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

QuestionText: * Enter the line number of the person to whom you are speaking.

01-25  Person number of the respondent for Sample Child

UniverseText: Sample child section not started or not completed

SkipInstructions:

if CSTAT ne empty and CSTAT ne '2' THEN
  if ASTAT = empty or ASTAT = '2' THEN
    goto adult.aid.SADULT
  elseif recontact.RCIFLAG ne '1' THEN
    goto recontact.RCI_BEGIN procedure
  else
    goto back.OUTCOMEB1 procedure
  endif
  goto back.OUTCOMEB1 procedure
endif
<01-25> if this is NOT an allowable line number
  goto ERR_CURRES
elseif CURRES = a line number entered in KNOWSC2
  store CURRES in CSPAVAIL and CSRESP
  goto CSRELTIV
elseif KNOWSC2 = 'Don't know' or 'Refused' or empty (no line numbers in KNOWSC2)
  goto KNOAVAIL
else
  goto CSPAVAIL
endif
The next questions are about [fill1: ALIAS of Sample Child].

Is [fill2: KNOWSC2 names] available to answer some questions about [fill3: HISHER] health?

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

* If refused enter CTRL_R.

01-25 Person # of person available to answer questions about Sample Child

96 No person available

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

<01-25> if line number not equal one of the line numbers in KNOWSC2
goto child.cid.ERR_CSPAVAIL
else
store child.cid.CSPAVAIL in child.cid.CSRESP
goto child.cid.CSRELTIV
endif

<96> store child.cid.CSPAVAIL in child.cid.CSRESP
goto cbk.CCALLBK1

< R > store '4' in CSTAT(FAMINT)
if ASTAT = empty or ASTAT = '2' THEN
goto adult.aid.SADULT
elseif recontact.RCIFLAG ne '1' THEN
goto recontact.RCI_BEGIN procedure
else
goto back.OUTCOMEB1 procedure
endif

(book) C1

[fill1: The next questions are about [fill2: ALIAS of Sample Child].]

What is your relationship to [fill2: ALIAS of Sample Child]?

01 Parent (Biological, adoptive, or step)
02 Grandparent
03 Aunt/Uncle

Someone identified as knowledgeable about child's health

<1-8,R,D> If CSRESP = demographics.hhc.RELRESP_A
goto child.chs.BWGT_LB
elseif CSRESP = demographics.hhc.HHRESP
goto child.chs.BWGT_LB
else]
goto CSPVERF_S
endif
**2007 NHIS Questionnaire - Sample Child**  
**Child Identification**  
**Document Version Date:** 28-May-08

---

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

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

I have recorded [fill1: ALIAS of Sample Child]'s sex as [fill2: Sex of Sample Child]. Is this correct?  

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

1  Yes  
2  No

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

**SkipInstructions:**  
<1> goto CSPVERF_A  
<2> goto NEWSEX

---

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

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

Is [fill: ALIAS of Sample Child] Male or Female?

1  Male  
2  Female

**UniverseText:**  
Respondent said child's sex is not correct.

**SkipInstructions:**  
<1,2> store NEWSEX in SEX  
goto ERR_NEWSEX  
reset CSPVERF_S  
goto CSPVERF_S

---

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

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

I have recorded [fill1: ALIAS of Sample Child]'s age as [fill2: Age of Sample Child] old. Is this correct?  

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

1  Yes  
2  No

**UniverseText:**  
Respondent verified child's sex

**SkipInstructions:**  
<1> goto CSPVERF_D  
<2> goto NEWAGE
How old is [fill1: ALIAS of Sample Child]?

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

000-120 Age in years

Respondent said child's age is not correct

SkipInstructions:

<0-120, Refused, Don't know>
if NEWAGE = 'Refused' or NEWAGE = 'Don't know' or NEWAGE = AGE
reset CSPVERF_A
goto ERR__NEWAGE
else
store NEWAGE in AGE
goto NEWDOB__M

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

I have recorded [fill1: ALIAS of Sample Child]'s birthday as [fill2: Birthday of Sample Child]. Is this correct?

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

1 Yes
2 No

Respondent verified child's sex

SkipInstructions:

<1> if AGE of Sample Child ge '18'
goto CNO__MORE
else
goto child.chs.BWGT__LB
endif
<2> goto NEWDOB__M
What is [fill: ALIAS of Sample Child]'s birthday?

*Enter month of birth.

1  January
10  October
11  November
12  December
2  February
3  March
4  April
5  May
6  June
7  July
8  August
9  September

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

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

* Enter day of birth.

01-31  Day of the month

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

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

If days not valid, goto ERR_NEWDOB_D
* Enter year of birth.

1880-2020 Year of birth

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

**SkipInstructions:**

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

(if year GT current year) or (if year = current year and month GT current month) or (if year = current year and month = current month and day GT current day)
goto ERR1_NEWDOB_Y
endif

(if birth month = '02' and birth day = '29' and this is not a leap year)
goto ERR2_NEWDOB_Y
endif

(if NEWDOB_M = 'Ref' or 'DK') or (if NEWDOB_D = 'Ref' or 'DK') or (if NEWDOB_Y = 'Ref' or 'DK')
goto ERR3_NEWDOB_Y
else
    store NEWDOB_M in DOBM
    store NEWDOB_D in DOBD
    store NEWDOB_Y in DOBY
    if CSPVERF_A = '2' (No) then reset CSPVERF_A to empty
goto CSPVERF_A
elseif CSPVERF_D = '2' (No) then reset CSPVERF_D to empty
goto CSPVERF_D
endif
endif

Calculate age from NEWDOB_M, NEWDOB_D, and NEWDOB_Y.

