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**2007 NHIS Questionnaire - Sample Adult**  
**Adult Identification****Document Version Date:** 27-May-08

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**Question ID:** AID.005\_00.000 **Instrument Variable Name:** SADULT **QuestionnaireFileName:** Sample Adult**QuestionText:** \* The sample adult person is [fill: ALIAS of Sample Adult]. The next questions must be answered by this person. Probe as necessary to determine the availability of [fill: ALIAS of Sample Adult].

\* If refused enter CTRL-R

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

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

```
<1> if Sample Adult = demographics.hhc.RELRESP_A
    goto beginning of adult.asd
elseif Sample Adult = demographics.hhc.HHRESP
    goto beginning of adult.asd
else
    goto AIDVERF_S
endif
<2> goto callbk.ACALLBK1
<3> goto PROX1
<R> store '4' in ASTAT
    if recontact.RCIFLAG ne '1'
        goto recontact.RCI_BEGIN procedure
    else
        goto back.OUTCOMEB1 procedure
    endif
```

---

**Question ID:** AID.010\_00.000 **Instrument Variable Name:** PROX1 **QuestionnaireFileName:** Sample Adult**QuestionText:** \* Proxy interviews can be done for sample adults that have a mental or physical condition that prevents them from responding for themselves.

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

- 1 Yes
- 2 No

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

```
<1> goto PROX2
<2> goto PROX3
```

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**2007 NHIS Questionnaire - Sample Adult**  
**Adult Identification**Document Version Date: 27-May-08

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**Question ID:** AID.015\_00.000 **Instrument Variable Name:** PROX2 **QuestionnaireFileName:** Sample Adult**QuestionText:** \* Ask if necessary.

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

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

**UniverseText:** Knowledgeable proxy is available.**SkipInstructions:** <1-4> goto AIDVERF\_S

---

**Question ID:** AID.020\_00.000 **Instrument Variable Name:** PROX3 **QuestionnaireFileName:** Sample Adult**QuestionText:** \*Ask if necessary.

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

- 1 Yes
- 2 No

**UniverseText:** Knowledgeable proxy is not available.**SkipInstructions:** <1> goto callbk.ACALLBK1  
<2> store '3' in ASTAT  
if recontact.RCIFLAG ne '1'  
goto recontact.RCI\_BEGIN procedure  
else  
goto back.OUTCOMEB1 procedure  
endif

---

**Question ID:** AID.030\_00.000 **Instrument Variable Name:** AIDVERF\_S **QuestionnaireFileName:** Sample Adult**QuestionText:** \* Please verify the following information about the sample adult before proceeding:

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

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

- 1 Yes
- 2 No

**UniverseText:** Sample Adult is not the person entered in HHRESP or RELRESP\_A. Or PROX1 = 'Yes'.**SkipInstructions:** <1> goto AIDVERF\_A  
<2> goto AIDSEX

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**2007 NHIS Questionnaire - Sample Adult**  
**Adult Identification****Document Version Date: 27-May-08**

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**Question ID:** AID.040\_00.000 **Instrument Variable Name:** AIDSEX **QuestionnaireFileName:** Sample Adult**QuestionText:** \* Ask if appropriate; otherwise, enter your best guess of the person's sex.

Are you Male or Female?

- 1 Male
- 2 Female

**UniverseText:** Respondent said his/her sex is not correct.**SkipInstructions:** <1,2> store AIDSEX in SEX  
goto ERR\_AIDSEX  
reset AIDVERF\_S  
goto AIDVERF\_S

---

**Question ID:** AID.045\_00.000 **Instrument Variable Name:** AIDVERF\_A **QuestionnaireFileName:** Sample Adult**QuestionText:** \* Please verify the following information about the sample adult before proceeding:

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

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

- 1 Yes
- 2 No

**UniverseText:** Sample Adult said his/her sex is correct.**SkipInstructions:** <1> goto AIDVERF\_D  
<2> goto AIDAGE

---

**Question ID:** AID.050\_00.000 **Instrument Variable Name:** AIDAGE **QuestionnaireFileName:** Sample Adult**QuestionText:** How old are you?

- 000-120 Age in years
- 997 Refused
- 999 Don't know

**UniverseText:** Respondent said his/her age is not correct**SkipInstructions:** <0-120, Refused, Don't know>  
if AIDAGE = 'Refused' or AIDAGE = 'Don't know' or AIDAGE = AGE  
reset AIDVERF\_A  
goto ERR\_AIDAGE  
else  
store AIDAGE in AGE  
goto AIDDOB\_M

---

**2007 NHIS Questionnaire - Sample Adult**  
**Adult Identification**Document Version Date: 27-May-08

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**Question ID:** AID.055\_00.000 **Instrument Variable Name:** AIDVERF\_D **QuestionnaireFileName:** Sample Adult**QuestionText:** \* Please verify the following information about the sample adult before proceeding:

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

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

- 1 Yes
- 2 No

**UniverseText:** Sample Adult said his/her age is correct.**SkipInstructions:** <1> if AGE of Sample Adult le '17'  
goto NO\_MORE  
else  
goto beginning of adult.asd  
endif  
<2> goto AIDDOB\_M

---

**Question ID:** AID.060\_01.000 **Instrument Variable Name:** AIDDOB\_M **QuestionnaireFileName:** Sample Adult**QuestionText:** 1 of 3

What is your birthday?

\*Enter month of birth.

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

**UniverseText:** Respondent said his/her date of birth is not correct or his/her age is not correct**SkipInstructions:** <01-12, Refused, Don't know> goto AIDDOB\_D

---

## 2007 NHIS Questionnaire - Sample Adult

### Adult Identification

Document Version Date: 27-May-08

**Question ID:** AID.060\_02.000    **Instrument Variable Name:** AIDDOB\_D    **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 3

\*Enter day of birth.

<b>01-31</b>	Day of the month
<b>97</b>	Refused
<b>99</b>	Don't know

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

**SkipInstructions:** <01-31,Refused,Don't know> goto AIDDOB\_Y  
If days not valid, goto ERR\_AIDDOB\_D

**Question ID:** AID.060\_03.000    **Instrument Variable Name:** AIDDOB\_Y    **QuestionnaireFileName:** Sample Adult

**QuestionText:** 3 of 3

\*Enter year of birth.

**1880-2020**    Year of Birth

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

**SkipInstructions:** <1880-2020, Refused, Don't know> if AIDVERF\_A = '2' (No) then reset AIDVERF\_A to empty  
    goto AIDVERF\_A  
    elseif AIDVERF\_D = '2' (No) then reset AIDVERF\_D to empty  
    goto AIDVERF\_D  
    endif

(if year GT current year) or (if year = current year and month GT current month) or (if year = current year and month = current month and day GT current day)  
    goto ERR1\_AIDDOB\_Y  
endif

(if birth month = '02' and birth day = '29' and this is not a leap year)  
    goto ERR2\_AIDDOB\_Y  
endif

(if AIDDOB\_M = 'Ref' or 'DK') or (if AIDDOB\_D = 'Re'f or 'DK') or (if AIDDOB\_Y = 'Ref' or 'DK')  
    goto ERR3\_AIDDOB\_Y  
else  
    store AIDDOB\_M in DOBM  
    store AIDDOB\_D in DOBD  
    store AIDDOB\_Y in DOBY  
    if AIDVERF\_A = '2' (No) then reset AIDVERF\_A to empty  
        goto AIDVERF\_A  
    elseif AIDVERF\_D = '2' (No) then reset AIDVERF\_D to empty  
        goto AIDVERF\_D  
    endif  
endif

Calculate age from AIDDOB\_M, AIDDOB\_D, and AIDDOB\_Y.

if age from AIDDOB items is ne AGE and age from AIDDOB items is valid  
    reset AIDVERF\_A or AIDVERF\_D.  
    goto ERR4\_AIDDOB\_Y  
endif

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

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**Question ID:** ALT.010\_00.000 **Instrument Variable Name:** ACU\_EVER **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT1 ?[F1]

Now I am going to ask you about some health services you may have used. First I will ask you about some services for which you would have seen a practitioner. Then I will ask you about some other health practices you may have done on your own.

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

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

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto AYU\_EVER]

---

**Question ID:** ALT.012\_00.000 **Instrument Variable Name:** AYU\_EVER **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT1 ?[F1]

\*Read if necessary.

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

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

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto BIO\_EVER]

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

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**Question ID:** ALT.014\_00.000 **Instrument Variable Name:** BIO\_EVER **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT1 ?[F1]

\*Read if necessary.

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

...Biofeedback

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto CHE\_EVER]

---

**Question ID:** ALT.016\_00.000 **Instrument Variable Name:** CHE\_EVER **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT1 ?[F1]

\*Read if necessary.

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

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

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto COM\_EVER]

---

**Question ID:** ALT.018\_00.000 **Instrument Variable Name:** COM\_EVER **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT1 ?[F1]

\*Read if necessary.

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

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

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto EHT\_EVER]

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

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**Question ID:** ALT.020\_00.000 **Instrument Variable Name:** EHT\_EVER **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT1 ?[F1]

\*Read if necessary.

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

...Energy Healing Therapy

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto HYP\_EVER]

---

**Question ID:** ALT.022\_00.000 **Instrument Variable Name:** HYP\_EVER **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT1 ?[F1]

\*Read if necessary.

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

...Hypnosis

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto MAS\_EVER]

---

**Question ID:** ALT.024\_00.000 **Instrument Variable Name:** MAS\_EVER **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT1 ?[F1]

\*Read if necessary.

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

...Massage

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto NAT\_EVER]

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

**Question ID:** ALT.026\_00.000 **Instrument Variable Name:** NAT\_EVER **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT1 ?[F1]

\*Read if necessary.

