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ICPSR 27201

National Health Interview Survey, 2007

United States Department of Health and Human Services. National Center for Health Statistics

Child Alternative Medicine Level, Questionnaire, English

Inter-university Consortium for Political and Social Research
P.O. Box 1248
Ann Arbor, Michigan 48106
www.icpsr.umich.edu

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2007 NHIS Questionnaire - Sample Child

Child Identification

Document Version Date: 28-May-08

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
```

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

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

QuestionText: 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

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

SkipInstructions:

```
<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
```

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

QuestionText: (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

UniverseText: Someone identified as knowledgeable about child's health

SkipInstructions:

```
<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

2007 NHIS Questionnaire - Sample Child

Child Identification

Document Version Date: 28-May-08

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

QuestionText: 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

UniverseText: 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
```

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

QuestionText: * 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

UniverseText: 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
```

2007 NHIS Questionnaire - Sample Child

Child Identification

Document Version Date: 28-May-08

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

QuestionText: 1 of 3

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

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

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

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

QuestionText: 2 of 3

* Enter day of birth.

01-31	Day of the month

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

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

If days not valid, goto ERR_NEWDOB_D

2007 NHIS Questionnaire - Sample Child

Child Identification

Document Version Date: 28-May-08

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

QuestionText: 3 of 3

* 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:

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

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

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

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

Calculate age from NEWDOB_M, NEWDOB_D, and NEWDOB_Y.