if age from NEWDOB items is not AGE and age from NEWDOB items is valid
    reset CSPVERF_A or CSPVERF_D
    goto ERR4_NEWDOB_Y
endif
```
Now I am going to ask you about some health services [fill: S.C. name] may have used. First I will ask you about some specific services for which [fill: he/she] would have seen a practitioner. Then I will ask you about some other health practices [fill: he/she] may have done on [fill: his/her] own.

DURING THE PAST 12 MONTHS, did [fill: S.C. name] see a provider or practitioner for any of the following therapies? Please say yes or no to each.

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

1 Yes
2 No
7 Refused
9 Don't know

DURING THE PAST 12 MONTHS, did [fill: S.C. name] see a provider or practitioner for any of the following therapies?

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

1 Yes
2 No
7 Refused
9 Don't know
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CAL.030_00.000</th>
<th>Instrument Variable Name:</th>
<th>CBI_USEM</th>
<th>QuestionnaireFileName:</th>
<th>Child CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td><em>(book) CAL1  ?[F1]</em></td>
<td><em>Read if necessary.</em></td>
<td></td>
<td>DURING THE PAST 12 MONTHS, did [fill: S.C. name] see a provider or practitioner for any of the following therapies?</td>
<td></td>
</tr>
<tr>
<td>...Biofeedback?</td>
<td>1 Yes</td>
<td>2 No</td>
<td>7 Refused</td>
<td>9 Don't know</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample children &lt;18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; [goto CCH_USEM]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CAL.040_00.000</th>
<th>Instrument Variable Name:</th>
<th>CCH_USEM</th>
<th>QuestionnaireFileName:</th>
<th>Child CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td><em>(book) CAL1  ?[F1]</em></td>
<td><em>Read if necessary.</em></td>
<td></td>
<td>DURING THE PAST 12 MONTHS, did [fill: S.C. name] see a provider or practitioner for any of the following therapies?</td>
<td></td>
</tr>
<tr>
<td>...Chelation (key-LAY-shun) Therapy?</td>
<td>1 Yes</td>
<td>2 No</td>
<td>7 Refused</td>
<td>9 Don't know</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample children &lt;18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; [goto CCO_USEM]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Question ID: CAL.050_00.000  Instrument Variable Name: CCO_USEM  QuestionnaireFileName: Child CAM

QuestionText:  (book) CAL1  ?[F1]

*Read if necessary.

DURING THE PAST 12 MONTHS, did [fill: S.C. name] see a provider or practitioner for any of the following therapies?

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText:  Sample children <18

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

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

QuestionText:  (book) CAL1  ?[F1]

*Read if necessary.

DURING THE PAST 12 MONTHS, did [fill: S.C. name] see a provider or practitioner for any of the following therapies?

...Energy Healing Therapy?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText:  Sample children <18

SkipInstructions:  <1,2,R,D> [goto CHY_USEM]
**CAL.070_00.000**

**Instrument Variable Name:** CHY_USEM

**QuestionnaireFileName:** Child CAM

**QuestionText:**

(book) CAL1 ?[F1]

*Read if necessary.

DURING THE PAST 12 MONTHS, did [fill: S.C. name] see a provider or practitioner for any of the following therapies?

...Hypnosis?

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

**UniverseText:** Sample children <18

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

---

**CAL.080_00.000**

**Instrument Variable Name:** CMS_USEM

**QuestionnaireFileName:** Child CAM

**QuestionText:**

(book) CAL1 ?[F1]

*Read if necessary.

DURING THE PAST 12 MONTHS, did [fill: S.C. name] see a provider or practitioner for any of the following therapies?

...Massage?

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [goto CNT_USEM]
DURING THE PAST 12 MONTHS, did [fill: S.C. name] see a provider or practitioner for any of the following therapies?

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

1 Yes
2 No
7 Refused
9 Don't know

Sample children <18

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

<1,2,R,D> if CAC_USEM = 1 [goto CAC_TRET];
else if CAY_USEM = 1 [goto CAY_TRET];
else if CBI_USEM = 1 [goto CBI_TRET];
else if CCH_USEM = 1 [goto CCH_TRET];
else if CCO_USEM = 1 [goto CCO_TRET];
else if CEH_USEM = 1 [goto CEH_TRET];
else if CHY_USEM = 1 [goto CHY_TRET];
else if CMS_USEM = 1 [goto CMS_TRET];
else if CNT_USEM = 1 [goto CNT_TRET];
else [goto TRD]
During the past 12 months, for what health problems or conditions did [fill: S.C. name] use acupuncture?

*Enter all that apply, separate with commas.

01 Abdominal pain
02 Acid reflux or heartburn
03 Allergies other than hay fever, respiratory allergies, food or digestive allergies, or skin allergies
04 Anemia
05 Anxiety or stress
06 Arthritis
07 Asthma
08 Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD)
09 Autism
10 Back or neck pain
11 Cancer
12 Cerebral palsy
13 Chickenpox
14 Congenital heart disease
15 Cystic fibrosis
16 Depression
17 Diabetes
18 Down syndrome
19 Eczema or skin allergy
20 Fatigue or lack of energy
21 Fever
22 Food or digestive allergy
23 Frequent or repeated diarrhea or colitis
24 Migraine headaches
25 Gum disease
26 Hay fever
27 Head or chest cold
28 Hearing problem
29 Incontinence, including bed wetting
30 Influenza or pneumonia
31 Insomnia or trouble sleeping
32 Lung or breathing problem, other than asthma
33 Mental Retardation
34 Menstrual problems
35 Muscular dystrophy
36 Nausea and/or vomiting
37 Neurological problems
38 Other chronic pain
39 Other developmental delay
40 Other heart condition
41 Phobia or fears
42 Problems with being overweight
43 Non-migraine headaches
44 Recurring constipation
45 Respiratory allergy
Seizures
Severe acne
Sickle cell anemia
Sinusitis
Skin problems other than eczema, acne, or warts
Sore throat other than strep or tonsillitis
Strep throat or tonsillitis
Stuttering or stammering
Three or more ear infections
Urinary problems, including urinary tract infection
Vision problem
Warts
Other specify
Refused
Don't know

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

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

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

Refused
Don't know

Verbatim response

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

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

DURING THE PAST 12 MONTHS, did [fill: S.C. name] use ayurveda for a specific health problem or condition?

Yes
No
Refused
Don't know

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

<1> [goto CAY_COND] <2,R,D> cycle through modalities, if CBI_USEM = 1 [goto CBI_TRET];
else [goto next selected modality.] If no more modalities selected [goto TRD]
DURING THE PAST 12 MONTHS, for what health problems or conditions did [fill: S.C. name] use ayurveda?

*Enter all that apply, separate with commas.

01 Abdominal pain
02 Acid reflux or heartburn
03 Allergies other than hay fever, respiratory allergies, food or digestive allergies, or skin allergies
04 Anemia
05 Anxiety or stress
06 Arthritis
07 Asthma
08 Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD)
09 Autism
10 Back or neck pain
11 Cancer
12 Cerebral palsy
13 Chickenpox
14 Congenital heart disease
15 Cystic fibrosis
16 Depression
17 Diabetes
18 Down syndrome
19 Eczema or skin allergy
20 Fatigue or lack of energy
21 Fever
22 Food or digestive allergy
23 Frequent or repeated diarrhea or colitis
24 Migraine headaches
25 Gum disease
26 Hay fever
27 Head or chest cold
28 Hearing problem
29 Incontinence, including bed wetting
30 Influenza or pneumonia
31 Insomnia or trouble sleeping
32 Lung or breathing problem, other than asthma
33 Mental Retardation
34 Menstrual problems
35 Muscular dystrophy
36 Nausea and/or vomiting
37 Neurological problems
38 Other chronic pain
39 Other developmental delay
40 Other heart condition
41 Phobia or fears
42 Problems with being overweight
43 Non-migraine headaches
44 Recurring constipation
45 Respiratory allergy
Seizures
Severe acne
Sickle cell anemia
Sinusitis
Skin problems other than eczema, acne, or warts
Sore throat other than strep or tonsillitis
Strep throat or tonsillitis
Stuttering or stammering
Three or more ear infections
Urinary problems, including urinary tract infection
Sinusitis
Skin problems other than eczema, acne, or warts
Sore throat other than strep or tonsillitis
Strep throat or tonsillitis
Stuttering or stammering
Three or more ear infections
Urinary problems, including urinary tract infection
Vision problem
Warts
Other specify
Refused
Don't know

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

QuestionText: *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

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] use biofeedback for a specific health problem or condition?

Yes
No
Refused
Don't know

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] use biofeedback for a specific health problem or condition?

Yes
No
Refused
Don't know

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] use biofeedback for a specific health problem or condition?

Yes
No
Refused
Don't know

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] use biofeedback for a specific health problem or condition?

Yes
No
Refused
Don't know

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] use biofeedback for a specific health problem or condition?

Yes
No
Refused
Don't know

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] use biofeedback for a specific health problem or condition?

Yes
No
Refused
Don't know

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] use biofeedback for a specific health problem or condition?

Yes
No
Refused
Don't know

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] use biofeedback for a specific health problem or condition?

Yes
No
Refused
Don't know

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] use biofeedback for a specific health problem or condition?

Yes
No
Refused
Don't know

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] use biofeedback for a specific health problem or condition?

