tr>
<tr>
<td>76</td>
<td>Weight problem</td>
</tr>
<tr>
<td>77</td>
<td>Back pain or problem</td>
</tr>
<tr>
<td>78</td>
<td>Head or chest cold</td>
</tr>
<tr>
<td>79</td>
<td>Neck pain or problem</td>
</tr>
<tr>
<td>80</td>
<td>Severe headache or migraine</td>
</tr>
<tr>
<td>81</td>
<td>Stomach or intestinal illness</td>
</tr>
<tr>
<td>82</td>
<td>Other - specify</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who use massage for a specific condition

**SkipInstructions:**

- `<1-81>` If more than one condition selected, [goto MAS_MOST], elseif only one condition selected, [goto MAS_MED]
- `<82>` [goto MAS_SPEC]
- `<Refused, Don't know>` goto MAS_ENG
**2007 NHIS Questionnaire - Adult CAM**

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

**Document Version Date:** 28-May-08

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.291_00.000</th>
<th>Instrument Variable Name:</th>
<th>MAS_SPEC</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>*Enter condition for which massage was used. If respondent gives more than one condition, probe for condition most important for using massage. 97 Refused 99 Don't know Verbatim Verbatim response</td>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who used massage to treat other health problem or condition</td>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;Allow 75&gt; if more than one condition selected [goto MAS_MOST]; else if only one condition selected [goto MAS_MED] &lt;R,D&gt; [if more than one condition (1-81) selected [goto MAS_MOST]; elseif only one condition (1-81) selected [goto MAS_MED]; else [goto MAS_ENG]</td>
</tr>
</tbody>
</table>
For which ONE of these health conditions did you use massage the most?

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

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
47  Menopause
48  Menstrual problems
49  Mental retardation
50  Missing limbs (fingers, toes or digits), amputee
51  Osteoporosis, tendinitis
52  Other developmental problem
53  Other injury
54  Other nerve damage, including carpal tunnel syndrome
55  Phobia or fears
56  Polio (myelitis), paralysis, para/quadriplegia
57  Poor circulation in legs
58  Prostate trouble or impotence
59  Regular headaches
60  Rheumatoid arthritis
61  Schizophrenia
62  Seizures
63  Senility
64  Sinusitis
65  Skin problems
66  Sprain or strain
67  Stroke
68  Substance abuse, other than alcohol or tobacco
69  Filled problem
70  Filled problem
71  Ulcer
72  Urinary problem
73  Varicose veins, hemorrhoids
74  Vision problem
75  Weak or failing kidneys
76  Weight problem
77  Back pain or problem
78  Head or chest cold
79  Neck pain or problem
80  Severe headache or migraine
81  Stomach or intestinal illness
82  Other - specify
83  Refused
84  Don't know

UniverseText: Sample adults 18+ who used massage for more than 1 condition

SkipInstructions: <1-82> goto MAS_MED
                <Refused, Don't know> goto MAS_ENG
Question ID: ALT.294_00.000  Instrument Variable Name: MAS_MED  QuestionnaireFileName: Adult CAM

QuestionText: (book) ALT2 ?[F1]

Did you receive any of these conventional medical treatments for [Fill: condition for which massage used the most]?

*Enter all that apply, separate with commas.

0 None
1 Prescription medications
2 Over-the-counter medications
3 Surgery
4 Physical therapy
5 Mental health counseling
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who received massage for particular condition

SkipInstructions: <1> [goto MAS_TIM1]
<2> [goto MAS_TIM2]
<3> [goto MAS_TIM3]
<4> [goto MAS_TIM4]
<5> [goto MAS_TIM5]
<0, 'R','D'> [goto MAS_ENG]

Question ID: ALT.296_01.000  Instrument Variable Name: MAS_TIM1  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive prescription medications for [fill: condition from MAS_MOST or MAS_COND or MAS_SPEC] before, at about the same time, or after trying massage?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who used prescription medications for condition they used massage for the most

SkipInstructions: <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected [goto MAS_ENG]

Question ID: ALT.296_02.000  Instrument Variable Name: MAS_TIM2  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive over-the-counter medications for [fill: condition from MAS_MOST or MAS_COND or MAS_SPEC] before, at about the same time, or after trying massage?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who used over-the-counter medications for condition they used massage for the most

SkipInstructions: <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected [goto MAS_ENG]
### 2007 NHIS Questionnaire - Adult CAM

#### Adult Alternative Health/Complementary And Alternative Medicine

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<table>
<thead>
<tr>
<th>Question ID: ALT.296_03.000</th>
<th>Instrument Variable Name: MAS_TIM3</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> Did you receive surgery for [fill: condition from MAS_MOST or MAS_COND or MAS_SPEC] before, at about the same time, or after trying massage?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1  Before</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2  At about the same time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3  After</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7  Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9  Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong> Sample adults 18+ who had surgery for condition they used massage for the most</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong> &lt;1-3,R,D&gt; [goto to next selected conventional medical treatment. If no more treatments selected [goto MAS_ENG]</td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Question ID: ALT.296_04.000</th>
<th>Instrument Variable Name: MAS_TIM4</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> Did you receive physical therapy for [fill: condition from MAS_MOST or MAS_COND or MAS_SPEC] before, at about the same time, or after trying massage?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1  Before</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2  At about the same time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3  After</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7  Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9  Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong> Sample adults 18+ who had physical therapy for condition they used massage for the most</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong> &lt;1-3,R,D&gt; [goto to next selected conventional medical treatment. If no more treatments selected [goto MAS_ENG]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: ALT.296_05.000</th>
<th>Instrument Variable Name: MAS_TIM5</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> Did you receive mental health counseling for [fill: condition from MAS_MOST or MAS_COND or MAS_SPEC] before, at about the same time, or after trying massage?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1  Before</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2  At about the same time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3  After</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7  Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9  Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong> Sample adults 18+ who had mental health counseling for condition they used massage for the most</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong> &lt;1-3,R,D&gt; [goto MAS_ENG]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DURING THE PAST 12 MONTHS, did you use massage for any of these reasons? Please say yes or no to each.

...To improve or enhance energy

1  Yes
2  No
7  Refused
9  Don't know

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

*Read if necessary.

DURING THE PAST 12 MONTHS, did you use massage for any of these reasons?

...For general wellness or general disease prevention

1  Yes
2  No
7  Refused
9  Don't know

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

*Read if necessary.

DURING THE PAST 12 MONTHS, did you use massage for any of these reasons?

...To improve or enhance immune function

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have seen a practitioner for massage in past 12 months
### NHIS Questionnaire - Adult CAM

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

**Document Version Date:** 28-May-08

<table>
<thead>
<tr>
<th>Question ID: ALT.304_00.000</th>
<th>Instrument Variable Name: MAS_NOHP</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
</table>
| QuestionText: *Read if necessary.*  

DURING THE PAST 12 MONTHS, did you use massage for any of these reasons?  
...Because medical treatments did not help

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

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

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

<table>
<thead>
<tr>
<th>Question ID: ALT.306_00.000</th>
<th>Instrument Variable Name: MAS_EXPS</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
</table>
| QuestionText: *Read if necessary.*  

DURING THE PAST 12 MONTHS, did you use massage for any of these reasons?  
...Because medical treatments were too expensive

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

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

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

<table>
<thead>
<tr>
<th>Question ID: ALT.308_00.000</th>
<th>Instrument Variable Name: MAS_SUGG</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
</table>
| QuestionText: *Read if necessary.*  

DURING THE PAST 12 MONTHS, did you use massage for any of these reasons?  
...It was recommended by a health care provider

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

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

**SkipInstructions:** <1,2,D,R> [goto MAS_FFC]
DURING THE PAST 12 MONTHS, did you use massage for any of these reasons?

...It was recommended by family, friends, or co-workers

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: <1,2,D,R> [goto MAS_DISC]
**2007 NHIS Questionnaire - Adult CAM**

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

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---

**Question ID:** ALT.314_00.000  
**Instrument Variable Name:** MASPROF  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

(book) ALT3 [F1]

Which ones?

*Enter all that apply, separate with commas.

01 Medical doctor (including specialists)
02 Doctor of Osteopathy (D.O.)
03 Nurse practitioner/Physician assistant
04 Psychiatrist
05 Dentist (including specialists)
06 Psychologist/social worker
07 Pharmacist
97 Refused
99 Don't know

**UniverseText:** Sample adults 18+ who have let a conventional medical prof. know about use of massage

**SkipInstructions:** <1-7,R,D> If NAT_EVER = 1 [ goto NAT_USEM]  
else goto TRD_EVER }

---

**Question ID:** ALT.316_00.000  
**Instrument Variable Name:** NAT_USEM  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** 

[F1]

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

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+ who have ever tried naturopathy

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

---

**Question ID:** ALT.318_00.000  
**Instrument Variable Name:** NAT_NUMB  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**  

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

*Read categories if necessary.

1 Only one time
2 2-5 times
3 6-10 times
4 11-15 times
5 16-20 times
6 More than 20 times
7 Refused
9 Don't know

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

**SkipInstructions:** <1,2,3,4,5,6,R,D>[goto NAT_PAY]
On average, how much did you pay out-of-pocket for each visit to a practitioner for naturopathy?

*Enter ‘500’ for $500 or more.

- $0-$499
- $500 or more
- Refused
- Don't know

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

Did you use naturopathy for a specific health problem or condition?

- Yes
- No
- Refused
- Don't know

Sample adults 18+ who have seen a practitioner for naturopathy in past 12 months
For what health problems or conditions did you use naturopathy?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine

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46 Memory loss or loss of other cognitive function
47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusits
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who use naturopathy for a specific condition

SkipInstructions: <1-81> If more than one condition selected, [goto NAT_MOST], elseif only one condition selected, [goto NAT_MED]
<82> [goto NAT_SPEC]
<Refused,Don't know> goto NAT_ENG
Enter condition for which naturopathy was used. If respondent gives more than one condition, probe for condition most important for using naturopathy.

Refused
Don't know
Verbatim response

Sample adults 18+ who used naturopathy to treat other health problem or condition

<Allow 75> if more than one condition selected [goto NAT_MOST]; else if only one condition selected [goto NAT_MED]
<Ref,Don> [if more than one condition (1-81) selected [goto NAT_MOST]; elseif only one condition (1-81) selected [goto NAT_MED]; else [goto NAT_ENG]
For which ONE of these health conditions did you use naturopathy the most?

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

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
83 Refused
84 Don't know

Universe Text: Sample adults 18+ who used naturopathy for more than 1 condition

Skip Instructions: <1-82> goto NAT_MED
<Refused, Don't know> goto NAT_ENG
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Question ID: ALT.328_00.000  Instrument Variable Name: NAT_MED  QuestionnaireFileName: Adult CAM

QuestionText: (book) ALT2 ?[F1]

Did you receive any of these conventional medical treatments for [Fill: condition for which naturopathy used the most]?

*Enter all that apply, separate with commas.

0  None
1  Prescription medications
2  Over-the-counter medications
3  Surgery
4  Physical therapy
5  Mental health counseling
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who received naturopathy for particular condition

SkipInstructions: <1> [goto NAT_TIM1]
<2> [goto NAT_TIM2]
<3> [goto NAT_TIM3]
<4> [goto NAT_TIM4]
<5> [goto NAT_TIM5]
<0, 'R','D'> [goto NAT_ENG]]

Question ID: ALT.330_01.000  Instrument Variable Name: NAT_TIM1  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive prescription medications for [fill: condition from NAT_MOST or NAT_COND or NAT_SPEC] before, at about the same time, or after trying naturopathy?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who used prescription medications for condition they used naturopathy for the most

SkipInstructions: <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected [goto NAT_ENG]]

Question ID: ALT.330_02.000  Instrument Variable Name: NAT_TIM2  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive over-the-counter medications for [fill: condition from NAT_MOST or NAT_COND or NAT_SPEC] before, at about the same time, or after trying naturopathy?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who used over-the-counter medications for condition they used naturopathy for the most

SkipInstructions: <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected [goto NAT_ENG]]
2007 NHIS Questionnaire - Adult CAM
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**Question ID:** ALT.330_03.000  **Instrument Variable Name:** NAT_TIM3  **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive surgery for [fill: condition from NAT_MOST or NAT_COND or NAT_SPEC] before, at about the same time, or after trying naturopathy?

1. Before
2. At about the same time
3. After
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+ who had surgery for condition they used naturopathy for the most

**SkipInstructions:** <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected [goto NAT_ENG]

**Question ID:** ALT.330_04.000  **Instrument Variable Name:** NAT_TIM4  **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive physical therapy for [fill: condition from NAT_MOST or NAT_COND or NAT_SPEC] before, at about the same time, or after trying naturopathy?

1. Before
2. At about the same time
3. After
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+ who had physical therapy for condition they used naturopathy for the most

**SkipInstructions:** <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected [goto NAT_ENG]

**Question ID:** ALT.330_05.000  **Instrument Variable Name:** NAT_TIM5  **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive mental health counseling for [fill: condition from NAT_MOST or NAT_COND or NAT_SPEC] before, at about the same time, or after trying naturopathy?

1. Before
2. At about the same time
3. After
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+ who had mental health counseling for condition they used naturopathy for the most

**SkipInstructions:** <1-3,R,D> [goto NAT_ENG]
### Question ID: ALT.332_00.000  Instrument Variable Name: NAT_ENG  QuestionnaireFileName: Adult CAM

**Question Text:**

DURING THE PAST 12 MONTHS, did you use naturopathy for any of these reasons? Please say yes or no to each.

<table>
<thead>
<tr>
<th>Reason</th>
<th>1</th>
<th>2</th>
<th>7</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>To improve or enhance energy</td>
<td>Yes</td>
<td>No</td>
<td>Refused</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

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

### Question ID: ALT.334_00.000  Instrument Variable Name: NAT_WEL  QuestionnaireFileName: Adult CAM

**Question Text:**

*Read if necessary.*

DURING THE PAST 12 MONTHS, did you use naturopathy for any of these reasons?

<table>
<thead>
<tr>
<th>Reason</th>
<th>1</th>
<th>2</th>
<th>7</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>For general wellness or general disease prevention</td>
<td>Yes</td>
<td>No</td>
<td>Refused</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

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

### Question ID: ALT.336_00.000  Instrument Variable Name: NAT_IMM  QuestionnaireFileName: Adult CAM

**Question Text:**

*Read if necessary.*

DURING THE PAST 12 MONTHS, did you use naturopathy for any of these reasons?

<table>
<thead>
<tr>
<th>Reason</th>
<th>1</th>
<th>2</th>
<th>7</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>To improve or enhance immune function</td>
<td>Yes</td>
<td>No</td>
<td>Refused</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**Skip Instructions:** `<1,2,D,R> [goto NAT_NOHP]`
**Question ID:** ALT.338_00.000  **Instrument Variable Name:** NAT_NOHP  **QuestionnaireFileName:** Adult CAM

**Question Text:**

*Read if necessary.

DURING THE PAST 12 MONTHS, did you use naturopathy for any of these reasons?

...Because medical treatments did not help

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

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

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

---

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

**Question Text:**

*Read if necessary.

DURING THE PAST 12 MONTHS, did you use naturopathy for any of these reasons?

...Because medical treatments were too expensive

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

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

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

---

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

**Question Text:**

*Read if necessary.

DURING THE PAST 12 MONTHS, did you use naturopathy for any of these reasons?

...It was recommended by a health care provider

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

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

**SkipInstructions:** <1,2,D,R> [goto NAT_FFC]
**2007 NHIS Questionnaire - Adult CAM**

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

**Document Version Date:** 28-May-08

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.344_00.000</th>
<th>Instrument Variable Name:</th>
<th>NAT_FFC</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
</table>
| QuestionText: | *Read if necessary.  
DURING THE PAST 12 MONTHS, did you use naturopathy for any of these reasons?  
...It was recommended by family, friends, or co-workers  
1 Yes  
2 No  
7 Refused  
9 Don't know | |
| UniverseText: | Sample adults 18+ who have seen a practitioner for naturopathy in past 12 months | |
| SkipInstructions: | <1,2,D,R> [goto NAT_DISC] | |

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.346_00.000</th>
<th>Instrument Variable Name:</th>
<th>NAT_DISC</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
</table>
| QuestionText: | (book) ALT3 '?'[F1]  
DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of naturopathy?  
1 Yes  
2 No  
7 Refused  
9 Don't know | |
| UniverseText: | Sample adults 18+ who have seen a practitioner for naturopathy in past 12 months | |
| SkipInstructions: | <1>[goto NATPROF]  
<2,D,R>[goto TRD_EVER] | |

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.348_00.000</th>
<th>Instrument Variable Name:</th>
<th>NATPROF</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
</table>
| QuestionText: | (book) ALT3 '?'[F1]  
Which ones?  
*Enter all that apply, separate with commas.  
01 Medical doctor (including specialists)  
02 Doctor of Osteopathy (D.O.)  
03 Nurse practitioner/Physician assistant  
04 Psychiatrist  
05 Dentist (including specialists)  
06 Psychologist/social worker  
07 Pharmacist  
97 Refused  
99 Don't know | |
| UniverseText: | Sample adults 18+ who have let a conventional medical prof. know about use of naturopathy | |
| SkipInstructions: | <1-7,R,D>[goto TRD_EVER] | |
Have you ever seen any of the following practitioners for health reasons?

*Enter all that apply, separate with commas.

00 None
01 Curandero
02 Espiritista
03 Hierbero or Yerbera
04 Shaman
05 Botanica
06 Native American Healer/Medicine man
07 Sobador
97 Refused
99 Don't know

Sample adults 18+

If TRD_EVER includes 1 goto CUR_USEM
elseif TRD_EVER includes 2 goto ESP_USEM
elseif TRD_EVER includes 3 goto YER_USEM
elseif TRD_EVER includes 4 goto SHA_USEM
elseif TRD_EVER includes 5 goto BOT_USEM
elseif TRD_EVER includes 6 goto NAH_USEM
elseif TRD_EVER includes 7 goto SBD_USEM
else goto FELD_EVE
DURING THE PAST 12 MONTHS, did you see a Curandero (kuhr-ran-DEH-roh)?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have used Curandera

If TRD_EVER includes 2 goto ESP_USEM
elseif TRD_EVER includes 3 goto YER_USEM
elseif TRD_EVER includes 4 goto SHA_USEM
elseif TRD_EVER includes 5 goto BOT_USEM
elseif TRD_EVER includes 6 goto NAH_USEM
elseif TRD_EVER includes 7 goto SBD_USEM
else CUR_USEM = 1 goto TRD_NUMB
else goto FELD_EVE

DURING THE PAST 12 MONTHS, did you see an Espiritista (esp-ee-ree-TEE-sta)?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have ever seen an Espiritista

<1,2,R,D> [goto YER_USEM or next healer respondent has used. If no more, goto TRD_NUMB if respondent has only used 1 traditional healer/practioner in past 12 months or FELD_EVE if respondent has used none in the past 12 months.]

SEE TABLE BELOW FOR DETERMINATION:

If TRD_EVER includes 3 goto YER_USEM
elseif TRD_EVER includes 4 goto SHA_USEM
elseif TRD_EVER includes 5 goto BOT_USEM
elseif TRD_EVER includes 6 goto NAH_USEM
elseif TRD_EVER includes 7 goto SBD_USEM
else CUR_USEM = 1 goto TRD_MOST
else ESP_USEM = 1 goto TRD_MOST
else goto FELD_EVE
DURING THE PAST 12 MONTHS, did you see a Hierbero (yair-BAIR-ro) or Yerbera (yehr-BEH-ra) for health reasons?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have ever seen an Hierbero/Yerbera

DURING THE PAST 12 MONTHS, did you see a Shaman (SHAH-man)?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have ever seen a Shaman
**2007 NHIS Questionnaire - Adult CAM**

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

**Document Version Date:** 28-May-08

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**Question ID:** ALT.372_00.000  
**Instrument Variable Name:** BOT_USEM  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

DURING THE PAST 12 MONTHS, did you see a Botanica (boh-TAN-ik-ah) for health reasons?

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

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

**SkipInstructions:**

<1,2,R,D> [goto NAH_USEM or next healer respondent has used. If no more, goto TRD_NUMB if respondent has only used 1 traditional healer/practioner in past 12 months, TRD_MOST if respondent has used more than 1 traditional healer/practioner in the past 12 months, or FELD_EVE if respondent has used none in the past 12 months.]

SEE TABLE BELOW FOR DETERMINATION:

If TRD_EVER includes 6 goto NAH_USEM  
elseif TRD_EVER includes 7 goto SBD_USEM  
elseif more than one of CUR_USEM, ESP_USEM, YER_USEM, SHA_USEM, and BOT_USEM = 1 goto TRD_MOST  
elseif only one of CUR_USEM, ESP_USEM, YER_USEM, SHA_USEM, and BOT_USEM = 1 goto TRD_NUMB  
else goto FELD_EVE

---

**Question ID:** ALT.374_00.000  
**Instrument Variable Name:** NAH_USEM  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

DURING THE PAST 12 MONTHS, did you see a Native American Healer or Medicine Man?

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

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

**SkipInstructions:**

<1,2,R,D> [goto SBD_USEM or next healer respondent has used. If no more, goto TRD_NUMB if respondent has only used 1 traditional healer/practioner in past 12 months, TRD_MOST if respondent has used more than 1 traditional healer/practioner in the past 12 months, or FELD_EVE if respondent has used none in the past 12 months.]

SEE TABLE BELOW FOR DETERMINATION:

if TRD_EVER includes 7 goto SBD_USEM  
elseif more than one of CUR_USEM, ESP_USEM, YER_USEM, SHA_USEM, and NAH_USEM = 1 goto TRD_MOST  
elseif only one of CUR_USEM, ESP_USEM, YER_USEM, SHA_USEM, and NAH_USEM = 1 goto TRD_NUMB  
else goto FELD_EVE
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: ALT.376_00.000 Instrument Variable Name: SBD_USEM QuestionnaireFileName: Adult CAM

QuestionText: 

DURING THE PAST 12 MONTHS, did you see a Sobador (soh-bah-DOOR)?

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: <1,2,R,D> [goto TRD_NUMB if respondent has only used 1 traditional healer/practioner in past 12 months, TRD_MOST if respondent has used more than 1 traditional healer/practioner in the past 12 months, or FELD_EVE if respondent has used none in the past 12 months.]

SEE TABLE BELOW FOR DETERMINATION:

if more than one of CUR_USEM, ESP_USEM, YER_USEM, SHA_USEM, BOT_USEM, NAH_USEM, and SBD_USEM = 1 goto TRD_M0ST
elseif only one of CUR_USEM, ESP_USEM, YER_USEM, SHA_USEM, BOT_USEM, NAH_USEM, and SBD_USEM = 1 goto TRD_NUMB
else goto FELD_EVE

Question ID: ALT.378_00.000 Instrument Variable Name: TRD_MOST QuestionnaireFileName: Adult CAM

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

*If respondent cannot choose one traditional healer, probe for the one most important for health.

01 Curandero
02 Espiritista
03 Hierbero or Yerbera
04 Shaman
05 Botanica
06 Native American Healer/Medicine man
07 Sobador
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who have seen multiple traditional healers in the past 12 months

SkipInstructions: <1-7> [goto TRD_NUMB]
<Refused, Don't know> goto TRD_ENG
DURING THE PAST 12 MONTHS, how many times did you see {fill: type of traditional healer}?

*Read categories if necessary.

1  Only one time
2  2-5 times
3  6-10 times
4  11-15 times
5  16-20 times
6  More than 20 times
7  Refused
9  Don't know

Sample adults 18+ who have seen a traditional healer in the past 12 months

On average, how much did you pay out-of-pocket for each visit to {fill: type of traditional healer}?

*Enter ‘500’ for $500 or more.

000-499  $0-$499
500      $500 or more
997      Refused
999      Don't know

Sample adults 18+ who have seen a traditional healer in the past 12 months

Did you see {fill: type of traditional healer} for a specific health problem or condition?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have seen a traditional healer in the past 12 months
For which health problems or conditions did you see [fill: type of traditional healer]?