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

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

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

**UniverseText:** Sample adults 18+

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

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

**Question ID:** ALT.028\_00.000 **Instrument Variable Name:** ACU\_USEM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

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

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

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

**SkipInstructions:** <1>[goto ACU\_NUMB] <2>[goto ACU\_MNOT] <R,D>[goto AYU\_USEM or next modality respondent has used---see table below for determination:

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

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

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**Question ID:** ALT.030\_00.000 **Instrument Variable Name:** ACU\_NUMB **QuestionnaireFileName:** Adult CAM

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

\*Read categories if necessary.

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

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

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

---

**Question ID:** ALT.032\_00.000 **Instrument Variable Name:** ACU\_PAY **QuestionnaireFileName:** Adult CAM

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

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

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

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

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

---

**Question ID:** ALT.034\_00.000 **Instrument Variable Name:** ACU\_TRET **QuestionnaireFileName:** Adult CAM

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

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

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

**SkipInstructions:** <1>[goto ACU\_COND] <2,R,D>[goto ACU\_ENG]

---

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

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Question ID: ALT.036\_00.000 Instrument Variable Name: ACU\_COND QuestionnaireFileName: Adult CAM

QuestionText: ?[F1]

For what health problems or conditions did you use acupuncture?

\*Enter all that apply, separate with commas.

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

**2007 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**

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

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

**SkipInstructions:** <1-81> If more than one condition selected, [goto ACU\_MOST], else if only one condition selected, [goto ACU\_MED],  
<82> [goto ACU\_SPEC]  
<Refused,Don't know> goto ACU\_ENG

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**Adult Alternative Health/Complementary And Alternative Medicine**  
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**Question ID:** ALT.037\_00.000 **Instrument Variable Name:** ACU\_SPEC **QuestionnaireFileName:** Adult CAM

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

97 Refused

99 Don't know

**Verbatim** Verbatim response

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

**SkipInstructions:** <Allow 75> if more than one condition selected [goto ACU\_MOST]; else if only one condition selected [goto ACU\_MED]  
<R,D> [if more than one condition (1-81) selected [goto ACU\_MOST]; elseif only one condition (1-81) selected [goto ACU\_MED]; else [goto ACU\_ENG]

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**2007 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
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**Question ID:** ALT.038\_00.000 **Instrument Variable Name:** ACU\_MOST **QuestionnaireFileName:** Adult CAM

**QuestionText:** For which ONE of these health conditions did you use acupuncture the most?

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

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

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

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

**SkipInstructions:** <1-82> [goto ACU\_MED],  
<Refused,Don't know> [goto ACU\_ENG]

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**2007 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.040\_00.000 **Instrument Variable Name:** ACU\_MED **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT2 ?[F1]

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

\*Enter all that apply, separate with commas.

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

**UniverseText:** Sample adults 18+ who receive acupuncture for particular medical condition

**SkipInstructions:** <1> [goto ACU\_TIM1]  
<2> [goto ACU\_TIM2]  
<3> [goto ACU\_TIM3]  
<4> [goto ACU\_TIM4]  
<5> [goto ACU\_TIM5]

<0, Refused,Don't know> [goto ACU\_ENG]]

---

**Question ID:** ALT.042\_01.000 **Instrument Variable Name:** ACU\_TIM1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive prescription medications for [fill: condition from ACU\_MOST or ACU\_COND or ACU\_SPEC] before, at about the same time, or after trying acupuncture?

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

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

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

---

**Question ID:** ALT.042\_02.000 **Instrument Variable Name:** ACU\_TIM2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive over-the-counter medications for [fill: condition from ACU\_MOST or ACU\_COND or ACU\_SPEC] before, at about the same time, or after trying acupuncture?

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

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

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

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**2007 NHIS Questionnaire - Adult CAM**  
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---

**Question ID:** ALT.042\_03.000 **Instrument Variable Name:** ACU\_TIM3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive surgery for [fill: condition from ACU\_MOST or ACU\_COND or ACU\_SPEC] before, at about the same time, or after trying acupuncture?

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

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

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

---

**Question ID:** ALT.042\_04.000 **Instrument Variable Name:** ACU\_TIM4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive physical therapy for [fill: condition from ACU\_MOST or ACU\_COND or ACU\_SPEC] before, at about the same time, or after trying acupuncture?

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

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

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

---

**Question ID:** ALT.042\_05.000 **Instrument Variable Name:** ACU\_TIM5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive mental health counseling for [fill: condition from ACU\_MOST or ACU\_COND or ACU\_SPEC] before, at about the same time, or after trying acupuncture?

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

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

**SkipInstructions:** <1-3,R,D> [goto ACU\_ENG]

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**Question ID:** ALT.044\_00.000 **Instrument Variable Name:** ACU\_ENG **QuestionnaireFileName:** Adult CAM

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

...To improve or enhance energy

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

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

**SkipInstructions:** <1,2,D,R> [goto ACU\_WEL]

---

**Question ID:** ALT.046\_00.000 **Instrument Variable Name:** ACU\_WEL **QuestionnaireFileName:** Adult CAM

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

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

... For general wellness or general disease prevention

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

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

**SkipInstructions:** <1,2,D,R> [goto ACU\_IMM]

---

**Question ID:** ALT.048\_00.000 **Instrument Variable Name:** ACU\_IMM **QuestionnaireFileName:** Adult CAM

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

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

... To improve or enhance immune function

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

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

**SkipInstructions:** <1,2,D,R> [goto ACU\_NOHP]

---

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**Question ID:** ALT.050\_00.000 **Instrument Variable Name:** ACU\_NOHP **QuestionnaireFileName:** Adult CAM

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

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

...Because medical treatments did not help

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

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

**SkipInstructions:** <1,2,D,R> [goto ACU\_EXPS]

---

**Question ID:** ALT.052\_00.000 **Instrument Variable Name:** ACU\_EXPS **QuestionnaireFileName:** Adult CAM

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

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

...Because medical treatments were too expensive

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

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

**SkipInstructions:** <1,2,D,R> [goto ACU\_SUGG]

---

**Question ID:** ALT.054\_00.000 **Instrument Variable Name:** ACU\_SUGG **QuestionnaireFileName:** Adult CAM

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

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

...It was recommended by a health care provider

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

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

**SkipInstructions:** <1,2,D,R> [goto ACU\_FFC]

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**Question ID:** ALT.056\_00.000 **Instrument Variable Name:** ACU\_FFC **QuestionnaireFileName:** Adult CAM

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

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

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

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

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

**SkipInstructions:** <1,2,D,R> [goto ACU\_DISC]

---

**Question ID:** ALT.058\_00.000 **Instrument Variable Name:** ACU\_DISC **QuestionnaireFileName:** Adult CAM

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

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

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

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

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

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

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**Question ID:** ALT.060\_00.000 **Instrument Variable Name:** ACUPROF **QuestionnaireFileName:** Adult CAM

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

Which ones?

\* Enter all that apply, separate with commas.

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

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

**SkipInstructions:** <1-7,Refused,Don't know>[goto Table below]

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

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**Question ID:** ALT.062\_00.000 **Instrument Variable Name:** ACU\_MNOT **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT4

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

\*Enter all that apply, separate with commas.

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

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

**SkipInstructions:** <6> goto ACU\_SDEF  
 <1-5,7-9,'R','D'>[goto AYU\_USEM or next modality that respondent has used; ---see table below for determination:

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

**Question ID:** ALT.064\_00.000 **Instrument Variable Name:** ACU\_SDEF **QuestionnaireFileName:** Adult CAM

**QuestionText:** What kinds of side effects did you have?

- 97 Refused
- 99 Don't know
- Verbatim** Verbatim response

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

**SkipInstructions:** <allow 75 characters, 'Refused', 'Don't know'> [goto ACU\_ATT]

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**Question ID:** ALT.066\_00.000 **Instrument Variable Name:** ACU\_ATT **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did any of these require medical attention?

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

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

**SkipInstructions:** <1,2,R,D> [goto AYU\_USEM or next modality respondent has used; ---see table below for determination:

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

**Question ID:** ALT.068\_00.000 **Instrument Variable Name:** ACU\_NNOT **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT5

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

\*Enter all that apply, separate with commas.

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

**UniverseText:** Sample adults 18+ who have never used acupuncture

**SkipInstructions:** <1-10,R,D>[If AYU\_EVER = 1 goto AYU\_USEM  
elseif BIO\_EVER = 1 goto BIO\_USEM  
elseif CHE\_EVER = 1 goto CHE\_USEM  
elseif COM\_EVER = 1 goto COM\_USEM  
elseif COM\_EVER = 2 goto COM\_NNOT  
elseif EHT\_EVER = 1 goto EHT\_USEM  
elseif HYP\_EVER = 1 goto HYP\_USEM  
elseif MAS\_EVER = 1 goto MAS\_USEM  
elseif NAT\_EVER = 1 goto NAT\_USEM  
else goto TRD\_EVER]

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**Question ID:** ALT.070\_00.000 **Instrument Variable Name:** AYU\_USEM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

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

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

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

**SkipInstructions:** <1>[goto AYU\_NUMB] <2, 'R', 'D' [goto BIO\_USEM or next modality respondent has used--see table below for determination:

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

---

**Question ID:** ALT.072\_00.000 **Instrument Variable Name:** AYU\_NUMB **QuestionnaireFileName:** Adult CAM

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

\*Read categories if necessary.