Yes
No
Refused
Don't know

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] use biofeedback for a specific health problem or condition?

Yes
No
Refused
Don't know

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] use biofeedback for a specific health problem or condition?

Yes
No
Refused
Don't know

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] use biofeedback for a specific health problem or condition?

Yes
No
Refused
Don't know

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] use biofeedback for a specific health problem or condition?

Yes
No
Refused
Don't know

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] use biofeedback for a specific health problem or condition?

Yes
No
Refused
Don't know

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] use biofeedback for a specific health problem or condition?

Yes
No
Refused
Don't know

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] use biofeedback for a specific health problem or condition?

Yes
No
Refused
Don't know

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] use biofeedback for a specific health problem or condition?

Yes
No
Refused
Don't know

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] use biofeedback for a specific health problem or condition?

Yes
No
Refused
Don't know

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] use biofeedback for a specific health problem or condition?

Yes
No
Refused
Don't know

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] use biofeedback for a specific health problem or condition?

Yes
No
Refused
Don't know

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] use biofeedback for a specific health problem or condition?

Yes
No
Refused
Don't know

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] use biofeedback for a specific health problem or condition?

Yes
No
Refused
Don't know

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] use biofeedback for a specific health problem or condition?

Yes
No
Refused
Don't know

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] use biofeedback for a specific health problem or condition?

Yes
No
Refused
Don't know

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] use biofeedback for a specific health problem or condition?

Yes
No
Refused
Don't know

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] use biofeedback for a specific health problem or condition?

Yes
No
Refused
Don't know
DURING THE PAST 12 MONTHS, for what health problems or conditions did [fill: S.C. name] use biofeedback?

*Enter all that apply, separate with commas.

01 Abdominal pain
02 Acid reflux or heartburn
03 Allergies other than hay fever, respiratory allergies, food or digestive allergies, or skin allergies
04 Anemia
05 Anxiety or stress
06 Arthritis
07 Asthma
08 Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD)
09 Autism
10 Back or neck pain
11 Cancer
12 Cerebral palsy
13 Chickenpox
14 Congenital heart disease
15 Cystic fibrosis
16 Depression
17 Diabetes
18 Down syndrome
19 Eczema or skin allergy
20 Fatigue or lack of energy
21 Fever
22 Food or digestive allergy
23 Frequent or repeated diarrhea or colitis
24 Migraine headaches
25 Gum disease
26 Hay fever
27 Head or chest cold
28 Hearing problem
29 Incontinence, including bed wetting
30 Influenza or pneumonia
31 Insomnia or trouble sleeping
32 Lung or breathing problem, other than asthma
33 Mental Retardation
34 Menstrual problems
35 Muscular dystrophy
36 Nausea and/or vomiting
37 Neurological problems
38 Other chronic pain
39 Other developmental delay
40 Other heart condition
41 Phobia or fear
42 Problems with being overweight
43 Non-migraine headaches
44 Recurring constipation
45 Respiratory allergy
46  Seizures  
47  Severe acne  
48  Sickle cell anemia  
49  Sinusitis  
50  Skin problems other than eczema, acne, or warts  
51  Sore throat other than strep or tonsillitis  
52  Strep throat or tonsillitis  
53  Stuttering or stammering  
54  Three or more ear infections  
55  Urinary problems, including urinary tract infection  
56  Vision problem  
57  Warts  
58  Other specify  
97  Refused  
99  Don't know  

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

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

---

QuestionText:  *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 children <18 who used biofeedback for other problem or condition

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

---

QuestionText:  DURING THE PAST 12 MONTHS, did [fill: S.C. name] use chelation therapy for a specific health problem or condition?

1  Yes  
2  No  
7  Refused  
9  Don't know  

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

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

DURING THE PAST 12 MONTHS, for what health problems or conditions did [fill: S.C. name] use chelation therapy?

*Enter all that apply, separate with commas.

01 Abdominal pain
02 Acid reflux or heartburn
03 Allergies other than hay fever, respiratory allergies, food or digestive allergies, or skin allergies
04 Anemia
05 Anxiety or stress
06 Arthritis
07 Asthma
08 Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD)
09 Autism
10 Back or neck pain
11 Cancer
12 Cerebral palsy
13 Chickenpox
14 Congenital heart disease
15 Cystic fibrosis
16 Depression
17 Diabetes
18 Down syndrome
19 Eczema or skin allergy
20 Fatigue or lack of energy
21 Fever
22 Food or digestive allergy
23 Frequent or repeated diarrhea or colitis
24 Migraine headaches
25 Gum disease
26 Hay fever
27 Head or chest cold
28 Hearing problem
29 Incontinence, including bed wetting
30 Influenza or pneumonia
31 Insomnia or trouble sleeping
32 Lung or breathing problem, other than asthma
33 Mental Retardation
34 Menstrual problems
35 Muscular dystrophy
36 Nausea and/or vomiting
37 Neurological problems
38 Other chronic pain
39 Other developmental delay
40 Other heart condition
41 Phobia or fears
42 Problems with being overweight
43 Non-migraine headaches
44 Recurring constipation
45 Respiratory allergy
Seizures
Severe acne
Sickle cell anemia
Sinusitis
Skin problems other than eczema, acne, or warts
Sore throat other than strep or tonsillitis
Strep throat or tonsillitis
Stuttering or stammering
Three or more ear infections
Urinary problems, including urinary tract infection
Vision problem
Warts
Other specify
Refused
Don't know

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

_CYCLE through modalities, if CCO_USEM = 1 [goto CCO_TRET]; else [goto next selected modality.] If no more modalities selected [goto TRD]

*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

Sample children <18 who used chiropractic or osteopathic manipulation for a specific health problem or condition

_CYCLE through modalities, if CEH_USEM = 1 [goto CEH_TRET]; else [goto next selected modality.] If no more modalities selected [goto TRD]

DURING THE PAST 12 MONTHS, did [fill: S.C. name] use chiropractic or osteopathic manipulation for a specific health problem or condition?

1 Yes
2 No
7 Refused
9 Don't know

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

_CYCLE through modalities, if CEH_USEM = 1 [goto CEH_TRET]; else [goto next selected modality.] If no more modalities selected [goto TRD]
DURING THE PAST 12 MONTHS, for what health problems or conditions did [fill: S.C. name] use chiropractic or osteopathic manipulation?

*Enter all that apply, separate with commas.

01 Abdominal pain
02 Acid reflux or heartburn
03 Allergies other than hay fever, respiratory allergies, food or digestive allergies, or skin allergies
04 Anemia
05 Anxiety or stress
06 Arthritis
07 Asthma
08 Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD)
09 Autism
10 Back or neck pain
11 Cancer
12 Cerebral palsy
13 Chickenpox
14 Congenital heart disease
15 Cystic fibrosis
16 Depression
17 Diabetes
18 Down syndrome
19 Eczema or skin allergy
20 Fatigue or lack of energy
21 Fever
22 Food or digestive allergy
23 Frequent or repeated diarrhea or colitis
24 Migraine headaches
25 Gum disease
26 Hay fever
27 Head or chest cold
28 Hearing problem
29 Incontinence, including bed wetting
30 Influenza or pneumonia
31 Insomnia or trouble sleeping
32 Lung or breathing problem, other than asthma
33 Mental Retardation
34 Menstrual problems
35 Muscular dystrophy
36 Nausea and/or vomiting
37 Neurological problems
38 Other chronic pain
39 Other developmental delay
40 Other heart condition
41 Phobia or fears
42 Problems with being overweight
43 Non-migraine headaches
44 Recurring constipation
**2007 NHIS Questionnaire - Child CAM**  
**Child Alternative Health/Complementary And Alternative Medicine**  
**Document Version Date:** 28-May-08

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>Respiratory allergy</td>
</tr>
<tr>
<td>46</td>
<td>Seizures</td>
</tr>
<tr>
<td>47</td>
<td>Severe acne</td>
</tr>
<tr>
<td>48</td>
<td>Sickle cell anemia</td>
</tr>
<tr>
<td>49</td>
<td>Sinusitis</td>
</tr>
<tr>
<td>50</td>
<td>Skin problems other than eczema, acne, or warts</td>
</tr>
<tr>
<td>51</td>
<td>Sore throat other than strep or tonsillitis</td>
</tr>
<tr>
<td>52</td>
<td>Strep throat or tonsillitis</td>
</tr>
<tr>
<td>53</td>
<td>Stuttering or stammering</td>
</tr>
<tr>
<td>54</td>
<td>Three or more ear infections</td>
</tr>
<tr>
<td>55</td>
<td>Urinary problems, including urinary tract infection</td>
</tr>
<tr>
<td>56</td>
<td>Vision problem</td>
</tr>
<tr>
<td>57</td>
<td>Warts</td>
</tr>
<tr>
<td>58</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 children <18 who used chiropractic or osteopathic manipulation for a problem or condition

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

---

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

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

**Verbatim**  
Verbatim response

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

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

---

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

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

**SkipInstructions:**  
<1> [goto CEH_COND] <2,R,D> cycle through modalities, if CHY_USEM = 1 [goto CHY_TRET]; else [goto next selected modality.] If no more modalities selected [goto TRD]