*Enter all that apply, separate with commas.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Acid reflux or heartburn</td>
</tr>
<tr>
<td>2</td>
<td>Angina</td>
</tr>
<tr>
<td>3</td>
<td>Anxiety</td>
</tr>
<tr>
<td>4</td>
<td>Asthma</td>
</tr>
<tr>
<td>5</td>
<td>Arthritis</td>
</tr>
<tr>
<td>6</td>
<td>Attention Deficit Disorder/Hyperactivity</td>
</tr>
<tr>
<td>7</td>
<td>Autism</td>
</tr>
<tr>
<td>8</td>
<td>Benign tumors, cysts</td>
</tr>
<tr>
<td>9</td>
<td>Bipolar Disorder</td>
</tr>
<tr>
<td>10</td>
<td>Birth defect</td>
</tr>
<tr>
<td>11</td>
<td>Cancer</td>
</tr>
<tr>
<td>12</td>
<td>Cholesterol</td>
</tr>
<tr>
<td>13</td>
<td>Chronic Bronchitis</td>
</tr>
<tr>
<td>14</td>
<td>Circulation problems (other than in the legs)</td>
</tr>
<tr>
<td>15</td>
<td>Constipation severe enough to require medication</td>
</tr>
<tr>
<td>16</td>
<td>Coronary heart disease</td>
</tr>
<tr>
<td>17</td>
<td>Dementia, including Alzheimer's Disease</td>
</tr>
<tr>
<td>18</td>
<td>Dental pain</td>
</tr>
<tr>
<td>19</td>
<td>Depression</td>
</tr>
<tr>
<td>20</td>
<td>Diabetes</td>
</tr>
<tr>
<td>21</td>
<td>Emphysema</td>
</tr>
<tr>
<td>22</td>
<td>Excessive sleepiness during the day</td>
</tr>
<tr>
<td>23</td>
<td>Excessive use of alcohol or tobacco</td>
</tr>
<tr>
<td>24</td>
<td>Fibromyalgia</td>
</tr>
<tr>
<td>25</td>
<td>Fracture, bone/joint injury</td>
</tr>
<tr>
<td>26</td>
<td>Gout</td>
</tr>
<tr>
<td>27</td>
<td>Gum disease</td>
</tr>
<tr>
<td>28</td>
<td>Gynecologic problem</td>
</tr>
<tr>
<td>29</td>
<td>Hay fever</td>
</tr>
<tr>
<td>30</td>
<td>Hearing problem</td>
</tr>
<tr>
<td>31</td>
<td>Heart attack</td>
</tr>
<tr>
<td>32</td>
<td>Other heart condition or disease</td>
</tr>
<tr>
<td>33</td>
<td>Hernia</td>
</tr>
<tr>
<td>34</td>
<td>Hypertension</td>
</tr>
<tr>
<td>35</td>
<td>Inflammatory bowel disease</td>
</tr>
<tr>
<td>36</td>
<td>Influenza or pneumonia</td>
</tr>
<tr>
<td>37</td>
<td>Insomnia or trouble sleeping</td>
</tr>
<tr>
<td>38</td>
<td>Irritable bowel</td>
</tr>
<tr>
<td>39</td>
<td>Jaw pain</td>
</tr>
<tr>
<td>40</td>
<td>Joint pain or stiffness/other joint condition</td>
</tr>
<tr>
<td>41</td>
<td>Knee problems (not arthritis, not joint injury)</td>
</tr>
<tr>
<td>42</td>
<td>Liver problem</td>
</tr>
<tr>
<td>43</td>
<td>Lung/breathing problem (not already listed)</td>
</tr>
<tr>
<td>44</td>
<td>Lupus</td>
</tr>
<tr>
<td>45</td>
<td>Mania or psychosis</td>
</tr>
</tbody>
</table>
46 Memory loss or loss of other cognitive function
47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
83 Refused
84 Don't know

UniverseText: Sample adults 18+ who have seen a traditional healer for a specific health problem or condition

SkipInstructions: <1-81> if more than one condition selected, [goto TRD_CONM]; else if only one condition selected [goto TRD_MED]
<82> [goto TRD_SPEC]
<Refused,Don't know> [goto TRD_ENG]
*Enter condition for which [fill: type of traditional healer] was used. If respondent gives more than one condition, probe for condition most important for using [fill: type of traditional healer].

97 Refused
99 Don't know

Verbatim response

Sample adults 18+ who used a traditional healer to treat other health problem or condition

<Allow 75> if more than one condition selected [goto TRD_CONM]; else if only one condition selected [goto TRD_MED]
<br>D> [if more than one condition (1-81) selected [goto TRD_CONM]; elseif only one condition (1-81) selected [goto TRD_MED]; else [goto TRD_ENG]
For which ONE of these health conditions did you see [fill: type of traditional healer] the most?

*If respondent cannot choose one condition, probe for condition most important for using a traditional healer.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
<table>
<thead>
<tr>
<th></th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>47</td>
<td>Menopause</td>
</tr>
<tr>
<td>48</td>
<td>Menstrual problems</td>
</tr>
<tr>
<td>49</td>
<td>Mental retardation</td>
</tr>
<tr>
<td>50</td>
<td>Missing limbs (fingers, toes or digits), amputee</td>
</tr>
<tr>
<td>51</td>
<td>Osteoporosis, tendinitis</td>
</tr>
<tr>
<td>52</td>
<td>Other developmental problem</td>
</tr>
<tr>
<td>53</td>
<td>Other injury</td>
</tr>
<tr>
<td>54</td>
<td>Other nerve damage, including carpal tunnel syndrome</td>
</tr>
<tr>
<td>55</td>
<td>Phobia or fears</td>
</tr>
<tr>
<td>56</td>
<td>Polio (myelitis), paralysis, para/quadriplegia</td>
</tr>
<tr>
<td>57</td>
<td>Poor circulation in legs</td>
</tr>
<tr>
<td>58</td>
<td>Prostate trouble or impotence</td>
</tr>
<tr>
<td>59</td>
<td>Regular headaches</td>
</tr>
<tr>
<td>60</td>
<td>Rheumatoid arthritis</td>
</tr>
<tr>
<td>61</td>
<td>Schizophrenia</td>
</tr>
<tr>
<td>62</td>
<td>Seizures</td>
</tr>
<tr>
<td>63</td>
<td>Senility</td>
</tr>
<tr>
<td>64</td>
<td>Sinusitis</td>
</tr>
<tr>
<td>65</td>
<td>Skin problems</td>
</tr>
<tr>
<td>66</td>
<td>Sprain or strain</td>
</tr>
<tr>
<td>67</td>
<td>Stroke</td>
</tr>
<tr>
<td>68</td>
<td>Substance abuse, other than alcohol or tobacco</td>
</tr>
<tr>
<td>69</td>
<td>Filled problem</td>
</tr>
<tr>
<td>70</td>
<td>Filled problem</td>
</tr>
<tr>
<td>71</td>
<td>Ulcer</td>
</tr>
<tr>
<td>72</td>
<td>Urinary problem</td>
</tr>
<tr>
<td>73</td>
<td>Varicose veins, hemorrhoids</td>
</tr>
<tr>
<td>74</td>
<td>Vision problem</td>
</tr>
<tr>
<td>75</td>
<td>Weak or failing kidneys</td>
</tr>
<tr>
<td>76</td>
<td>Weight problem</td>
</tr>
<tr>
<td>77</td>
<td>Back pain or problem</td>
</tr>
<tr>
<td>78</td>
<td>Head or chest cold</td>
</tr>
<tr>
<td>79</td>
<td>Neck pain or problem</td>
</tr>
<tr>
<td>80</td>
<td>Severe headache or migraine</td>
</tr>
<tr>
<td>81</td>
<td>Stomach or intestinal illness</td>
</tr>
<tr>
<td>82</td>
<td>Other - specify</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have seen a traditional healer for more than one condition

**SkipInstructions:**
- `<1-82> [goto TRD_MED]`
- `<Refused,Don't know> [goto TRD_ENG]`
Did you receive any of these conventional medical treatments for [fill: condition]?

*Enter all that apply, separate with commas.

0 None
1 Prescription medications
2 Over-the-counter medications
3 Surgery
4 Physical therapy
5 Mental health counseling
7 Refused
9 Don't know

Sample adults 18+ who have seen a traditional healer for a specific condition

Did you receive prescription medications for [fill1: condition from TRD_CONM or TRD_COND or TRD_SPEC] before, at about the same time, or after seeing [fill2: type of traditional healer]?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

Sample adults 18+ who used prescription medications for condition they used traditional healer for the most

Did you receive over-the-counter medications for [fill1: condition from TRD_CONM or TRD_COND or TRD_SPEC] before, at about the same time, or after seeing [fill2: type of traditional healer]?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

Sample adults 18+ who used over-the-counter medications for condition they used traditional healer for the most
### Question 1: Surgery

**Question ID:** ALT.392_03.000  
**Instrument Variable Name:** TRD_TIM3  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive surgery for [fill1: condition from TRD_CONM or TRD_COND or TRD_SPEC] before, at about the same time, or after seeing [fill2: type of traditional healer]?

1. Before
2. At about the same time
3. After
4. Refused
5. Don't know

**UniverseText:** Sample adults 18+ who had surgery for condition they used traditional healer for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto TRD_ENG]

### Question 2: Physical Therapy

**Question ID:** ALT.392_04.000  
**Instrument Variable Name:** TRD_TIM4  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive physical therapy for [fill1: condition from TRD_CONM or TRD_COND or TRD_SPEC] before, at about the same time, or after seeing [fill2: type of traditional healer]?

1. Before
2. At about the same time
3. After
4. Refused
5. Don't know

**UniverseText:** Sample adults 18+ who had physical therapy for condition they used traditional healer for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto TRD_ENG]

### Question 3: Mental Health Counseling

**Question ID:** ALT.392_05.000  
**Instrument Variable Name:** TRD_TIM5  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive mental health counseling for [fill1: condition from TRD_CONM or TRD_COND or TRD_SPEC] before, at about the same time, or after seeing [fill2: type of traditional healer]?

1. Before
2. At about the same time
3. After
4. Refused
5. Don't know

**UniverseText:** Sample adults 18+ who had mental health counseling for condition they used traditional healer for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto TRD_ENG]
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Question ID: ALT.394_00.000  Instrument Variable Name: TRD_ENG  QuestionnaireFileName: Adult CAM

QuestionText: DURING THE PAST 12 MONTHS, did you see { fill: type of traditional healer } for any of these reasons? Please say yes or no to each.

...To improve or enhance energy.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have seen a traditional healer in the past 12 months

SkipInstructions: <1,2,Refused,Don't know> [goto TRD_WEL]

Question ID: ALT.396_00.000  Instrument Variable Name: TRD_WEL  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you see { fill: type of traditional healer } for any of these reasons?

...For general wellness or general disease prevention

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have seen a traditional healer in the past 12 months

SkipInstructions: <1,2,Refused,Don't know> [goto TRD_IMM]

Question ID: ALT.398_00.000  Instrument Variable Name: TRD_IMM  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you see { fill: type of traditional healer } for any of these reasons?

...To improve or enhance immune function

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have seen a traditional healer in the past 12 months

SkipInstructions: <1,2,Refused,Don't know> [goto TRD_NOHP]
<table>
<thead>
<tr>
<th>Question ID: ALT.400_00.000</th>
<th>Instrument Variable Name: TRD_NOHP</th>
<th>QuestionnaireFileName: Adult CAM</th>
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</thead>
<tbody>
<tr>
<td>QuestionText: *Read if necessary.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DURING THE PAST 12 MONTHS, did you see { fill: type of traditional healer } for any of these reasons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>...Because medical treatments did not help</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText: Sample adults 18+ who have seen a traditional healer in the past 12 months</td>
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<tr>
<td>SkipInstructions: &lt;1,2,Refused,Don't know&gt; [goto TRD_EXPS]</td>
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<th>Instrument Variable Name: TRD_EXPS</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: *Read if necessary.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DURING THE PAST 12 MONTHS, did you see { fill: type of traditional healer } for any of these reasons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>...Because medical treatments were too expensive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText: Sample adults 18+ who have seen a traditional healer in the past 12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1,2,Refused,Don't know&gt; [goto TRD_SUGG]</td>
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<tr>
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<th>Instrument Variable Name: TRD_SUGG</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: *Read if necessary.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DURING THE PAST 12 MONTHS, did you see { fill: type of traditional healer } for any of these reasons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>...It was recommended by a health care provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText: Sample adults 18+ who have seen a traditional healer in the past 12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1,2,Refused,Don't know&gt; [goto TRD_FFC]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DURING THE PAST 12 MONTHS, did you see { fill: type of traditional healer } for any of these reasons?

...It was recommended by family, friends, or co-workers

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have seen a traditional healer in the past 12 months

DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of (fill: type of traditional healer)?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have seen a traditional healer in the past 12 months

Which ones?

*Enter all that apply, separate with commas.

01  Medical doctor (including specialists)
02  Doctor of Osteopathy (D. O.)
03  Nurse practitioner/Physician Assistant
04  Psychiatrist
05  Dentist (including specialists)
06  Psychologist/Social Worker
07  Pharmacist
97  Refused
99  Don't know

Sample adults 18+ who told conventional medical professionals about their use of traditional healers
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.412_00.000</th>
<th>Instrument Variable Name:</th>
<th>FELD_EVE</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td><img src="image1" alt="Question Text" /></td>
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<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,Refused,Don't know&gt; [goto ALEX_EVE]</td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.414_00.000</th>
<th>Instrument Variable Name:</th>
<th>ALEX_EVE</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td><img src="image2" alt="Question Text" /></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,Refused,Don't know&gt; [goto PIL_EVE]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.416_00.000</th>
<th>Instrument Variable Name:</th>
<th>PIL_EVE</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
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<tr>
<td>QuestionText:</td>
<td><img src="image3" alt="Question Text" /></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,Refused,Don't know&gt; [goto TRAG_EVE]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Question ID: ALT.418_00.000  Instrument Variable Name: TRAG_EVE  QuestionnaireFileName: Adult CAM

QuestionText: ![F1]  
*Read if necessary.  
Have you ever seen a practitioner or teacher for any of the following?  
...Trager (TRAY-gur) Psychophysical Integration  
1 Yes  
2 No  
7 Refused  
9 Don't know  

UniverseText: Sample adults 18+  

SkipInstructions: <1,2,Refused,Don't know> cycle through FELD_USE-TRAG_USE for yes responses to FELD_EVE-TRAG_EVE; if no, refused, don't know to all _EVE, goto AHB_EVER.  
If FELD_EVE = 1 goto FELD_USE  
elseif ALEX_EVE = 1 goto ALEX_USE  
elseif PIL_EVE = 1 goto PIL_USE  
elseif TRAG_EVE = 1 goto TRAG_USE  
else goto AHB_EVER

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

QuestionText: ![F1]  
DURING THE PAST 12 MONTHS, did you see a practitioner or teacher for Feldenkreis?  
1 Yes  
2 No  
7 Refused  
9 Don't know  

UniverseText: Sample adults 18+ who have used Feldenkreis  

SkipInstructions: <1,2,Refused,Don't know> [goto ALEX_USE or next modality respondent has used. If no more, goto MOV_NUMB if FELD_USE=1 or AHB_EVER if FELD_USE=2]  
If ALEX_EVE = 1 goto ALEX_USE  
elseif PIL_EVE = 1 goto PIL_USE  
elseif TRAG_EVE = 1 goto TRAG_USE  
elseif FELD_USE = 1 goto MOV_NUMB  
else goto AHB_EVER
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**Document Version Date:** 28-May-08

---

**Question ID:** ALT.422_00.000  **Instrument Variable Name:** ALEX_USE  **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

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

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have used the Alexander Technique

**SkipInstructions:** <1,2,Refused,Don't know> [goto PIL_USE or next modality respondent has used. If no more, goto MOV_NUMB if respondent has only used 1 modality in past 12 months, goto MOV_MOST if respondent has used more than 1 in the past 12 months, or AHB_EVER if respondent has used none in the past 12 months.]

If PIL_EVE = 1 goto PIL_USE
elseif TRAG_EVE = 1 goto TRAG_USE
elseif more than one of FELD_USE and ALEX_USE = 1 goto MOV_MOST
elseif only one of FELD_USE and ALEX_USE = 1 goto MOV_NUMB
else goto AHB_EVER

---

**Question ID:** ALT.424_00.000  **Instrument Variable Name:** PIL_USE  **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

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

1  Yes
2  No
7  Refused
9  Don't know

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

**SkipInstructions:** <1,2,Refused,Don't know> [goto TRAG_USE or next modality respondent has used. If no more, goto MOV_NUMB if respondent has only used 1 modality in past 12 months, goto MOV_MOST if respondent has used more than 1 in the past 12 months, or AHB_EVER if respondent has used none in the past 12 months.]

If TRAG_EVE = 1 goto TRAG_USE
elseif more than one of FELD_USE, ALEX_USE, and PIL_USE = 1 goto MOV_MOST
elseif only one of FELD_USE, ALEX_USE, and PIL_USE = 1 goto MOV_NUMB
else goto AHB_EVER
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Question ID: ALT.426_00.000  Instrument Variable Name: TRAG_USE  QuestionnaireFileName: Adult CAM

QuestionText: 

DURING THE PAST 12 MONTHS, did you see a practitioner or teacher for Trager Psychophysical Integration?

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1,2,Refused,Don't know> [goto MOV_NUMB if respondent has only used 1 modality in past 12 months, goto MOV_MOST if respondent has used more than 1 in the past 12 months, or AHB_EVER if respondent has used none in the past 12 months.]

If more than one of FELD_USE, ALEX_USE, PIL_USE, and TRAG_USE = 1 goto MOV_MOST
elseif only one of FELD_USE, ALEX_USE, PIL_USE, and TRAG_USE = 1 goto MOV_NUMB
else goto AHB_EVER

Question ID: ALT.428_00.000  Instrument Variable Name: MOV_MOST  QuestionnaireFileName: Adult CAM

QuestionText: DURING THE PAST 12 MONTHS, for which technique did you see a practitioner or teacher the most?

*If respondent cannot choose one movement technique, probe for the one most important for health.

1  Feldenkrais
2  Alexander Technique
3  Pilates
4  Trager Psychophysical Integration
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have seen a practitioner for more than one movement technique in past 12 months

SkipInstructions: <1-4>[goto MOV_NUMB]
<Refused, Don't know> goto MOV_ENG
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---

**Question ID:** ALT.430_00.000  **Instrument Variable Name:** MOV_NUMB  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

DURING THE PAST 12 MONTHS, how many times did you see a practitioner or teacher for {fill type of movement technique}?  

*Read categories if necessary.*  

1. Only one time  
2. 2-5 times  
3. 6-10 times  
4. 11-15 times  
5. 16-20 times  
6. More than 20 times  
7. Refused  
9. Don't know

**UniverseText:** Sample adults 18+ who have used movement technique in the past 12 months

**SkipInstructions:** <1-6,Refused,Don't know> [goto MOV_PAY]

---

**Question ID:** ALT.432_00.000  **Instrument Variable Name:** MOV_PAY  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

On average, how much did you pay out-of-pocket for each visit to a practitioner or teacher for { fill: type of movement technique }?  

*Enter '500' for $500 or more.*  

000-499 $0-$499  
500 $500 or more  
997 Refused  
999 Don't know

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

**SkipInstructions:** <0-500,Refused,Don't know> [goto MOV_TRET]

---

**Question ID:** ALT.434_00.000  **Instrument Variable Name:** MOV_TRET  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

Did you use { fill: type of movement technique } for a specific health problem or condition?  

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

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

**SkipInstructions:** <1> [goto MOV_COND] <2,Refused,Don't know> [goto MOV_ENG]
For what health problems or conditions did you use [fill: type of movement technique]?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
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46 Memory loss or loss of other cognitive function
47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who have seen a movement practitioner to treat a problem or condition

SkipInstructions: <1-81> if more than one condition selected, [goto MOV_CONM]; elseif only one condition selected [goto MOV_MED]
<82> [goto MOV_SPEC]
<Refused,Don't know> [goto MOV_ENG]
*Enter condition for which [fill: type of movement technique] was used. If respondent gives more than one condition, probe for condition most important for using [fill: type of movement technique].

97  Refused
99  Don't know

Verbatim response

Sample adults 18+ who used movement technique to treat other health problem or condition

<Allow 75> if more than one condition selected [goto MOV_CONM]; else if only one condition selected [goto MOV_MED]
<Refused,Don't know> [if more than one condition (1-81) selected [goto MOV_CONM]; elseif only one condition (1-81) selected [goto MOV_MED]; else [goto MOV_ENG]
For which ONE of these health conditions did you use [fill: type of movement technique] the most?

*If respondent cannot choose one condition, probe for condition most important for using a movement technique.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
Menopause
Menstrual problems
Mental retardation
Missing limbs (fingers, toes or digits), amputee
Osteoporosis, tendinitis
Other developmental problem
Other injury
Other nerve damage, including carpal tunnel syndrome
Phobia or fears
Polio (myelitis), paralysis, para/quadriplegia
Poor circulation in legs
Prostate trouble or impotence
Regular headaches
Rheumatoid arthritis
Schizophrenia
Seizures
Senility
Sinusitis
Skin problems
Sprain or strain
Stroke
Substance abuse, other than alcohol or tobacco
Filled problem
Filled problem
Ulcer
Urinary problem
Varicose veins, hemorrhoids
Vision problem
Weak or failing kidneys
Weight problem
Back pain or problem
Head or chest cold
Neck pain or problem
Severe headache or migraine
Stomach or intestinal illness
Other - specify
Refused
Don't know

UniverseText: Sample adults 18+ who have seen a movement practitioner to treat more than one problem or condition

SkipInstructions: <1-82> [goto MOV_MED]
<Refused,Don't know> [goto MOV_ENG]
Did you receive any of these conventional medical treatments for [fill: condition]?

*Enter all that apply, separate with commas.

0 None
1 Prescription medications
2 Over-the-counter medications
3 Surgery
4 Physical therapy
5 Mental health counseling
7 Refused
9 Don't know

Sample adults 18+ who have used movement technique for a specific condition

Did you receive prescription medications for [fill1: condition from MOV_CONM or MOV_COND or MOV_SPEC] before, at about the same time, or after trying [fill2: type of movement technique]?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

Sample adults 18+ who used prescription medications for condition they used movement technique for the most

Did you receive over-the-counter medications for [fill1: condition from MOV_CONM or MOV_COND or MOV_SPEC] before, at about the same time, or after trying [fill2: type of movement technique]?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

Sample adults 18+ who used over-the-counter medications for condition they used movement technique for the most
Question ID: ALT.442_03.000  Instrument Variable Name: MOV_TIM3  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive surgery for [fill1: condition from MOV_CONM or MOV_COND or MOV_SPEC] before, at about the same time, or after trying [fill2: type of movement technique]?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who had surgery for condition they used movement technique for the most

SkipInstructions: <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto MOV_ENG]

Question ID: ALT.442_04.000  Instrument Variable Name: MOV_TIM4  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive physical therapy for [fill1: condition from MOV_CONM or MOV_COND or MOV_SPEC] before, at about the same time, or after trying [fill2: type of movement technique]?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who had physical therapy for condition they used movement technique for the most

SkipInstructions: <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto MOV_ENG]

Question ID: ALT.442_05.000  Instrument Variable Name: MOV_TIM5  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive mental health counseling for [fill1: condition from MOV_CONM or MOV_COND or MOV_SPEC] before, at about the same time, or after trying [fill2: type of movement technique]?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who had mental health counseling for condition they used movement technique for the most

SkipInstructions: <1-3,Refused,Don't know> [goto MOV_ENG]
### 2007 NHIS Questionnaire - Adult CAM

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

**Document Version Date:** 28-May-08

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<thead>
<tr>
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<th>ALT.444_00.000</th>
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<th>MOV_ENG</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
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<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>DURING THE PAST 12 MONTHS, did you use {fill: type of movement technique} for any of these reasons? Please say yes or no to each. &lt;br&gt;...To improve or enhance energy</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who have used movement technique in the past 12 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,Refused,Don't know&gt; [goto MOV_WEL]</td>
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<th>Adult CAM</th>
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<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>DURING THE PAST 12 MONTHS, did you use {fill: type of movement technique} for any of these reasons? &lt;br&gt;...For general wellness or general disease prevention</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who have used movement technique in the past 12 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,Refused,Don't know&gt; [goto MOV_IMM]</td>
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<th>ALT.448_00.000</th>
<th>Instrument Variable Name:</th>
<th>MOV_IMM</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>DURING THE PAST 12 MONTHS, did you use {fill: type of movement technique} for any of these reasons? &lt;br&gt;...To improve or enhance immune function</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who have used movement technique in the past 12 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,Refused,Don't know&gt; [goto MOV_NOHP]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DURING THE PAST 12 MONTHS, did you use {fill: type of movement technique} for any of these reasons?