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

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

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

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**Question ID:** ALT.074\_00.000 **Instrument Variable Name:** AYU\_PAY **QuestionnaireFileName:** Adult CAM

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

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

<b>000-499</b>	\$0-\$499
<b>500</b>	\$500 or more
<b>997</b>	Refused
<b>999</b>	Don't know

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

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

---

**Question ID:** ALT.076\_00.000 **Instrument Variable Name:** AYU\_TRET **QuestionnaireFileName:** Adult CAM

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

<b>1</b>	Yes
<b>2</b>	No
<b>7</b>	Refused
<b>9</b>	Don't know

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

**SkipInstructions:** <1>[goto AYU\_COND] <2,R,D>[goto AYU\_ENG]

---

---

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Question ID: ALT.078\_00.000 Instrument Variable Name: AYU\_COND QuestionnaireFileName: Adult CAM

QuestionText: ?[F1]

For what health problems or conditions did you use ayurveda?

\*Enter all that apply, separate with commas.

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

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

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

**SkipInstructions:** <1-81> If more than one condition selected, [goto AYU\_MOST], elseif only one condition selected, [goto AYU\_MED],  
<82> [goto AYU\_SPEC]  
<Refused,Don't know> goto AYU\_ENG

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**Question ID:** ALT.079\_00.000 **Instrument Variable Name:** AYU\_SPEC **QuestionnaireFileName:** Adult 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 adults 18+ who used ayurveda to treat other health problem or condition

**SkipInstructions:** <Allow 75> if more than one condition selected [goto AYU\_MOST]; elseif only one condition selected [goto AYU\_MED]  
<Refused,Don't know> if more than one condition (1-81) selected [goto AYU\_MOST]; elseif only one condition (1-81) selected, [goto AYU\_MED]; else [goto AYU\_ENG]

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**Question ID:** ALT.080\_00.000 **Instrument Variable Name:** AYU\_MOST **QuestionnaireFileName:** Adult CAM

**QuestionText:** For which ONE of these health conditions did you use ayurveda the most?

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

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

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

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

**SkipInstructions:** <1-82> [goto AYU\_MED],  
<Refused,Don't know> [goto AYU\_ENG]

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**Question ID:** ALT.082\_00.000 **Instrument Variable Name:** AYU\_MED **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT2 ?[F1]

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

\*Enter all that apply, separate with commas.

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

**UniverseText:** Sample adults 18+ who received ayurveda for particular condition

**SkipInstructions:** <1> [goto AYU\_TIM1]  
<2> [goto AYU\_TIM2]  
<3> [goto AYU\_TIM3]  
<4> [goto AYU\_TIM4]  
<5> [goto AYU\_TIM5]  
  
<0, 'R','D'> [goto AYU\_ENG]]

---

**Question ID:** ALT.084\_01.000 **Instrument Variable Name:** AYU\_TIM1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive prescription medications for [fill: condition from AYU\_MOST or AYU\_COND or AYU\_SPEC] before, at about the same time, or after trying ayurveda?

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

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

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

---

**Question ID:** ALT.084\_02.000 **Instrument Variable Name:** AYU\_TIM2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive over-the-counter medications for [fill: condition from AYU\_MOST or AYU\_COND or AYU\_SPEC] before, at about the same time, or after trying ayurveda?

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

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

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

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**Question ID:** ALT.084\_03.000 **Instrument Variable Name:** AYU\_TIM3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive surgery for [fill: condition from AYU\_MOST or AYU\_COND or AYU\_SPEC] before, at about the same time, or after trying ayurveda?

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

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

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

---

**Question ID:** ALT.084\_04.000 **Instrument Variable Name:** AYU\_TIM4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive physical therapy for [fill: condition from AYU\_MOST or AYU\_COND or AYU\_SPEC] before, at about the same time, or after trying ayurveda?

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

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

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

---

**Question ID:** ALT.084\_05.000 **Instrument Variable Name:** AYU\_TIM5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive mental health counseling for [fill: condition from AYU\_MOST or AYU\_COND or AYU\_SPEC] before, at about the same time, or after trying ayurveda?

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

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

**SkipInstructions:** <1-3,R,D> [goto AYU\_ENG]

---



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**Question ID:** ALT.086\_00.000 **Instrument Variable Name:** AYU\_ENG **QuestionnaireFileName:** Adult CAM

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

...To improve or enhance energy

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

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

**SkipInstructions:** <1,2,D,R> [goto AYU\_WEL]

---

**Question ID:** ALT.088\_00.000 **Instrument Variable Name:** AYU\_WEL **QuestionnaireFileName:** Adult CAM

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

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

...For general wellness or general disease prevention

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

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

**SkipInstructions:** <1,2,D,R> [goto AYU\_IMM]

---

**Question ID:** ALT.090\_00.000 **Instrument Variable Name:** AYU\_IMM **QuestionnaireFileName:** Adult CAM

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

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

...To improve or enhance immune function

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

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

**SkipInstructions:** <1,2,D,R> [goto AYU\_NOHP]

---

---

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---

**Question ID:** ALT.092\_00.000 **Instrument Variable Name:** AYU\_NOHP **QuestionnaireFileName:** Adult CAM

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

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

...Because medical treatments did not help

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

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

**SkipInstructions:** <1,2,D,R> [goto AYU\_EXPS]

---

**Question ID:** ALT.094\_00.000 **Instrument Variable Name:** AYU\_EXPS **QuestionnaireFileName:** Adult CAM

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

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

...Because medical treatments were too expensive

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

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

**SkipInstructions:** <1,2,D,R> [goto AYU\_SUGG]

---

**Question ID:** ALT.096\_00.000 **Instrument Variable Name:** AYU\_SUGG **QuestionnaireFileName:** Adult CAM

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

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

...It was recommended by a health care provider

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

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

**SkipInstructions:** <1,2,D,R> [goto AYU\_FFC]

---

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**Question ID:** ALT.098\_00.000 **Instrument Variable Name:** AYU\_FFC **QuestionnaireFileName:** Adult CAM

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

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

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

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

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

**SkipInstructions:** <1,2,D,R> [goto AYU\_DISC]

**Question ID:** ALT.100\_00.000 **Instrument Variable Name:** AYU\_DISC **QuestionnaireFileName:** Adult CAM

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

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

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

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

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

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

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

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

Which ones?

\* Enter all that apply, separate with commas.

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

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

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

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

**Question ID:** ALT.104\_00.000 **Instrument Variable Name:** BIO\_USEM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

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

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

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

**SkipInstructions:** <1>[goto BIO\_NUMB] <2,'R','D' [goto CHE\_USEM or next modality respondent has used--see table below for determination:

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

---

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---

**Question ID:** ALT.106\_00.000 **Instrument Variable Name:** BIO\_NUMB **QuestionnaireFileName:** Adult CAM

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

\*Read categories if necessary.

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

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

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

---

**Question ID:** ALT.108\_00.000 **Instrument Variable Name:** BIO\_PAY **QuestionnaireFileName:** Adult CAM

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

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

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

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

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

---

**Question ID:** ALT.110\_00.000 **Instrument Variable Name:** BIO\_TRET **QuestionnaireFileName:** Adult CAM

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

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

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

**SkipInstructions:** <1>[goto BIO\_COND] <2,R,D>[goto BIO\_ENG]

---

---

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---

Question ID: ALT.112\_00.000 Instrument Variable Name: BIO\_COND QuestionnaireFileName: Adult CAM

QuestionText: ?[F1]

For what health problems or conditions did you use biofeedback?

\*Enter all that apply, separate with commas.

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

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

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

**SkipInstructions:** <1-81> If more than one condition selected, [goto BIO\_MOST], elseif only one condition selected, [goto BIO\_MED],  
<82> [goto BIO\_SPEC]  
<Refused,Don't know> goto BIO\_ENG

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---

**Question ID:** ALT.113\_00.000 **Instrument Variable Name:** BIO\_SPEC **QuestionnaireFileName:** Adult 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 adults 18+ who used biofeedback to treat other health problem or condition

**SkipInstructions:** <Allow 75> if more than one condition selected [goto BIO\_MOST]; elseif only one condition selected [goto BIO\_MED]  
<R,D> [if more than one condition (1-81) selected [goto BIO\_MOST]; elseif only one condition (1-81) selected [goto BIO\_MED]; else [goto BIO\_ENG]



---

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---

**Question ID:** ALT.114\_00.000 **Instrument Variable Name:** BIO\_MOST **QuestionnaireFileName:** Adult CAM

**QuestionText:** For which ONE of these health conditions did you use biofeedback the most?

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

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

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

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

**SkipInstructions:** <1-82> [goto BIO\_MED]  
<Refused,Don't know> [goto BIO\_ENG]

---

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---

**Question ID:** ALT.116\_00.000 **Instrument Variable Name:** BIO\_MED **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT2 ?[F1]

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

\*Enter all that apply, separate with commas.

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

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

**SkipInstructions:** <1> [goto BIO\_TIM1]  
<2> [goto BIO\_TIM2]  
<3> [goto BIO\_TIM3]  
<4> [goto BIO\_TIM4]  
<5> [goto BIO\_TIM5]  
  
<0, 'R','D'> [goto BIO\_ENG]]

---

**Question ID:** ALT.118\_01.000 **Instrument Variable Name:** BIO\_TIM1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive prescription medications for [fill: condition from BIO\_MOST or BIO\_COND or BIO\_SPEC] before, at about the same time, or after trying biofeedback?

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

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

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

---

**Question ID:** ALT.118\_02.000 **Instrument Variable Name:** BIO\_TIM2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive over-the-counter medications for [fill: condition from BIO\_MOST or BIO\_COND or BIO\_SPEC] before, at about the same time, or after trying biofeedback?

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

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

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

---

---

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---

**Question ID:** ALT.118\_03.000 **Instrument Variable Name:** BIO\_TIM3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive surgery for [fill: condition from BIO\_MOST or BIO\_COND or BIO\_SPEC] before, at about the same time, or after trying biofeedback?