DURING THE PAST 12 MONTHS, for what health problems or conditions did [fill: S.C. name] use energy healing therapy?

*Enter all that apply, separate with commas.

01 Abdominal pain
02 Acid reflux or heartburn
03 Allergies other than hay fever, respiratory allergies, food or digestive allergies, or skin allergies
04 Anemia
05 Anxiety or stress
06 Arthritis
07 Asthma
08 Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD)
09 Autism
10 Back or neck pain
11 Cancer
12 Cerebral palsy
13 Chickenpox
14 Congenital heart disease
15 Cystic fibrosis
16 Depression
17 Diabetes
18 Down syndrome
19 Eczema or skin allergy
20 Fatigue or lack of energy
21 Fever
22 Food or digestive allergy
23 Frequent or repeated diarrhea or colitis
24 Migraine headaches
25 Gum disease
26 Hay fever
27 Head or chest cold
28 Hearing problem
29 Incontinence, including bed wetting
30 Influenza or pneumonia
31 Insomnia or trouble sleeping
32 Lung or breathing problem, other than asthma
33 Mental Retardation
34 Menstrual problems
35 Muscular dystrophy
36 Nausea and/or vomiting
37 Neurological problems
38 Other chronic pain
39 Other developmental delay
40 Other heart condition
41 Phobia or fears
42 Problems with being overweight
43 Non-migraine headaches
44 Recurring constipation
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CAL.156_00.000</th>
<th>Instrument Variable Name:</th>
<th>CEH_SPEC</th>
<th>QuestionnaireFileName:</th>
<th>Child 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>97</td>
<td>Refused</td>
<td>99</td>
<td>Don't know</td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample children &lt;18 who used energy healing therapy for a problem or condition</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1-57,R,D&gt; Cycle through modalities, if CHY_USEM = 1 [goto CHY_TRET]; else [goto next selected modality.] If no more modalities selected [goto TRD] &lt;58&gt; [goto CEH_SPEC]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CAL.160_00.000</th>
<th>Instrument Variable Name:</th>
<th>CHY_TRET</th>
<th>QuestionnaireFileName:</th>
<th>Child CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>DURING THE PAST 12 MONTHS, did [fill: S.C. name] use hypnosis for a specific health problem or condition?</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample children &lt;18 who have seen a provider or practitioner for hypnosis in the past 12 months</td>
<td>7</td>
<td>Refused</td>
<td>9</td>
<td>Don't know</td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1&gt; [goto CHY_COND] &lt;2,R,D&gt; cycle through modalities, if CMS_USEM = 1 [goto CMS_TRET]; else [goto next selected modality.] If no more modalities selected [goto TRD]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DURING THE PAST 12 MONTHS, for what health problems or conditions did [fill: S.C. name] use hypnosis?

*Enter all that apply, separate with commas.

01 Abdominal pain
02 Acid reflux or heartburn
03 Allergies other than hay fever, respiratory allergies, food or digestive allergies, or skin allergies
04 Anemia
05 Anxiety or stress
06 Arthritis
07 Asthma
08 Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD)
09 Autism
10 Back or neck pain
11 Cancer
12 Cerebral palsy
13 Chickenpox
14 Congenital heart disease
15 Cystic fibrosis
16 Depression
17 Diabetes
18 Down syndrome
19 Eczema or skin allergy
20 Fatigue or lack of energy
21 Fever
22 Food or digestive allergy
23 Frequent or repeated diarrhea or colitis
24 Migraine headaches
25 Gum disease
26 Hay fever
27 Head or chest cold
28 Hearing problem
29 Incontinence, including bed wetting
30 Influenza or pneumonia
31 Insomnia or trouble sleeping
32 Lung or breathing problem, other than asthma
33 Mental Retardation
34 Menstrual problems
35 Muscular dystrophy
36 Nausea and/or vomiting
37 Neurological problems
38 Other chronic pain
39 Other developmental delay
40 Other heart condition
41 Phobia or fears
42 Problems with being overweight
43 Non-migraine headaches
44 Recurring constipation
45 Respiratory allergy
**2007 NHIS Questionnaire - Child CAM**

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

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

| Page 19 of 64 |

| 46 | Seizures |
| 47 | Severe acne |
| 48 | Sickle cell anemia |
| 49 | Sinusitis |
| 50 | Skin problems other than eczema, acne, or warts |
| 51 | Sore throat other than strep or tonsillitis |
| 52 | Strep throat or tonsillitis |
| 53 | Stuttering or stammering |
| 54 | Three or more ear infections |
| 55 | Urinary problems, including urinary tract infection |
| 56 | Vision problem |
| 57 | Warts |
| 58 | Other specify |
| 97 | Refused |
| 99 | Don't know |

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

**SkipInstructions:**

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

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

**QuestionText:** *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 |

**Verbatim Response**

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

**SkipInstructions:**

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

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

**QuestionText:** DURING THE PAST 12 MONTHS, did [fill: S.C. name] use massage for a specific health problem or condition?

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

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

**SkipInstructions:**

| <1> | [goto CMS_COND] <2,R,D> cycle through modalities, if CNT_USEM = 1 [goto CNT_TRET]; else [goto next selected modality.] If no more modalities selected [goto TRD] |
DURING THE PAST 12 MONTHS, for what health problems or conditions did [fill: S.C. name] use massage?

*Enter all that apply, separate with commas.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Abdominal pain</td>
</tr>
<tr>
<td>02</td>
<td>Acid reflux or heartburn</td>
</tr>
<tr>
<td>03</td>
<td>Allergies other than hay fever, respiratory allergies, food or digestive allergies, or skin allergies</td>
</tr>
<tr>
<td>04</td>
<td>Anemia</td>
</tr>
<tr>
<td>05</td>
<td>Anxiety or stress</td>
</tr>
<tr>
<td>06</td>
<td>Arthritis</td>
</tr>
<tr>
<td>07</td>
<td>Asthma</td>
</tr>
<tr>
<td>08</td>
<td>Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD)</td>
</tr>
<tr>
<td>09</td>
<td>Autism</td>
</tr>
<tr>
<td>10</td>
<td>Back or neck pain</td>
</tr>
<tr>
<td>11</td>
<td>Cancer</td>
</tr>
<tr>
<td>12</td>
<td>Cerebral palsy</td>
</tr>
<tr>
<td>13</td>
<td>Chickenpox</td>
</tr>
<tr>
<td>14</td>
<td>Congenital heart disease</td>
</tr>
<tr>
<td>15</td>
<td>Cystic fibrosis</td>
</tr>
<tr>
<td>16</td>
<td>Depression</td>
</tr>
<tr>
<td>17</td>
<td>Diabetes</td>
</tr>
<tr>
<td>18</td>
<td>Down syndrome</td>
</tr>
<tr>
<td>19</td>
<td>Eczema or skin allergy</td>
</tr>
<tr>
<td>20</td>
<td>Fatigue or lack of energy</td>
</tr>
<tr>
<td>21</td>
<td>Fever</td>
</tr>
<tr>
<td>22</td>
<td>Food or digestive allergy</td>
</tr>
<tr>
<td>23</td>
<td>Frequent or repeated diarrhea or colitis</td>
</tr>
<tr>
<td>24</td>
<td>Migraine headaches</td>
</tr>
<tr>
<td>25</td>
<td>Gum disease</td>
</tr>
<tr>
<td>26</td>
<td>Hay fever</td>
</tr>
<tr>
<td>27</td>
<td>Head or chest cold</td>
</tr>
<tr>
<td>28</td>
<td>Hearing problem</td>
</tr>
<tr>
<td>29</td>
<td>Incontinence, including bed wetting</td>
</tr>
<tr>
<td>30</td>
<td>Influenza or pneumonia</td>
</tr>
<tr>
<td>31</td>
<td>Insomnia or trouble sleeping</td>
</tr>
<tr>
<td>32</td>
<td>Lung or breathing problem, other than asthma</td>
</tr>
<tr>
<td>33</td>
<td>Mental Retardation</td>
</tr>
<tr>
<td>34</td>
<td>Menstrual problems</td>
</tr>
<tr>
<td>35</td>
<td>Muscular dystrophy</td>
</tr>
<tr>
<td>36</td>
<td>Nausea and/or vomiting</td>
</tr>
<tr>
<td>37</td>
<td>Neurological problems</td>
</tr>
<tr>
<td>38</td>
<td>Other chronic pain</td>
</tr>
<tr>
<td>39</td>
<td>Other developmental delay</td>
</tr>
<tr>
<td>40</td>
<td>Other heart condition</td>
</tr>
<tr>
<td>41</td>
<td>Phobia or fears</td>
</tr>
<tr>
<td>42</td>
<td>Problems with being overweight</td>
</tr>
<tr>
<td>43</td>
<td>Non-migraine headaches</td>
</tr>
<tr>
<td>44</td>
<td>Recurring constipation</td>
</tr>
<tr>
<td>45</td>
<td>Respiratory allergy</td>
</tr>
</tbody>
</table>
2007 NHIS Questionnaire - Child CAM
Child Alternative Health/Complementary And Alternative Medicine
Document Version Date: 28-May-08

46  Seizures
47  Severe acne
48  Sickle cell anemia
49  Sinusitis
50  Skin problems other than eczema, acne, or warts
51  Sore throat other than strep or tonsillitis
52  Strep throat or tonsillitis
53  Stuttering or stammering
54  Three or more ear infections
55  Urinary problems, including urinary tract infection
56  Vision problem
57  Warts
58  Other specify
97  Refused
99  Don't know

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

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

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

QuestionText: *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

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

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

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] use naturopathy for a specific health problem or condition?

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1> [goto CNT_COND] <2,R,D> [goto TRD]
**Question ID:** CAL.185_00.000  
**Instrument Variable Name:** CNT_COND  
**QuestionnaireFileName:** Child CAM  

**QuestionText:**

> DURING THE PAST 12 MONTHS, for what health problems or conditions did [fill: S.C. name] use naturopathy?  

*Enter all that apply, separate with commas.*

<table>
<thead>
<tr>
<th>No.</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Abdominal pain</td>
</tr>
<tr>
<td>02</td>
<td>Acid reflux or heartburn</td>
</tr>
<tr>
<td>03</td>
<td>Allergies other than hay fever, respiratory allergies, food or digestive allergies, or skin allergies</td>
</tr>
<tr>
<td>04</td>
<td>Anemia</td>
</tr>
<tr>
<td>05</td>
<td>Anxiety or stress</td>
</tr>
<tr>
<td>06</td>
<td>Arthritis</td>
</tr>
<tr>
<td>07</td>
<td>Asthma</td>
</tr>
<tr>
<td>08</td>
<td>Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD)</td>
</tr>
<tr>
<td>09</td>
<td>Autism</td>
</tr>
<tr>
<td>10</td>