...Because medical treatments did not help

1  Yes
2  No
7  Refused
9  Don't know

DURING THE PAST 12 MONTHS, did you use {fill: type of movement technique} for any of these reasons?

...Because medical treatments were too expensive

1  Yes
2  No
7  Refused
9  Don't know

DURING THE PAST 12 MONTHS, did you use {fill: type of movement technique} for any of these reasons?

...It was recommended by a health care provider

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have used movement technique in the past 12 months
DURING THE PAST 12 MONTHS, did you use \{fill: type of movement technique\} for any of these reasons?

...It was recommended by family, friends, or co-workers

1 Yes
2 No
7 Refused
9 Don't know

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

DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of \{fill: type of movement technique\}?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who disclosed use of movement technique in the last 12 months

Which ones?

*Enter all that apply, separate with commas.

01 Medical doctor (including specialists)
02 Doctor of Osteopathy (D.O.)
03 Nurse practitioner/Physician assistant
04 Psychiatrist
05 Dentist (including specialists)
06 Psychologist/social worker
07 Pharmacist
97 Refused
99 Don't know

Sample adults 18+ who disclosed use of movement therapy
Now I am going to ask you about some additional health practices. The first practice I’ll ask about is herbal supplements, then later I’ll ask about vitamins and minerals.

People take herbs and other non-vitamin supplements for a variety of reasons. By herbal supplement we mean pills, capsules or tablets that have been labeled as a dietary supplement. This does NOT include drinking herbal or green tea.

Have you EVER taken any herbal supplements listed on this card for yourself?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+

DURING THE PAST 12 MONTHS, have you taken any herbal supplements listed on this card for yourself?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have ever taken herbal supplements

DURING THE PAST 30 DAYS, did you take any of these herbal supplements?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have taken herbal supplements in the past 12 months
Please tell me which of these supplements you took in the PAST 30 DAYS. If you take more than one herb in a single supplement, select "combination herb pill."

*Enter all that apply, separate with commas.

01 Combination herb pill
02 Androstenedione
03 Black cohosh
04 Carnitine
05 Chasteberry
06 Condroitin
07 Coenzyme Q-10
08 Comfrey
09 Conjugated Linolenic Acid (CLA)
10 Cranberry (pills, gelcaps)
11 Creatine
12 DHEA
13 Echinacea
14 Ephedra
15 Evening primrose
16 Feverfew
17 Fiber or Psyllium (pills or powder)
18 Fish oil or omega 3 or DHA fatty acid supplements
19 Flaxseed Oil or Pills
20 Garlic supplements (pills, gelcaps)
21 Ginger pills or gelcaps
22 Ginkgo biloba
23 Ginseng
24 Glucosamine
25 Goldenseal
26 Guarana
27 Grape Seed Extract
28 Green tea pills (not brewed tea)
29 EGCG (pills)
30 Hawthorn
31 Horny Goat Weed
32 Kava kava
33 Lecithin
34 Lutein
35 Lycopene
36 Melatonin
37 MSM (Methylsulfonylmethane)
38 Milk thistle
39 Prebiotics or Probiotics
40 SAM-e
41 Saw palmetto
42 Senna
43 Soy supplements or soy isoflavones
44 St. John's wort
**2007 NHIS Questionnaire - Adult CAM**  
*Adult Alternative Health/Complementary And Alternative Medicine*

**Document Version Date:** 28-May-08

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>ALT.478_00.000</td>
<td>AHB_COMN</td>
<td>Adult CAM</td>
</tr>
</tbody>
</table>

**Question Text:** How many different "combination herb pills" did you take?  

*Enter '50' for 50 or more.*  

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

**Universe Text:** Sample adults 18+ who have taken combination herb pills in the past 30 days

**Skip Instructions:**  
<1-50,Refused,Don't know> [goto AHB_COM1]
Question ID: ALT.480_00.000  Instrument Variable Name: AHB_COM1  QuestionnaireFileName: Adult CAM

**QuestionText:**

If AHB_COMN=Refused or Don't know, fill:
Which herbs are included in the combination herb pill or pills?

If AHB_COMN=1 fill:
Which herbs are included in the combination herb pill?

Else if AHB_COMN=2 fill:
Which herbs are included in the first combination herb pill?

Else if AHB_COMN=3-50, fill:
Thinking of the two combination herb pills you take most often, what herbs are included in the first combination herb pill?

<table>
<thead>
<tr>
<th>Herb Name</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Androstenedione</td>
<td>02</td>
</tr>
<tr>
<td>Black cohosh</td>
<td>03</td>
</tr>
<tr>
<td>Carnitine</td>
<td>04</td>
</tr>
<tr>
<td>Chasteberry</td>
<td>05</td>
</tr>
<tr>
<td>Condroititin</td>
<td>06</td>
</tr>
<tr>
<td>Coenzyme Q-10</td>
<td>07</td>
</tr>
<tr>
<td>Comfrey</td>
<td>08</td>
</tr>
<tr>
<td>Conjugated Linolenic Acid (CLA)</td>
<td>09</td>
</tr>
<tr>
<td>Cranberry (pills, gelcaps)</td>
<td>10</td>
</tr>
<tr>
<td>Creatine</td>
<td>11</td>
</tr>
<tr>
<td>DHEA</td>
<td>12</td>
</tr>
<tr>
<td>Echinacea</td>
<td>13</td>
</tr>
<tr>
<td>Ephedra</td>
<td>14</td>
</tr>
<tr>
<td>Evening primrose</td>
<td>15</td>
</tr>
<tr>
<td>Feverfew</td>
<td>16</td>
</tr>
<tr>
<td>Fiber or Psyllium (pills or powder)</td>
<td>17</td>
</tr>
<tr>
<td>Fish oil or omega 3 or DHA fatty acid supplements</td>
<td>18</td>
</tr>
<tr>
<td>Flaxseed Oil or Pills</td>
<td>19</td>
</tr>
<tr>
<td>Garlic supplements (pills, gelcaps)</td>
<td>20</td>
</tr>
<tr>
<td>Ginger pills or gelcaps</td>
<td>21</td>
</tr>
<tr>
<td>Ginkgo biloba</td>
<td>22</td>
</tr>
<tr>
<td>Ginseng</td>
<td>23</td>
</tr>
<tr>
<td>Glucosamine</td>
<td>24</td>
</tr>
<tr>
<td>Goldenseal</td>
<td>25</td>
</tr>
<tr>
<td>Guarana</td>
<td>26</td>
</tr>
<tr>
<td>Grape Seed Extract</td>
<td>27</td>
</tr>
<tr>
<td>Green tea pills (not brewed tea)</td>
<td>28</td>
</tr>
<tr>
<td>EGCG (pills)</td>
<td>29</td>
</tr>
<tr>
<td>Hawthorn</td>
<td>30</td>
</tr>
<tr>
<td>Horny Goat Weed</td>
<td>31</td>
</tr>
<tr>
<td>Kava kava</td>
<td>32</td>
</tr>
<tr>
<td>Lecithin</td>
<td>33</td>
</tr>
<tr>
<td>Lutein</td>
<td>34</td>
</tr>
<tr>
<td>Lycopene</td>
<td>35</td>
</tr>
<tr>
<td>Melatonin</td>
<td>36</td>
</tr>
<tr>
<td>MSM (Methylsulfonylmethane)</td>
<td>37</td>
</tr>
<tr>
<td>Milk thistle</td>
<td>38</td>
</tr>
<tr>
<td>Prebiotics or Probiotics</td>
<td>39</td>
</tr>
</tbody>
</table>
40    SAM-e
41    Saw palmetto
42    Senna
43    Soy supplements or soy isoflavones
44    St. John's wort
45    Valerian
46    Other
97    Refused
99    Don't know

UniverseText:     Sample adults 18+ who have taken combination herb pills in the past 30 days

SkipInstructions: <2-46,R,D> if AHB_COMN=1,Refused,Don't know and AHRBTAKE=one or two herbs [goto AHB_R1A]; else if AHB_COMN=1,Refused, Don't know and AHRBTAKE=more than two herbs [goto AHB_TOP2]; else if AHB_COMN GE 2 [goto AHB_COM2]
If AHB_COMN=2, fill:

Which herbs are included in the second combination herb pill?

Else if AHB_COMN=3-50, fill:

*Read if necessary.

Thinking of the two combination herb pills you take most often, what herbs are included in the second combination herb pill?

02 Androstenedione
03 Black cohosh
04 Carnitine
05 Chasteberry
06 Condroitin
07 Coenzyme Q-10
08 Comfrey
09 Conjugated Linolenic Acid (CLA)
10 Cranberry (pills, gelcaps)
11 Creatine
12 DHEA
13 Echinacea
14 Ephedra
15 Evening primrose
16 Feverfew
17 Fiber or Psyllium (pills or powder)
18 Fish oil or omega 3 or DHA fatty acid supplements
19 Flaxseed Oil or Pills
20 Garlic supplements (pills, gelcaps)
21 Ginger pills or gelcaps
22 Ginkgo biloba
23 Ginseng
24 Glucosamine
25 Goldenseal
26 Guarana
27 Grape Seed Extract
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31 Horny Goat Weed
32 Kava kava
33 Lecithin
34 Lutein
35 Lycopene
36 Melatonin
37 MSM (Methylsulfonylmethane)
38 Milk thistle
39 Prebiotics or Probiotics
40 SAM-e
Saw palmetto
Senna
Soy supplements or soy isoflavones
St. John's wort
Valerian
Other
Refused
Don't know

Universe Text: Sample adults 18+ who have taken two or more combination herb pills

Skip Instructions: <2-46,R,D> if AHRBTAKE=one herb [goto AHB_R1A]; else if AHRBTAKE includes more than two herbs [goto AHB_TOP2]
Question ID: ALT.484_00.000  Instrument Variable Name: AHB_TOP2  QuestionnaireFileName: Adult CAM

QuestionText: Which TWO of these herbal supplements did you take the most in the PAST 30 DAYS?

*Enter two answers, separate with commas.

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

01 First combination herb pill
02 Androstenedione
03 Black cohosh
04 Carnitine
05 Chasteberry
06 Condroitin
07 Coenzyme Q-10
08 Comfrey
09 Conjugated Linolenic Acid (CLA)
10 Cranberry (pills, gelcaps)
11 Creatine
12 DHEA
13 Echinacea
14 Ephedra
15 Evening primrose
16 Feverfew
17 Fiber or Psyllium (pills or powder)
18 Fish oil or omega 3 or DHA fatty acid supplements
19 Flaxseed Oil or Pills
20 Garlic supplements (pills, gelcaps)
21 Ginger pills or gelcaps
22 Ginkgo biloba
23 Ginseng
24 Glucosamine
25 Goldenseal
26 Guaran
27 Grape Seed Extract
28 Green tea pills (not brewed tea)
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30 Hawthorn
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32 Kava kava
33 Lecithin
34 Lutein
35 Lycopene
36 Melatonin
37 MSM (Methylsulfonylmethane)
38 Milk thistle
39 Prebiotics or Probiotics
40 SAM-e
41 Saw palmetto
42 Senna
43 Soy supplements or soy isoflavones
44 St. John's wort
45 Valerian
**Did you use [fill: 1st herb] for any of these reasons? Please say yes or no to each.**

...For general health or wellness?

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

**University Text:** Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB_R2A]
<table>
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<th>QuestionnaireFileName: Adult CAM</th>
</tr>
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<tbody>
<tr>
<td>QuestionText: *Read if necessary. Did you use [fill: 1st herb] for any of these reasons? ...To treat or cure a specific disease or health problem?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Not ascertained</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText: Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB_TOP2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1,2,Refused,Don't know&gt; [goto AHB_R4A]</td>
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<th>Instrument Variable Name: AHB_R4A</th>
<th>QuestionnaireFileName: Adult CAM</th>
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<tbody>
<tr>
<td>QuestionText: *Read if necessary. Did you use [fill: 1st herb] for any of these reasons? ...To prevent a specific disease or health problem?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Not ascertained</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText: Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB_TOP2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1,2,Refused,Don't know&gt; [goto AHB_R5A]</td>
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<th>QuestionnaireFileName: Adult CAM</th>
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<tbody>
<tr>
<td>QuestionText: *Read if necessary. Did you use [fill: 1st herb] for any of these reasons? ...To improve physical performance?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Not ascertained</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText: Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB_TOP2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1,2,Refused,Don't know&gt; [goto AHB_R6A]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Did you use [fill: 1st herb] for any of these reasons?

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

Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB_TOP2

<1,2,Refused,Don't know> [goto AHB_R7A]

Did you use [fill: 1st herb] for any of these reasons?

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

Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB_TOP2

<1,2,Refused,Don't know> [goto AHB_R8A]

Did you use [fill: 1st herb] for any of these reasons?

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

Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB_TOP2

<1,2,Refused,Don't know> [goto AHB_R9A]
*Read if necessary.

Did you use [fill: 1st herb] for any of these reasons?

...To improve mental ability or memory?

1  Yes
2  No
7  Refused
8  Not ascertained
9  Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB_R10A]

*Read if necessary.

Did you use [fill: 1st herb] for any of these reasons?

...Because medical treatments did not help?

1  Yes
2  No
7  Refused
8  Not ascertained
9  Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB_R11A]

*Read if necessary.

Did you use [fill: 1st herb] for any of these reasons?

...Because medical treatments were too expensive?

1  Yes
2  No
7  Refused
8  Not ascertained
9  Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB_R12A]
<table>
<thead>
<tr>
<th>Question ID: ALT.508_00.000</th>
<th>Instrument Variable Name: AHB_R12A</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>*Read if necessary.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Did you use [fill: 1st herb] for any of these reasons?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>...It was recommended by a health care provider?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB_R13A]

---

<table>
<thead>
<tr>
<th>Question ID: ALT.510_00.000</th>
<th>Instrument Variable Name: AHB_R13A</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>*Read if necessary.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Did you use [fill: 1st herb] for any of these reasons?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>...It was recommended by family, friends, or co-workers?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> IF AHB_R3A=1 [goto AHB_CTRA]; else if AHB_R4A=1 and AHB_R3A NE 1 [goto AHB_CNPA]; else if another herb chosen [goto AHB_SAME]; else [goto AHB_PRAC]
For what specific health problems or conditions did you take [fill: 1st herb]?

*Enter all that apply, separate with commas.

- Acid reflux or heartburn
- Angina
- Anxiety
- Asthma
- Arthritis
- Attention Deficit Disorder/Hyperactivity
- Autism
- Benign tumors, cysts
- Bipolar Disorder
- Birth defect
- Cancer
- Cholesterol
- Chronic Bronchitis
- Circulation problems (other than in the legs)
- Constipation severe enough to require medication
- Coronary heart disease
- Dementia, including Alzheimer's Disease
- Dental pain
- Depression
- Diabetes
- Emphysema
- Excessive sleepiness during the day
- Excessive use of alcohol or tobacco
- Fibromyalgia
- Fracture, bone/joint injury
- Gout
- Gum disease
- Gynecologic problem
- Hay fever
- Hearing problem
- Heart attack
- Other heart condition or disease
- Hernia
- Hypertension
- Inflammatory bowel disease
- Influenza or pneumonia
- Insomnia or trouble sleeping
- Irritable bowel
- Jaw pain
- Joint pain or stiffness/other joint condition
- Knee problems (not arthritis, not joint injury)
- Liver problem
- Lung/breathing problem (not already listed)
- Lupus
- Mania or psychosis
46 Memory loss or loss of other cognitive function
47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
83 Refused
97 Don't know

*UniverseText:* Sample adults 18+ who used first selected herb to treat or cure a specific disease or health problem

*SkipInstructions:* <1-81> if more than one condition selected [goto AHB_CONA]; else if only one condition selected [goto AHB_MEDA];
<82> [goto AHB_SPT1]
<Refused,Don't know> if 2nd herb chosen [goto AHB_SAME]; else [goto AHB_PRAC]
**Question ID:** ALT.514_00.000  **Instrument Variable Name:** AHB_SPT1  **QuestionnaireFileName:** Adult CAM

**QuestionText:** *Enter condition for which [fill: 1st herb] was used. If respondent gives more than one condition, probe for condition most important for using [fill: 1st herb].

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who took first herb to treat or cure other specified health problem or condition

**SkipInstructions:** &lt;Allow 75&gt; if more than one condition selected [goto AHB_CONA]; elseif only one condition selected [goto AHB_MEDA]

&lt;Refused,Don't know&gt; if more than one condition (1-81) selected, [goto AHB_CONA]; elseif only one condition (1-81) selected, [goto AHB_MEDA]; elseif 2nd herb chosen, [goto AHBSAME]; else [goto AHB_PRAC]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.516_00.000</th>
<th>Instrument Variable Name:</th>
<th>AHB_CONA</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>For which ONE of these health problems or conditions did you take [fill: 1st herb] the most?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*If respondent cannot choose one condition, probe for condition most important for using [fill: 1st herb].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01</td>
<td>Acid reflux or heartburn</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>Angina</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03</td>
<td>Anxiety</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04</td>
<td>Asthma</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>05</td>
<td>Arthritis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>06</td>
<td>Attention Deficit Disorder/Hyperactivity</td>
<td></td>
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<tr>
<td>07</td>
<td>Autism</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08</td>
<td>Benign tumors, cysts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09</td>
<td>Bipolar Disorder</td>
<td></td>
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</tr>
<tr>
<td>10</td>
<td>Birth defect</td>
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<td>11</td>
<td>Cancer</td>
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<td>12</td>
<td>Cholesterol</td>
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</tr>
<tr>
<td>13</td>
<td>Chronic Bronchitis</td>
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<tr>
<td>14</td>
<td>Circulation problems (other than in the legs)</td>
<td></td>
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<tr>
<td>15</td>
<td>Constipation severe enough to require medication</td>
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<td></td>
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<td></td>
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<tr>
<td>16</td>
<td>Coronary heart disease</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>17</td>
<td>Dementia, including Alzheimer's Disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Dental pain</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Depression</td>
<td></td>
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<td>20</td>
<td>Diabetes</td>
<td></td>
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</tr>
<tr>
<td>21</td>
<td>Emphysema</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>22</td>
<td>Excessive sleepiness during the day</td>
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<tr>
<td>23</td>
<td>Excessive use of alcohol or tobacco</td>
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<tr>
<td>24</td>
<td>Fibromyalgia</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>25</td>
<td>Fracture, bone/joint injury</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>26</td>
<td>Gout</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Gum disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>28</td>
<td>Gynecologic problem</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>29</td>
<td>Hay fever</td>
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<tr>
<td>30</td>
<td>Hearing problem</td>
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<tr>
<td>31</td>
<td>Heart attack</td>
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</tr>
<tr>
<td>32</td>
<td>Other heart condition or disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Hernia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Hypertension</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>Inflammatory bowel disease</td>
<td></td>
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<tr>
<td>36</td>
<td>Influenza or pneumonia</td>
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<tr>
<td>37</td>
<td>Insomnia or trouble sleeping</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>Irritable bowel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>Jaw pain</td>
<td></td>
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</tr>
<tr>
<td>40</td>
<td>Joint pain or stiffness/other joint condition</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>Knee problems (not arthritis, not joint injury)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>Liver problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>Lung/breathing problem (not already listed)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>44</td>
<td>Lupus</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>45</td>
<td>Mania or psychosis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>46</td>
<td>Memory loss or loss of other cognitive function</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Menopause
Menstrual problems
Mental retardation
Missing limbs (fingers, toes or digits), amputee
Osteoporosis, tendinitis
Other developmental problem
Other injury
Other nerve damage, including carpal tunnel syndrome
Phobia or fears
Polio (myelitis), paralysis, para/quadriplegia
Poor circulation in legs
Prostate trouble or impotence
Regular headaches
Rheumatoid arthritis
Schizophrenia
Seizures
Senility
Sinusitis
Skin problems
Sprain or strain
Stroke
Substance abuse, other than alcohol or tobacco
Filled problem
Filled problem
Ulcer
Urinary problem
Varicose veins, hemorrhoids
Vision problem
Weak or failing kidneys
Weight problem
Back pain or problem
Head or chest cold
Neck pain or problem
Severe headache or migraine
Stomach or intestinal illness
Other - specify
Refused
Don't know

UniverseText: Sample adults 18+ who used 1st herb to treat or cure more than one problem or condition

SkipInstructions: <1-82> [goto AHB_MEDA]
<Refused,Don't know> if 2nd herb chosen [goto AHB_SAME]; else [goto AHB_PRAC]
**2007 NHIS Questionnaire - Adult CAM**

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

**Document Version Date: 28-May-08**

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

**QuestionText:**

(book) ALT2 ?[F1]

Did you receive any of these conventional medical treatments for [fill: condition]?

*Enter all that apply, separate with commas.

0 None
1 Prescription medications
2 Over-the-counter medications
3 Surgery
4 Physical therapy
5 Mental health counseling
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+ who used 1st herb to treat or cure a specific problem or condition

**SkipInstructions:** <0,Refused,Don't know> if 2nd herb chosen [goto AHB_SAME]; else [goto AHB_PRAC]

<1> [goto AHB_TM1A]
<2> [goto AHB_TM2A]
<3> [goto AHB_TM3A]
<4> [goto AHB_TM4A]
<5> [goto AHB_TM5A]

**Question ID:** ALT.520_00.000  **Instrument Variable Name:** AHB_TM1A  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

Did you receive prescription medications before, at about the same time, or after you began taking [fill: 1st herb]?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+ who used prescription medications for condition they used herb 1 for the most

**SkipInstructions:** <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected and if 2nd herb chosen [goto AHB_SAME]; else [goto AHB_PRAC]]

**Question ID:** ALT.522_00.000  **Instrument Variable Name:** AHB_TM2A  **QuestionnaireFileName:** Adult CAM

**QuestionText:**

Did you receive over-the-counter medications before, at about the same time, or after you began taking [fill: 1st herb]?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+ who used over-the-counter medications for condition they used herb 1 for the most

**SkipInstructions:** <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected and if 2nd herb chosen [goto AHB_SAME]; else [goto AHB_PRAC]]
### Question ID: ALT.524_00.000  Instrument Variable Name: AHB_TM3A  QuestionnaireFileName: Adult CAM

**QuestionText:** Did you receive surgery before, at about the same time, or after you began taking [fill: 1st herb]?

1. Before
2. At about the same time
3. After
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+ who had surgery for condition they used herb 1 for the most

**SkipInstructions:** `<1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected and if 2nd herb chosen [goto AHB_SAME]; else [goto AHB_PRAC]]`

### Question ID: ALT.526_00.000  Instrument Variable Name: AHB_TM4A  QuestionnaireFileName: Adult CAM

**QuestionText:** Did you receive physical therapy before, at about the same time, or after you began taking [fill: 1st herb]?

1. Before
2. At about the same time
3. After
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+ who had physical therapy for condition they used herb 1 for the most

**SkipInstructions:** `<1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected and if 2nd herb chosen [goto AHB_SAME]; else [goto AHB_PRAC]]`

### Question ID: ALT.528_00.000  Instrument Variable Name: AHB_TM5A  QuestionnaireFileName: Adult CAM

**QuestionText:** Did you receive mental health counseling before, at about the same time, or after you began taking [fill: 1st herb]?

1. Before
2. At about the same time
3. After
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+ who had mental health counseling for condition they used herb 1 for the most

**SkipInstructions:** `<1-3,R,D> if 2nd herb chosen [goto AHB_SAME]; else [goto AHB_PRAC]`
For what specific health problems or conditions did you take [fill: 1st herb] to prevent?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
Memory loss or loss of other cognitive function
Menopause
Menstrual problems
Mental retardation
Missing limbs (fingers, toes or digits), amputee
Osteoporosis, tendinitis
Other developmental problem
Other injury
Other nerve damage, including carpal tunnel syndrome
Phobia or fears
Polio (myelitis), paralysis, para/quadriplegia
Poor circulation in legs
Prostate trouble or impotence
Regular headaches
Rheumatoid arthritis
Schizophrenia
Seizures
Senility
Sinusitis
Skin problems
Sprain or strain
Stroke
Substance abuse, other than alcohol or tobacco
Ulcer
Urinary problem
Varicose veins, hemorrhoids
Vision problem
Weak or failing kidneys
Weight problem
Back pain or problem
Head or chest cold
Neck pain or problem
Severe headache or migraine
Stomach or intestinal illness
Other - specify
Refused
Don't know

Sample adults 18+ who used 1st herb to prevent but not treat or cure a condition or health problem

Skip Instructions:
<1-81> if more than one condition chosen [goto AHB_CMPA]; elseif only one condition chosen and 2nd herb chosen [goto AHB_SAME]; else [goto AHB_PRAC]
<82> [goto AHB_SPP1]
<Refused,Don't know> if second herb chosen [goto AHB_SAME]; else [goto AHB_PRAC]
*Enter condition for which [fill: 1st herb] was used. If respondent gives more than one condition, probe for condition most important for using [fill: 1st herb].