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

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

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

---

**Question ID:** ALT.118\_04.000 **Instrument Variable Name:** BIO\_TIM4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive physical therapy for [fill: condition from BIO\_MOST or BIO\_COND or BIO\_SPEC] before, at about the same time, or after trying biofeedback?

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

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

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

---

**Question ID:** ALT.118\_05.000 **Instrument Variable Name:** BIO\_TIM5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive mental health counseling for [fill: condition from BIO\_MOST or BIO\_COND or BIO\_SPEC] before, at about the same time, or after trying biofeedback?

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

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

**SkipInstructions:** <1-3,R,D> [goto BIO\_ENG]

---

---

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---

**Question ID:** ALT.120\_00.000 **Instrument Variable Name:** BIO\_ENG **QuestionnaireFileName:** Adult CAM

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

...To improve or enhance energy

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

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

**SkipInstructions:** <1,2,D,R> [goto BIO\_WEL]

---

**Question ID:** ALT.122\_00.000 **Instrument Variable Name:** BIO\_WEL **QuestionnaireFileName:** Adult CAM

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

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

...For general wellness or general disease prevention

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

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

**SkipInstructions:** <1,2,D,R> [goto BIO\_IMM]

---

**Question ID:** ALT.124\_00.000 **Instrument Variable Name:** BIO\_IMM **QuestionnaireFileName:** Adult CAM

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

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

...To improve or enhance immune function

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

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

**SkipInstructions:** <1,2,D,R> [goto BIO\_NOHP]

---

---

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---

**Question ID:** ALT.126\_00.000 **Instrument Variable Name:** BIO\_NOHP **QuestionnaireFileName:** Adult CAM

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

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

...Because medical treatments did not help

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

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

**SkipInstructions:** <1,2,D,R> [goto BIO\_EXPS]

---

**Question ID:** ALT.128\_00.000 **Instrument Variable Name:** BIO\_EXPS **QuestionnaireFileName:** Adult CAM

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

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

...Because medical treatments were too expensive

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

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

**SkipInstructions:** <1,2,D,R> [goto BIO\_SUGG]

---

**Question ID:** ALT.130\_00.000 **Instrument Variable Name:** BIO\_SUGG **QuestionnaireFileName:** Adult CAM

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

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

...It was recommended by a health care provider

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

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

**SkipInstructions:** <1,2,D,R> [goto BIO\_FFC]

---

---

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---

**Question ID:** ALT.132\_00.000 **Instrument Variable Name:** BIO\_FFC **QuestionnaireFileName:** Adult CAM

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

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

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

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

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

**SkipInstructions:** <1,2,D,R> [goto BIO\_DISC]

---

**Question ID:** ALT.134\_00.000 **Instrument Variable Name:** BIO\_DISC **QuestionnaireFileName:** Adult CAM

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

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

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

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

**SkipInstructions:** <1>[goto BIOPROF]  
<2,D,R>[goto CHE\_USEM or next modality which respondent has used by cycling through table below:

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

---

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

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

Which ones?

\* Enter all that apply, separate with commas.

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

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

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

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

**Question ID:** ALT.138\_00.000 **Instrument Variable Name:** CHE\_USEM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

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

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

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

**SkipInstructions:** <1>[goto CHE\_NUMB] <2, 'R', 'D'>[goto COM\_USEM or next modality respondent has used, see flow from table below:

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



---

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---

**Question ID:** ALT.140\_00.000 **Instrument Variable Name:** CHE\_NUMB **QuestionnaireFileName:** Adult CAM

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

\*Read categories if necessary.

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

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

**SkipInstructions:** <1,2,3,4,5,6,7,8,R,D>[goto CHE\_PAY]

---

**Question ID:** ALT.142\_00.000 **Instrument Variable Name:** CHE\_PAY **QuestionnaireFileName:** Adult CAM

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

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

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

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

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

---

**Question ID:** ALT.144\_00.000 **Instrument Variable Name:** CHE\_TRET **QuestionnaireFileName:** Adult CAM

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

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

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

**SkipInstructions:** <1>[goto CHE\_COND] <2,R,D>[goto CHE\_ENG]

---

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Question ID: ALT.146\_00.000 Instrument Variable Name: CHE\_COND QuestionnaireFileName: Adult CAM

QuestionText: ?[F1]

For what health problems or conditions did you use chelation therapy?

\*Enter all that apply, separate with commas.

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

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

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

**SkipInstructions:** <1-81> If more than one condition selected, [goto CHE\_MOST], elseif only one condition selected, [goto CHE\_MED]  
<82> [goto CHE\_SPEC]  
<Refused,Don't know> goto CHE\_ENG

---

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---

**Question ID:** ALT.147\_00.000    **Instrument Variable Name:** CHE\_SPEC    **QuestionnaireFileName:** Adult CAM

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

97 Refused

99 Don't know

**Verbatim** Verbatim response

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

**SkipInstructions:** <Allow 75> if more than one condition selected [goto CHE\_MOST]; else if only one condition selected [goto CHE\_MED]  
<R,D> [if more than one condition (1-81) selected [goto CHE\_MOST]; elseif only one condition (1-81) selected [goto CHE\_MED]; else [goto CHE\_ENG]

---

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**Question ID:** ALT.148\_00.000 **Instrument Variable Name:** CHE\_MOST **QuestionnaireFileName:** Adult CAM

**QuestionText:** For which ONE of these health conditions did you use chelation therapy the most?

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

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

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

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

**SkipInstructions:** <1-82> [goto CHE\_MED],  
<Refused,Don't know> [goto CHE\_ENG]

---

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**Question ID:** ALT.150\_00.000 **Instrument Variable Name:** CHE\_MED **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT2 ?[F1]

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

\*Enter all that apply, separate with commas.

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

**UniverseText:** Sample adults 18+ who received chelation therapy for particular condition

**SkipInstructions:** <1> [goto CHE\_TIM1]  
<2> [goto CHE\_TIM2]  
<3> [goto CHE\_TIM3]  
<4> [goto CHE\_TIM4]  
<5> [goto CHE\_TIM5]  
  
<0, 'R','D'> [goto CHE\_ENG]]

---

**Question ID:** ALT.152\_01.000 **Instrument Variable Name:** CHE\_TIM1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive prescription medications for [fill: condition from CHE\_MOST or CHE\_COND or CHE\_SPEC] before, at about the same time, or after trying chelation therapy?

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

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

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

---

**Question ID:** ALT.152\_02.000 **Instrument Variable Name:** CHE\_TIM2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive over-the-counter medications for [fill: condition from CHE\_MOST or CHE\_COND or CHE\_SPEC] before, at about the same time, or after trying chelation therapy?

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

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

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

---

---

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**Question ID:** ALT.152\_03.000 **Instrument Variable Name:** CHE\_TIM3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive surgery for [fill: condition from CHE\_MOST or CHE\_COND or CHE\_SPEC] before, at about the same time, or after trying chelation therapy?

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

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

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

---

**Question ID:** ALT.152\_04.000 **Instrument Variable Name:** CHE\_TIM4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive physical therapy for [fill: condition from CHE\_MOST or CHE\_COND or CHE\_SPEC] before, at about the same time, or after trying chelation therapy?

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

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

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

---

**Question ID:** ALT.152\_05.000 **Instrument Variable Name:** CHE\_TIM5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive mental health counseling for [fill: condition from CHE\_MOST or CHE\_COND or CHE\_SPEC] before, at about the same time, or after trying chelation therapy?

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

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

**SkipInstructions:** <1-3,R,D> [goto CHE\_ENG]

---



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**Question ID:** ALT.154\_00.000 **Instrument Variable Name:** CHE\_ENG **QuestionnaireFileName:** Adult CAM

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

...To improve or enhance energy

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

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

**SkipInstructions:** <1,2,D,R> [goto CHE\_WEL]

---

**Question ID:** ALT.156\_00.000 **Instrument Variable Name:** CHE\_WEL **QuestionnaireFileName:** Adult CAM

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

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

...For general wellness or general disease prevention

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

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

**SkipInstructions:** <1,2,D,R> [goto CHE\_IMM]

---

**Question ID:** ALT.158\_00.000 **Instrument Variable Name:** CHE\_IMM **QuestionnaireFileName:** Adult CAM

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

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

...To improve or enhance immune function

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

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

**SkipInstructions:** <1,2,D,R> [goto CHE\_NOHP]

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**Question ID:** ALT.160\_00.000 **Instrument Variable Name:** CHE\_NOHP **QuestionnaireFileName:** Adult CAM

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

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

...Because medical treatments did not help

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

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

**SkipInstructions:** <1,2,D,R> [goto CHE\_EXPS]

---

**Question ID:** ALT.162\_00.000 **Instrument Variable Name:** CHE\_EXPS **QuestionnaireFileName:** Adult CAM

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

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

...Because medical treatments were too expensive

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

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

**SkipInstructions:** <1,2,D,R> [goto CHE\_SUGG]

---

**Question ID:** ALT.164\_00.000 **Instrument Variable Name:** CHE\_SUGG **QuestionnaireFileName:** Adult CAM

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

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

...It was recommended by a health care provider

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

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

**SkipInstructions:** <1,2,D,R> [goto CHE\_FFC]

---

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---

**Question ID:** ALT.166\_00.000 **Instrument Variable Name:** CHE\_FFC **QuestionnaireFileName:** Adult CAM

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

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

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

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

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

**SkipInstructions:** <1,2,D,R> [goto CHE\_DISC]

---

**Question ID:** ALT.168\_00.000 **Instrument Variable Name:** CHE\_DISC **QuestionnaireFileName:** Adult CAM

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

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

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

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

**SkipInstructions:** <1>[goto CHEPROF]  
<2,D,R>[goto CHE\_USEM or next modality which respondent has used.--see table below:

If COM\_EVER = 1 goto COM\_USEM  
elseif COM\_EVER = 2 goto COM\_NNOT  
elseif EHT\_EVER = 1 goto EHT\_USEM  
elseif HYP\_EVER = 1 goto HYP\_USEM  
elseif MAS\_EVER = 1 goto MAS\_USEM  
elseif NAT\_EVER = 1 goto NAT\_USEM  
else goto TRD\_EVER

---

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**Question ID:** ALT.170\_00.000 **Instrument Variable Name:** CHEPROF **QuestionnaireFileName:** Adult CAM

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

Which ones?