<td>Back or neck pain</td>
</tr>
<tr>
<td>11</td>
<td>Cancer</td>
</tr>
<tr>
<td>12</td>
<td>Cerebral palsy</td>
</tr>
<tr>
<td>13</td>
<td>Chickenpox</td>
</tr>
<tr>
<td>14</td>
<td>Congenital heart disease</td>
</tr>
<tr>
<td>15</td>
<td>Cystic fibrosis</td>
</tr>
<tr>
<td>16</td>
<td>Depression</td>
</tr>
<tr>
<td>17</td>
<td>Diabetes</td>
</tr>
<tr>
<td>18</td>
<td>Down syndrome</td>
</tr>
<tr>
<td>19</td>
<td>Eczema or skin allergy</td>
</tr>
<tr>
<td>20</td>
<td>Fatigue or lack of energy</td>
</tr>
<tr>
<td>21</td>
<td>Fever</td>
</tr>
<tr>
<td>22</td>
<td>Food or digestive allergy</td>
</tr>
<tr>
<td>23</td>
<td>Frequent or repeated diarrhea or colitis</td>
</tr>
<tr>
<td>24</td>
<td>Migraine headaches</td>
</tr>
<tr>
<td>25</td>
<td>Gum disease</td>
</tr>
<tr>
<td>26</td>
<td>Hay fever</td>
</tr>
<tr>
<td>27</td>
<td>Head or chest cold</td>
</tr>
<tr>
<td>28</td>
<td>Hearing problem</td>
</tr>
<tr>
<td>29</td>
<td>Incontinence, including bed wetting</td>
</tr>
<tr>
<td>30</td>
<td>Influenza or pneumonia</td>
</tr>
<tr>
<td>31</td>
<td>Insomnia or trouble sleeping</td>
</tr>
<tr>
<td>32</td>
<td>Lung or breathing problem, other than asthma</td>
</tr>
<tr>
<td>33</td>
<td>Mental Retardation</td>
</tr>
<tr>
<td>34</td>
<td>Menstrual problems</td>
</tr>
<tr>
<td>35</td>
<td>Muscular dystrophy</td>
</tr>
<tr>
<td>36</td>
<td>Nausea and/or vomiting</td>
</tr>
<tr>
<td>37</td>
<td>Neurological problems</td>
</tr>
<tr>
<td>38</td>
<td>Other chronic pain</td>
</tr>
<tr>
<td>39</td>
<td>Other developmental delay</td>
</tr>
<tr>
<td>40</td>
<td>Other heart condition</td>
</tr>
<tr>
<td>41</td>
<td>Phobia or fear</td>
</tr>
<tr>
<td>42</td>
<td>Problems with being overweight</td>
</tr>
<tr>
<td>43</td>
<td>Non-migraine headaches</td>
</tr>
<tr>
<td>44</td>
<td>Recurring constipation</td>
</tr>
<tr>
<td>45</td>
<td>Respiratory allergy</td>
</tr>
</tbody>
</table>
Seizures
Severe acne
Sickle cell anemia
Sinusitis
Skin problems other than eczema, acne, or warts
Sore throat other than strep or tonsillitis
Strep throat or tonsillitis
Stuttering or stammering
Three or more ear infections
Urinary problems, including urinary tract infection
Vision problem
Warts
Other specify
Refused
Don't know

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

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

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

*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
Verbatim response

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

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

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

(book) CAL2  ?[F1]

DURING THE PAST 12 MONTHS, did [fill: S.C name] see any of the following practitioners for health reasons?

None
Curandero
Espirista
Hierbero or Yerbera
Shaman
Botanica
Native American Healer/Medicine man
Sobador
Refused
Don't know

Sample children <18

SkipInstructions: <1-7> [goto CTR_TRET]; <0,R,D> [goto MOV_FELD]
DURING THE PAST 12 MONTHS, did [fill1: S.C. name] see [fill2: a Curandero (kuhr-ran-DEH-roh)/an Espiritista (esp-ee-ree-TEE-sta)/a Hierbero (yair-BAIR-roe) or Yerbera (yehr-BEH-ra)/a Shaman (SHAH-man)/a Botanica (boh-TAN-ik-ah)/a Native American Healer/Medicine Man/a Sobador (soh-bah-DOOR)] for a specific health problem or condition?

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

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

<1> [goto CTR_COND] <2,R,D> [goto MOV_FELD]
DURING THE PAST 12 MONTHS, for what health problems or conditions did [fill1: S.C. name] see [fill2: a Curandero/an Espiritista/a Hierbero/a Shaman/a Botanica/a Native American Healer/Medicine Man/a Sobador]? *Enter all that apply, separate with commas.

01 Abdominal pain
02 Acid reflux or heartburn
03 Allergies other than hay fever, respiratory allergies, food or digestive allergies, or skin allergies
04 Anemia
05 Anxiety or stress
06 Arthritis
07 Asthma
08 Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD)
09 Autism
10 Back or neck pain
11 Cancer
12 Cerebral palsy
13 Chickenpox
14 Congenital heart disease
15 Cystic fibrosis
16 Depression
17 Diabetes
18 Down syndrome
19 Eczema or skin allergy
20 Fatigue or lack of energy
21 Fever
22 Food or digestive allergy
23 Frequent or repeated diarrhea or colitis
24 Migraine headaches
25 Gum disease
26 Hay fever
27 Head or chest cold
28 Hearing problem
29 Incontinence, including bed wetting
30 Influenza or pneumonia
31 Insomnia or trouble sleeping
32 Lung or breathing problem, other than asthma
33 Mental Retardation
34 Menstrual problems
35 Muscular dystrophy
36 Nausea and/or vomiting
37 Neurological problems
38 Other chronic pain
39 Other developmental delay
40 Other heart condition
41 Phobia or fears
42 Problems with being overweight
43 Non-migraine headaches
**2007 NHIS Questionnaire - Child CAM**

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

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

---

44  Recurring constipation  
45  Respiratory allergy  
46  Seizures  
47  Severe acne  
48  Sickle cell anemia  
49  Sinusitis  
50  Skin problems other than eczema, acne, or warts  
51  Sore throat other than strep or tonsillitis  
52  Strep throat or tonsillitis  
53  Stuttering or stammering  
54  Three or more ear infections  
55  Urinary problems, including urinary tract infection  
56  Vision problem  
57  Warts  
58  Other specify  
97  Refused  
99  Don't know

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

**SkipInstructions:**  <1-57,R,D> [goto MOV_FELD]  
<58> [goto CTR_SPEC]

---

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

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

97  Refused  
99  Don't know

**Verbatim**  Verbatim response

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

**SkipInstructions:**  <allow 75,R,D> [goto MOV_FELD]

---

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

**QuestionText:**  ?[F1]

DURING THE PAST 12 MONTHS, did [fill: S.C. name] see a practitioner or teacher for any of the following movement techniques? Please say yes or no to each.

...Feldenkreis (FELL-den-krice)?

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:**  Sample children <18

**SkipInstructions:**  <1,2,R,D> [goto MOV_ALEX]
**Question ID:** CAL.210_00.000  **Instrument Variable Name:** MOV_ALEX  **QuestionnaireFileName:** Child CAM

**QuestionText:**

*Read if necessary.

DURING THE PAST 12 MONTHS, did [fill: S.C. name] see a practitioner or teacher for any of the following movement techniques?

...Alexander Technique?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample children <18

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

---

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

**QuestionText:**

*Read if necessary.

DURING THE PAST 12 MONTHS, did [fill: S.C. name] see a practitioner or teacher for any of the following movement techniques?

...Pilates (pi-LAH-teez)?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [goto MOV_TRAG]
DURING THE PAST 12 MONTHS, did [fill: S.C. name] see a practitioner or teacher for any of the following movement techniques?

...Trager (TRAY-gur) Psychophysical Integration?

1 Yes
2 No
7 Refused
9 Don't know

Sample children <18

DURING THE PAST 12 MONTHS, did [fill1: S.C. name] use [fill2: Feldenkreis/Alexander Technique/Pilates/Trager Psychophysical Integration] for a specific health problem or condition?

1 Yes
2 No
7 Refused
9 Don't know

Sample children <18 who have used movement technique in the past 12 months
### Questionnaire Text:

**Question Text:**

DURING THE PAST 12 MONTHS, for what health problems or conditions did [fill: S.C name] use [fill2: Feldenkreis/Alexander Technique/Pilates/Trager Psychophysical Integration]?

*Enter all that apply, separate with commas.*

<table>
<thead>
<tr>
<th>Number</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Abdominal pain</td>
</tr>
<tr>
<td>02</td>
<td>Acid reflux or heartburn</td>
</tr>
<tr>
<td>03</td>
<td>Allergies other than hay fever, respiratory allergies, food or digestive allergies, or skin allergies</td>
</tr>
<tr>
<td>04</td>
<td>Anemia</td>
</tr>
<tr>
<td>05</td>
<td>Anxiety or stress</td>
</tr>
<tr>
<td>06</td>
<td>Arthritis</td>
</tr>
<tr>
<td>07</td>
<td>Asthma</td>
</tr>
<tr>
<td>08</td>
<td>Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD)</td>
</tr>
<tr>
<td>09</td>
<td>Autism</td>
</tr>
<tr>
<td>10</td>
<td>Back or neck pain</td>
</tr>
<tr>
<td>11</td>
<td>Cancer</td>
</tr>
<tr>
<td>12</td>
<td>Cerebral palsy</td>
</tr>
<tr>
<td>13</td>
<td>Chickenpox</td>
</tr>
<tr>
<td>14</td>
<td>Congenital heart disease</td>
</tr>
<tr>
<td>15</td>
<td>Cystic fibrosis</td>
</tr>
<tr>
<td>16</td>
<td>Depression</td>
</tr>
<tr>
<td>17</td>
<td>Diabetes</td>
</tr>
<tr>
<td>18</td>
<td>Down syndrome</td>
</tr>
<tr>
<td>19</td>
<td>Eczema or skin allergy</td>
</tr>
<tr>
<td>20</td>
<td>Fatigue or lack of energy</td>
</tr>
<tr>
<td>21</td>
<td>Fever</td>
</tr>
<tr>
<td>22</td>
<td>Food or digestive allergy</td>
</tr>
<tr>
<td>23</td>
<td>Frequent or repeated diarrhea or colitis</td>
</tr>
<tr>
<td>24</td>
<td>Migraine headaches</td>
</tr>
<tr>
<td>25</td>
<td>Gum disease</td>
</tr>
<tr>
<td>26</td>
<td>Hay fever</td>
</tr>
<tr>
<td>27</td>
<td>Head or chest cold</td>
</tr>
<tr>
<td>28</td>
<td>Hearing problem</td>
</tr>
<tr>
<td>29</td>
<td>Incontinence, including bed wetting</td>
</tr>
<tr>
<td>30</td>
<td>Influenza or pneumonia</td>
</tr>
<tr>
<td>31</td>
<td>Insomnia or trouble sleeping</td>
</tr>
<tr>
<td>32</td>
<td>Lung or breathing problem, other than asthma</td>
</tr>
<tr>
<td>33</td>
<td>Mental Retardation</td>
</tr>
<tr>
<td>34</td>
<td>Menstrual problems</td>
</tr>
<tr>
<td>35</td>
<td>Muscular dystrophy</td>
</tr>
<tr>
<td>36</td>
<td>Nausea and/or vomiting</td>
</tr>
<tr>
<td>37</td>
<td>Neurological problems</td>
</tr>
<tr>
<td>38</td>
<td>Other chronic pain</td>
</tr>
<tr>
<td>39</td>
<td>Other developmental delay</td>
</tr>
<tr>
<td>40</td>
<td>Other heart condition</td>
</tr>
<tr>
<td>41</td>
<td>Phobia or fears</td>
</tr>
<tr>
<td>42</td>
<td>Problems with being overweight</td>
</tr>
<tr>
<td>43</td>
<td>Non-migraine headaches</td>
</tr>
<tr>
<td>44</td>