Refused
Don't know
Verbatim response

Sample adults 18+ who took 1st herb to prevent but not treat or cure other specified health problem or condition

<Allow 75> if more than one condition selected [goto AHB_CMPA]; elseif 2nd herb was selected [goto AHB_SAME]; else [goto AHB_PRAC]
<Refused,Don't know> if more than one condition (1-81) selected [goto AHB_CMPA]; elseif 2nd herb was selected [goto AHB_SAME]; else [goto AHB_PRAC]
For which ONE of these health problems or conditions did you take [fill: 1st herb] the most to prevent?

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

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
Sample adults 18+ who used 1st herb to prevent more than one problem or condition

SkipInstructions: <1-82,Refused,Don't know> if 2nd herb selected [goto AHB_SAME]; else [goto AHB_PRAC]
**2007 NHIS Questionnaire - Adult CAM**

Adult Alternative Health/Complementary And Alternative Medicine

**Document Version Date:** 28-May-08

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**Question ID:** ALT.535_00.000  
**Instrument Variable Name:** AHB SAME  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you take [fill: second herb] for all the same reasons you took [fill2: first herb] or for different reasons?

1. Same reasons  
2. Different reasons  
7. Refused  
9. Don't know

**UniverseText:** Sample adults 18+ who have chosen two herbs from AHRBTAKE or selected two herbs at AHB_TOP2

**SkipInstructions:** <1,Refused,Don't know> [goto AHB_PRAC] <2> [goto AHB_R1B]

---

**Question ID:** ALT.536_00.000  
**Instrument Variable Name:** AHB R1B  
**QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you use [fill: 2nd herb] for any of these reasons? Please say yes or no to each.

...For general health or wellness?

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

**UniverseText:** Sample adults 18+ who have chosen two herbs from AHRBTAKE or selected two herbs at AHB_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB_R2B]

---

**Question ID:** ALT.538_00.000  
**Instrument Variable Name:** AHB R2B  
**QuestionnaireFileName:** Adult CAM

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

Did you use [fill: 2nd herb] for any of these reasons?

...Prescription or over-the-counter drugs are too expensive?

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

**UniverseText:** Sample adults 18+ who have chosen two herbs from AHRBTAKE or selected two herbs at AHB_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB_R3B]
Did you use [fill: 2nd herb] for any of these reasons?

...To treat or cure a specific disease or health problem?

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

UniverseText: Sample adults 18+ who have chosen two herbs from AHRBTAKE or selected two herbs at AHB_TOP2

SkipInstructions: <1,2,Refused,Don't know> [goto AHB_R4B]

---

Did you use [fill: 2nd herb] for any of these reasons?

...To prevent a specific disease or health problem?

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

UniverseText: Sample adults 18+ who have chosen two herbs from AHRBTAKE or selected two herbs at AHB_TOP2

SkipInstructions: <1,2,Refused,Don't know> [goto AHB_R5B]

---

Did you use [fill: 2nd herb] for any of these reasons?

...To improve physical performance?

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

UniverseText: Sample adults 18+ who have chosen two herbs from AHRBTAKE or selected two herbs at AHB_TOP2

SkipInstructions: <1,2,Refused,Don't know> [goto AHB_R6B]
*Read if necessary.

Did you use [fill: 2nd herb] for any of these reasons?

...To improve sports performance?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have chosen two herbs from AHRBTAKE or selected two herbs at AHB_TOP2

SkipInstructions: <1,2,Refused,Don't know> [goto AHB_R7B]
<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
<th>UniverseText</th>
<th>SkipInstructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALT.552_00.000</td>
<td>AHB_R9B</td>
<td>Adult CAM</td>
<td>*Read if necessary. &lt;br&gt;Did you use [fill: 2nd herb] for any of these reasons?</td>
<td>Sample adults 18+ who have chosen two herbs from AHRBTAKE or selected two herbs at AHB_TOP2</td>
<td>&lt;1,2,Refused,Don't know&gt; [goto AHB_R10B]</td>
</tr>
<tr>
<td>ALT.554_00.000</td>
<td>AHB_R10B</td>
<td>Adult CAM</td>
<td>*Read if necessary. &lt;br&gt;Did you use [fill: 2nd herb] for any of these reasons?</td>
<td>Sample adults 18+ who have chosen two herbs from AHRBTAKE or selected two herbs at AHB_TOP2</td>
<td>&lt;1,2,Refused,Don't know&gt; [goto AHB_R11B]</td>
</tr>
<tr>
<td>ALT.556_00.000</td>
<td>AHB_R11B</td>
<td>Adult CAM</td>
<td>*Read if necessary. &lt;br&gt;Did you use [fill: 2nd herb] for any of these reasons?</td>
<td>Sample adults 18+ who have chosen two herbs from AHRBTAKE or selected two herbs at AHB_TOP2</td>
<td>&lt;1,2,Refused,Don't know&gt; [goto AHB_R12B]</td>
</tr>
</tbody>
</table>
**2007 NHIS Questionnaire - Adult CAM**  
*Adult Alternative Health/Complementary And Alternative Medicine*  
Document Version Date: 28-May-08

**Question ID:** ALT.558_00.000  
**Instrument Variable Name:** AHB_R12B  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**  
*Read if necessary.*  
Did you use [fill: 2nd herb] for any of these reasons?  
,,It was recommended by a health care provider?

1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:** Sample adults 18+ who have chosen two herbs from AHRBTAKE or selected two herbs at AHB_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB_R13B]

---

**Question ID:** ALT.560_00.000  
**Instrument Variable Name:** AHB_R13B  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**  
*Read if necessary.*  
Did you use [fill: 2nd herb] for any of these reasons?  
,,It was recommended by family, friends, or co-workers?

1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:** Sample adults 18+ who have chosen two herbs from AHRBTAKE or selected two herbs at AHB_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> IF AHB_R3B=1 [goto AHB_CTRB]; else if AHB_R4B=1 and AHB_R3B NE 1 [goto AHB_CNPB]; else [goto AHB_PRAC]
For what specific health problems or conditions did you take [fill: 2nd herb]?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
83 Refused
84 Don't know

UniverseText: Sample adults 18+ who used second selected herb to treat or cure a specific disease or health problem

SkipInstructions: <1-81> if more than one condition selected [goto AHB_CONB]; else if only one condition selected [goto AHB_MEDB]; <82> [goto AHB_SPT2] <Refused,Don't know> [goto AHB_PRAC]
Question ID: ALT.564_00.000  Instrument Variable Name: AHB_SPT2  QuestionnaireFileName: Adult CAM

QuestionText: *Enter condition for which [fill: 2nd herb] was used. If respondent gives more than one condition, probe for condition most important for using [fill: 2nd herb].

  97  Refused
  99  Don't know

Verbatim  Verbatim response

UniverseText: Sample adults 18+ who took second herb to treat or cure other specified health problem or condition

SkipInstructions: <Allow 75> if more than one condition selected [goto AHB_CONB]; elseif only one condition selected [goto AHB_MEDB]
<Refused,Don't know> if more than one condition (1-81) selected [goto AHB_CONB]; elseif only one condition (1-81) selected [goto AHB_MEDB]; else [goto AHB_PRAC]
For which ONE of these health problems or conditions did you take [fill: 2nd herb] the most?

*If respondent cannot choose one condition, probe for condition most important for using [fill: 2nd herb].

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
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47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
83 Refused
99 Don't know

UniverseText: Sample adults 18+ who used 2nd herb to treat or cure more than one problem or condition

SkipInstructions: <1-82> [goto AHB_MEDB];
<Refused,Don't know> [goto AHB_PRAC]
<table>
<thead>
<tr>
<th>Question ID: ALT.568_00.000</th>
<th>Instrument Variable Name: AHB_MEDB</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question Text: (book) ALT2 ?[F1]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you receive any of these conventional medical treatments for [fill: condition]?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Enter all that apply, separate with commas.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Prescription medications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Over-the-counter medications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Physical therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Mental health counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Universe Text: Sample adults 18+ who used 2nd herb to treat or cure a specific problem or condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skip Instructions: &lt;0,Refused,Don't know&gt; [goto AHB_PRAC]</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question ID: ALT.570_00.000</td>
<td>Instrument Variable Name: AHB_TM1B</td>
<td>QuestionnaireFileName: Adult CAM</td>
</tr>
<tr>
<td>Question Text: Did you receive prescription medications before, at about the same time, or after you began taking [fill: 2nd herb]?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Before</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 At about the same time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 After</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Universe Text: Sample adults 18+ who used prescription medications for condition they used herb 2 for the most</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skip Instructions: &lt;1-3,R,D&gt; [goto to next selected conventional medical treatment. If no more treatments selected, goto AHB_PRAC]</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question ID: ALT.572_00.000</td>
<td>Instrument Variable Name: AHB_TM2B</td>
<td>QuestionnaireFileName: Adult CAM</td>
</tr>
<tr>
<td>Question Text: Did you receive over-the-counter medications before, at about the same time, or after you began taking [fill: 2nd herb]?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Before</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 At about the same time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 After</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Universe Text: Sample adults 18+ who used over-the-counter medications for condition they used herb 2 for the most</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skip Instructions: &lt;1-3,R,D&gt; [goto to next selected conventional medical treatment. If no more treatments selected, goto AHB_PRAC]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Did you receive surgery before, at about the same time, or after you began taking [fill: 2nd herb]?

1. Before
2. At about the same time
3. After
7. Refused
9. Don't know

Sample adults 18+ who had surgery for condition they used herb 2 for the most

Did you receive physical therapy before, at about the same time, or after you began taking [fill: 2nd herb]?

1. Before
2. At about the same time
3. After
7. Refused
9. Don't know

Sample adults 18+ who had physical therapy for condition they used herb 2 for the most

Did you receive mental health counseling before, at about the same time, or after you began taking [fill: 2nd herb]?

1. Before
2. At about the same time
3. After
7. Refused
9. Don't know

Sample adults 18+ who had mental health counseling for condition they used herb 2 for the most
For what specific health problems or conditions did you take [fill: 2nd herb] to prevent?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
83 Refused
84 Don't know

Sample adults 18+ who used 2nd herb to prevent but not treat or cure a condition or health problem
*Enter condition for which [fill: 2nd herb] was used. If respondent gives more than one condition, probe for condition most important for using [fill: 2nd herb].

97 Refused
99 Don't know

Verbatim response

Sample adults 18+ who took 2nd herb to prevent but not treat or cure other specified health problem or condition

<Allow 75> if more than one condition selected [goto AHB_CMPB]; else [goto AHB_PRAC]

<Refused,Don't know> if more than one condition (1-81) selected [goto AHB_CMPB]; else [goto AHB_PRAC]
For which ONE of these health problems or conditions did you take [fill: 2nd herb] the most to prevent?

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

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
Menopause
Menstrual problems
Mental retardation
Missing limbs (fingers, toes or digits), amputee
Osteoporosis, tendinitis
Other developmental problem
Other injury
Other nerve damage, including carpal tunnel syndrome
Phobia or fears
Polio (myelitis), paralysis, para/quadriplegia
Poor circulation in legs
Prostate trouble or impotence
Regular headaches
Rheumatoid arthritis
Schizophrenia
Seizures
Senility
Sinusitis
Skin problems
Sprain or strain
Stroke
Substance abuse, other than alcohol or tobacco
Filled problem
Filled problem
Ulcer
Urinary problem
Varicose veins, hemorrhoids
Vision problem
Weak or failing kidneys
Weight problem
Back pain or problem
Head or chest cold
Neck pain or problem
Severe headache or migraine
Stomach or intestinal illness
Other - specify
Refused
Don't know

Sample adults 18+ who used 2nd herb to prevent more than one problem or condition

<1-82,Refused,Don't know> [goto AHB_PRAC]
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine

Document Version Date: 28-May-08

Question ID: ALT.586_00.000  Instrument Variable Name: AHB_PRAC  QuestionnaireFileName: Adult CAM

QuestionText: ?[F1]

Have you EVER seen a practitioner for herbal medicines?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who used herbs in the past 12 months

SkipInstructions: <1> [goto AHB_PR12] <2,Refused,Don't know> [goto AHB_DISC]

---

Question ID: ALT.588_00.000  Instrument Variable Name: AHB_PR12  QuestionnaireFileName: Adult CAM

QuestionText: ?[F1]

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have ever seen an herbal practitioner

SkipInstructions: <1> [goto AHB_PRTM] <2,Refused,Don't know> [goto AHB_DISC]

---

Question ID: ALT.590_00.000  Instrument Variable Name: AHB_PRTM  QuestionnaireFileName: Adult CAM

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

*Read categories if necessary.

1  Only one time
2  2-5 times
3  6-10 times
4  11-15 times
5  16-20 times
6  More than 20 times
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have seen an herbal practitioner in the past 12 months

SkipInstructions: <1-6,Refused,Don't know> [goto AHB_PAY]
On average, how much did you pay out-of-pocket for each visit to a practitioner for herbal medicines?

*Enter '500' for $500 or more.

- 000-499 $0-$499
- 500 $500 or more
- 997 Refused
- 999 Don't know

Sample adults 18+ who have seen an herbal practitioner in the past 12 months

DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of herbs?

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

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

Which ones?

*Enter all that apply, separate with commas

- 01 Medical doctor (including specialists)
- 02 Doctor of Osteopathy (D.O.)
- 03 Nurse practitioner/Physician assistant
- 04 Psychiatrist
- 05 Dentist (including specialists)
- 06 Psychologist/social worker
- 07 Pharmacist
- 97 Refused
- 99 Don't know

Sample adults 18+ who let conventional medical professionals know of their use of herbs
Question ID: ALT.598_00.000  Instrument Variable Name: AHB_N30  QuestionnaireFileName: Adult CAM

QuestionText: (book) ALT8

Please tell me the reasons why you have not used any of these natural herbs in the PAST 30 DAYS?

*Enter all that apply, separate with commas.

01 Never thought about it
02 No reason
03 Didn't need it in the past 30 days
04 It didn't work for me before
05 It costs too much
06 I had side effects last time
07 A health care provider told me not to use it
08 Medical science has not shown that it works
09 Some other reason
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who have not used herbs in the past 30 days

SkipInstructions: <1-5,7-9,Refused,Don't know> [goto AVT_EVER] <6> [goto AHB_SIDE]

---

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

QuestionText: (book) ALT4

Please tell me the reasons why you have not used any of these natural herbs in the PAST 12 MONTHS?

*Enter all that apply, separate with commas.

01 Never thought about it
02 No reason
03 Didn't need it in the past 12 months
04 It didn't work for me before
05 It costs too much
06 I had side effects last time
07 A health care provider told me not to use it
08 Medical science has not shown that it works
09 Some other reason
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who have not used herbs in the past 12 months

SkipInstructions: <1-5,7-9,Refused,Don't know> [goto AVT_EVER] <6> [goto AHB_SIDE]
What kinds of side effects did you have?

- Refused
- Don't know

Verbatim: Verbatim response

Sample adults 18+ who had side effects the last time they took natural herbs

Did any of these require medical attention?

- Yes
- No
- Refused
- Don't know

Sample adults 18+ who had side effects the last time they took natural herbs

Please tell me the reasons why you have never used any of these natural herbs?

*Enter all that apply, separate with commas.

- Never heard of it/don't know much about it
- Never thought about it
- No reason
- Don't need it
- Don't believe in it/It doesn't work
- It costs too much
- It is not safe to use
- A health care provider told me not to use it
- Medical science has not shown that it works
- Some other reason
- Refused
- Don't know

Sample adults 18+ who have never used herbs
The next questions are about any vitamins and minerals you may take.

Have you EVER taken any vitamins or minerals listed on this card for yourself?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+

During the past 12 months, have you taken any vitamins or minerals listed on this card for yourself?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have ever taken vitamin supplements

During the past 30 days, did you take any of these vitamins or minerals?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have taken vitamin supplements in the past 12 months
Please tell me which of these vitamins or minerals you took in the PAST 30 days. If you take a multi-vitamin or mineral, include it as one supplement.

*Enter all that apply, separate with commas.

01 Multivitamin and/or mineral combination
02 Calcium
03 Chromium
04 Coral Calcium
05 Folic acid/folate
06 Iron
07 Magnesium
08 Niacin
09 Potassium
10 Selenium
11 Vitamin A
12 Vitamin B complex
13 Vitamin B6
14 Vitamin B12
15 Vitamin C
16 Vitamin D
17 Vitamin E
18 Vitamin K
19 Zinc
20 Vitamin Packet
97 Refused
99 Don't know

Sample adults 18+ who have taken vitamins or minerals in the past 30 days

<1-20> if more than 2 vitamins chosen [goto AVT_TOP2]; else [goto AVT_R1A];
<Refused,Don't know> [goto AVT_DISC]
Question ID: ALT.616_00.000  Instrument Variable Name: AVT_TOP2  QuestionnaireFileName: Adult CAM

QuestionText: Which two of these vitamin supplements did you take the most in the PAST 30 DAYS?

*Enter two answers, separate with commas.

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

01 Multivitamin and/or mineral combination
02 Calcium
03 Chromium
04 Coral Calcium
05 Folic acid/folate
06 Iron
07 Magnesium
08 Niacin
09 Potassium
10 Selenium
11 Vitamin A
12 Vitamin B complex
13 Vitamin B6
14 Vitamin B12
15 Vitamin C
16 Vitamin D
17 Vitamin E
18 Vitamin K
19 Zinc
20 Vitamin Packet
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who have taken more than 2 vitamin supplements in the past 30 days

SkipInstructions: <1-20> [goto AVT_R1A]
<Refused,Don't know> [goto AVT_DISC]

Question ID: ALT.618_00.000  Instrument Variable Name: AVT_R1A  QuestionnaireFileName: Adult CAM

QuestionText: Did you use [fill: 1st vitamin] for any of these reasons? Please say yes or no to each.

...For general health or wellness?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

SkipInstructions: <1,2,Refused,Don't know> [goto AVT_R2A]
<table>
<thead>
<tr>
<th>Question ID: ALT.620_00.000</th>
<th>Instrument Variable Name: AVT_R2A</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>*Read if necessary.</td>
<td></td>
</tr>
<tr>
<td>Did you use [fill: 1st vitamin] for any of these reasons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>...Prescription or over-the-counter drugs are too expensive?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 1  Yes  
| 2  No  
| 7  Refused  
| 9  Don't know  |

**UniverseText:** Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT_R3A]

<table>
<thead>
<tr>
<th>Question ID: ALT.622_00.000</th>
<th>Instrument Variable Name: AVT_R3A</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>*Read if necessary.</td>
<td></td>
</tr>
<tr>
<td>Did you use [fill: 1st vitamin] for any of these reasons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>...To treat or cure a specific disease or health problem?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 1  Yes  
| 2  No  
| 7  Refused  
| 9  Don't know  |

**UniverseText:** Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT_R4A]

<table>
<thead>
<tr>
<th>Question ID: ALT.624_00.000</th>
<th>Instrument Variable Name: AVT_R4A</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>*Read if necessary.</td>
<td></td>
</tr>
<tr>
<td>Did you use [fill: 1st vitamin] for any of these reasons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>...To prevent a specific disease or health problem?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 1  Yes  
| 2  No  
| 7  Refused  
| 9  Don't know  |

**UniverseText:** Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT_R5A]
**2007 NHIS Questionnaire - Adult CAM**

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

**Document Version Date:** 28-May-08

<table>
<thead>
<tr>
<th>Question ID: ALT.626_00.000</th>
<th>Instrument Variable Name: AVT_R5A</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> <em>Read if necessary.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you use [fill: 1st vitamin] for any of these reasons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>...To improve physical performance?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td>2 No</td>
<td>7 Refused</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT_R6A]

<table>
<thead>
<tr>
<th>Question ID: ALT.628_00.000</th>
<th>Instrument Variable Name: AVT_R6A</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> <em>Read if necessary.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you use [fill: 1st vitamin] for any of these reasons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>...To improve sports performance?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td>2 No</td>
<td>7 Refused</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT_R7A]

<table>
<thead>
<tr>
<th>Question ID: ALT.630_00.000</th>
<th>Instrument Variable Name: AVT_R7A</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> <em>Read if necessary.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you use [fill: 1st vitamin] for any of these reasons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>...To improve immune system function?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td>2 No</td>
<td>7 Refused</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT_R8A]
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: ALT.632_00.000  Instrument Variable Name: AVT_R8A  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did you use [fill: 1st vitamin] for any of these reasons?

...To improve sexual performance?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

SkipInstructions: <1,2,Refused,Don't know> [goto AVT_R9A]

Question ID: ALT.634_00.000  Instrument Variable Name: AVT_R9A  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did you use [fill: 1st vitamin] for any of these reasons?

...To improve mental ability or memory?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

SkipInstructions: <1,2,Refused,Don't know> [goto AVT_R10A]

Question ID: ALT.636_00.000  Instrument Variable Name: AVT_R10A  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

Did you use [fill: 1st vitamin] for any of these reasons?

...Because medical treatments did not help?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

SkipInstructions: <1,2,Refused,Don't know> [goto AVT_R11A]
**Question ID:** ALT.638_00.000  
**Instrument Variable Name:** AVT_R11A  
**QuestionnaireFileName:** Adult CAM

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

Did you use [fill: 1st vitamin] for any of these reasons?

...Because medical treatments were too expensive?

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT_R12A]

**Question ID:** ALT.640_00.000  
**Instrument Variable Name:** AVT_R12A  
**QuestionnaireFileName:** Adult CAM

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

Did you use [fill: 1st vitamin] for any of these reasons?

...It was recommended by a health care provider?

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT_R13A]

**Question ID:** ALT.642_00.000  
**Instrument Variable Name:** AVT_R13A  
**QuestionnaireFileName:** Adult CAM

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

Did you use [fill: 1st vitamin] for any of these reasons?

...It was recommended by family, friends, or co-workers?

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> If AVT_R3A=1 [goto AVT_CTRA]; else if AVT_R4A=1 and AVT_R3A NE 1 [goto AVT_CNPA]; else if 2nd vitamin used [goto AVT_SAME] else [goto AVT_DISC]
For what specific health problems or conditions did you take [fill: 1st vitamin]?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
Memory loss or loss of other cognitive function
Menopause
Menstrual problems
Mental retardation
Missing limbs (fingers, toes or digits), amputee
Osteoporosis, tendinitis
Other developmental problem
Other injury
Other nerve damage, including carpal tunnel syndrome
Phobia or fears
Polio (myelitis), paralysis, para/quadriplegia
Poor circulation in legs
Prostate trouble or impotence
Regular headaches
Rheumatoid arthritis
Schizophrenia
Seizures
Senility
Sinusitis
Skin problems
Sprain or strain
Stroke
Substance abuse, other than alcohol or tobacco
Ulcer
Urinary problem
Varicose veins, hemorrhoids
Vision problem
Weak or failing kidneys
Weight problem
Back pain or problem
Head or chest cold
Neck pain or problem
Severe headache or migraine
Stomach or intestinal illness
Other - specify
Refused
Don't know

UniverseText: Sample adults 18+ who used first selected vitamin to treat or cure a specific disease or health problem

SkipInstructions: <1-81> if more than one condition selected [goto AVT_CONA]; else if only one condition selected [goto AVT_MEDA];
<Refused,Don't know> if 2nd vitamin used [goto AVT_SAME]; else [goto AVT_DISC]
<82> [goto AVT_SPT1]
Question ID: ALT.646_00.000  Instrument Variable Name: AVT_SPT1  QuestionnaireFileName: Adult CAM

QuestionText: *Enter condition for which [fill: 1st vitamin] was used. If respondent gives more than one condition, probe for condition most important for using [fill: 1st vitamin].