if age from NEWDOB items is ne AGE and age from NEWDOB items is valid
  reset CSPVERF_A or CSPVERF_D
  goto ERR4_NEWDOB_Y
endif
```

2007 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 28-May-08

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

QuestionText: (book) CAL1 ?[F1]

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

UniverseText: Sample children <18

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

Question ID: CAL.020_00.000 **Instrument Variable Name:** CAY_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?

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

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children <18

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

2007 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 28-May-08

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

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?

...Biofeedback?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children <18

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

Question ID: CAL.040_00.000 **Instrument Variable Name:** CCH_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?

...Chelation (key-LAY-shun) Therapy?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children <18

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

2007 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 28-May-08

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]

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

Question ID: 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]

Question ID: 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]

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

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

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?

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

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children <18

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

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

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] use acupuncture 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 acupuncture in the past 12 months

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

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

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

QuestionText: ?[F1]

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

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 acupuncture for a problem or condition

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

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

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

97	Refused
99	Don't know
Verbatim	Verbatim response

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

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

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] use ayurveda 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 ayurveda in the past 12 months

SkipInstructions: <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]

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

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

QuestionText: ?[F1]

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

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 ayurveda for a problem or condition

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

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.

97	Refused
99	Don't know
Verbatim	Verbatim response

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

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

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] use biofeedback 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 biofeedback in the past 12 months

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

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

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

QuestionText: ?[F1]

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]

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

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]

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

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]

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

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

QuestionText: ?[F1]

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

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 chelation therapy for a problem or condition

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

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

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

97	Refused
99	Don't know
Verbatim	Verbatim response

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

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

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

QuestionText: 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

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

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

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

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

QuestionText: ?[F1]

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

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 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

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

97	Refused
99	Don't know
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

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

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

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

QuestionText: ?[F1]

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

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 energy healing therapy for a problem or condition

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

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

QuestionText: *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.

97	Refused
99	Don't know
Verbatim	Verbatim response

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

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

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill: S.C. name] use hypnosis 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 hypnosis in the past 12 months

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

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

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

QuestionText: ?[F1]

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

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]
<58> [goto CHY_SPEC]

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	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]

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

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

QuestionText: ?[F1]

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.

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 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]

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

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

QuestionText: ?[F1]

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.

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 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

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

97	Refused
99	Don't know
Verbatim	Verbatim response

UniverseText: 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

QuestionText: (book) CAL2 ?[F1]

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

*Enter all that apply, separate with commas.

00	None
01	Curandero
02	Espiritista
03	Hierbero or Yerbera
04	Shaman
05	Botanica
06	Native American Healer/Medicine man
07	Sobador
97	Refused
99	Don't know

UniverseText: Sample children <18

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

2007 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 28-May-08

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

QuestionText: 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

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

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

2007 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 28-May-08

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

QuestionText: ?[F1]

DURING THE PAST 12 MONTHS, for what health problems or conditions did [fill1: S.C. name] see [fill2: a Curandero/an Espiritista/a Hierbero or Yerbera/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

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]

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

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

QuestionText: ?[F1]

*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: ?[F1]

*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]

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

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

QuestionText: ?[F1]

*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?

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

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children <18

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

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

QuestionText: 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

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

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

2007 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 28-May-08

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

QuestionText: ?[F1]

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.

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 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]

2007 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 28-May-08

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

QuestionText: (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

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

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

2007 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 28-May-08

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

QuestionText: (book) CAL3

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 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
97	Refused
99	Don't know

UniverseText: 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]

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

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.

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

97	Refused
99	Don't know

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

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

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

QuestionText: Did [fill: S.C. name] take [fill2: herb] 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 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]

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

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

QuestionText: ?[F1]

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]

2007 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 28-May-08

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

QuestionText: ?[F1]

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 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 ID: CAL.271_00.000 **Instrument Variable Name:** CHB_SPC2 **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> [goto CHB_SPRT]

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

QuestionText: (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?

1	Yes
2	No
7	Refused
9	Don't know

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]

2007 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 28-May-08

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

QuestionText: (book) CAL3

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

97 Refused
99 Don't know

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

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

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

QuestionText: (book) CAL4

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

UniverseText: Sample children <18

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

Question ID: CAL.300_00.000 **Instrument Variable Name:** CVIT_MO **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?

1 Yes
2 No
7 Refused
9 Don't know

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

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

2007 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 28-May-08

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

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]

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

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

QuestionText: 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

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

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

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

QuestionText: Did [fill: S.C. name] take [fill2: vitamin/mineral] 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 one vitamin or mineral in the past 30 days.

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

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

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

QuestionText: ?[F1]

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 at least one vitamin or mineral to treat a specific health problem or condition

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

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

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> if more than 1 vitamin [goto CVT_TRT2]; else [goto CVT_SPRT]

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

QuestionText: Did [fill: S.C. name] take [fill2: 2nd vitamin/mineral 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 vitamins or minerals in the past 30 days

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

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

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

QuestionText: ?[F1]

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]

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

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

QuestionText: (book) CAL4

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

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

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

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

QuestionText: ?[F1]

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

UniverseText: Sample children <18

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

2007 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 28-May-08

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

QuestionText: ?[F1]

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 **QuestionnaireFileName:** Child CAM

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

97	Refused
99	Don't know
Verbatim	Verbatim response

UniverseText: Sample 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 **QuestionnaireFileName:** Child CAM

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]

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

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

QuestionText: ?[F1]

*Read if necessary.

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

...Macrobiotic?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children <18

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

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

QuestionText: ?[F1]

*Read if necessary.

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

...Atkins?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children <18

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

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

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

QuestionText: ?[F1]

*Read if necessary.

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

UniverseText: Sample children <18

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

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

QuestionText: ?[F1]

*Read if necessary.

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

UniverseText: Sample children <18

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

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

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

QuestionText: ?[F1]

*Read if necessary.

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]

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

QuestionText: ?[F1]

*Read if necessary.

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]

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

QuestionText: 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]

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

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

QuestionText: ?[F1]

DURING THE PAST 12 MONTHS, for what health problems or conditions did [S.C. name] use [fill2: a Vegetarian/a Macrobiotic/an Atkins/a Pritikin/an Ornish/a 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

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 special diets to treat a specific health problem or condition

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

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

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

97	Refused
99	Don't know
Verbatim	Verbatim response

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

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

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

QuestionText: Did [fill: S.C. name] use [fill2: this diet/these diets] for 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, 2, R, D> [goto CYOGA]

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

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> [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> [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> if CYOGA=1 or CTAICHI=1 or CQIGONG=1 [goto CYG_TRET]; else [goto CRL_MED]

2007 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 28-May-08

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill1: S.C. name] practice [fill2: Yoga/Tai Chi /Qi Gong] for a specific health problem or condition?

1	Yes
2	No
7	Refused
9	Don't know

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

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

2007 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 28-May-08

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

QuestionText: ?[F1]

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

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 Yoga, Tai Chi or Qi Gong to treat a specific health problem or condition

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

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

QuestionText: *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).

97	Refused
99	Don't know
Verbatim	Verbatim response

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

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

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

QuestionText: ?[F1]

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.

...Meditation?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

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

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

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

QuestionText: ?[F1]

*Read if necessary.

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

UniverseText: Sample children <18

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

Question ID: CAL.460_00.000 **Instrument Variable Name:** CRL_PR **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?

...Progressive relaxation?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children <18

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

Question ID: CAL.465_00.000 **Instrument Variable Name:** CRL_DBE **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?

...Deep breathing exercises?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children <18

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

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

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]

2007 NHIS Questionnaire - Child CAM

Child Alternative Health/Complementary And Alternative Medicine

Document Version Date: 28-May-08

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

QuestionText: ?[F1]

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]