<td>Recurring migraine headaches</td>
</tr>
</tbody>
</table>
Respiratory allergy
Seizures
Severe acne
Sickle cell anemia
Sinusitis
Skin problems other than eczema, acne, or warts
Sore throat other than strep or tonsillitis
Strep throat or tonsillitis
Stuttering or stammering
Three or more ear infections
Urinary problems, including urinary tract infection
Vision problem
Warts
Other specify
Refused
Don't know

UniverseText: Sample children <18 who have used movement technique for a specific health problem or condition
SkipInstructions: <1-57,R,D> [goto CHB_USEM] <58> [goto CMV_SPEC]

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

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

97  Refused
99  Don't know
Verbatim  Verbatim response

UniverseText: Sample children <18 who have used movement technique for other problem or condition
SkipInstructions: <allow 75,R,D> [goto CHB_USEM]

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

QuestionText: (book) CAL3  ?[F1]

Now I am going to ask you about some additional health practices for your child. The first practice I’ll ask about is herbal supplements, then later I’ll ask about vitamins and minerals.

People use herbs and other non-vitamin supplements for their children 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.

DURING THE PAST 12 MONTHS, has [S.C. name] taken any herbal supplements listed on this card?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18
SkipInstructions: <1> [goto CHERB_MO]; <2,R,D> [goto CVT_USEM]
(book) CAL3

DURING THE PAST 30 DAYS did [fill: S.C. name] take any herbal supplements listed on this card?

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

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

<1> [goto CHRBTAKE] <2,R,D> [goto CVT_USEM]
Please tell me which supplements [S.C. name] took in the past 30 days. If [fill: he/she] took more than one herb in a single supplement, select "combination herb pill."

*Enter all that apply, separate with commas.

01 Combination herb pill
02 Androstenedione
03 Black cohosh
04 Carnitine
05 Chasteberry
06 Chondroitin
07 Coenzyme Q-10
08 Comfrey
09 Conjugated Linolenic Acid (CAL)
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 tablets or capsules
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 wort
Sample children <18 who have taken herbal supplements in the past 30 days

SkipInstructions: <1-45> if more than 2 herbs chosen [goto CHB_TOP2]; else [goto CHB_TRT1]; <R,D> [goto CHB_SPRT]
Question ID: CAL.250_00.000  Instrument Variable Name: CHB_TOP2  QuestionnaireFileName: Child CAM

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

*Enter two answers, separate with comma.

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

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Combination herb pill</td>
</tr>
<tr>
<td>02</td>
<td>Androstenedione</td>
</tr>
<tr>
<td>03</td>
<td>Black cohosh</td>
</tr>
<tr>
<td>04</td>
<td>Carnitine</td>
</tr>
<tr>
<td>05</td>
<td>Chasteberry</td>
</tr>
<tr>
<td>06</td>
<td>Chondroitin</td>
</tr>
<tr>
<td>07</td>
<td>Coenzyme Q-10</td>
</tr>
<tr>
<td>08</td>
<td>Comfrey</td>
</tr>
<tr>
<td>09</td>
<td>Conjugated Linolenic Acid (CAL)</td>
</tr>
<tr>
<td>10</td>
<td>Cranberry (pills, gelcaps)</td>
</tr>
<tr>
<td>11</td>
<td>Creatine</td>
</tr>
<tr>
<td>12</td>
<td>DHEA</td>
</tr>
<tr>
<td>13</td>
<td>Echinacea</td>
</tr>
<tr>
<td>14</td>
<td>Ephedra</td>
</tr>
<tr>
<td>15</td>
<td>Evening primrose</td>
</tr>
<tr>
<td>16</td>
<td>Feverfew</td>
</tr>
<tr>
<td>17</td>
<td>Fiber or Psyllium (pills or powder)</td>
</tr>
<tr>
<td>18</td>
<td>Fish oil or omega 3 or DHA fatty acid supplements</td>
</tr>
<tr>
<td>19</td>
<td>Flaxseed oil or pills</td>
</tr>
<tr>
<td>20</td>
<td>Garlic supplements (pills, gelcaps)</td>
</tr>
<tr>
<td>21</td>
<td>Ginger pills or gelcaps</td>
</tr>
<tr>
<td>22</td>
<td>Ginkgo biloba</td>
</tr>
<tr>
<td>23</td>
<td>Ginseng</td>
</tr>
<tr>
<td>24</td>
<td>Glucosamine</td>
</tr>
<tr>
<td>25</td>
<td>Goldenseal</td>
</tr>
<tr>
<td>26</td>
<td>Guarana</td>
</tr>
<tr>
<td>27</td>
<td>Grape seed extract</td>
</tr>
<tr>
<td>28</td>
<td>Green tea pills (not brewed tea)</td>
</tr>
<tr>
<td>29</td>
<td>EGCG (pills)</td>
</tr>
<tr>
<td>30</td>
<td>Hawthorn</td>
</tr>
<tr>
<td>31</td>
<td>Horny goat weed</td>
</tr>
<tr>
<td>32</td>
<td>Kava kava</td>
</tr>
<tr>
<td>33</td>
<td>Lecithin</td>
</tr>
<tr>
<td>34</td>
<td>Lutein</td>
</tr>
<tr>
<td>35</td>
<td>Lycopene</td>
</tr>
<tr>
<td>36</td>
<td>Melatonin</td>
</tr>
<tr>
<td>37</td>
<td>MSM (Methylsulfonylmethane)</td>
</tr>
<tr>
<td>38</td>
<td>Milk thistle</td>
</tr>
<tr>
<td>39</td>
<td>Prebiotics or Probiotics</td>
</tr>
<tr>
<td>40</td>
<td>SAM-e</td>
</tr>
<tr>
<td>41</td>
<td>Saw palmetto</td>
</tr>
<tr>
<td>42</td>
<td>Senna</td>
</tr>
<tr>
<td>43</td>
<td>Soy supplements or soy isoflavones</td>
</tr>
<tr>
<td>44</td>
<td>St. John wort</td>
</tr>
<tr>
<td>45</td>
<td>Valerian</td>
</tr>
<tr>
<td>Question ID:</td>
<td>CAL.255_00.000</td>
</tr>
<tr>
<td>-------------</td>
<td>----------------</td>
</tr>
<tr>
<td>QuestionText:</td>
<td>Did [fill: S.C. name] take [fill2: herb] to treat a specific health problem or condition?</td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

SkipInstructions: <1> [goto CHB_CON1]; <2, R, D> if CHRBTAKE=1 herb [goto CHB_SPRT], else [goto CHB_TRT2]
For what specific health problems or conditions did [fill: S.C. name] take [fill2: herb]?

*Enter all that apply, separate with commas.

01 Abdominal pain
02 Acid reflux or heartburn
03 Allergies other than hay fever, respiratory allergies, food or digestive allergies, or skin allergies
04 Anemia
05 Anxiety or stress
06 Arthritis
07 Asthma
08 Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD)
09 Autism
10 Back or neck pain
11 Cancer
12 Cerebral palsy
13 Chickenpox
14 Congenital heart disease
15 Cystic fibrosis
16 Depression
17 Diabetes
18 Down syndrome
19 Eczema or skin allergy
20 Fatigue or lack of energy
21 Fever
22 Food or digestive allergy
23 Frequent or repeated diarrhea or colitis
24 Migraine headaches
25 Gum disease
26 Hay fever
27 Head or chest cold
28 Hearing problem
29 Incontinence, including bed wetting
30 Influenza or pneumonia
31 Insomnia or trouble sleeping
32 Lung or breathing problem, other than asthma
33 Mental Retardation
34 Menstrual problems
35 Muscular dystrophy
36 Nausea and/or vomiting
37 Neurological problems
38 Other chronic pain
39 Other developmental delay
40 Other heart condition
41 Phobia or fears
42 Problems with being overweight
43 Non-migraine headaches
44 Recurring constipation
45 Respiratory allergy
46 Seizures
47 Severe acne
48 Sickle cell anemia
49 Sinusitis
50 Skin problems other than eczema, acne, or warts
51 Sore throat other than strep or tonsillitis
52 Strep throat or tonsillitis
53 Stuttering or stammering
54 Three or more ear infections
55 Urinary problems, including urinary tract infection
56 Vision problem
57 Warts
58 Other specify
97 Refused
99 Don't know

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

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

Question ID: CAL.261_00.000  Instrument Variable Name: CHB_SPC1  QuestionnaireFileName: Child CAM
QuestionText: *Enter condition for which herb was used. If respondent gives more than one condition, probe for condition most important for using herb.
97 Refused
99 Don't know
Verbatim Verbatim response

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

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

Question ID: CAL.265_00.000  Instrument Variable Name: CHB_TRT2  QuestionnaireFileName: Child CAM
QuestionText: Did [fill: S.C. name] take [fill2: 2nd herb of two] to treat a specific health problem or condition?
1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: <1> [goto CHB_CON2]; <2,R,D> [goto CHB_SPRT]
For what specific health problems or conditions did [fill: S.C. name] take [fill2: herb]?

*Enter all that apply, separate with commas.

01 Abdominal pain
02 Acid reflux or heartburn
03 Allergies other than hay fever, respiratory allergies, food or digestive allergies, or skin allergies
04 Anemia
05 Anxiety or stress
06 Arthritis
07 Asthma
08 Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD)
09 Autism
10 Back or neck pain
11 Cancer
12 Cerebral palsy
13 Chickenpox
14 Congenital heart disease
15 Cystic fibrosis
16 Depression
17 Diabetes
18 Down syndrome
19 Eczema or skin allergy
20 Fatigue or lack of energy
21 Fever
22 Food or digestive allergy
23 Frequent or repeated diarrhea or colitis
24 Migraine headaches
25 Gum disease
26 Hay fever
27 Head or chest cold
28 Hearing problem
29 Incontinence, including bed wetting
30 Influenza or pneumonia
31 Insomnia or trouble sleeping
32 Lung or breathing problem, other than asthma
33 Mental Retardation
34 Menstrual problems
35 Muscular dystrophy
36 Nausea and/or vomiting
37 Neurological problems
38 Other chronic pain
39 Other developmental delay
40 Other heart condition
41 Phobia or fears
42 Problems with being overweight
43 Non-migraine headaches
44 Recurring constipation
45 Respiratory allergy
<table>
<thead>
<tr>
<th></th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>46</td>
<td>Seizures</td>
</tr>
<tr>
<td>47</td>
<td>Severe acne</td>
</tr>
<tr>
<td>48</td>
<td>Sickle cell anemia</td>
</tr>
<tr>
<td>49</td>
<td>Sinusitis</td>
</tr>
<tr>
<td>50</td>
<td>Skin problems other than eczema, acne, or warts</td>
</tr>
<tr>
<td>51</td>
<td>Sore throat other than strep or tonsillitis</td>
</tr>
<tr>
<td>52</td>
<td>Strep throat or tonsillitis</td>
</tr>
<tr>
<td>53</td>
<td>Stuttering or stammering</td>
</tr>
<tr>
<td>54</td>
<td>Three or more ear infections</td>
</tr>
<tr>
<td>55</td>
<td>Urinary problems, including urinary tract infection</td>
</tr>
<tr>
<td>56</td>
<td>Vision problem</td>
</tr>
<tr>
<td>57</td>
<td>Warts</td>
</tr>
<tr>
<td>58</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 children <18 who have used at least two herbs, and who have used selected herb to treat a specific health problem or condition.

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

---

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

<table>
<thead>
<tr>