97 Refused
99 Don't know

Verbatim Verbatim response

UniverseText: Sample adults 18+ who took first vitamin to treat or cure other specified health problem or condition

SkipInstructions: <Allow 75> if more than one condition selected [goto AVT_CONA]; elseif only one condition selected [goto AVT_MEDA]
<Refused,Don't know> if more than one condition (1-81) selected [goto AVT_CONA]; elseif only one condition (1-81) selected [goto AVT_MEDA]; elseif 2nd vitamin used [goto AVTSAME]; else [goto AVT_DISC]
For which ONE of these health problems or conditions did you take [fill: 1st vitamin] the most?

*If respondent cannot choose one condition, probe for condition most important for using [fill: 1st vitamin].

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
Sample adults 18+ who used 1st vitamin to treat or cure more than one problem or condition

<1-82> [goto AVT_MEDA]
<Refused,Don't know> if 2nd vitamin chosen [goto AVTSAME]; else [goto AVT_DISC]
Did you receive any of these conventional medical treatments for [fill: condition]?

*Enter all that apply, separate with commas.

0 None
1 Prescription medications
2 Over-the-counter medications
3 Surgery
4 Physical therapy
5 Mental health counseling
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+ who used 1st vitamin to treat or cure one problem or condition or used vitamin to treat one condition the most

**SkipInstructions:** <0,Refused,Don't know> if 2nd vitamin chosen [goto AVT_SAME]; else [goto AVT_DISC]

**QuestionID:** ALT.652_00.000  **Instrument Variable Name:** AVT_TM1A  **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive prescription medications before, at about the same time, or after you began taking [fill: 1st vitamin]?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+ who used prescription medications for condition they used vitamin 1 for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected, if 2nd vitamin chosen [goto AVT_SAME]; else [goto AVT_DISC]
Question ID: ALT.656_00.000  Instrument Variable Name: AVT_TM3A  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive surgery before, at about the same time, or after you began taking [fill: 1st vitamin]?

1. Before
2. At about the same time
3. After
7. Refused
9. Don't know

UniverseText: Sample adults 18+ who had surgery for condition they used vitamin 1 for the most

SkipInstructions: <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected, if 2nd vitamin chosen [goto AVT_SAME]; else [goto AVT_DISC]

Question ID: ALT.658_00.000  Instrument Variable Name: AVT_TM4A  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive physical therapy before, at about the same time, or after you began taking [fill: 1st vitamin]?

1. Before
2. At about the same time
3. After
7. Refused
9. Don't know

UniverseText: Sample adults 18+ who had physical therapy for condition they used vitamin 1 for the most

SkipInstructions: <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected, if 2nd vitamin chosen [goto AVT_SAME]; else [goto AVT_DISC]

Question ID: ALT.660_00.000  Instrument Variable Name: AVT_TM5A  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive mental health counseling before, at about the same time, or after you began taking [fill: 1st vitamin]?

1. Before
2. At about the same time
3. After
7. Refused
9. Don't know

UniverseText: Sample adults 18+ who had mental health counseling for condition they used vitamin 1 for the most

SkipInstructions: <1-3,Refused,Don't know> if 2nd vitamin chosen [goto AVT_SAME]; else [goto AVT_DISC]
For what specific health problems or conditions did you take [fill: 1st vitamin] to prevent?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
89 Refused
99 Don't know

UniverseText: Sample adults 18+ who used 1st vitamin to prevent but not treat a condition or health problem

SkipInstructions: <1-81> if more than one condition chosen [goto AVT_CMPA]; elseif only one condition chosen and 2nd vitamin chosen [goto AVT_SAME]; else [goto AVT_DISC]
<82> [goto AVT_SPP1]
<Refused,Don't know> if 2nd vitamin chosen [goto AVT_SAME]; else [goto AVT_DISC]
**Question ID:** ALT.664_00.000  
**Instrument Variable Name:** AVT_SPP1  
**QuestionnaireFileName:** Adult CAM  

**QuestionText:** *Enter condition for which [fill: 1st vitamin] was used. If respondent gives more than one condition, probe for condition most important for using [fill: 1st vitamin].

- 97 Refused
- 98 Not acertained
- 99 Don't know

**UniverseText:** Sample adults 18+ who took 1st vitamin to prevent but not treat other specified health problem or condition

**SkipInstructions:**  
<Allow 75> if more than one condition selected [goto AVT_CMPA]; elseif 2nd vitamin was selected [goto AVT_SAME]; else [goto AVT_DISC]  
<Refused,Don't know> if more than one condition (1-81) selected [goto AVT_CMPA]; elseif 2nd vitamin was selected [goto AVT_SAME]; else [goto AVT_DISC]
For which ONE of these health problems or conditions did you take [fill: 1st vitamin] the most to prevent?

*If respondent cannot choose one condition, probe for condition most important for using [fill: 1st vitamin].

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who used 1st vitamin to prevent more than one problem or condition

SkipInstructions: <1-82,Refused,Don't know> if 2nd vitamin chosen [goto AVTSAME]; else [goto AVTDISC]
Did you take [fill: second vitamin] for all the same reasons you took [fill2: first vitamin] or for different reasons?

1 Same reasons
2 Different reasons
7 Refused
9 Don't know

Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

Did you use [fill: 2nd vitamin] for any of these reasons? Please say yes or no to each.

...For general health or wellness?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

Did you use [fill: 2nd vitamin] for any of these reasons?

...Prescription or over-the-counter drugs are too expensive?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2
Question ID: ALT.672_00.000  Instrument Variable Name: AVT_R3B  QuestionnaireFileName: Adult CAM

Why did you use [fill: 2nd vitamin] for any of these reasons?
...To treat or cure a specific disease or health problem?

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

UniverseText: Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

SkipInstructions: <1,2,Refused,Don't know> [goto AVT_R4B]

Question ID: ALT.674_00.000  Instrument Variable Name: AVT_R4B  QuestionnaireFileName: Adult CAM

Why did you use [fill: 2nd vitamin] for any of these reasons?
...To prevent a specific disease or health problem?

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

UniverseText: Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

SkipInstructions: <1,2,Refused,Don't know> [goto AVT_R5B]

Question ID: ALT.676_00.000  Instrument Variable Name: AVT_R5B  QuestionnaireFileName: Adult CAM

Why did you use [fill: 2nd vitamin] for any of these reasons?
...To improve physical performance?

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

UniverseText: Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

SkipInstructions: <1,2,Refused,Don't know> [goto AVT_R6B]
*Read if necessary.

Did you use [fill: 2nd vitamin] for any of these reasons?

...To improve sports performance?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

SkipInstructions: <1,2,Refused,Don't know> [goto AVT_R7B]

*Read if necessary.

Did you use [fill: 2nd vitamin] for any of these reasons?

...To improve immune system function?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

SkipInstructions: <1,2,Refused,Don't know> [goto AVT_R8B]

*Read if necessary.

Did you use [fill: 2nd vitamin] for any of these reasons?

...To improve sexual performance?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

SkipInstructions: <1,2,Refused,Don't know> [goto AVT_R9B]
**Question ID:** ALT.684_00.000  
**Instrument Variable Name:** AVT_R9B  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

*Read if necessary.

Did you use [fill: 2nd vitamin] for any of these reasons?

...To improve mental ability or memory?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT_R10B]

---

**Question ID:** ALT.686_00.000  
**Instrument Variable Name:** AVT_R10B  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

*Read if necessary.

Did you use [fill: 2nd vitamin] for any of these reasons?

...Because medical treatments did not help?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT_R11B]

---

**Question ID:** ALT.688_00.000  
**Instrument Variable Name:** AVT_R11B  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

*Read if necessary.

Did you use [fill: 2nd vitamin] for any of these reasons?

...Because medical treatments were too expensive?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT_R12B]
**2007 NHIS Questionnaire - Adult CAM**

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

*Read if necessary.*

Did you use [fill: 2nd vitamin] for any of these reasons?

...It was recommended by a health care provider?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

<1,2,Refused,Don't know>  [goto AVT_R13B]

---

**2007 NHIS Questionnaire - Adult CAM**

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

*Read if necessary.*

Did you use [fill: 2nd vitamin] for any of these reasons?

...It was recommended by family, friends, or co-workers?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT_TOP2

<1,2,Refused,Don't know>  IF AVT_R3B=1 [goto AVT_CTRB]; else if AVT_R4B=1 and AVT_R3B NE 1 [goto AVT_CNPB]; else [goto AVT_DISC]
For what specific health problems or conditions did you take [fill: 2nd vitamin]?

*Enter all that apply, separate with commas.

<table>
<thead>
<tr>
<th>Question ID: ALT.694_00.000</th>
<th>Instrument Variable Name: AVT_CTRB</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: ??[F1]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acid reflux or heartburn</td>
<td></td>
<td></td>
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<tr>
<td>Angina</td>
<td></td>
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<tr>
<td>Anxiety</td>
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<tr>
<td>Asthma</td>
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<tr>
<td>Arthritis</td>
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<tr>
<td>Attention Deficit Disorder/Hyperactivity</td>
<td></td>
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<tr>
<td>Autism</td>
<td></td>
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<tr>
<td>Benign tumors, cysts</td>
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<td>Bipolar Disorder</td>
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<td>Birth defect</td>
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<tr>
<td>Cancer</td>
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<tr>
<td>Cholesterol</td>
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<tr>
<td>Chronic Bronchitis</td>
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<tr>
<td>Circulation problems (other than in the legs)</td>
<td></td>
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<tr>
<td>Constipation severe enough to require medication</td>
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<tr>
<td>Coronary heart disease</td>
<td></td>
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<tr>
<td>Dementia, including Alzheimer's Disease</td>
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<tr>
<td>Dental pain</td>
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<tr>
<td>Depression</td>
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<tr>
<td>Diabetes</td>
<td></td>
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<tr>
<td>Emphysema</td>
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<tr>
<td>Excessive sleepiness during the day</td>
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<tr>
<td>Excessive use of alcohol or tobacco</td>
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<tr>
<td>Fibromyalgia</td>
<td></td>
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<tr>
<td>Fracture, bone/joint injury</td>
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<tr>
<td>Gout</td>
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<tr>
<td>Gum disease</td>
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<tr>
<td>Gynecologic problem</td>
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<tr>
<td>Hay fever</td>
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<tr>
<td>Hearing problem</td>
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<tr>
<td>Heart attack</td>
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<td></td>
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<tr>
<td>Other heart condition or disease</td>
<td></td>
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<tr>
<td>Hernia</td>
<td></td>
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<tr>
<td>Hypertension</td>
<td></td>
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<tr>
<td>Inflammatory bowel disease</td>
<td></td>
<td></td>
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<tr>
<td>Influenza or pneumonia</td>
<td></td>
<td></td>
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<tr>
<td>Insomnia or trouble sleeping</td>
<td></td>
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<tr>
<td>Irritable bowel</td>
<td></td>
<td></td>
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<tr>
<td>Jaw pain</td>
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<tr>
<td>Joint pain or stiffness/other joint condition</td>
<td></td>
<td></td>
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<tr>
<td>Knee problems (not arthritis, not joint injury)</td>
<td></td>
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<tr>
<td>Liver problem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lung/breathing problem (not already listed)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lupus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mania or psychosis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Memory loss or loss of other cognitive function
Menopause
Menstrual problems
Mental retardation
Missing limbs (fingers, toes or digits), amputee
Osteoporosis, tendinitis
Other developmental problem
Other injury
Other nerve damage, including carpal tunnel syndrome
Phobia or fears
Polio (myelitis), paralysis, para/quadriplegia
Poor circulation in legs
Prostate trouble or impotence
Regular headaches
Rheumatoid arthritis
Schizophrenia
Seizures
Senility
Sinusitis
Skin problems
Sprain or strain
Stroke
Substance abuse, other than alcohol or tobacco
Ulcer
Urinary problem
Varicose veins, hemorrhoids
Vision problem
Weak or failing kidneys
Weight problem
Back pain or problem
Head or chest cold
Neck pain or problem
Severe headache or migraine
Stomach or intestinal illness
Other - specify
Refused
Don't know

UniverseText: Sample adults 18+ who used 2nd selected vitamin to treat or cure a specific disease or health problem

SkipInstructions: <1-81> if more than one condition selected [goto AVT_CONB]; else if only one condition selected [goto AVT_MEDB];
<82> [goto AVT_SPT2]
<Refused,Don't know> [goto AVT_DISC]
**Question ID:** ALT.696_00.000  **Instrument Variable Name:** AVT_SPT2  **QuestionnaireFileName:** Adult CAM

**QuestionText:** *Enter condition for which [fill: 2nd vitamin] was used. If respondent gives more than one condition, probe for condition most important for using [fill: 2nd vitamin].*

- **97** Refused
- **99** Don't know

**Verbatim**

**UniverseText:** Sample adults 18+ who took 2nd vitamin to treat or cure other specified health problem or condition

**SkipInstructions:** `<Allow 75>` if more than one condition selected [goto AVT_CONB]; elseif only one condition selected [goto AVT_MEDB]

`<Refused,Don't know>` if more than one condition (1-81) selected [goto AVT_CONB]; elseif only one condition (1-81) selected [goto AVT_MEDB]; else [goto AVT_DISC]
For which ONE of these health problems or conditions did you take [fill: 2nd vitamin] the most?

*If respondent cannot choose one condition, probe for condition most important for using [fill: 2nd vitamin]

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
83 Refused
99 Don't know

UniverseText: Sample adults 18+ who used 2nd vitamin to treat or cure more than one problem or condition

SkipInstructions: <1-82> [goto AVT_MEDB]
<Refused,Don't know> [goto AVT_DISC]
Did you receive any of these conventional medical treatments for [fill: condition]?

*Enter all that apply, separate with commas.

0 None
1 Prescription medications
2 Over-the-counter medications
3 Surgery
4 Physical therapy
5 Mental health counseling
7 Refused
9 Don't know

Sample adults 18+ who used 2nd vitamin to treat or cure one problem or condition or used vitamin to treat one condition the most

Did you receive prescription medications before, at about the same time, or after you began taking [fill: 2nd vitamin]?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

Sample adults 18+ who used prescription medications for condition they used vitamin 2 for the most

Did you receive over-the-counter medications before, at about the same time, or after you began taking [fill: 2nd vitamin]?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

Sample adults 18+ who used over-the-counter medications for condition they used vitamin 2 for the most
<table>
<thead>
<tr>
<th>Question ID: ALT.706_00.000</th>
<th>Instrument Variable Name: AVT_TM3B</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: Did you receive surgery before, at about the same time, or after you began taking [fill: 2nd vitamin]?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1  Before</td>
<td>2  At about the same time</td>
<td>3  After</td>
</tr>
<tr>
<td>7  Refused</td>
<td>9  Don't know</td>
<td></td>
</tr>
<tr>
<td>UniverseText: Sample adults 18+ who had surgery for condition they used vitamin 2 for the most</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1-3,Refused,Don't know&gt; [goto to next selected conventional medical treatment. If no more treatments selected [goto AVT_DISC]</td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: ALT.708_00.000</th>
<th>Instrument Variable Name: AVT_TM4B</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: Did you receive physical therapy before, at about the same time, or after you began taking [fill: 2nd vitamin]?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1  Before</td>
<td>2  At about the same time</td>
<td>3  After</td>
</tr>
<tr>
<td>7  Refused</td>
<td>9  Don't know</td>
<td></td>
</tr>
<tr>
<td>UniverseText: Sample adults 18+ who had physical therapy for condition they used vitamin 2 for the most</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1-3,Refused,Don't know&gt; [goto to next selected conventional medical treatment. If no more treatments selected [goto AVT_DISC]</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: ALT.710_00.000</th>
<th>Instrument Variable Name: AVT_TM5B</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: Did you receive mental health counseling before, at about the same time, or after you began taking [fill: 2nd vitamin]?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1  Before</td>
<td>2  At about the same time</td>
<td>3  After</td>
</tr>
<tr>
<td>7  Refused</td>
<td>9  Don't know</td>
<td></td>
</tr>
<tr>
<td>UniverseText: Sample adults 18+ who had mental health counseling for condition they used vitamin 2 for the most</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1-3,Refused,Don't know&gt; [goto AVT_DISC]</td>
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<td></td>
</tr>
</tbody>
</table>
Question ID: ALT.712_00.000  Instrument Variable Name: AVT_CNPB  QuestionnaireFileName: Adult CAM

QuestionText: ?[F1]

For what specific health problems or conditions did you take [fill: 2nd vitamin] to prevent?

*Enter all that apply, separate with commas.

01  Acid reflux or heartburn
02  Angina
03  Anxiety
04  Asthma
05  Arthritis
06  Attention Deficit Disorder/Hyperactivity
07  Autism
08  Benign tumors, cysts
09  Bipolar Disorder
10  Birth defect
11  Cancer
12  Cholesterol
13  Chronic Bronchitis
14  Circulation problems (other than in the legs)
15  Constipation severe enough to require medication
16  Coronary heart disease
17  Dementia, including Alzheimer's Disease
18  Dental pain
19  Depression
20  Diabetes
21  Emphysema
22  Excessive sleepiness during the day
23  Excessive use of alcohol or tobacco
24  Fibromyalgia
25  Fracture, bone/joint injury
26  Gout
27  Gum disease
28  Gynecologic problem
29  Hay fever
30  Hearing problem
31  Heart attack
32  Other heart condition or disease
33  Hernia
34  Hypertension
35  Inflammatory bowel disease
36  Influenza or pneumonia
37  Insomnia or trouble sleeping
38  Irritable bowel
39  Jaw pain
40  Joint pain or stiffness/other joint condition
41  Knee problems (not arthritis, not joint injury)
42  Liver problem
43  Lung/breathing problem (not already listed)
44  Lupus
45  Mania or psychosis
<table>
<thead>
<tr>
<th></th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>46</td>
<td>Memory loss or loss of other cognitive function</td>
</tr>
<tr>
<td>47</td>
<td>Menopause</td>
</tr>
<tr>
<td>48</td>
<td>Menstrual problems</td>
</tr>
<tr>
<td>49</td>
<td>Mental retardation</td>
</tr>
<tr>
<td>50</td>
<td>Missing limbs (fingers, toes or digits), amputee</td>
</tr>
<tr>
<td>51</td>
<td>Osteoporosis, tendinitis</td>
</tr>
<tr>
<td>52</td>
<td>Other developmental problem</td>
</tr>
<tr>
<td>53</td>
<td>Other injury</td>
</tr>
<tr>
<td>54</td>
<td>Other nerve damage, including carpal tunnel syndrome</td>
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<tr>
<td>55</td>
<td>Phobia or fears</td>
</tr>
<tr>
<td>56</td>
<td>Polio (myelitis), paralysis, para/quadriplegia</td>
</tr>
<tr>
<td>57</td>
<td>Poor circulation in legs</td>
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<tr>
<td>58</td>
<td>Prostate trouble or impotence</td>
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<tr>
<td>59</td>
<td>Regular headaches</td>
</tr>
<tr>
<td>60</td>
<td>Rheumatoid arthritis</td>
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<tr>
<td>61</td>
<td>Schizophrenia</td>
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<tr>
<td>62</td>
<td>Seizures</td>
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<td>63</td>
<td>Senility</td>
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<td>Sinusitis</td>
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<td>Skin problems</td>
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<td>66</td>
<td>Sprain or strain</td>
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<td>67</td>
<td>Stroke</td>
</tr>
<tr>
<td>68</td>
<td>Substance abuse, other than alcohol or tobacco</td>
</tr>
<tr>
<td>69</td>
<td>Filled problem</td>
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<tr>
<td>70</td>
<td>Filled problem</td>
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<tr>
<td>71</td>
<td>Ulcer</td>
</tr>
<tr>
<td>72</td>
<td>Urinary problem</td>
</tr>
<tr>
<td>73</td>
<td>Varicose veins, hemorrhoids</td>
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<tr>
<td>74</td>
<td>Vision problem</td>
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<tr>
<td>75</td>
<td>Weak or failing kidneys</td>
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<td>76</td>
<td>Weight problem</td>
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<td>Back pain or problem</td>
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<td>78</td>
<td>Head or chest cold</td>
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<td>79</td>
<td>Neck pain or problem</td>
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<td>80</td>
<td>Severe headache or migraine</td>
</tr>
<tr>
<td>81</td>
<td>Stomach or intestinal illness</td>
</tr>
<tr>
<td>82</td>
<td>Other - specify</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who used 2nd vitamin to prevent but not treat or cure a condition or health problem

**SkipInstructions:**

<1-81> if more than one condition chosen [goto AVT_CMPB]; elseif only one condition chosen [goto AVT_DISC]

<82> [goto AVT_SPP2]

<Refused,Don't know> [goto AVT_DISC]
*Enter condition for which [fill: 2nd vitamin] was used. If respondent gives more than one condition, probe for condition most important for using [fill: 2nd vitamin].

97 Refused
99 Don't know

UniverseText: Sample adults 18+ who took 2nd vitamin to prevent but not treat or cure other specified health problem or condition

SkipInstructions: <Allow 75> if more than one condition selected [goto AVT_CMPB]; else [goto AVT_DISC]
<Refused,Don't know> if more than one condition (1-81) selected [goto AVT_CMPB]; else [goto AVT_DISC]
For which ONE of these health problems or conditions did you take [fill: 2nd vitamin] the most to prevent?

*If respondent cannot choose one condition, probe for condition most important for using [fill: 2nd vitamin].

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
Menopause
Menstrual problems
Mental retardation
Missing limbs (fingers, toes or digits), amputee
Osteoporosis, tendinitis
Other developmental problem
Other injury
Other nerve damage, including carpal tunnel syndrome
Phobia or fears
Polio (myelitis), paralysis, para/quadriplegia
Poor circulation in legs
Prostate trouble or impotence
Regular headaches
Rheumatoid arthritis
Schizophrenia
Seizures
Senility
Sinusitis
Skin problems
Sprain or strain
Stroke
Substance abuse, other than alcohol or tobacco
Filled problem
Filled problem
Ulcer
Urinary problem
Varicose veins, hemorrhoids
Vision problem
Weak or failing kidneys
Weight problem
Back pain or problem
Head or chest cold
Neck pain or problem
Severe headache or migraine
Stomach or intestinal illness
Other - specify
Refused
Don't know

UniverseText: Sample adults 18+ who used 2nd vitamin to prevent more than one problem or condition

SkipInstructions: <1-82,Refused,Don't know>[goto AVT_DISC]
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine

Question ID: ALT.718_00.000  Instrument Variable Name: AVT_DISC  QuestionnaireFileName: Adult CAM

QuestionText: (book) ALT3 'F1'

DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of vitamins?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used vitamins/minerals in the past 12 months

SkipInstructions: <1> [goto AVTPROF]
<2,Refused,Don't know> if AHB_MO=1 [goto AHB_OFTN]; else if AVT_MO=1 [goto AVT_OFTN]; else [goto HOM_EVER]

Question ID: ALT.720_00.000  Instrument Variable Name: AVTPROF  QuestionnaireFileName: Adult CAM

QuestionText: (book) ALT3 'F1'

Which ones?

*Enter all that apply, separate with commas.

01  Medical doctor (including specialists)
02  Doctor of Osteopathy (D.O.)
03  Nurse practitioner/Physician assistant
04  Psychiatrist
05  Dentist (including specialists)
06  Psychologist/social worker
07  Pharmacist
97  Refused
99  Don't know

UniverseText: Sample adults 18+ who let conventional medical professionals know of their use of vitamins

SkipInstructions: <1-7,Refused,Don't know>; if AHB_MO=1 [goto AHB_OFTN]; else if AVT_MO=1 [goto AVT_OFTN]; else [goto HOM_EVER]
Now I am going to ask you about how much you spend on [fill1: herbs/herbs and vitamins]. [fill2: First I will ask about herbs and then about vitamins.]

About how often do you buy herbal supplements?

* If necessary prompt with: how many times per day, per week, per month or per year do you buy herbal supplements?

*Enter '0' if respondent does not buy herbal supplements.

UniverseText: Sample adults 18+ who have taken herbal supplements in the past 30 days

SkipInstructions:

<1-995> [goto AHB_OFTT]
<Refused,Don't know> [goto AHB_COST]
<0> If AVT_MO=1 [goto AVT_OFTN]; else [goto HOM_EVER]
Question ID: ALT.724_00.000  Instrument Variable Name: AHB_COST  QuestionnaireFileName: Adult CAM

QuestionText:
About how much did you spend the last time you bought herbal supplements?

*Read categories if necessary.