\* Enter all that apply, separate with commas.

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

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

**SkipInstructions:** <1-7,R,D>[goto see table below]  
 If COM\_EVER = 1 goto COM\_USEM  
 elseif COM\_EVER = 2 goto COM\_NNOT  
 elseif EHT\_EVER = 1 goto EHT\_USEM  
 elseif HYP\_EVER = 1 goto HYP\_USEM  
 elseif MAS\_EVER = 1 goto MAS\_USEM  
 elseif NAT\_EVER = 1 goto NAT\_USEM  
 else goto TRD\_EVER

**Question ID:** ALT.172\_00.000 **Instrument Variable Name:** COM\_USEM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you see a practitioner for chiropractic or osteopathic manipulation?

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

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

**SkipInstructions:** <1>[goto COM\_NUMB] <2>[goto COM\_MNOT] <R,D>[goto EHT\_USEM or next modality respondent has used.--see table below for determination:  
 If EHT\_EVER = 1 goto EHT\_USEM  
 elseif HYP\_EVER = 1 goto HYP\_USEM  
 elseif MAS\_EVER = 1 goto MAS\_USEM  
 elseif NAT\_EVER = 1 goto NAT\_USEM  
 else goto TRD\_EVER

---

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**Question ID:** ALT.174\_00.000 **Instrument Variable Name:** COM\_NUMB **QuestionnaireFileName:** Adult CAM

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

\*Read categories if necessary.

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

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

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

---

**Question ID:** ALT.176\_00.000 **Instrument Variable Name:** COM\_PAY **QuestionnaireFileName:** Adult CAM

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

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

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

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

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

---

**Question ID:** ALT.178\_00.000 **Instrument Variable Name:** COM\_TRET **QuestionnaireFileName:** Adult CAM

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

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

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

**SkipInstructions:** <1>[goto COM\_COND] <2,R,D>[goto COM\_ENG]

---

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Question ID: ALT.180\_00.000 Instrument Variable Name: COM\_COND QuestionnaireFileName: Adult CAM

QuestionText: ?[F1]

For what health problems or conditions did you use chiropractic or osteopathic manipulation?

\*Enter all that apply, separate with commas.

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

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

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

**SkipInstructions:** <1-81> If more than one condition selected, [goto COM\_MOST], elseif only one condition selected, [goto COM\_MED]  
 <82> [goto COM\_SPEC]  
 <Refused,Don't know> goto COM\_ENG

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**Question ID:** ALT.181\_00.000 **Instrument Variable Name:** COM\_SPEC **QuestionnaireFileName:** Adult 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 adults 18+ who used chiropractic or osteopathic manipulation to treat other health problem or condition

**SkipInstructions:** <Allow 75> if more than one condition selected [goto COM\_MOST]; else if only one condition selected [goto COM\_MED]  
<R,D> [if more than one condition (1-81) selected [goto COM\_MOST]; elseif only one condition (1-81) selected [goto COM\_MED]; else [goto COM\_ENG]



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**Question ID:** ALT.182\_00.000 **Instrument Variable Name:** COM\_MOST **QuestionnaireFileName:** Adult CAM

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

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

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

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

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

**SkipInstructions:** <1-82> [goto COM\_MED],  
<Refused,Don't know> [goto COM\_ENG]

---

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---

**Question ID:** ALT.184\_00.000 **Instrument Variable Name:** COM\_MED **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT2 ?[F1]

Did you receive any of these conventional medical treatments for [fill: condition for which chiropractic or osteopathic manipulation used the most]?

\*Enter all that apply, separate with commas.

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

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

**SkipInstructions:** <1> [goto COM\_TIM1]  
<2> [goto COM\_TIM2]  
<3> [goto COM\_TIM3]  
<4> [goto COM\_TIM4]  
<5> [goto COM\_TIM5]

<0, 'R','D'> [goto COM\_ENG]]

---

**Question ID:** ALT.186\_01.000 **Instrument Variable Name:** COM\_TIM1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive prescription medications for [fill: condition from COM\_MOST or COM\_COND or COM\_SPEC] before, at about the same time, or after trying chiropractic or osteopathic manipulation?

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

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

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

---

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**Question ID:** ALT.186\_02.000 **Instrument Variable Name:** COM\_TIM2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive over-the-counter medications for [fill: condition from COM\_MOST or COM\_COND or COM\_SPEC] before, at about the same time, or after trying chiropractic or osteopathic manipulation?

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

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

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

---

**Question ID:** ALT.186\_03.000 **Instrument Variable Name:** COM\_TIM3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive surgery for [fill: condition from COM\_MOST or COM\_COND or COM\_SPEC] before, at about the same time, or after trying chiropractic or osteopathic manipulation?

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

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

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

---

**Question ID:** ALT.186\_04.000 **Instrument Variable Name:** COM\_TIM4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive physical therapy for [fill: condition from COM\_MOST or COM\_COND or COM\_SPEC] before, at about the same time, or after trying chiropractic or osteopathic manipulation?

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

**UniverseText:** Sample adults 18+ who had physical therapy for condition they used chiropractic or osteopathic manipulation for the most

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

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**Question ID:** ALT.186\_05.000 **Instrument Variable Name:** COM\_TIM5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive mental health counseling for [fill: condition from COM\_MOST or COM\_COND or COM\_SPEC] before, at about the same time, or after trying chiropractic or osteopathic manipulation?

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

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

**SkipInstructions:** <1-3,R,D> [goto COM\_ENG]

---

**Question ID:** ALT.188\_00.000 **Instrument Variable Name:** COM\_ENG **QuestionnaireFileName:** Adult CAM

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

...To improve or enhance energy

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

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

**SkipInstructions:** <1,2,D,R> [goto COM\_WEL]

---

**Question ID:** ALT.190\_00.000 **Instrument Variable Name:** COM\_WEL **QuestionnaireFileName:** Adult CAM

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

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

...For general wellness or general disease prevention

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

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

**SkipInstructions:** <1,2,D,R> [goto COM\_IMM]

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**Question ID:** ALT.192\_00.000 **Instrument Variable Name:** COM\_IMM **QuestionnaireFileName:** Adult CAM

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

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

...To improve or enhance immune function

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

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

**SkipInstructions:** <1,2,D,R> [goto COM\_NOHP]

---

**Question ID:** ALT.194\_00.000 **Instrument Variable Name:** COM\_NOHP **QuestionnaireFileName:** Adult CAM

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

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

...Because medical treatments did not help

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

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

**SkipInstructions:** <1,2,D,R> [goto COM\_EXPS]

---

**Question ID:** ALT.196\_00.000 **Instrument Variable Name:** COM\_EXPS **QuestionnaireFileName:** Adult CAM

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

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

...Because medical treatments were too expensive

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

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

**SkipInstructions:** <1,2,D,R> [goto COM\_SUGG]

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**Question ID:** ALT.198\_00.000 **Instrument Variable Name:** COM\_SUGG **QuestionnaireFileName:** Adult CAM

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

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

...It was recommended by a health care provider

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

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

**SkipInstructions:** <1,2,D,R> [goto COM\_FFC]

---

**Question ID:** ALT.200\_00.000 **Instrument Variable Name:** COM\_FFC **QuestionnaireFileName:** Adult CAM

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

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

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

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

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

**SkipInstructions:** <1,2,D,R> [goto COM\_DISC]

---

**Question ID:** ALT.202\_00.000 **Instrument Variable Name:** COM\_DISC **QuestionnaireFileName:** Adult CAM

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

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

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

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

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

If EHT\_EVER = 1 goto EHT\_USEM  
elseif HYP\_EVER = 1 goto HYP\_USEM  
elseif MAS\_EVER = 1 goto MAS\_USEM  
elseif NAT\_EVER = 1 goto NAT\_USEM  
else gotoTRD\_EVER

---

---

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**Question ID:** ALT.204\_00.000 **Instrument Variable Name:** COMPROF **QuestionnaireFileName:** Adult CAM

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

Which ones?

\* Enter all that apply, separate with commas.

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

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

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

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



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**Question ID:** ALT.206\_00.000 **Instrument Variable Name:** COM\_MNOT **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT4

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

\*Enter all that apply, separate with commas.

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

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

**SkipInstructions:** <6> goto COM\_SDEF  
<1-5,7-9, 'R', 'D' >[goto EHT\_USEM or next modality that respondent has used;--see table below for determination:  
  
If EHT\_EVER = 1 goto EHT\_USEM  
elseif HYP\_EVER = 1 goto HYP\_USEM  
elseif MAS\_EVER = 1 goto MAS\_USEM  
elseif NAT\_EVER = 1 goto NAT\_USEM  
else goto TRD\_EVER

---

**Question ID:** ALT.208\_00.000 **Instrument Variable Name:** COM\_SDEF **QuestionnaireFileName:** Adult CAM

**QuestionText:** What kinds of side effects did you have?

- 97 Refused
- 99 Don't know
- Verbatim** Verbatim response

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

**SkipInstructions:** <allow 75 characters, 'R', 'D' > [goto COM\_ATT]

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**Question ID:** ALT.210\_00.000 **Instrument Variable Name:** COM\_ATT **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did any of these require medical attention?