<th></th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**Verbatim:** Verbatim response

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

**SkipInstructions:** <allow 75,R,D> [goto CHB_SPRT]

---

**Question Text:**
* (book) CAL3

DURING THE PAST 30 DAYS, did [fill: S.C. name] take any natural herbs listed on this card to improve athletic or sports performance?

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

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

**SkipInstructions:** <1> [goto CHB_SPHB] <2,R,D> [goto CVT_USEM]
Which herbs did [fill: S.C. name] take to improve athletic or sports performance?

*Enter all that apply, separate with commas.

01 Combination herb pill
02 Androstenedione
03 Black cohosh
04 Carnitine
05 Chasteberry
06 Chondroitin
07 Coenzyme Q-10
08 Comfrey
09 Conjugated Linolenic Acid (CAL)
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 wort
45 Valerian
The next questions are about any vitamins and minerals [fill: S.C. name] might take.

DURING THE PAST 12 MONTHS, did [fill: S.C. name] take any vitamins or minerals listed on this card?

1  Yes
2  No
7  Refused
9  Don't know

DURING THE PAST 30 DAYS did [fill: S.C. name] take any vitamins or minerals listed on this card?

1  Yes
2  No
7  Refused
9  Don't know

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

<1> [goto CVITTAKE] <2,R,D> [goto HOM]
Question ID: CAL.305_00.000  Instrument Variable Name: CVITTAKE  QuestionnaireFileName: Child CAM

QuestionText: (book) CAL4

Please tell me which items on this list [fill: S.C. name] took in the past 30 days. If [fill: he/she] takes 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

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

SkipInstructions: <1-20> if more than 2 vitamins chosen [goto CVT_TOP2]; else if one or two chosen [goto CVT_TRT1]; <R,D> [goto CVT_SPRT]
Which TWO of these vitamin supplements did [fill: S.C. name] take the most in the PAST 30 DAYS?

*Enter two answers, separate with comma.

*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
For what specific health problems or conditions did [fill: S.C. name] take [fill2: vitamin/mineral]?

*Enter all that apply, separate with commas.

01 Abdominal pain
02 Acid reflux or heartburn
03 Allergies other than hay fever, respiratory allergies, food or digestive allergies, or skin allergies
04 Anemia
05 Anxiety or stress
06 Arthritis
07 Asthma
08 Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD)
09 Autism
10 Back or neck pain
11 Cancer
12 Cerebral palsy
13 Chickenpox
14 Congenital heart disease
15 Cystic fibrosis
16 Depression
17 Diabetes
18 Down syndrome
19 Eczema or skin allergy
20 Fatigue or lack of energy
21 Fever
22 Food or digestive allergy
23 Frequent or repeated diarrhea or colitis
24 Migraine headaches
25 Gum disease
26 Hay fever
27 Head or chest cold
28 Hearing problem
29 Incontinence, including bed wetting
30 Influenza or pneumonia
31 Insomnia or trouble sleeping
32 Lung or breathing problem, other than asthma
33 Mental Retardation
34 Menstrual problems
35 Muscular dystrophy
36 Nausea and/or vomiting
37 Neurological problems
38 Other chronic pain
39 Other developmental delay
40 Other heart condition
41 Phobia or fears
42 Problems with being overweight
43 Non-migraine headaches
44 Recurring constipation
45 Respiratory allergy
Seizures
Severe acne
Sickle cell anemia
Sinusitis
Skin problems other than eczema, acne, or warts
Sore throat other than strep or tonsillitis
Strep throat or tonsillitis
Stuttering or stammering
Three or more ear infections
Urinary problems, including urinary tract infection
Vision problem
Warts
Other specify
Refused
Don't know

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

Did [fill: S.C. name] take [fill2: 2nd vitamin/mineral of two] to treat a specific health problem or condition?

Yes
No
Refused
Don't know

Sample Children <18 who have taken at least two vitamins or minerals in the past 30 days
For what specific health problems or conditions did [fill: S.C. name] take [fill2: vitamin/mineral]?

*Enter all that apply, separate with commas.

01 Abdominal pain
02 Acid reflux or heartburn
03 Allergies other than hay fever, respiratory allergies, food or digestive allergies, or skin allergies
04 Anemia
05 Anxiety or stress
06 Arthritis
07 Asthma
08 Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD)
09 Autism
10 Back or neck pain
11 Cancer
12 Cerebral palsy
13 Chickenpox
14 Congenital heart disease
15 Cystic fibrosis
16 Depression
17 Diabetes
18 Down syndrome
19 Eczema or skin allergy
20 Fatigue or lack of energy
21 Fever
22 Food or digestive allergy
23 Frequent or repeated diarrhea or colitis
24 Migraine headaches
25 Gum disease
26 Hay fever
27 Head or chest cold
28 Hearing problem
29 Incontinence, including bed wetting
30 Influenza or pneumonia
31 Insomnia or trouble sleeping
32 Lung or breathing problem, other than asthma
33 Mental Retardation
34 Menstrual problems
35 Muscular dystrophy
36 Nausea and/or vomiting
37 Neurological problems
38 Other chronic pain
39 Other developmental delay
40 Other heart condition
41 Phobia or fears
42 Problems with being overweight
43 Non-migraine headaches
44 Recurring constipation
45 Respiratory allergy
46  Seizures
47  Severe acne
48  Sickle cell anemia
49  Sinusitis
50  Skin problems other than eczema, acne, or warts
51  Sore throat other than strep or tonsillitis
52  Strep throat or tonsillitis
53  Stuttering or stammering
54  Three or more ear infections
55  Urinary problems, including urinary tract infection
56  Vision problem
57  Warts
58  Other specify
97  Refused
99  Don't know

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

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

---

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

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

97  Refused
99  Don't know

**Verbatim**

**Verbatim response**

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

**SkipInstructions:** <allow 75,R,D> [goto CVT_SPRT]

---

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

**QuestionText:** (book) CAL4

DURING THE PAST 30 DAYS, did [fill: S.C. name] take any vitamins or minerals listed on this card to improve athletic or sports performance?

1  Yes
2  No
7  Refused
9  Don't know

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

**SkipInstructions:** <1> [goto CVT_SPVT] <2,R,D> [goto HOM]
Which vitamins or minerals did [fill: S.C. name] take to improve athletic or sports performance? *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

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

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.

DURING THE PAST 12 MONTHS did [fill: S.C. name] use homeopathic (hoh-mee-oh-PA-thik) treatment?

1 Yes
2 No
7 Refused
9 Don't know

Sample children <18

[goto HOM] [goto CHM_TRET] [goto CDT_VEG]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CAL.370_00.000</th>
<th>Instrument Variable Name:</th>
<th>CHM_TRET</th>
<th>QuestionnaireFileName:</th>
<th>Child CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>DURING THE PAST 12 MONTHS, did [S.C. name] use homeopathic treatment 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 children &lt;18 who have used homeopathic treatment in the past 12 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1&gt; [goto CHM_COND] &lt;2,R,D&gt; [goto CDT_VEG]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DURING THE PAST 12 MONTHS, for what health problems or conditions did [fill: S.C. name] use homeopathic treatment?

*Enter all that apply, separate with commas.

01 Abdominal pain
02 Acid reflux or heartburn
03 Allergies other than hay fever, respiratory allergies, food or digestive allergies, or skin allergies
04 Anemia
05 Anxiety or stress
06 Arthritis
07 Asthma
08 Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD)
09 Autism
10 Back or neck pain
11 Cancer
12 Cerebral palsy
13 Chickenpox
14 Congenital heart disease
15 Cystic fibrosis
16 Depression
17 Diabetes
18 Down syndrome
19 Eczema or skin allergy
20 Fatigue or lack of energy
21 Fever
22 Food or digestive allergy
23 Frequent or repeated diarrhea or colitis
24 Migraine headaches
25 Gum disease
26 Hay fever
27 Head or chest cold
28 Hearing problem
29 Incontinence, including bed wetting
30 Influenza or pneumonia
31 Insomnia or trouble sleeping
32 Lung or breathing problem, other than asthma
33 Mental Retardation
34 Menstrual problems
35 Muscular dystrophy
36 Nausea and/or vomiting
37 Neurological problems
38 Other chronic pain
39 Other developmental delay
40 Other heart condition
41 Phobia or fears
42 Problems with being overweight
43 Non-migraine headaches
44 Recurring constipation
45  Respiratory allergy
46  Seizures
47  Severe acne
48  Sickle cell anemia
49  Sinusitis
50  Skin problems other than eczema, acne, or warts
51  Sore throat other than strep or tonsillitis
52  Strep throat or tonsillitis
53  Stuttering or stammering
54  Three or more ear infections
55  Urinary problems, including urinary tract infection
56  Vision problem
57  Warts
58  Other specify
97  Refused
99  Don't know

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

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

Question ID: CAL.376_00.000  Instrument Variable Name: CHM_SPEC

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

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

Question ID: CAL.380_00.000  Instrument Variable Name: CDT_VEG

QuestionText: ?[F1]
DURING THE PAST 12 MONTHS did [S.C. name] use 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 children <18

SkipInstructions: <1,2,R,D> [goto CDT_MAC]
### Question ID: CAL.385_00.000  Instrument Variable Name: CDT_MAC  QuestionnaireFileName: Child CAM

**QuestionText:**

![Question Text](image)

**UniverseText:** Sample children <18

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

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

**QuestionText:**

![Question Text](image)

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [goto CDT_PRT]
DURING THE PAST 12 MONTHS did [S.C. name] use any of the following special diets for two weeks or more for health reasons?

...Pritikin?

1 Yes
2 No
7 Refused
9 Don't know