1  Under $15
2  $15-$29
3  $30-$59
4  $60-$89
5  $90-$119
6  $120 or more
7  Refused
9  Don't know

UniverseText:
Sample adults 18+ who have taken herbal supplements in the past 30 days and have bought herbal supplements

SkipInstructions:
<1-6,Refused,Don't know> if AVT_MO=1 [goto AVT_OFTN]; else [goto HOM_EVER]

---

Question ID: ALT.726_01.000  Instrument Variable Name: AVT_OFTN  QuestionnaireFileName: Adult CAM

QuestionText:
1 of 2

About how often do you buy vitamins or minerals?

* If necessary prompt with: how many times per day, per week, per month or per year do you buy vitamins or minerals?

*Enter '0' if respondent does not buy vitamins or minerals.

000  Never
001-995  1-995 times
997  Refused
999  Don't know

UniverseText:
Sample adults 18+ who have taken vitamins or minerals in the past 30 days

SkipInstructions:
<1-995> [goto AVT_OFTT]
<Refused,Don't know> [goto AVT_COST]
<0> [goto HOM_EVER]
Question ID: ALT.726_02.000  Instrument Variable Name: AVT_OFTT  QuestionnaireFileName: Adult CAM

QuestionText: 2 of 2

* Enter time period for how often vitamins or minerals are bought.

0 Never
1 Day
2 Week
3 Month
4 Year
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have bought vitamins or minerals

SkipInstructions: <1-4> if (AVT_OFTN gt <4> and AVT_OFTT eq <1>) or (AVTB_OFTN gt <28> and AVT_OFTT eq <2>) or (AVT_OFTN gt <31> and AVT_OFTT eq <3>) or (AVT_OFTN gt <365> and AVT_OFTT eq <4>) goto ERR1_AVT_OFTT] else [goto AVT_COST]

Question ID: ALT.728_00.000  Instrument Variable Name: AVT_COST  QuestionnaireFileName: Adult CAM

QuestionText: About how much did you spend the last time you bought vitamins or minerals?

*Read categories if necessary.

1 Under $15
2 $15-$29
3 $30-$59
4 $60-$89
5 $90-$119
6 $120 or more
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have taken vitamins or minerals in the past 30 days and have bought vitamins or minerals

SkipInstructions: <1-6,Refused,Don't know> [goto HOM_EVER]
People who use homeopathy (hoh-mee-AH-puh-thee) to treat health problems take small pills or drops that are placed under the tongue. These pills or drops are often prescribed by practitioners of homeopathy.

Have you EVER used homeopathic (hoh-mee-oh-PA-thik) treatment for yourself?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto HOM_USEM] <2,Refused,Don't know> goto DITEVER1

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have ever used homeopathy

SkipInstructions: <1> [goto HOMNO] <2,Refused,Don't know> goto DITEVER1

About how often do you buy homeopathic medicine?

* If necessary prompt with: how many times per day, per week, per month or per year do you buy homeopathic medicine?

* Enter ‘0’ if respondent does not buy homeopathic medicine.

000  Do not buy
001-995  1-995 times
997  Refused
999  Don't know

UniverseText: Sample adults 18+ who have used homeopathy past 12 mos

SkipInstructions: <1-995> goto HOM_TP <0> goto HOM_TRET <Refused,Don't know> goto HOM_SPEN
Question ID: ALT.736_00.000  Instrument Variable Name: HOMTP  QuestionnaireFileName: Adult CAM

QuestionText: 2 of 2

* Enter time period for buying homeopathic medicine

0  Do not buy
1  Day
2  Week
3  Month
4  Year
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have bought homeopathic medicine

SkipInstructions: <1-4> if (HOMNO gt <4> and HOMTP eq <1>) or
  (HOMNO gt <28> and HOMTP eq <2>) or
  (HOMNO gt <31> and HOMTP eq <3>) or
  (HOMNO gt <365> and HOMTP eq <4>) goto ERR1_HOMTP]
else [goto HOM_SPEN]

Question ID: ALT.738_00.000  Instrument Variable Name: HOM_SPEN  QuestionnaireFileName: Adult CAM

QuestionText: About how much did you spend the last time you bought homeopathic medicine?

* Enter '500' for $500 or more.

000-499  $0-$499
500  $500 or more
997  Refused
999  Don't know

UniverseText: Sample adults 18+ who have used homeopathy in the past 12 mos and have bought homeopathic medicine

SkipInstructions: <0-500,Refused,Don't know> goto HOM_TRET

Question ID: ALT.740_00.000  Instrument Variable Name: HOM_TRET  QuestionnaireFileName: Adult CAM

QuestionText: Did you use homeopathic treatment for a specific health problem or condition?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used homeopathy past 12 mos

SkipInstructions: <1> [goto HOM_COND] <2,Refused,Don't know> [goto HOM_ENG]
For what health problems or conditions did you use homeopathic treatment?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
Memory loss or loss of other cognitive function
Menopause
Menstrual problems
Mental retardation
Missing limbs (fingers, toes or digits), amputee
Osteoporosis, tendinitis
Other developmental problem
Other injury
Other nerve damage, including carpal tunnel syndrome
Phobia or fears
Polio (myelitis), paralysis, para/quadriplegia
Poor circulation in legs
Prostate trouble or impotence
Regular headaches
Rheumatoid arthritis
Schizophrenia
Seizures
Senility
Sinusitis
Skin problems
Sprain or strain
Stroke
Substance abuse, other than alcohol or tobacco
Ulcer
Urinary problem
Varicose veins, hemorrhoids
Vision problem
Weak or failing kidneys
Weight problem
Back pain or problem
Head or chest cold
Neck pain or problem
Severe headache or migraine
Stomach or intestinal illness
Other - specify
Refused
Don't know

UniverseText: Sample adults 18+ who have used homeopathy to treat health condition

SkipInstructions: <1-81> if more than one condition selected, go to HOM_MOST, elseif only one condition selected go to HOM_MED
<82> goto HOM_SPEC
<Refused,Don't know> goto HOM_ENG
QuestionID: ALT.743_00.000  Instrument Variable Name: HOM_SPEC  QuestionnaireFileName: Adult CAM

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

  97  Refused
  99  Don't know

Verbatim  Verbatim response

UniverseText: Sample adults 18+ who used homeopathic treatment to treat other health problem or condition

SkipInstructions: <Allow 75> if more than one condition selected [goto HOM_MOST]; else if only one condition selected [goto HOM_MED]
<R,D> [if more than one condition (1-81) selected [goto HOM_MOST]; elseif only one condition (1-81) selected [goto HOM_MED]; else [goto HOM_ENG]
For which ONE of these health problems or conditions did you use homeopathic treatment the most?

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

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive functions
Sample adults 18+ who have used homeopathy to treat health condition

<1-82> [goto HOM_MED]
<Refused,Don't know> [goto HOM_ENG]
Did you receive any of these conventional medical treatments for [fill condition]?

*Enter all that apply, separate with commas.

0 None
1 Prescription medications
2 Over-the-counter medications
3 Surgery
4 Physical therapy
5 Mental health counseling
7 Refused
9 Don't know

Sample adults 18+ who have used homeopathy to treat health condition

Did you receive prescription medications for [fill: condition from HOM_MOST or HOM_COND or HOM_SPEC] before, at about the same time, or after trying homeopathic treatment?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

Sample adults 18+ who used prescription medications for condition they used homeopathic treatment for the most

Did you receive over-the-counter medications for [fill: condition from HOM_MOST or HOM_COND or HOM_SPEC] before, at about the same time, or after trying homeopathic treatment?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

Sample adults 18+ who used over-the-counter medications for condition they used homeopathic treatment for the most
Did you receive surgery for [fill: condition from HOM_MOST or HOM_COND or HOM_SPEC] before, at about the same time, or after trying homeopathic treatment?

1. Before
2. At about the same time
3. After
7. Refused
9. Don't know

Did you receive physical therapy for [fill: condition from HOM_MOST or HOMCOND or HOM_SPEC] before, at about the same time, or after trying homeopathic treatment?

1. Before
2. At about the same time
3. After
7. Refused
9. Don't know

Did you receive mental health counseling for [fill: condition from HOM_MOST or HOM_COND or HOM_SPEC] before, at about the same time, or after trying homeopathic treatment?

1. Before
2. At about the same time
3. After
7. Refused
9. Don't know
DURING THE PAST 12 MONTHS, did you use homeopathic treatment for any of these reasons? Please say yes or no to each.

...To improve or enhance energy

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have used homeopathy past 12 mos

<1,2,Refused,Don't know> [goto HOM_WEL]

DURING THE PAST 12 MONTHS, did you use homeopathic treatment for any of these reasons?

...For general wellness or general disease prevention

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have used homeopathy past 12 mos

<1,2,Refused,Don't know> [goto HOM_IMM]

DURING THE PAST 12 MONTHS, did you use homeopathic treatment for any of these reasons?

...To improve or enhance immune function

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have used homeopathy past 12 mos

<1,2,Refused,Don't know> [goto HOM_NOHP]
Question ID: ALT.756_00.000  Instrument Variable Name: HOM_NOHP  QuestionnaireFileName: Adult CAM

QuestionText: * Read if necessary

DURING THE PAST 12 MONTHS, did you use homeopathic treatment for any of these reasons?

...Because medical treatments did not help

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used homeopathy past 12 mos

SkipInstructions: <1,2,Refused,Don't know> [goto HOM_EXPS]

---

Question ID: ALT.758_00.000  Instrument Variable Name: HOM_EXPS  QuestionnaireFileName: Adult CAM

QuestionText: * Read if necessary

DURING THE PAST 12 MONTHS, did you use homeopathic treatment for any of these reasons?

...Because medical treatments were too expensive

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used homeopathy past 12 mos

SkipInstructions: <1,2,Refused,Don't know> [goto HOM_SUGG]

---

Question ID: ALT.760_00.000  Instrument Variable Name: HOM_SUGG  QuestionnaireFileName: Adult CAM

QuestionText: * Read if necessary

DURING THE PAST 12 MONTHS, did you use homeopathic treatment for any of these reasons?

...It was recommended by a health care provider

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used homeopathy past 12 mos

SkipInstructions: <1,2,Refused,Don't know> [goto HOM_FFC]
DURING THE PAST 12 MONTHS, did you use homeopathic treatment for any of these reasons?

...It was recommended by family, friends, or co-workers

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have used homeopathy past 12 mos

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

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have ever seen a practitioner for homeopathic medicine
DURING THE PAST 12 MONTHS, how many times did you see a practitioner for homeopathic treatment?

*Read categories if necessary.

1. Only one time
2. 2-5 times
3. 6-10 times
4. 11-15 times
5. 16-20 times
6. More than 20 times
7. Refused
8. Don't know

Sample adults 18+ who have seen a practitioner for homeopathic medicine in past 12 mos

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

*Enter '500' for $500 or more.

000-499 $0-$499
500 $500 or more
997 Refused
999 Don't know

Sample adults 18+ who have seen a practitioner for homeopathic medicine in past 12 mos

DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of homeopathic treatment?

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

Sample adults 18+ who have used homeopathy past 12 mos
**Question ID:** ALT.774_00.000  
**Instrument Variable Name:** HOMPROF  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

(book) ALT3 *[F1]

Which ones?

*Enter all that apply, separate with commas.

01 Medical doctor (including specialists)
02 Doctor of Osteopathy (D. O.)
03 Nurse practitioner/Physician Assistant
04 Psychiatrist
05 Dentist (including specialists)
06 Psychologist/Social Worker
07 Pharmacist
97 Refused
99 Don't know

**UniverseText:** Sample adults 18+ who have told conventional providers about homeopathy use

**SkipInstructions:** <1-7,Refused,Don't know> [goto DITEVER1]

---

**Question ID:** ALT.776_00.000  
**Instrument Variable Name:** DITEVER1  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

Have you EVER used any of the following special diets for two weeks or more for health reasons? Please say yes or no to each.

...Vegetarian?

*Include vegan

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,Refused,Don't know> [goto DITEVER2]
### Question ID: ALT.778_00.000  
**Instrument Variable Name:** DITEVER2  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**  
*Read if necessary.*  
Have you EVER used any of the following special diets for two weeks or more for health reasons?  
...Macrobiotic?  

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** `<1,2,Refused,Don't know> [goto DITEVER3]`

### Question ID: ALT.780_00.000  
**Instrument Variable Name:** DITEVER3  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**  
*Read if necessary.*  
Have you EVER used any of the following special diets for two weeks or more for health reasons?  
...Atkins?  

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** `<1,2,Refused,Don't know> [goto DITEVER4]`

### Question ID: ALT.782_00.000  
**Instrument Variable Name:** DITEVER4  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**  
*Read if necessary.*  
Have you EVER used any of the following special diets for two weeks or more for health reasons?  
...Pritikin?  

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** `<1,2,Refused,Don't know> [goto DITEVER5]`
Question ID: ALT.784_00.000  Instrument Variable Name: DITEVER5  QuestionnaireFileName: Adult CAM

QuestionText: ![Question Image](image)

*Read if necessary.

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

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,Refused,Don't know> [goto DITEVER6]

---

Question ID: ALT.786_00.000  Instrument Variable Name: DITEVER6  QuestionnaireFileName: Adult CAM

QuestionText: ![Question Image](image)

*Read if necessary.

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

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,Refused,Don't know> [goto DITEVER7]
### 2007 NHIS Questionnaire - Adult CAM

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

**Question ID:** ALT.788_00.000  
**Instrument Variable Name:** DITEVER7  
**QuestionnaireFileName:** Adult CAM

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

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

...South Beach?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:**  
$<$1,2,Refused,Don't know$>$ cycle through DITUSEM1-7 for yes responses to DITEVER1-7; if no, refused, don't know to all DITEVER1-7, goto YTQE_YOG

If DITEVER1 = 1 goto DITUSEM1  
elseif DITEVER2 = 1 goto DITUSEM2  
elseif DITEVER3 = 1 goto DITUSEM3  
elseif DITEVER4 = 1 goto DITUSEM4  
elseif DITEVER5 = 1 goto DITUSEM5  
elseif DITEVER6 = 1 goto DITUSEM6  
elseif DITEVER7 = 1 goto DITUSEM7  
else goto YTQE_YOG

---

### Question ID: ALT.790_00.000  
**Instrument Variable Name:** DITUSEM1  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

DURING THE PAST 12 MONTHS, did you use a vegetarian diet for two weeks or more for health reasons?

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

**UniverseText:** Sample adults 18+ ever used vegetarian

**SkipInstructions:**  
$<$1,2,Refused,Don't know$>$ cycle through DITUSEM1-7 for yes responses to DITEVER1-7; if no, refused, don't know to all DITEVER1-7, goto YTQE_YOG

If DITEVER2=1 goto DITUSEM2  else if DITEVER3 = 1 goto DITUSEM3  
elseif DITEVER4 = 1 goto DITUSEM4  
elseif DITEVER5 = 1 goto DITUSEM5  
elseif DITEVER6 = 1 goto DITUSEM6  
elseif DITEVER7 = 1 goto DITUSEM7  
elseif (DITUSEM1 =1 and DITUSEM2 ne 1) or (DITUSEM1 ne 1 and DITUSEM2 = 1) goto DIT_WGHT  
else goto YTQE_YOG
DURING THE PAST 12 MONTHS, did you use a macrobiotic diet for two weeks or more for health reasons?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ ever used macrobiotic diet

<1,2,Refused,Don't know> cycle through DITUSEM1-7 for yes responses to DITEVER1-7; if no, refused, don't know to all DITEVER1-7, goto YTQE_YOG

If DITEVER3 = 1 goto DITUSEM3
elseif DITEVER4 = 1 goto DITUSEM4
elseif DITEVER5 = 1 goto DITUSEM5
elseif DITEVER6 = 1 goto DITUSEM6
elseif DITEVER7 = 1 goto DITUSEM7
elseif (DITUSEM1 = 1 and DITUSEM2 = 1) goto DIT_DMST
elseif (DITUSEM1 = 1 and DITUSEM2 ne 1) or (DITUSEM1 ne 1 and DITUSEM2 = 1) goto DIT_WGHT
else goto YTQE_YOG

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

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ ever used Atkins diet

<1,2,Refused,Don't know> cycle through DITUSEM1-7 for yes responses to DITEVER1-7; if no, refused, don't know to all DITEVER1-7, goto YTQE_YOG

If DITEVER4 = 1 goto DITUSEM4
elseif DITEVER5 = 1 goto DITUSEM5
elseif DITEVER6 = 1 goto DITUSEM6
elseif DITEVER7 = 1 goto DITUSEM7
elseif more than one of DITUSEM1, DITUSEM2, and DITUSEM3 = 1 goto DIT_DMST
elseif only one of DITUSEM1, DITUSEM2, and DITUSEM3 = 1 goto DIT_WGHT
else goto YTQE_YOG
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: ALT.796_00.000  Instrument Variable Name: DITUSEM4  QuestionnaireFileName: Adult CAM

QuestionText:  

DURING THE PAST 12 MONTHS, did you use a Pritikin diet for two weeks or more for health reasons?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ ever used Pritikin diet

SkipInstructions: <1,2,Refused,Don't know> cycle through DITUSEM1-7 for yes responses to DITEVER1-7; if no, refused, don't know to all DITEVER1-7, goto YTQE_YOG

If DITEVER5 = 1 goto DITUSEM5
elseif DITEVER6 = 1 goto DITUSEM6
elseif DITEVER7 = 1 goto DITUSEM7
elseif more than one of DITUSEM1, DITUSEM2, DITUSEM3, and DITUSEM4 = 1 goto DIT_DMST
elseif only one of DITUSEM1, DITUSEM2, DITUSEM3, and DITUSEM4 = 1 goto DIT_WGHT
else goto YTQE_YOG

Question ID: ALT.798_00.000  Instrument Variable Name: DITUSEM5  QuestionnaireFileName: Adult CAM

QuestionText:  

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

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ ever used Ornish diet

SkipInstructions: <1,2,Refused,Don't know> cycle through DITUSEM1-7 for yes responses to DITEVER1-7; if no, refused, don't know to all DITEVER1-7, goto YTQE_YOG

If DITEVER6 = 1 goto DITUSEM6
elseif DITEVER7 = 1 goto DITUSEM7
elseif more than one of DITUSEM1, DITUSEM2, DITUSEM3, DITUSEM4, and DITUSEM5 = 1 goto DIT_DMST
elseif only one of DITUSEM1, DITUSEM2, DITUSEM3, DITUSEM4, and DITUSEM5 = 1 goto DIT_WGHT
else goto YTQE_YOG
Question ID: ALT.800_00.000  Instrument Variable Name: DITUSEM6  QuestionnaireFileName: Adult CAM

Question Text: DURING THE PAST 12 MONTHS, did you use a Zone diet for two weeks or more for health reasons?

1 Yes
2 No
7 Refused
9 Don't know

Universe Text: Sample adults 18+ ever used zone diet

Skip Instructions: <1,2,Refused,Don't know> cycle through DITUSEM1-7 for yes responses to DITEVER1-7; if no, refused, don't know to all DITEVER1-7, goto YTQE_YOG

If DITEVER7 = 1 goto DITUSEM7
elseif more than one of DITUSEM1, DITUSEM2, DITUSEM3, DITUSEM4, DITUSEM5, and DITUSEM6 = 1 goto DIT_DMST
elseif only one of DITUSEM1, DITUSEM2, DITUSEM3, DITUSEM4, DITUSEM5, and DITUSEM6 = 1 goto DIT_WGHT
else goto YTQE_YOG

Question ID: ALT.802_00.000  Instrument Variable Name: DITUSEM7  QuestionnaireFileName: Adult CAM

Question Text: DURING THE PAST 12 MONTHS, did you use the South Beach diet for two weeks or more for health reasons?

1 Yes
2 No
7 Refused
9 Don't know

Universe Text: Sample adults 18+ ever used South Beach diet

Skip Instructions: <1,2,Refused,Don't know> if no, refused, or don't know to all DITUSEM1-7, goto YTQE_YOG; if more than one yes response in DITUSEM1-7, goto DIT_DMST, else goto DIT_WGHT

If more than one of DITUSEM1, DITUSEM2, DITUSEM3, DITUSEM4, DITUSEM5, DITUSEM6, and DITUSEM7 = 1 goto DIT_DMST
elseif only one of DITUSEM1, DITUSEM2, DITUSEM3, DITUSEM4, DITUSEM5, DITUSEM6, and DITUSEM7 = 1 goto DIT_WGHT
else goto YTQE_YOG
DURING THE PAST 12 MONTHS, which diet did you use the most?

*If respondent cannot choose one special diet, probe for the one most important for health.

01 Vegetarian
02 Macrobiotic
03 Atkins
04 Pritikin
05 Ornish
06 Zone
07 South Beach
97 Refused
99 Don't Know

Sample adults 18+ who have used more than one special diet in past 12 mos

Did you use the [fill: diet used most] diet for weight control or weight loss?

1 Yes
2 No
7 Refused
9 Don't Know

Sample adults 18+ who have used a special diet in past 12 mos

Did you use the [fill: diet used most] diet to treat a specific health problem or condition?[fill2:]

1 Yes
2 No
7 Refused
9 Don't Know

Sample adults 18+ who have used a special diet in past 12 mos
For what health problems or conditions did you use the {fill: diet used most} diet?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
83 Refused
97 Don't know

_UniverseText:_ Sample adults 18+ who have used a special diet to treat health condition

_SkipInstructions:_ <1-81> if more than one condition selected, goto DIT_MOST; elseif only one condition selected goto DIT_MED  
<82> goto DIT_SPEC  
<Refused,Don't know> goto DIT_ENG
*Enter condition for which the [fill: diet used most] diet was used. If respondent gives more than one condition, probe for condition most important for using the [fill: diet used most] diet.

97  Refused
99  Don't know

Verbatim response

Sample adults 18+ who used special diet to treat other specified health problem or condition

<Allow 75> if more than one condition selected [goto DIT_MOST]; elseif only one condition selected [goto DIT_MED]
<Refused,Don't know> [if more than one condition (1-81) selected [goto DIT_MOST]; elseif only one condition (1-81) selected [goto DIT_MED]; else [goto DIT_ENG]
For which ONE of these health problems or conditions did you use the {fill: diet used most} diet the most?

*If respondent cannot choose one condition, probe for condition most important for using the [fill: diet used most] diet.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
UniverseText: Sample adults 18+ who have used a special diet to treat health condition

SkipInstructions: <1-82> goto DIT_MED
<Refused, Don't know> goto DIT_ENG
Did you receive any of these conventional medical treatments for [fill condition]?

*Enter all that apply, separate with commas.

0 None
1 Prescription
2 Over-the-counter medications
3 Surgery
4 Physical Therapy
5 Mental Health Counseling
7 Refused
9 Don't Know

Sample adults 18+ who have used a special diet to treat health condition

Did you receive prescription medications for [fill1: condition from DIT_MOST or DIT_COND or DIT_SPEC] before, at about the same time, or after trying the [fill2: diet used most] diet?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't Know

Sample adults 18+ who used prescription medications for condition they used a special diet for the most

Did you receive over-the-counter medications for [fill1: condition from DIT_MOST or DIT_COND or DIT_SPEC] before, at about the same time, or after trying the [fill2: diet used most] diet?

1 Before
2 At about the same time
3 After
7 Refused
9 Don't know

Sample adults 18+ who used over-the-counter medications for condition they used a special diet for the most
Did you receive surgery for [fill1: condition from DIT_MOST or DIT_COND or DIT_SPEC] before, at about the same time, or after trying the [fill2: diet used most] diet?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

Sample adults 18+ who had surgery for condition they used a special diet for the most

Did you receive physical therapy for [fill1: condition from DIT_MOST or DIT_COND or DIT_SPEC] before, at about the same time, or after trying the [fill2: diet used most] diet?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

Sample adults 18+ who had physical therapy for condition they used a special diet for the most

Did you receive mental health counseling for [fill1: condition from DIT_MOST or DIT_COND or DIT_SPEC] before, at about the same time, or after trying the [fill2: diet used most] diet?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

Sample adults 18+ who had mental health counseling for condition they used a special diet for the most
DURING THE PAST 12 MONTHS, did you use the {fill: diet used most} diet for any of these reasons? Please say yes or no to each.