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

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

**SkipInstructions:** <1,2,R,D> [goto EHT\_USEM or next modality respondent has used -- see table below for determination:

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

---

**Question ID:** ALT.212\_00.000 **Instrument Variable Name:** COM\_NNOT **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT5

Please tell me the reasons why you have never used chiropractic or osteopathic manipulation.

\*Enter all that apply, separate with commas.

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

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

**SkipInstructions:** <1-10,R,D> If EHT\_EVER = 1 goto EHT\_USEM  
elseif HYP\_EVER = 1 goto HYP\_USEM  
elseif MAS\_EVER = 1 goto MAS\_USEM  
elseif NAT\_EVER = 1 goto NAT\_USEM  
else goto TRD\_EVER

---

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**Question ID:** ALT.214\_00.000 **Instrument Variable Name:** EHT\_USEM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

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

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

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

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

If HYP\_EVER = 1 goto HYP\_USEM  
elseif MAS\_EVER = 1 goto MAS\_USEM  
elseif NAT\_EVER = 1 goto NAT\_USEM  
else goto TRD\_EVER

---

**Question ID:** ALT.216\_00.000 **Instrument Variable Name:** EHT\_NUMB **QuestionnaireFileName:** Adult CAM

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

\*Read categories if necessary.

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

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

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

---

**Question ID:** ALT.218\_00.000 **Instrument Variable Name:** EHT\_PAY **QuestionnaireFileName:** Adult CAM

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

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

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

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

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

---

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**Question ID:** ALT.220\_00.000 **Instrument Variable Name:** EHT\_TRET **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you use energy healing therapy for a specific health problem or condition?

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

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

**SkipInstructions:** <1>[goto EHT\_COND] <2,R,D>[goto EHT\_ENG]

---

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---

Question ID: ALT.222\_00.000 Instrument Variable Name: EHT\_COND QuestionnaireFileName: Adult CAM

QuestionText: ?[F1]

For what health problems or conditions did you use energy healing therapy?

\*Enter all that apply, separate with commas.

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

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

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

**SkipInstructions:** <1-81> If more than one condition selected, [goto EHT\_MOST], elseif only one condition selected, [goto EHT\_MED]  
<82> [goto EHT\_SPEC]  
<Refused,Don't know> goto EHT\_ENG

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**Question ID:** ALT.223\_00.000    **Instrument Variable Name:** EHT\_SPEC    **QuestionnaireFileName:** Adult 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 adults 18+ who used energy healing therapy to treat other health problem or condition

**SkipInstructions:** <Allow 75> if more than one condition selected [goto EHT\_MOST]; else if only one condition selected [goto EHT\_MED]  
<R,D> [if more than one condition (1-81) selected [goto EHT\_MOST]; elseif only one condition (1-81) selected [goto EHT\_MED]; else [goto EHT\_ENG]

---

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**Question ID:** ALT.224\_00.000 **Instrument Variable Name:** EHT\_MOST **QuestionnaireFileName:** Adult CAM

**QuestionText:** For which ONE of these health conditions did you use energy healing therapy the most?

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

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



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

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

**SkipInstructions:** <1-82> [goto EHT\_MED],  
<Refused,Don't know> [goto EHT\_ENG]

---

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**Question ID:** ALT.226\_00.000 **Instrument Variable Name:** EHT\_MED **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT2 ?[F1]

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

\*Enter all that apply, separate with commas.

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

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

**SkipInstructions:** <1> [goto EHT\_TIM1]  
<2> [goto EHT\_TIM2]  
<3> [goto EHT\_TIM3]  
<4> [goto EHT\_TIM4]  
<5> [goto EHT\_TIM5]  
  
<0, 'R','D'> [goto EHT\_ENG]]

---

**Question ID:** ALT.228\_01.000 **Instrument Variable Name:** EHT\_TIM1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive prescription medications for [fill: condition from EHT\_MOST or EHT\_COND or EHT\_SPEC] before, at about the same time, or after trying energy healing therapy?

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

**UniverseText:** Sample adults 18+ who used prescription medications for condition they used energy healing therapy for the most

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

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**Question ID:** ALT.228\_02.000 **Instrument Variable Name:** EHT\_TIM2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive over-the-counter medications for [fill: condition from EHT\_MOST or EHT\_COND or EHT\_SPEC] before, at about the same time, or after trying energy healing therapy?

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

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

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

---

**Question ID:** ALT.228\_03.000 **Instrument Variable Name:** EHT\_TIM3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive surgery for [fill: condition from EHT\_MOST or EHT\_COND or EHT\_SPEC] before, at about the same time, or after trying energy healing therapy?

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

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

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

---

**Question ID:** ALT.228\_04.000 **Instrument Variable Name:** EHT\_TIM4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive physical therapy for [fill: condition from EHT\_MOST or EHT\_COND or EHT\_SPEC] before, at about the same time, or after trying energy healing therapy?

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

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

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

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**Question ID:** ALT.228\_05.000 **Instrument Variable Name:** EHT\_TIM5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive mental health counseling for [fill: condition from EHT\_MOST or EHT\_COND or EHT\_SPEC] before, at about the same time, or after trying energy healing therapy?

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

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

**SkipInstructions:** <1-3,R,D> [goto EHT\_ENG]

---

**Question ID:** ALT.230\_00.000 **Instrument Variable Name:** EHT\_ENG **QuestionnaireFileName:** Adult CAM

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

...To improve or enhance energy

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

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

**SkipInstructions:** <1,2,D,R> [goto EHT\_WEL]

---

**Question ID:** ALT.232\_00.000 **Instrument Variable Name:** EHT\_WEL **QuestionnaireFileName:** Adult CAM

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

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

...For general wellness or general disease prevention

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

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

**SkipInstructions:** <1,2,D,R> [goto EHT\_IMM]

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**Question ID:** ALT.234\_00.000 **Instrument Variable Name:** EHT\_IMM **QuestionnaireFileName:** Adult CAM

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

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

...To improve or enhance immune function

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

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

**SkipInstructions:** <1,2,D,R> [goto EHT\_NOHP]

---

**Question ID:** ALT.236\_00.000 **Instrument Variable Name:** EHT\_NOHP **QuestionnaireFileName:** Adult CAM

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

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

...Because medical treatments did not help

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

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

**SkipInstructions:** <1,2,D,R> [goto EHT\_EXPS]

---

**Question ID:** ALT.238\_00.000 **Instrument Variable Name:** EHT\_EXPS **QuestionnaireFileName:** Adult CAM

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

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

...Because medical treatments were too expensive

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

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

**SkipInstructions:** <1,2,D,R> [goto EHT\_SUGG]

---

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**Question ID:** ALT.240\_00.000 **Instrument Variable Name:** EHT\_SUGG **QuestionnaireFileName:** Adult CAM

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

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

...It was recommended by a health care provider

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

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

**SkipInstructions:** <1,2,D,R> [goto EHT\_FFC]

**Question ID:** ALT.242\_00.000 **Instrument Variable Name:** EHT\_FFC **QuestionnaireFileName:** Adult CAM

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

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

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

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

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

**SkipInstructions:** <1,2,D,R> [goto EHT\_DISC]

**Question ID:** ALT.244\_00.000 **Instrument Variable Name:** EHT\_DISC **QuestionnaireFileName:** Adult CAM

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

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

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

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

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

If HYP\_EVER = 1 goto HYP\_USEM  
 elseif MAS\_EVER = 1 goto MAS\_USEM  
 elseif NAT\_EVER = 1 goto NAT\_USEM  
 else goto TRD\_EVER

---

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**Question ID:** ALT.246\_00.000 **Instrument Variable Name:** EHTPROF **QuestionnaireFileName:** Adult CAM

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

Which ones?

\*Enter all that apply, separate with commas.

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

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

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

If HYP\_EVER = 1 goto HYP\_USEM  
elseif MAS\_EVER = 1 goto MAS\_USEM  
elseif NAT\_EVER = 1 goto NAT\_USEM  
else goto TRD\_EVER

---

**Question ID:** ALT.248\_00.000 **Instrument Variable Name:** HYP\_USEM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

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

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

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

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

If MAS\_EVER = 1 goto MAS\_USEM  
elseif NAT\_EVER = 1 goto NAT\_USEM  
else goto TRD\_EVER

---

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**Question ID:** ALT.250\_00.000 **Instrument Variable Name:** HYP\_NUMB **QuestionnaireFileName:** Adult CAM

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

\*Read categories if necessary.

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

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

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

---

**Question ID:** ALT.252\_00.000 **Instrument Variable Name:** HYP\_PAY **QuestionnaireFileName:** Adult CAM

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

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

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

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

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

---

**Question ID:** ALT.254\_00.000 **Instrument Variable Name:** HYP\_TRET **QuestionnaireFileName:** Adult CAM

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

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

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

**SkipInstructions:** <1>[goto HYP\_COND] <2,R,D>[goto HYP\_ENG]

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Question ID: ALT.256\_00.000 Instrument Variable Name: HYP\_COND QuestionnaireFileName: Adult CAM

QuestionText: ?[F1]

For what health problems or conditions did you use hypnosis?

\*Enter all that apply, separate with commas.