DURING THE PAST 12 MONTHS did [S.C. name] use any of the following special diets for two weeks or more for health reasons?

...Ornish?

1 Yes
2 No
7 Refused
9 Don't know
DURING THE PAST 12 MONTHS did [S.C. name] use any of the following special diets for two weeks or more for health reasons?

...Zone?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children <18

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

DURING THE PAST 12 MONTHS did [S.C. name] use 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 children <18

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

DURING THE PAST 12 MONTHS, did [fill1: S.C. name] use [fill2: a Vegetarian/a Macrobiotic/an Atkins/a Pritikin/an Ornish/a Zone/a South Beach] diet to treat a specific health problem or condition other than weight control or weight loss?

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: <1> [goto CDT_COND] <2,R,D> [goto CDT_WGHT]
DURING THE PAST 12 MONTHS, for what health problems or conditions did [S.C. name] use [fill2: a Vegetarian/a Macrobiotic/an Atkins/an Ornish/an Zone/a South Beach] diet?

*Enter all that apply, separate with commas.

01 Abdominal pain
02 Acid reflux or heartburn
03 Allergies other than hay fever, respiratory allergies, food or digestive allergies, or skin allergies
04 Anemia
05 Anxiety or stress
06 Arthritis
07 Asthma
08 Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD)
09 Autism
10 Back or neck pain
11 Cancer
12 Cerebral palsy
13 Chickenpox
14 Congenital heart disease
15 Cystic fibrosis
16 Depression
17 Diabetes
18 Down syndrome
19 Eczema or skin allergy
20 Fatigue or lack of energy
21 Fever
22 Food or digestive allergy
23 Frequent or repeated diarrhea or colitis
24 Migraine headaches
25 Gum disease
26 Hay fever
27 Head or chest cold
28 Hearing problem
29 Incontinence, including bed wetting
30 Influenza or pneumonia
31 Insomnia or trouble sleeping
32 Lung or breathing problem, other than asthma
33 Mental Retardation
34 Menstrual problems
35 Muscular dystrophy
36 Nausea and/or vomiting
37 Neurological problems
38 Other chronic pain
39 Other developmental delay
40 Other heart condition
41 Phobia or fears
42 Problems with being overweight
43 Non-migraine headaches
44 Recurring constipation
Respiratory allergy
Seizures
Severe acne
Sickle cell anemia
Sinusitis
Skin problems other than eczema, acne, or warts
Sore throat other than strep or tonsillitis
Strep throat or tonsillitis
Stuttering or stammering
Three or more ear infections
Urinary problems, including urinary tract infection
Vision problem
Warts
Other specify
Refused
Don't know

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

Did [fill: S.C. name] use [fill2: this diet/these diets] for weight control or weight loss?

Refused
Don't know

Sample children <18 who have used special diets in the past 12 months
Question ID: CAL.425_00.000  Instrument Variable Name: CYOGA  QuestionnaireFileName: Child CAM

QuestionText: 
?\[F1\]
DURING THE PAST 12 MONTHS did [S.C. name] practice any of the following? Please say yes or no to each.

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

UniverseText: Sample children <18

SkipInstructions: \(<1,2,R,D> \text{ [goto CTAICHI]}\)

---

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

QuestionText: 
?\[F1\]
*Read if necessary.

DURING THE PAST 12 MONTHS did [S.C name] practice any of the following?

...Tai Chi (tie-CHEE)?
1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children <18

SkipInstructions: \(<1,2,R,D> \text{ [goto CQIGONG]}\)

---

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

QuestionText: 
?\[F1\]
*Read if necessary.

DURING THE PAST 12 MONTHS did [S.C name] practice any of the following?

...Qi Gong (chee-KUNG)?
1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children <18

SkipInstructions: \(<1,2,R,D> \text{ if CYOGA=1 or CTAICHI=1 or CQIGONG=1 [goto CYG_TRET]; else [goto CRL_MED]}\)
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CAL.440_00.000</th>
<th>Instrument Variable Name:</th>
<th>CYG_TRET</th>
<th>QuestionnaireFileName:</th>
<th>Child CAM</th>
</tr>
</thead>
<tbody>
<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 children &lt;18 who have used Yoga, Tai Chi or Qi Gong in the past 12 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1&gt; [goto CYG_COND] &lt;2,R,D&gt; [goto CRL_MED]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DURING THE PAST 12 MONTHS, for what health problems or conditions did [S.C. name] practice [fill2: Yoga/Tai Chi/Qi Gong]?  

*Enter all that apply, separate with commas.

01 Abdominal pain
02 Acid reflux or heartburn
03 Allergies other than hay fever, respiratory allergies, food or digestive allergies, or skin allergies
04 Anemia
05 Anxiety or stress
06 Arthritis
07 Asthma
08 Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD)
09 Autism
10 Back or neck pain
11 Cancer
12 Cerebral palsy
13 Chickenpox
14 Congenital heart disease
15 Cystic fibrosis
16 Depression
17 Diabetes
18 Down syndrome
19 Eczema or skin allergy
20 Fatigue or lack of energy
21 Fever
22 Food or digestive allergy
23 Frequent or repeated diarrhea or colitis
24 Migraine headaches
25 Gum disease
26 Hay fever
27 Head or chest cold
28 Hearing problem
29 Incontinence, including bed wetting
30 Influenza or pneumonia
31 Insomnia or trouble sleeping
32 Lung or breathing problem, other than asthma
33 Mental Retardation
34 Menstrual problems
35 Muscular dystrophy
36 Nausea and/or vomiting
37 Neurological problems
38 Other chronic pain
39 Other developmental delay
40 Other heart condition
41 Phobia or fears
42 Problems with being overweight
43 Non-migraine headaches
44 Recurring constipation
Respiratory allergy
Seizures
Severe acne
Sickle cell anemia
Sinusitis
Skin problems other than eczema, acne, or warts
Sore throat other than strep or tonsillitis
Strep throat or tonsillitis
Stuttering or stammering
Three or more ear infections
Urinary problems, including urinary tract infection
Vision problem
Warts
Other specify
Refused
Don't know

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

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

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

DURING THE PAST 12 MONTHS did [S.C. name] use any of the following relaxation or stress management techniques? Please say yes or no to each.

Yes
No
Refused
Don't know
DURING THE PAST 12 MONTHS did [S.C. name] use any of the following relaxation or stress management techniques?

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

DURING THE PAST 12 MONTHS did [S.C. name] use any of the following relaxation or stress management techniques?

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

DURING THE PAST 12 MONTHS did [S.C. name] use any of the following relaxation or stress management techniques?

...Deep breathing exercises?
1 Yes
2 No
7 Refused
9 Don't know
Question ID: CAL.470_00.000  Instrument Variable Name: CRL_SG  QuestionnaireFileName: Child CAM

QuestionText: *[F1]

*Read if necessary.

DURING THE PAST 12 MONTHS did [S.C. name] use any of the following relaxation or stress management techniques?

...Support group meetings?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children <18

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

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

QuestionText: *[F1]

*Read if necessary.

DURING THE PAST 12 MONTHS did [S.C. name] use any of the following relaxation or stress management techniques?

...Stress management class?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children <18

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

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill1: S.C. name] use [fill2: Meditation/Guided imagery/Progressive relaxation/Deep breathing excercises/Support group meetings/Stress management class] for a specific health problem or condition?

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: <1> [goto CRL_COND] <2,R,D> [goto next section]
DURING THE PAST 12 MONTHS, for what health problems or conditions did [S.C. name] use [fill2:Meditation/Guided imagery/Progressive relaxation, Deep breathing exercises/Support group meetings/Stress management class]? *Enter all that apply, separate with commas.

01 Abdominal pain
02 Acid reflux or heartburn
03 Allergies other than hay fever, respiratory allergies, food or digestive allergies, or skin allergies
04 Anemia
05 Anxiety or stress
06 Arthritis
07 Asthma
08 Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD)
09 Autism
10 Back or neck pain
11 Cancer
12 Cerebral palsy
13 Chickenpox
14 Congenital heart disease
15 Cystic fibrosis
16 Depression
17 Diabetes
18 Down syndrome
19 Eczema or skin allergy
20 Fatigue or lack of energy
21 Fever
22 Food or digestive allergy
23 Frequent or repeated diarrhea or colitis
24 Migraine headaches
25 Gum disease
26 Hay fever
27 Head or chest cold
28 Hearing problem
29 Incontinence, including bed wetting
30 Influenza or pneumonia
31 Insomnia or trouble sleeping
32 Lung or breathing problem, other than asthma
33 Mental Retardation
34 Menstrual problems
35 Muscular dystrophy
36 Nausea and/or vomiting
37 Neurological problems
38 Other chronic pain
39 Other developmental delay
40 Other heart condition
41 Phobia or fears
42 Problems with being overweight
43 Non-migraine headaches
44 Recurring constipation
45  Respiratory allergy  
46  Seizures  
47  Severe acne  
48  Sickle cell anemia  
49  Sinusitis  
50  Skin problems other than eczema, acne, or warts  
51  Sore throat other than strep or tonsillitis  
52  Strep throat or tonsillitis  
53  Stuttering or stammering  
54  Three or more ear infections  
55  Urinary problems, including urinary tract infection  
56  Vision problem  
57  Warts  
58  Other specify  
97  Refused  
99  Don't know

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

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

**Question ID:** CAL.486.00.000  **Instrument Variable Name:** CRL_SPEC  **QuestionnaireFileName:** Child CAM

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

97  Refused  
99  Don't know

**Verbatim** Verbatim response

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

**SkipInstructions:** <allow 75,R,D> [goto next section]