...To improve or enhance energy

1 Yes
2 No
7 Refused
9 Don't know

Question ID: ALT.818_00.000  Instrument Variable Name: DIT_eng  QuestionnaireFileName: Adult CAM

Question Text:

DURING THE PAST 12 MONTHS, did you use the {fill: diet used most} diet for any of these reasons? Please say yes or no to each.

...To improve or enhance energy

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used a special diet in past 12 mos

SkipInstructions: <1,2,Refused,Don't know> [goto DIT_WEL]

DURING THE PAST 12 MONTHS, did you use the {fill: diet used most} diet for any of these reasons?

...For general wellness or general disease prevention

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used a special diet in past 12 mos

SkipInstructions: <1,2,Refused,Don't know> [goto DIT_IMM]

DURING THE PAST 12 MONTHS, did you use the {fill: diet used most} diet for any of these reasons?

...To improve or enhance immune function

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used a special diet in past 12 mos

SkipInstructions: <1,2,Refused,Don't know> [goto DIT_NOHP]
<table>
<thead>
<tr>
<th>Question ID: ALT.824_00.000</th>
<th>Instrument Variable Name: DIT_NOHP</th>
<th>QuestionnaireFileName: Adult CAM</th>
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<tr>
<td><strong>QuestionText:</strong></td>
<td>* Read if necessary.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DURING THE PAST 12 MONTHS, did you use the {fill: diet used most} diet for any of these reasons?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>...Because medical treatments did not help</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who have used a special diet in past 12 mos</td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,Refused,Don't know&gt; [goto DIT_EXPS]</td>
<td></td>
</tr>
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<table>
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<tr>
<th>Question ID: ALT.826_00.000</th>
<th>Instrument Variable Name: DIT_EXPS</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>* Read if necessary.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DURING THE PAST 12 MONTHS, did you use the {fill: diet used most} diet for any of these reasons?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>...Because medical treatments were too expensive</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who have used a special diet in past 12 mos</td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,Refused,Don't know&gt; [goto DIT_SUGG]</td>
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<th>Instrument Variable Name: DIT_SUGG</th>
<th>QuestionnaireFileName: Adult CAM</th>
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<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>* Read if necessary.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DURING THE PAST 12 MONTHS, did you use the {fill: diet used most} diet for any of these reasons?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>... It was recommended by a health care provider</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who have used a special diet in past 12 mos</td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,Refused,Don't know&gt; [goto DIT_FFC]</td>
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</tbody>
</table>
**Question ID:** ALT.830_00.000  *Instrument Variable Name:* DIT_FFC  *QuestionnaireFileName:* Adult CAM

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

DURING THE PAST 12 MONTHS, did you use the {fill: diet used most} diet for any of these reasons?

...It was recommended by family, friends, or co-workers

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have used a special diet in past 12 mos

**SkipInstructions:** <1,2,Refused,Don't know> [goto DIT_PRAC]

---

**Question ID:** ALT.832_00.000  *Instrument Variable Name:* DIT_PRAC  *QuestionnaireFileName:* Adult CAM

**QuestionText:**
>[

Have you EVER seen a practitioner for the {fill: diet used most} diet?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have used a special diet in past 12 mos

**SkipInstructions:** <1> [goto DIT_YR] <2,Refused,Don't know> [goto DIT_DISC]

---

**Question ID:** ALT.834_00.000  *Instrument Variable Name:* DIT_YR  *QuestionnaireFileName:* Adult CAM

**QuestionText:**
>[

DURING THE PAST 12 MONTHS, did you see a practitioner for the {fill: diet used most} diet?

1  Yes
2  No
7  Refused
9  Don't know

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

**SkipInstructions:** <1> [goto DIT_TYPE] <2,Refused,Don't know> [goto DIT_DISC]
Question ID: ALT.836_00.000  Instrument Variable Name: DIT_TYPE  QuestionnaireFileName: Adult CAM

QuestionText: What type of practitioner did you see?

*Enter all that apply, separate with commas.

*Read categories if necessary.

1 Medical doctor
2 Nurse
3 Dietician/Nutritionist
4 Alternate provider such as Acupuncturist, Chiropractor, Massage Therapist, Naturopath, etc.
5 Other
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who saw practitioner for a special diet in past 12 mos

SkipInstructions: <1-5,Refused,Don't know> [goto DIT_NUMB]

Question ID: ALT.838_00.000  Instrument Variable Name: DIT_NUMB  QuestionnaireFileName: Adult CAM

QuestionText: DURING THE PAST 12 MONTHS, how many times did you see a practitioner for the {fill: diet used most} diet?

*Read categories if necessary.

1 Only one time
2 2-5 times
3 6-10 times
4 11-15 times
5 16-20 times
6 More than 20 times
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who saw practitioner for a special diet in past 12 mos

SkipInstructions: <1-6,Refused,Don't know> [goto DIT_PAY]

Question ID: ALT.840_00.000  Instrument Variable Name: DIT_PAY  QuestionnaireFileName: Adult CAM

QuestionText: On average how much did you pay out-of-pocket for each visit to a practitioner for the {fill: diet used most} diet?

*Enter '500' for $500 or more.

000–499 $0-$499
500 $500 or more
997 Refused
999 Don't know

UniverseText: Sample adults 18+ who saw practitioner for a special diet in past 12 mos

SkipInstructions: <0-500,Refused,Don't know> [goto DIT_DISC]
### Question ID: ALT.842_00.000  
**Instrument Variable Name:** DIT_DISC  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

> (book) ALT3 ?[F1]

DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of the {fill: diet used most} diet?

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

**UniverseText:** Sample adults 18+ who have used a special diet in past 12 mos

**SkipInstructions:**

<1> [goto DITPROF]  
<2,Refused,Don't know> [goto YTQE_YOG]

---

### Question ID: ALT.844_00.000  
**Instrument Variable Name:** DITPROF  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

> (book) ALT3 ?[F1]

Which ones?

*Enter all that apply, separate with commas.

| 01 | Medical doctor |
| 02 | Doctor of Osteopathy (D.O.) |
| 03 | Nurse practitioner/Physician assistant |
| 04 | Psychiatrist |
| 05 | Dentist (including specialists) |
| 06 | Psychologist/social worker |
| 07 | Pharmacist |
| 97 | Refused |
| 99 | Don't know |

**UniverseText:** Sample adults 18+ who have told a conventional provider about using a special diet in past 12 mos

**SkipInstructions:**

<1-7,Refused,Don't know> [goto YTQE_YOG]

---

### Question ID: ALT.846_00.000  
**Instrument Variable Name:** YTQE_YOG  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

> ![Question Text](Yoga_01.png)

Have you 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 adults 18+

**SkipInstructions:**

<1,2,Refused,Don't know> [goto YTQE_TAI]
Have you EVER practiced any of the following?

...Tai Chi (tie-CHEE)?

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,Refused,Don't know> [goto YTQE_QIG]

Have you EVER practiced any of the following?

...Qi Gong (chee-KUNG)?

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,Refused,Don't know> cycle through YTQU for yes responses to YTQE; if no to YTQE_YOG, goto [YTQ_NEVU]; if no, refused, don't know to all other YTQE and refused, don't know to YTQE_YOG goto RELE_MED

If YTQE_YOG = 1 goto YTQU_YOG
elseif YTQE_TAI = 1 goto YTQU_TAI
elseif YTQE_QIG = 1 goto YTQU_QIG
elseif YTQE_YOG = 2 goto YTQ_NEVU
else goto RELE_MED
DURING THE PAST 12 MONTHS, did you practice Yoga for yourself?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have used Yoga

DURING THE PAST 12 MONTHS, did you practice Tai Chi for yourself?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have used Tai Chi
DURING THE PAST 12 MONTHS, did you practice Qi Gong for yourself?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have used Qi Gong

<1,2,Refused,Don't know> cycle through YTQU for yes responses to YTQE; if no to YTQE_YOG, goto [YTOQ_NEVU]; if no, refused, don't know to all other YTQE and refused, don't know to YTQE_YOG goto RELE_MED

If more than one of YTQU_YOG, YTQU_TAI, and YTQU_QIG = 1 goto YTQ_MOST
elseif only one of YTQU_YOG, YTQU_TAI, and YTQU_QIG = 1 goto YTQ_TRET
elseif YTQU_YOG = 2 goto YTQ_NOTU
else goto RELE_MED

DURING THE PAST 12 MONTHS, which practice did you use the MOST?

*If respondent cannot choose one practice, probe for the one most important for health.

1 Yoga
2 Tai Chi
3 Qi Gong
7 Refused
9 Don't know

Sample adults 18+ who have used more than 1 exercise in the past 12 months

<1-3> [goto YTQ_TRET]
<Refused,Don't know> goto YTQ_ENG

Did you practice (fill: practice used most) for a specific health problem or condition?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have used at least one of Yoga, Tai Chi, or Qi Gong in the past 12 months

<1> [goto YTQ_COND] <2,Refused,Don't know> [goto YTQ_ENG]
For what health problems or conditions did you practice [fill: practice used most]?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
<table>
<thead>
<tr>
<th></th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>46</td>
<td>Memory loss or loss of other cognitive function</td>
</tr>
<tr>
<td>47</td>
<td>Menopause</td>
</tr>
<tr>
<td>48</td>
<td>Menstrual problems</td>
</tr>
<tr>
<td>49</td>
<td>Mental retardation</td>
</tr>
<tr>
<td>50</td>
<td>Missing limbs (fingers, toes or digits), amputee</td>
</tr>
<tr>
<td>51</td>
<td>Osteoporosis, tendinitis</td>
</tr>
<tr>
<td>52</td>
<td>Other developmental problem</td>
</tr>
<tr>
<td>53</td>
<td>Other injury</td>
</tr>
<tr>
<td>54</td>
<td>Other nerve damage, including carpal tunnel syndrome</td>
</tr>
<tr>
<td>55</td>
<td>Phobia or fears</td>
</tr>
<tr>
<td>56</td>
<td>Polio (myelitis), paralysis, para/quadriplegia</td>
</tr>
<tr>
<td>57</td>
<td>Poor circulation in legs</td>
</tr>
<tr>
<td>58</td>
<td>Prostate trouble or impotence</td>
</tr>
<tr>
<td>59</td>
<td>Regular headaches</td>
</tr>
<tr>
<td>60</td>
<td>Rheumatoid arthritis</td>
</tr>
<tr>
<td>61</td>
<td>Schizophrenia</td>
</tr>
<tr>
<td>62</td>
<td>Seizures</td>
</tr>
<tr>
<td>63</td>
<td>Senility</td>
</tr>
<tr>
<td>64</td>
<td>Sinusitis</td>
</tr>
<tr>
<td>65</td>
<td>Skin problems</td>
</tr>
<tr>
<td>66</td>
<td>Sprain or strain</td>
</tr>
<tr>
<td>67</td>
<td>Stroke</td>
</tr>
<tr>
<td>68</td>
<td>Substance abuse, other than alcohol or tobacco</td>
</tr>
<tr>
<td>69</td>
<td>Filled problem</td>
</tr>
<tr>
<td>70</td>
<td>Filled problem</td>
</tr>
<tr>
<td>71</td>
<td>Ulcer</td>
</tr>
<tr>
<td>72</td>
<td>Urinary problem</td>
</tr>
<tr>
<td>73</td>
<td>Varicose veins, hemorrhoids</td>
</tr>
<tr>
<td>74</td>
<td>Vision problem</td>
</tr>
<tr>
<td>75</td>
<td>Weak or failing kidneys</td>
</tr>
<tr>
<td>76</td>
<td>Weight problem</td>
</tr>
<tr>
<td>77</td>
<td>Back pain or problem</td>
</tr>
<tr>
<td>78</td>
<td>Head or chest cold</td>
</tr>
<tr>
<td>79</td>
<td>Neck pain or problem</td>
</tr>
<tr>
<td>80</td>
<td>Severe headache or migraine</td>
</tr>
<tr>
<td>81</td>
<td>Stomach or intestinal illness</td>
</tr>
<tr>
<td>82</td>
<td>Other - specify</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have used Yoga, Tai Chi, or Qi Gong in the past 12 months for a specific health problem or condition

**SkipInstructions:**
- `<1-81>` if more than one condition selected, goto YTQ_CONM; elseif only one condition selected, goto YTQ_MED
- `<82>` goto YTQ_SPEC
- `<Refused,Don't know>` goto YTQ_ENG
Question Text: *Enter condition for which [fill: practice used most] was used. If respondent gives more than one condition, probe for condition most important for using [fill: practice used most].

97 Refused
99 Don't know

Universe Text: Sample adults 18+ who used yoga/tai chi/qi gong to treat other health problem or condition

Skip Instructions: <Allow 75> if more than one condition selected [goto YTQ_CONM]; elseif only one condition selected [goto YTQ_MED]
<Refused, Don't know> [if more than one condition (1-81) selected [goto YTQ_CONM]; elseif only one condition (1-81) selected [goto YTQ_MED]; else [goto YTQ_ENG]
Question ID: ALT.864_00.000  Instrument Variable Name: YTQ_CONM  QuestionnaireFileName: Adult CAM

QuestionText: For which ONE of these health problems or conditions did you practice [fill: practice used most] the most?

*If respondent cannot choose one condition, probe for condition most important for using [fill: practice used most].

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
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47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
83 Refused
84 Don't know

UniverseText: Sample adults 18+ who have used yoga/tai chi/qi gong for a specific condition

SkipInstructions: <1-82> [goto YTQ_MED]
<Refused,Don't know> [goto YTQ_ENG]
### 2007 NHIS Questionnaire - Adult CAM

#### Adult Alternative Health/Complementary And Alternative Medicine

**Document Version Date:** 28-May-08

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
</tr>
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<tbody>
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<td>ALT.866_00.000</td>
<td>YTQ_MED</td>
<td>Adult CAM</td>
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<tr>
<td>ALT.866_01.000</td>
<td>YTQ_TIM1</td>
<td>Adult CAM</td>
</tr>
<tr>
<td>ALT.866_02.000</td>
<td>YTQ_TIM2</td>
<td>Adult CAM</td>
</tr>
</tbody>
</table>

**Question Text:**

Did you receive any of these conventional medical treatments for [fill: condition]?

*Enter all that apply, separate with commas.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>None</td>
</tr>
<tr>
<td>1</td>
<td>Prescription medications</td>
</tr>
<tr>
<td>2</td>
<td>Over-the-counter medications</td>
</tr>
<tr>
<td>3</td>
<td>Surgery</td>
</tr>
<tr>
<td>4</td>
<td>Physical therapy</td>
</tr>
<tr>
<td>5</td>
<td>Mental health counseling</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:**

Sample adults 18+ who practice exercise for a specific health problem or condition

**SkipInstructions:**

1. Refused, Don't know > [goto YTQ_ENG]
2. [goto YTQ_TIM1]
3. [goto YTQ_TIM2]
4. [goto YTQ_TIM3]
5. [goto YTQ_TIM4]
6. [goto YTQ_TIM5]

---

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALT.867_01.000</td>
<td>YTQ_TIM1</td>
<td>Adult CAM</td>
</tr>
<tr>
<td>ALT.867_02.000</td>
<td>YTQ_TIM2</td>
<td>Adult CAM</td>
</tr>
</tbody>
</table>

**Question Text:**

Did you receive prescription medications for [fill1: condition] before, at about the same time, or after trying [fill2: practice used most]?

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Before</td>
</tr>
<tr>
<td>2</td>
<td>At about the same time</td>
</tr>
<tr>
<td>3</td>
<td>After</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:**

Sample adults 18+ who used prescription medications for condition they used yoga/tai chi/qi gong for the most

**SkipInstructions:**

1. Refused, Don't know > [goto YTQ_ENG]

---

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALT.867_02.000</td>
<td>YTQ_TIM2</td>
<td>Adult CAM</td>
</tr>
</tbody>
</table>

**Question Text:**

Did you receive over-the-counter medications for [fill1: condition] before, at about the same time, or after trying [fill2: practice used most]?

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Before</td>
</tr>
<tr>
<td>2</td>
<td>At about the same time</td>
</tr>
<tr>
<td>3</td>
<td>After</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:**

Sample adults 18+ who used over-the-counter medications for condition they used yoga/tai chi/qi gong for the most

**SkipInstructions:**

1. Refused, Don't know > [goto YTQ_ENG]
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Question ID: ALT.867_03.000  Instrument Variable Name: YTQ_TIM3  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive surgery for [fill1: condition] before, at about the same time, or after trying [fill2: practice used most]?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who had surgery for condition they used yoga/tai chi/qi gong for the most

SkipInstructions: <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto YTQ_ENG]

Question ID: ALT.867_04.000  Instrument Variable Name: YTQ_TIM4  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive physical therapy for [fill1: condition] before, at about the same time, or after trying [fill2: practice used most]?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who had physical therapy for condition they used yoga/tai chi/qi gong for the most

SkipInstructions: <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto YTQ_ENG]

Question ID: ALT.867_05.000  Instrument Variable Name: YTQ_TIM5  QuestionnaireFileName: Adult CAM

QuestionText: Did you receive mental health counseling for [fill1: condition] before, at about the same time, or after trying [fill2: practice used most]?

1  Before
2  At about the same time
3  After
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who had mental health counseling for condition they used yoga/tai chi/qi gong for the most

SkipInstructions: <1-3,Refused,Don't know> [goto YTQ_ENG]
DURING THE PAST 12 MONTHS, did you practice (fill: practice used most) for any of these reasons? Please say yes or no to each.

...To improve or enhance energy?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have used at least one of Yoga, Tai Chi, or Qi Gong in the past 12 months

SkipInstructions: <1,2,Refused,Don't know> [goto YTQ_WEL]
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Question ID: ALT.879_00.000  Instrument Variable Name: YTQ_NOHP  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you practice [fill: practice used most] for any of these reasons?

...Because medical treatments did not help?
1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used at least one of Yoga, Tai Chi, or Qi Gong in the past 12 months

SkipInstructions: <1,2,Refused,Don't know> [goto YTQ_EXPS]

Question ID: ALT.880_00.000  Instrument Variable Name: YTQ_EXPS  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you practice [fill: practice used most] for any of these reasons?

...Because medical treatments were too expensive?
1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used at least one of Yoga, Tai Chi, or Qi Gong in the past 12 months

SkipInstructions: <1,2,Refused,Don't know> [goto YTQ_SUGG]

Question ID: ALT.881_00.000  Instrument Variable Name: YTQ_SUGG  QuestionnaireFileName: Adult CAM

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you practice [fill: practice used most] for any of these reasons?

...It was recommended by a health care provider?
1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have used at least one of Yoga, Tai Chi, or Qi Gong in the past 12 months

SkipInstructions: <1,2,Refused,Don't know> [goto YTQ_FFC]
### Question ID: ALT.882_00.000

**Instrument Variable Name:** YTQ_FFC  
**QuestionnaireFileName:** Adult CAM

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

DURING THE PAST 12 MONTHS, did you practice [fill: practice used most] for any of these reasons?

...It was recommended by family, friends, or co-workers?

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

**UniverseText:** Sample adults 18+ who have used at least one of Yoga, Tai Chi, or Qi Gong in the past 12 months

**SkipInstructions:** `<1,2,Refused,Don't know> [goto YTQ_CLAS]`

---

### Question ID: ALT.883_00.000

**Instrument Variable Name:** YTQ_CLAS  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**  *DURING THE PAST 12 MONTHS, did you take a class or in some way receive formal training for [fill: practice used most]? Attending only one session does not count.*

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

**UniverseText:** Sample adults 18+ who have used at least one of Yoga, Tai Chi, or Qi Gong in the past 12 months

**SkipInstructions:** `<1> [goto YTQ_CLSO] <2,Refused,Don't know> [goto YTQ_DISC]`

---

### Question ID: ALT.884_00.000

**Instrument Variable Name:** YTQ_CLSO  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**  *DURING THE PAST 12 MONTHS, on average, how often did you take a class or in some way receive formal training for [fill: practice used most]?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>2-11 times a year</td>
</tr>
<tr>
<td>02</td>
<td>Monthly</td>
</tr>
<tr>
<td>03</td>
<td>2-3 times per month</td>
</tr>
<tr>
<td>04</td>
<td>Weekly</td>
</tr>
<tr>
<td>05</td>
<td>2-3 times per week</td>
</tr>
<tr>
<td>06</td>
<td>4-6 times per week</td>
</tr>
<tr>
<td>07</td>
<td>Daily</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have taken a class or received formal training for a practice in the past 12 months

**SkipInstructions:** `<1-7,Refused,Don't know> [goto YTQ_PAY]`
2007 NHIS Questionnaire - Adult CAM  
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### Question ID: ALT.885_00.000  
**Instrument Variable Name**: YTQ_PAY  
**QuestionnaireFileName**: Adult CAM

**QuestionText**: On average, how much did you pay out-of-pocket for each class or other formal training for [fill: practice used most]?

*Enter '500' for $500 or more.*

- **000-499**: $0-$499
- **500**: $500 or more
- **997**: Refused
- **999**: Don't know

**UniverseText**: Sample adults 18+ who have taken a class or received formal training for a practice in the past 12 months

**SkipInstructions**: <0-500,Refused,Don't know> goto [YTQ_DISC]

### Question ID: ALT.886_00.000  
**Instrument Variable Name**: YTQ_DISC  
**QuestionnaireFileName**: Adult CAM

**QuestionText**: (book) ALT3 *[F1]  
**DURING THE PAST 12 MONTHS**, did you let any of these CONVENTIONAL medical professionals know about your practice of (fill: practice used most)?

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

**UniverseText**: Sample adults 18+ who have used at least one of Yoga, Tai Chi, or Qi Gong in the past 12 months

**SkipInstructions**: <1> [goto YTQPROF]  
<2,Refused,Don't know> if YTQE_YOG=2 [goto YTQ_NEVU];  
else if YTQU_YOG=2 [goto YTQ_NOTU];  
else [goto RELE_MED]

### Question ID: ALT.887_00.000  
**Instrument Variable Name**: YTQPROF  
**QuestionnaireFileName**: Adult CAM

**QuestionText**: (book) ALT3 *[F1]  
Which ones?  
*Enter all that apply, separate with commas.*

- **01**: Medical doctor (including specialists)  
- **02**: Doctor of Osteopathy (D.O.)  
- **03**: Nurse practitioner/Physician assistant  
- **04**: Psychiatrist  
- **05**: Dentist (including specialists)  
- **06**: Psychologist/social worker  
- **07**: Pharmacist  
- **97**: Refused  
- **99**: Don't know

**UniverseText**: Sample adults 18+ who have told a conventional medical professional about their use of Yoga, Tai Chi, or Qi Gong in the past 12 months

**SkipInstructions**: <1-7,Refused,Don't know> if YTQE_YOG=2 [goto YTQ_NEVU];  
else if YTQU_YOG=2 [goto YTQ_NOTU];  
else [goto RELE_MED]
Please tell me the reasons why you have not practiced yoga in the PAST 12 MONTHS.

*Enter all that apply, separate with commas

01  Never thought about it
02  No reason
03  Didn't need it in the last 12 months
04  It didn't work for me before
05  It costs too much
06  I had side effects last time
07  A health care provider told me not to use it
08  Medical science has not shown that it works
09  Some other reason
97  Refused
99  Don't know

Sample adults 18+ who have practiced yoga, but not in the past 12 months

What kinds of side effects did you have?

97  Refused
99  Don't know

Verbatim response

Sample adults 18+ who had side effects from practicing yoga

Did any of these require medical attention?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who had side effects from practicing yoga
Please tell me the reasons why you have never practiced yoga.

*Enter all that apply, separate with commas.

01 Never heard of it/don't know much about it
02 Never thought about it
03 No reason
04 Don't need it
05 Don't believe in it/it doesn't work
06 It costs too much
07 It is not safe to use
08 A health care provider told me not to use it
09 Medical science has not shown that it works
10 Some other reason
97 Refused
99 Don't know

Sample adults 18+ who have never practiced yoga

Have you EVER used any of the following relaxation or stress management techniques for yourself? Please say yes or no to each.

...Meditation

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+

<1,2,Refused,Don't know> [goto RELE_GIM]
Have you EVER used any of the following relaxation or stress management techniques for yourself?

...Guided imagery

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,Refused,Don't know> [goto RELE_PRO]

---

Have you EVER used any of the following relaxation or stress management techniques for yourself?

...Progressive relaxation

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,Refused,Don't know> [goto RELE_DBE]

---

Have you EVER used any of the following relaxation or stress management techniques for yourself?