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

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

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

**SkipInstructions:** <1-81> If more than one condition selected, [goto HYP\_MOST], elseif only one condition selected, [goto HYP\_MED]  
<82> [goto HYP\_SPEC]  
<Refused,Don't know> goto HYP\_ENG

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**Question ID:** ALT.257\_00.000 **Instrument Variable Name:** HYP\_SPEC **QuestionnaireFileName:** Adult 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 adults 18+ who used hypnosis to treat other health problem or condition

**SkipInstructions:** <Allow 75> if more than one condition selected [goto HYP\_MOST]; else if only one condition selected [goto HYP\_MED]  
<R,D> [if more than one condition (1-81) selected [goto HYP\_MOST]; elseif only one condition (1-81) selected [goto HYP\_MED]; else [goto HYP\_ENG]

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Question ID: ALT.258\_00.000 Instrument Variable Name: HYP\_MOST QuestionnaireFileName: Adult CAM

QuestionText: For which ONE of these health conditions did you use hypnosis the most?

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

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

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

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

**SkipInstructions:** <1-82> [goto HYP\_MED]  
<Refused,Don't know> [goto HYP\_ENG]

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**Question ID:** ALT.260\_00.000 **Instrument Variable Name:** HYP\_MED **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT2 ?[F1]

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

\*Enter all that apply, separate with commas.

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

**UniverseText:** Sample adults 18+ who received hypnosis for particular condition

**SkipInstructions:** <1> [goto HYP\_TIM1]  
<2> [goto HYP\_TIM2]  
<3> [goto HYP\_TIM3]  
<4> [goto HYP\_TIM4]  
<5> [goto HYP\_TIM5]  
  
<0, 'R','D'> [goto HYP\_ENG]]

---

**Question ID:** ALT.262\_01.000 **Instrument Variable Name:** HYP\_TIM1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive prescription medications for [fill: condition from HYP\_MOST or HYP\_COND or HYP\_SPEC] before, at about the same time, or after trying hypnosis?

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

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

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

---

**Question ID:** ALT.262\_02.000 **Instrument Variable Name:** HYP\_TIM2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive over-the-counter medications for [fill: condition from HYP\_MOST or HYP\_COND or HYP\_SPEC] before, at about the same time, or after trying hypnosis?

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

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

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

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**Question ID:** ALT.262\_03.000 **Instrument Variable Name:** HYP\_TIM3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive surgery for [fill: condition from HYP\_MOST or HYP\_COND or HYP\_SPEC] before, at about the same time, or after trying hypnosis?

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

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

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

---

**Question ID:** ALT.262\_04.000 **Instrument Variable Name:** HYP\_TIM4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive physical therapy for [fill: condition from HYP\_MOST or HYP\_COND or HYP\_SPEC] before, at about the same time, or after trying hypnosis?

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

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

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

---

**Question ID:** ALT.262\_05.000 **Instrument Variable Name:** HYP\_TIM5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive mental health counseling for [fill: condition from HYP\_MOST or HYP\_COND or HYP\_SPEC] before, at about the same time, or after trying hypnosis?

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

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

**SkipInstructions:** <1-3,R,D> [goto HYP\_ENG]

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**2007 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.264\_00.000 **Instrument Variable Name:** HYP\_ENG **QuestionnaireFileName:** Adult CAM

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

...To improve or enhance energy

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

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

**SkipInstructions:** <1,2,D,R> [goto HYP\_WEL]

---

**Question ID:** ALT.266\_00.000 **Instrument Variable Name:** HYP\_WEL **QuestionnaireFileName:** Adult CAM

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

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

...For general wellness or general disease prevention

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

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

**SkipInstructions:** <1,2,D,R> [goto HYP\_IMM]

---

**Question ID:** ALT.268\_00.000 **Instrument Variable Name:** HYP\_IMM **QuestionnaireFileName:** Adult CAM

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

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

...To improve or enhance immune function

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

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

**SkipInstructions:** <1,2,D,R> [goto HYP\_NOHP]

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**2007 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.270\_00.000 **Instrument Variable Name:** HYP\_NOHP **QuestionnaireFileName:** Adult CAM

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

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

...Because medical treatments did not help

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

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

**SkipInstructions:** <1,2,D,R> [goto HYP\_EXPS]

---

**Question ID:** ALT.272\_00.000 **Instrument Variable Name:** HYP\_EXPS **QuestionnaireFileName:** Adult CAM

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

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

...Because medical treatments were too expensive

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

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

**SkipInstructions:** <1,2,D,R> [goto HYP\_SUGG]

---

**Question ID:** ALT.274\_00.000 **Instrument Variable Name:** HYP\_SUGG **QuestionnaireFileName:** Adult CAM

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

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

...It was recommended by a health care provider

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

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

**SkipInstructions:** <1,2,D,R> [goto HYP\_FFC]

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**2007 NHIS Questionnaire - Adult CAM**  
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**Question ID:** ALT.276\_00.000 **Instrument Variable Name:** HYP\_FFC **QuestionnaireFileName:** Adult CAM

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

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

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

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

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

**SkipInstructions:** <1,2,D,R> [goto HYP\_DISC]

---

**Question ID:** ALT.278\_00.000 **Instrument Variable Name:** HYP\_DISC **QuestionnaireFileName:** Adult CAM

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

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

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

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

**SkipInstructions:** <1>[goto HYPPROF]  
<2,D,R>[goto MAS\_USEM or next modality which respondent has used --see table below for determination:

If MAS\_EVER = 1 goto MAS\_USEM  
elseif NAT\_EVER = 1 goto NAT\_USEM  
else goto TRD\_EVER

---

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**Question ID:** ALT.280\_00.000 **Instrument Variable Name:** HYPPROF **QuestionnaireFileName:** Adult CAM

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

Which ones?

\*Enter all that apply, separate with commas.

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

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

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

If MAS\_EVER = 1 goto MAS\_USEM  
elseif NAT\_EVER = 1 goto NAT\_USEM  
else goto TRD\_EVER

---

**Question ID:** ALT.282\_00.000 **Instrument Variable Name:** MAS\_USEM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

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

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

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

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

If NAT\_EVER = 1 goto NAT\_USEM  
else goto TRD\_EVER

---

---

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**Question ID:** ALT.284\_00.000 **Instrument Variable Name:** MAS\_NUMB **QuestionnaireFileName:** Adult CAM

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

\*Read categories if necessary.

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

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

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

---

**Question ID:** ALT.286\_00.000 **Instrument Variable Name:** MAS\_PAY **QuestionnaireFileName:** Adult CAM

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

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

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

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

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

---

**Question ID:** ALT.288\_00.000 **Instrument Variable Name:** MAS\_TRET **QuestionnaireFileName:** Adult CAM

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

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

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

**SkipInstructions:** <1>[goto MAS\_COND] <2,R,D>[goto MAS\_ENG]

---

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Question ID: ALT.290\_00.000 Instrument Variable Name: MAS\_COND QuestionnaireFileName: Adult CAM

QuestionText: ?[F1]

For what health problems or conditions did you use massage?

\*Enter all that apply, separate with commas.

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

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

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

**SkipInstructions:** <1-81> If more than one condition selected, [goto MAS\_MOST], elseif only one condition selected, [goto MAS\_MED]  
<82> [goto MAS\_SPEC]  
<Refused,Don't know> goto MAS\_ENG

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**Question ID:** ALT.291\_00.000 **Instrument Variable Name:** MAS\_SPEC **QuestionnaireFileName:** Adult 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 adults 18+ who used massage to treat other health problem or condition

**SkipInstructions:** <Allow 75> if more than one condition selected [goto MAS\_MOST]; else if only one condition selected [goto MAS\_MED]  
<R,D> [if more than one condition (1-81) selected [goto MAS\_MOST]; elseif only one condition (1-81) selected [goto MAS\_MED]; else [goto MAS\_ENG]

---

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**Question ID:** ALT.292\_00.000 **Instrument Variable Name:** MAS\_MOST **QuestionnaireFileName:** Adult CAM

**QuestionText:** For which ONE of these health conditions did you use massage the most?

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

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



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

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

**SkipInstructions:** <1-82> goto MAS\_MED  
<Refused, Don't know> goto MAS\_ENG

---

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**Question ID:** ALT.294\_00.000 **Instrument Variable Name:** MAS\_MED **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT2 ?[F1]

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

\*Enter all that apply, separate with commas.

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

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

**SkipInstructions:** <1> [goto MAS\_TIM1]  
<2> [goto MAS\_TIM2]  
<3> [goto MAS\_TIM3]  
<4> [goto MAS\_TIM4]  
<5> [goto MAS\_TIM5]  
  
<0, 'R','D'> [goto MAS\_ENG]]

---

**Question ID:** ALT.296\_01.000 **Instrument Variable Name:** MAS\_TIM1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive prescription medications for [fill: condition from MAS\_MOST or MAS\_COND or MAS\_SPEC] before, at about the same time, or after trying massage?

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

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

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

---

**Question ID:** ALT.296\_02.000 **Instrument Variable Name:** MAS\_TIM2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive over-the-counter medications for [fill: condition from MAS\_MOST or MAS\_COND or MAS\_SPEC] before, at about the same time, or after trying massage?

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

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

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

---

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**Question ID:** ALT.296\_03.000 **Instrument Variable Name:** MAS\_TIM3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive surgery for [fill: condition from MAS\_MOST or MAS\_COND or MAS\_SPEC] before, at about the same time, or after trying massage?

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

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

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

---

**Question ID:** ALT.296\_04.000 **Instrument Variable Name:** MAS\_TIM4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive physical therapy for [fill: condition from MAS\_MOST or MAS\_COND or MAS\_SPEC] before, at about the same time, or after trying massage?

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

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

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

---

**Question ID:** ALT.296\_05.000 **Instrument Variable Name:** MAS\_TIM5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive mental health counseling for [fill: condition from MAS\_MOST or MAS\_COND or MAS\_SPEC] before, at about the same time, or after trying massage?