...Deep breathing exercises

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,Refused,Don't know> [goto RELE_SUP]
Have you EVER used any of the following relaxation or stress management techniques for yourself?

...Support group meeting

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

Have you EVER used any of the following relaxation or stress management techniques for yourself?

...Stress management class

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

*Read if necessary.
### 2007 NHIS Questionnaire - Adult CAM

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

**Document Version Date:** 28-May-08

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ALT.906_00.000</th>
<th>Instrument Variable Name:</th>
<th>RELU_MED</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
</table>

**QuestionText:**

DURING THE PAST 12 MONTHS, did you use meditation for yourself?

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

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

**SkipInstructions:**

<1,2,Refused,Don't know> cycle through RELU_MED-RELU_STR for yes responses to RELE_MED-RELE_STR; if no to RELE_MED, goto RELNOUSE; if no, refused, don't know to all other RELE and refused, don't know to RELU_MED goto END

If RELU_GIM = 1 goto RELU_GIM
elseif RELU_PRO = 1 goto RELU_PRO
elseif RELU_DBE = 1 goto RELU_DBE
elseif RELU_SUP = 1 goto RELU_SUP
elseif RELU_STR = 1 goto RELU_STR
elseif RELU_MED = 1 goto REL_RMST
else RELU_MED = 2 goto RELNOYR
else goto END

---

<table>
<thead>
<tr>
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<th>ALT.908_00.000</th>
<th>Instrument Variable Name:</th>
<th>RELU_GIM</th>
<th>QuestionnaireFileName:</th>
<th>Adult CAM</th>
</tr>
</thead>
</table>

**QuestionText:**

DURING THE PAST 12 MONTHS, did you use guided imagery for yourself?

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

**UniverseText:**
Sample adults 18+ ever used guided imagery

**SkipInstructions:**

<1,2,Refused,Don't know> cycle through RELU_MED-RELU_STR for yes responses to RELE_MED-RELE_STR; if no to RELE_MED, goto RELNOUSE; if no, refused, don't know to all other RÊLE and refused, don't know to RELU_MED goto END

If RELU_PRO = 1 goto RELU_PRO
elseif RELU_DBE = 1 goto RELU_DBE
elseif RELU_SUP = 1 goto RELU_SUP
elseif RELU_STR = 1 goto RELU_STR
elseif more than one of RELU_MED and RELU_GIM = 1 goto REL_RMST
elseif only one of RELU_MED and RELU_GIM = 1 goto REL_TRET
elseif RELU_MED = 2 goto RELNOYR
else goto END
2007 NHIS Questionnaire - Adult CAM
Adult Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

Question ID: ALT.910_00.000  Instrument Variable Name: RELU_PRO  QuestionnaireFileName: Adult CAM

QuestionText: [F1]

DURING THE PAST 12 MONTHS, did you use progressive relaxation for yourself?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ ever used progressive relaxation

SkipInstructions: <1,2,Refused,Don't know> cycle through RELU_MED-RELU_STR for yes responses to RELE_MED-RELE_STR ; if no to RELE_MED, goto RELNOUSE; if no, refused, don't know to all other RELE and refused, don't know to RELU_MED goto END

If RELE_DBE = 1 goto RELU_DBE
elseif RELE_SUP = 1 goto RELU_SUP
elseif RELE_STR = 1 goto RELU_STR
elseif more than one of RELU_MED, RELU_GIM, and RELU_PRO = 1 goto REL_RMST
elseif only one of RELU_MED, RELU_GIM, and RELU_PRO = 1 goto REL_TRET
elseif RELU_MED = 2 goto RELNOYR
else goto END

Question ID: ALT.912_00.000  Instrument Variable Name: RELU_DBE  QuestionnaireFileName: Adult CAM

QuestionText: [F1]

DURING THE PAST 12 MONTHS, did you use deep breathing exercises for yourself?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ ever used deep breathing

SkipInstructions: <1,2,Refused,Don't know> cycle through RELU_MED-RELU_STR for yes responses to RELE_MED-RELE_STR ; if no to RELE_MED, goto RELNOUSE; if no, refused, don't know to all other RELE and refused, don't know to RELU_MED goto END

If RELE_SUP = 1 goto RELU_SUP
elseif RELE_STR = 1 goto RELU_STR
elseif more than one of RELU_MED, RELU_GIM, RELU_PRO, and RELU_DBE = 1 goto REL_RMST
elseif only one of RELU_MED, RELU_GIM, RELU_PRO, and RELU_DBE = 1 goto REL_TRET
elseif RELU_MED = 2 goto RELNOYR
else goto END
Adult Alternative Health/Complementary And Alternative Medicine

Question ID: ALT.914_00.000  Instrument Variable Name: RELU_SUP  QuestionnaireFileName: Adult CAM

QuestionText: ?[F1]

DURING THE PAST 12 MONTHS, did you use support group meetings for yourself?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ ever used support group meeting

SkipInstructions: <1,2,Refused,Don't know> cycle through RELU_MED-RELU_STR for yes responses to RELE_MED-RELE_STR ; if no to RELE_MED, goto RELNOUSE; if no, refused, don't know to all other RELE and refused, don't know to RELE_MED goto END

If RELU_STR = 1 goto RELU_STR
elseif more than one of RELU_MED, RELU_GIM, RELU_PRO, RELU_DBE, and RELU_SUP = 1 goto REL_RMST
elseif only one of RELU_MED, RELU_GIM, RELU_PRO, RELU_DBE, and RELU_SUP = 1 goto REL_TRET
elseif RELU_MED = 2 goto RELNOYR
else goto END

Question ID: ALT.916_00.000  Instrument Variable Name: RELU_STR  QuestionnaireFileName: Adult CAM

QuestionText: ?[F1]

DURING THE PAST 12 MONTHS, did you use stress management classes for yourself?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ ever used stress management class

SkipInstructions: <1,2,Refused,Don't know> cycle through RELU_MED-RELU_STR for yes responses to RELE_MED-RELE_STR ; if no to RELE_MED, goto RELNOUSE; if no, refused, don't know to all other RELE and refused, don't know to RELE_MED goto END

If more than one of RELU_MED, RELU_GIM, RELU_PRO, RELU_DBE, RELU_SUP, and RELU_STR = 1 goto REL_RMST
elseif only one of RELU_MED, RELU_GIM, RELU_PRO, RELU_DBE, RELU_SUP, and RELU_STR = 1 goto REL_TRET
elseif RELU_MED = 2 goto RELNOYR
else goto END
**Question ID:** ALT.918_00.000  
**Instrument Variable Name:** REL_RMST  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

DURING THE PAST 12 MONTHS, which relaxation technique did you use the most?

*If respondent cannot choose one relaxation technique, probe for the one most important for health.

1. Meditation
2. Guided imagery
3. Progressive relaxation
4. Deep breathing exercises
5. Support group meeting
6. Stress management class
7. Refused
8. Don't know

**UniverseText:** Sample adults 18+ who have used 2 or more relaxation techniques in past 12 mos

**SkipInstructions:**

1-6> [goto RELE_TRET]  
<Refused,Don't know> [goto REL_ENG]

---

**Question ID:** ALT.920_00.000  
**Instrument Variable Name:** REL_TRET  
**QuestionnaireFileName:** Adult CAM

**QuestionText:**

Did you use {fill relaxation technique used most} for a specific health problem or condition?

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

**UniverseText:** Sample adults 18+ who have used at least one relaxation technique in the past 12 months

**SkipInstructions:**

1> [goto REL_COND]  
<2,Refused,Don't know> [goto REL_ENG]
For what health problems or conditions did you use (fill: relaxation technique used most)?

*Enter all that apply, separate with commas.

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
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Memory loss or loss of other cognitive function
Menopause
Menstrual problems
Mental retardation
Missing limbs (fingers, toes or digits), amputee
Osteoporosis, tendinitis
Other developmental problem
Other injury
Other nerve damage, including carpal tunnel syndrome
Phobia or fears
Polio (myelitis), paralysis, para/quadriplegia
Poor circulation in legs
Prostate trouble or impotence
Regular headaches
Rheumatoid arthritis
Schizophrenia
Seizures
Senility
Sinusitis
Skin problems
Sprain or strain
Stroke
Substance abuse, other than alcohol or tobacco
Ulcer
Urinary problem
Varicose veins, hemorrhoids
Vision problem
Weak or failing kidneys
Weight problem
Back pain or problem
Head or chest cold
Neck pain or problem
Severe headache or migraine
Stomach or intestinal illness
Other - specify
Refused
Don't know

UniverseText: Sample adults 18+ who have used relaxation techniques for health problem

SkipInstructions: <1-81> if more than one condition selected, goto REL_MOST; elseif only one condition selected, goto REL_MED
<82> goto REL_SPEC
<Refused,Don't know> got REL_ENG
*Enter condition for which [fill: relaxation technique used most] was used. If respondent gives more than one condition, probe for condition most important for using [fill: relaxation technique used most].

97  Refused
99  Don't know

Verbatim response

Sample adults 18+ who used relaxation technique to treat other specified health problem or condition

<Allow 75> if more than one condition selected [goto REL_MOST]; elseif only one condition selected [goto REL_MED]
<Refused,Don't know> [if more than one condition (1-81) selected [goto REL_MOST]; elseif only one condition (1-81) selected [goto REL_MED]; else [goto REL_ENG]
For which ONE of these health problems or conditions did you use (fill: relaxation technique used most) the most?

*If respondent cannot choose one condition, probe for condition most important for using (fill: relaxation technique used most).

01 Acid reflux or heartburn
02 Angina
03 Anxiety
04 Asthma
05 Arthritis
06 Attention Deficit Disorder/Hyperactivity
07 Autism
08 Benign tumors, cysts
09 Bipolar Disorder
10 Birth defect
11 Cancer
12 Cholesterol
13 Chronic Bronchitis
14 Circulation problems (other than in the legs)
15 Constipation severe enough to require medication
16 Coronary heart disease
17 Dementia, including Alzheimer's Disease
18 Dental pain
19 Depression
20 Diabetes
21 Emphysema
22 Excessive sleepiness during the day
23 Excessive use of alcohol or tobacco
24 Fibromyalgia
25 Fracture, bone/joint injury
26 Gout
27 Gum disease
28 Gynecologic problem
29 Hay fever
30 Hearing problem
31 Heart attack
32 Other heart condition or disease
33 Hernia
34 Hypertension
35 Inflammatory bowel disease
36 Influenza or pneumonia
37 Insomnia or trouble sleeping
38 Irritable bowel
39 Jaw pain
40 Joint pain or stiffness/other joint condition
41 Knee problems (not arthritis, not joint injury)
42 Liver problem
43 Lung/breathing problem (not already listed)
44 Lupus
45 Mania or psychosis
46 Memory loss or loss of other cognitive function
47 Menopause
48 Menstrual problems
49 Mental retardation
50 Missing limbs (fingers, toes or digits), amputee
51 Osteoporosis, tendinitis
52 Other developmental problem
53 Other injury
54 Other nerve damage, including carpal tunnel syndrome
55 Phobia or fears
56 Polio (myelitis), paralysis, para/quadriplegia
57 Poor circulation in legs
58 Prostate trouble or impotence
59 Regular headaches
60 Rheumatoid arthritis
61 Schizophrenia
62 Seizures
63 Senility
64 Sinusitis
65 Skin problems
66 Sprain or strain
67 Stroke
68 Substance abuse, other than alcohol or tobacco
69 Filled problem
70 Filled problem
71 Ulcer
72 Urinary problem
73 Varicose veins, hemorrhoids
74 Vision problem
75 Weak or failing kidneys
76 Weight problem
77 Back pain or problem
78 Head or chest cold
79 Neck pain or problem
80 Severe headache or migraine
81 Stomach or intestinal illness
82 Other - specify
83 Refused
89 Don't know

UniverseText: Sample adults 18+ who have used a relaxation technique for more than one condition

SkipInstructions: <1-82> goto REL_MED
<Refused,Don't know> goto REL_ENG
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<thead>
<tr>
<th>Question ID:</th>
<th>ALT.926_00.000</th>
<th>Instrument Variable Name: REL_MED</th>
<th>QuestionnaireFileName: Adult CAM</th>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>(book) ALT2 '?'[F1]</td>
<td>Did you receive any of these conventional medical treatments for [fill condition]?</td>
<td>*Enter all that apply, separate with commas.</td>
</tr>
<tr>
<td>0</td>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Prescription medications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Over-the-counter medications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Surgery</td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td>Physical therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Mental health counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample Adult 18+ who used relaxation technique for health condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;0, Refused, Don't know&gt; [goto REL_ENG]</td>
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<tr>
<td></td>
<td>&lt;1&gt; [goto REL_TIM1]</td>
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<tr>
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<td>&lt;2&gt; [goto REL_TIM2]</td>
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<td>&lt;3&gt; [goto REL_TIM3]</td>
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<td>&lt;4&gt; [goto REL_TIM4]</td>
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<td>&lt;5&gt; [goto REL_TIM5]</td>
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<th>QuestionnaireFileName: Adult CAM</th>
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<td>QuestionText:</td>
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<td>Did you receive prescription medications for [fill1: condition from REL_MOST or REL_COND or REL_SPEC] before, at about the same time, or after trying [fill2: relaxation technique used most]?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Before</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>At about the same time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>After</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
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<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who used prescription medications for condition they used a relaxation technique for the most</td>
<td></td>
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</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1-3,Refused,Don't know&gt; [goto to next selected conventional medical treatment. If no more treatments selected [goto REL_ENG]</td>
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<th>QuestionnaireFileName: Adult CAM</th>
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<td>QuestionText:</td>
<td></td>
<td>Did you receive over-the-counter medications for [fill1: condition from REL_MOST or REL_COND or REL_SPEC] before, at about the same time, or after trying [fill2: relaxation technique used most]?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Before</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>At about the same time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>After</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
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</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who used over-the-counter medications for condition they used a relaxation technique for the most</td>
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<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1-3,Refused,Don't know&gt; [goto to next selected conventional medical treatment. If no more treatments selected [goto REL_ENG]</td>
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<td></td>
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<tr>
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<td>---------------------------------</td>
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</tr>
<tr>
<td>QuestionText: Did you receive surgery for [fill1: condition from REL_MOST or REL_COND or REL_SPEC] before, at about the same time, or after trying [fill2: relaxation technique used most]?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Before</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 At about the same time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 After</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>UniverseText: Sample adults 18+ who had surgery for condition they used a relaxation technique for the most</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1-3,Refused,Don't know&gt; [goto to next selected conventional medical treatment. If no more treatments selected [goto REL_ENG]</td>
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<th>Instrument Variable Name: REL_TIM4</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: Did you receive physical therapy for [fill1: condition from REL_MOST or REL_COND or REL_SPEC] before, at about the same time, or after trying [fill2: relaxation technique used most]?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Before</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 At about the same time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 After</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText: Sample adults 18+ who had physical therapy for condition they used a relaxation technique for the most</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1-3,Refused,Don't know&gt; [goto to next selected conventional medical treatment. If no more treatments selected [goto REL_ENG]</td>
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</table>

<table>
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<th>Instrument Variable Name: REL_TIM5</th>
<th>QuestionnaireFileName: Adult CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: Did you receive mental health counseling for [fill1: condition from REL_MOST or REL_COND or REL_SPEC] before, at about the same time, or after trying [fill2: relaxation technique used most]?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Before</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 At about the same time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 After</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText: Sample adults 18+ who had mental health counseling for condition they used a relaxation technique for the most</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1-3,Refused,Don't know&gt; [goto REL_ENG]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DURING THE PAST 12 MONTHS, did you use \{fill relaxation technique used most\} for any of these reasons? Please say yes or no to each.

...To improve or enhance energy

1 Yes
2 No
7 Refused
9 Don't know

Sample Adult 18+ who used a relaxation technique past 12 months

<1,2,Refused,Don't know> [goto REL_WEL]

*Read if necessary.

DURING THE PAST 12 MONTHS, did you use \{fill relaxation technique used most\} for any of these reasons?

...For general wellness or general disease prevention

1 Yes
2 No
7 Refused
9 Don't know

Sample Adult 18+ who used a relaxation technique past 12 months

<1,2,Refused,Don't know> [goto REL_IMM]

*Read if necessary.

DURING THE PAST 12 MONTHS, did you use \{fill relaxation technique used most\} for any of these reasons?

...To improve or enhance immune function

1 Yes
2 No
7 Refused
9 Don't know

Sample Adult 18+ who used a relaxation technique past 12 months

<1,2,Refused,Don't know> [goto REL_COP]
DURING THE PAST 12 MONTHS, did you use {fill relaxation technique used most} for any of these reasons?

...To cope with having an illness

1 Yes
2 No
7 Refused
9 Don't know

DURING THE PAST 12 MONTHS, did you use {fill relaxation technique used most} for any of these reasons?

...Because medical treatments did not help

1 Yes
2 No
7 Refused
9 Don't know

DURING THE PAST 12 MONTHS, did you use {fill relaxation technique used most} for any of these reasons?

...Because medical treatments were too expensive

1 Yes
2 No
7 Refused
9 Don't know
**2007 NHIS Questionnaire - Adult CAM**  
Adult Alternative Health/Complementary And Alternative Medicine  
Document Version Date: 28-May-08

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
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</thead>
<tbody>
<tr>
<td>ALT.942_00.000</td>
<td>REL_SUGG</td>
<td>Adult CAM</td>
<td>DURING THE PAST 12 MONTHS, did you use {fill relaxation technique used most} for any of these reasons? ...It was recommended by a health care provider.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7 Refused</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9 Don't know</td>
</tr>
<tr>
<td>UniverseText</td>
<td></td>
<td></td>
<td>Sample Adult 18+ who used a relaxation technique past 12 months</td>
</tr>
</tbody>
</table>

SkipInstructions: `<1,2,Refused,Don't know> [goto REL_FFC]`

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<tr>
<td>ALT.944_00.000</td>
<td>REL_FFC</td>
<td>Adult CAM</td>
<td>DURING THE PAST 12 MONTHS, did you use {fill relaxation technique used most} for any of these reasons? ...It was recommended by family friends or coworkers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7 Refused</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9 Don't know</td>
</tr>
<tr>
<td>UniverseText</td>
<td></td>
<td></td>
<td>Sample Adult 18+ who used a relaxation technique past 12 months</td>
</tr>
</tbody>
</table>

SkipInstructions: `<1,2,Refused,Don't know> [goto REL_PRAC]`

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<tbody>
<tr>
<td>ALT.946_00.000</td>
<td>REL_PRAC</td>
<td>Adult CAM</td>
<td>DURING THE PAST 12 MONTHS, did you see a practitioner or take a class for {fill relaxation technique used most}?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7 Refused</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9 Don't know</td>
</tr>
<tr>
<td>UniverseText</td>
<td></td>
<td></td>
<td>Sample Adult 18+ who used a relaxation technique past 12 months</td>
</tr>
</tbody>
</table>

SkipInstructions: `<1> [goto REL_YR] <2,Refused,Don't know> [goto REL_BKS]`
DURING THE PAST 12 MONTHS, how often did you see a practitioner or take a class for {fill relaxation technique used most}?  

*Read categories if necessary.

1. Only one time
2. 2-5 times
3. 6-10 times
4. 11-15 times
5. 16-20 times
6. More than 20 times
7. Refused
8. Don't know

Sample Adult 18+ who saw practitioner or took a class for relaxation technique in the past 12 months

On average, how much did you pay out-of-pocket for each visit to a practitioner or to take a class for {fill relaxation technique used most}?  

*Enter '500' for $500 or more.

000-499 $0-$499
500 $500 or more
997 Refused
999 Don't know

Sample Adult 18+ who saw practitioner or took a class for relaxation technique in the past 12 months

Did you buy a self-help book or other materials to learn about {fill relaxation technique used most}?  

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

Sample Adult 18+ who used a relaxation technique past 12 months
Question ID: ALT.954_00.000  Instrument Variable Name: REL_BPAY  QuestionnaireFileName: Adult CAM

QuestionText: How much did you pay for these materials?

* Enter 500 for more than 500.

000-499  $0-$499
500     $500 or more
997     Refused
999     Don't know

UniverseText: Sample adults 18+ who bought self-help book

SkipInstructions: <0-500,Refused,Don't know> [goto REL_DISC]

Question ID: ALT.956_00.000  Instrument Variable Name: REL_DISC  QuestionnaireFileName: Adult CAM

QuestionText: (book) ALT3  *[F1]

DURING THE PAST 12 MONTHS, did you let any of the CONVENTIONAL medical professionals know about your use of [fill relaxation technique used most]?

1     Yes
2     No
7     Refused
9     Don't know

UniverseText: Sample Adult 18+ who used a relaxation technique past 12 months

SkipInstructions: <1> [goto RELPROF]
<2,Refused,Don't know> if RELE_MED=2 [goto RELNOUSE];
    elseif RELU_MED=2 [goto RELNOYR];
    else [goto PRA_SLFE]

Question ID: ALT.958_00.000  Instrument Variable Name: RELPROF  QuestionnaireFileName: Adult CAM

QuestionText: (book) ALT3  *[F1]

Which ones?

*Enter all that apply, separate with commas.

01 Medical doctor (including specialists)
02 Doctor of Osteopathy (D.O.)
03 Nurse practitioner/Physician assistant
04 Psychiatrist
05 Dentist (including specialists)
06 Psychologist/social worker
07 Pharmacist
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who told conventional provider about use of relaxation techniques

SkipInstructions: <1-7,Refused,Don't know> if RELE_MED=2 [goto RELNOUSE];
    elseif RELU_MED=2 [goto RELNOYR];
    else [goto PRA_SLFE]
Question ID: ALT.960_00.000

Instrument Variable Name: RELNOYR

QuestionnaireFileName: Adult CAM

QuestionText:

(book) ALT4

Please tell me the reasons why you have not used meditation in the PAST 12 MONTHS?

*Enter all that apply, separate with commas.

01 Never thought about it
02 No reason
03 Didn't need it in the last 12 months
04 It didn't work for me before
05 It costs too much
06 I had side effects last time
07 A health care provider told me not to use it
08 Medical science has not shown that it works
09 Some other reason
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who have not used meditation in the past 12 months

SkipInstructions: <1-5,7-9,Refused,Don't know> [goto PRA_SLFE] <6> [goto REL_SDEF]

---

Question ID: ALT.962_00.000

Instrument Variable Name: REL_SDEF

QuestionnaireFileName: Adult CAM

QuestionText:

What kinds of side effects did you have?

97 Refused
99 Don't know

Verbatim: Verbatim response

UniverseText: Sample adults 18+ who had side effect from using relaxation technique

SkipInstructions: <allow 75,Refused,Don't know> [goto REL_ATT]

---

Question ID: ALT.964_00.000

Instrument Variable Name: REL_ATT

QuestionnaireFileName: Adult CAM

QuestionText:

Did any of these require medical attention?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who had side effect from using relaxation technique

SkipInstructions: <1,2,Refused,Don't know> [goto PRA_SLFE]
Question ID: ALT.966_00.000  Instrument Variable Name: RELNOUSE  QuestionnaireFileName: Adult CAM

QuestionText: (book) ALT5

Please tell me the reasons why you have never used meditation?

*Enter all that apply, separate with commas.

01 Never heard of it/don't know much about it
02 Never thought about it
03 No reason
04 Don't need it
05 Don't believe in it/it doesn't work
06 It costs too much
07 It is not safe to use
08 A health care provider told me not to use it
09 Medical science has not shown that it works
10 Some other reason
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who have never used meditation

SkipInstructions: <1-10,Refused,Don't know> [goto PRA_SLFE]

Question ID: ALT.968_00.000  Instrument Variable Name: PRA_SLFE  QuestionnaireFileName: Adult CAM

QuestionText: Now I am going to ask you about your use of prayer for your own health.

Have you EVER prayed specifically for the purpose of your OWN health?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1 > [goto PRA_SLFM] <2,Refused,Don't know> [goto PRA_OTHE]

Question ID: ALT.970_00.000  Instrument Variable Name: PRA_SLFM  QuestionnaireFileName: Adult CAM

QuestionText: DURING THE PAST 12 MONTHS, did you pray specifically for the purpose of your OWN health?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ ever prayed for own health

SkipInstructions: <1,2,Refused,Don't know> [goto PRA_OTHE]
Have you EVER asked or had OTHERS pray for your OWN health?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+

DURING THE PAST 12 MONTHS, did you ask or have OTHERS pray for your OWN health?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who ever had others pray for their health