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

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

**SkipInstructions:** <1-3,R,D> [goto MAS\_ENG]

---

---

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**Question ID:** ALT.298\_00.000 **Instrument Variable Name:** MAS\_ENG **QuestionnaireFileName:** Adult CAM

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

...To improve or enhance energy

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

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

**SkipInstructions:** <1,2,D,R> [goto MAS\_WEL]

---

**Question ID:** ALT.300\_00.000 **Instrument Variable Name:** MAS\_WEL **QuestionnaireFileName:** Adult CAM

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

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

...For general wellness or general disease prevention

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

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

**SkipInstructions:** <1,2,D,R> [goto MAS\_IMM]

---

**Question ID:** ALT.302\_00.000 **Instrument Variable Name:** MAS\_IMM **QuestionnaireFileName:** Adult CAM

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

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

...To improve or enhance immune function

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

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

**SkipInstructions:** <1,2,D,R> [goto MAS\_NOHP]

---

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**Question ID:** ALT.304\_00.000 **Instrument Variable Name:** MAS\_NOHP **QuestionnaireFileName:** Adult CAM

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

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

...Because medical treatments did not help

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

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

**SkipInstructions:** <1,2,D,R> [goto MAS\_EXPS]

---

**Question ID:** ALT.306\_00.000 **Instrument Variable Name:** MAS\_EXPS **QuestionnaireFileName:** Adult CAM

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

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

...Because medical treatments were too expensive

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

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

**SkipInstructions:** <1,2,D,R> [goto MAS\_SUGG]

---

**Question ID:** ALT.308\_00.000 **Instrument Variable Name:** MAS\_SUGG **QuestionnaireFileName:** Adult CAM

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

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

...It was recommended by a health care provider

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

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

**SkipInstructions:** <1,2,D,R> [goto MAS\_FFC]

---

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**Question ID:** ALT.310\_00.000 **Instrument Variable Name:** MAS\_FFC **QuestionnaireFileName:** Adult CAM

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

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

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

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

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

**SkipInstructions:** <1,2,D,R> [goto MAS\_DISC]

---

**Question ID:** ALT.312\_00.000 **Instrument Variable Name:** MAS\_DISC **QuestionnaireFileName:** Adult CAM

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

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

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

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

**SkipInstructions:** <1>[goto MASPROF]  
<2,D,R>[goto NAT\_USEM or next modality which respondent has used --see table below for determination:

If NAT\_EVER = 1 goto NAT\_USEM  
else goto TRD\_EVER

---

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

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

Which ones?

\*Enter all that apply, separate with commas.

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

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

**SkipInstructions:** <1-7,R,D> If NAT\_EVER = 1 [ goto NAT\_USEM]  
else goto TRD\_EVER ]

---

**Question ID:** ALT.316\_00.000 **Instrument Variable Name:** NAT\_USEM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

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

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

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

**SkipInstructions:** <1>[goto NAT\_NUMB]  
<2,R,D>[goto TRD\_EVER]

---

**Question ID:** ALT.318\_00.000 **Instrument Variable Name:** NAT\_NUMB **QuestionnaireFileName:** Adult CAM

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

\*Read categories if necessary.

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

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

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

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**Question ID:** ALT.320\_00.000 **Instrument Variable Name:** NAT\_PAY **QuestionnaireFileName:** Adult CAM

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

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

<b>000-499</b>	\$0-\$499
<b>500</b>	\$500 or more
<b>997</b>	Refused
<b>999</b>	Don't know

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

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

---

**Question ID:** ALT.322\_00.000 **Instrument Variable Name:** NAT\_TRET **QuestionnaireFileName:** Adult CAM

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

<b>1</b>	Yes
<b>2</b>	No
<b>7</b>	Refused
<b>9</b>	Don't know

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

**SkipInstructions:** <1>[goto NAT\_COND] <2,R,D>[goto NAT\_ENG]

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Question ID: ALT.324\_00.000 Instrument Variable Name: NAT\_COND QuestionnaireFileName: Adult CAM

QuestionText: ?[F1]

For what health problems or conditions did you use naturopathy?

\*Enter all that apply, separate with commas.

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

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

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

**SkipInstructions:** <1-81> If more than one condition selected, [goto NAT\_MOST], elseif only one condition selected, [goto NAT\_MED]  
<82> [goto NAT\_SPEC]  
<Refused,Don't know> goto NAT\_ENG

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**Question ID:** ALT.325\_00.000 **Instrument Variable Name:** NAT\_SPEC **QuestionnaireFileName:** Adult 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 adults 18+ who used naturopathy to treat other health problem or condition

**SkipInstructions:** <Allow 75> if more than one condition selected [goto NAT\_MOST]; else if only one condition selected [goto NAT\_MED]  
<R,D> [if more than one condition (1-81) selected [goto NAT\_MOST]; elseif only one condition (1-81) selected [goto NAT\_MED]; else [goto NAT\_ENG]

---

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**Question ID:** ALT.326\_00.000 **Instrument Variable Name:** NAT\_MOST **QuestionnaireFileName:** Adult CAM

**QuestionText:** For which ONE of these health conditions did you use naturopathy the most?

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

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

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

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

**SkipInstructions:** <1-82> goto NAT\_MED  
<Refused, Don't know> goto NAT\_ENG

---

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**Question ID:** ALT.328\_00.000 **Instrument Variable Name:** NAT\_MED **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT2 ?[F1]

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

\*Enter all that apply, separate with commas.

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

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

**SkipInstructions:** <1> [goto NAT\_TIM1]  
<2> [goto NAT\_TIM2]  
<3> [goto NAT\_TIM3]  
<4> [goto NAT\_TIM4]  
<5> [goto NAT\_TIM5]  
  
<0, 'R','D'> [goto NAT\_ENG]]

---

**Question ID:** ALT.330\_01.000 **Instrument Variable Name:** NAT\_TIM1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive prescription medications for [fill: condition from NAT\_MOST or NAT\_COND or NAT\_SPEC] before, at about the same time, or after trying naturopathy?

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

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

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

---

**Question ID:** ALT.330\_02.000 **Instrument Variable Name:** NAT\_TIM2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive over-the-counter medications for [fill: condition from NAT\_MOST or NAT\_COND or NAT\_SPEC] before, at about the same time, or after trying naturopathy?

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

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

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

---

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**Question ID:** ALT.330\_03.000 **Instrument Variable Name:** NAT\_TIM3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive surgery for [fill: condition from NAT\_MOST or NAT\_COND or NAT\_SPEC] before, at about the same time, or after trying naturopathy?

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

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

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

---

**Question ID:** ALT.330\_04.000 **Instrument Variable Name:** NAT\_TIM4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive physical therapy for [fill: condition from NAT\_MOST or NAT\_COND or NAT\_SPEC] before, at about the same time, or after trying naturopathy?

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

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

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

---

**Question ID:** ALT.330\_05.000 **Instrument Variable Name:** NAT\_TIM5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive mental health counseling for [fill: condition from NAT\_MOST or NAT\_COND or NAT\_SPEC] before, at about the same time, or after trying naturopathy?

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

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

**SkipInstructions:** <1-3,R,D> [goto NAT\_ENG]

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**Question ID:** ALT.332\_00.000 **Instrument Variable Name:** NAT\_ENG **QuestionnaireFileName:** Adult CAM

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

...To improve or enhance energy

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

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

**SkipInstructions:** <1,2,D,R> [goto NAT\_WEL]

---

**Question ID:** ALT.334\_00.000 **Instrument Variable Name:** NAT\_WEL **QuestionnaireFileName:** Adult CAM

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

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

...For general wellness or general disease prevention

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

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

**SkipInstructions:** <1,2,D,R> [goto NAT\_IMM]

---

**Question ID:** ALT.336\_00.000 **Instrument Variable Name:** NAT\_IMM **QuestionnaireFileName:** Adult CAM

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

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

...To improve or enhance immune function

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

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

**SkipInstructions:** <1,2,D,R> [goto NAT\_NOHP]

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**Question ID:** ALT.338\_00.000 **Instrument Variable Name:** NAT\_NOHP **QuestionnaireFileName:** Adult CAM

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

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

...Because medical treatments did not help

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

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

**SkipInstructions:** <1,2,D,R> [goto NAT\_EXPS]

---

**Question ID:** ALT.340\_00.000 **Instrument Variable Name:** NAT\_EXPS **QuestionnaireFileName:** Adult CAM

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

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

...Because medical treatments were too expensive

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

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

**SkipInstructions:** <1,2,D,R> [goto NAT\_SUGG]

---

**Question ID:** ALT.342\_00.000 **Instrument Variable Name:** NAT\_SUGG **QuestionnaireFileName:** Adult CAM

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

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

...It was recommended by a health care provider

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

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

**SkipInstructions:** <1,2,D,R> [goto NAT\_FFC]

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**Question ID:** ALT.344\_00.000 **Instrument Variable Name:** NAT\_FFC **QuestionnaireFileName:** Adult CAM

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

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

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

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

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

**SkipInstructions:** <1,2,D,R> [goto NAT\_DISC]

---

**Question ID:** ALT.346\_00.000 **Instrument Variable Name:** NAT\_DISC **QuestionnaireFileName:** Adult CAM

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

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

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

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

**SkipInstructions:** <1>[goto NATPROF]  
<2,D,R>[goto TRD\_EVER]

---

**Question ID:** ALT.348\_00.000 **Instrument Variable Name:** NATPROF **QuestionnaireFileName:** Adult CAM

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

Which ones?

\*Enter all that apply, separate with commas.

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

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

**SkipInstructions:** <1-7,R,D>[goto TRD\_EVER]

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**Question ID:** ALT.350\_00.000 **Instrument Variable Name:** TRD\_EVER **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT6 ?[F1]

Have you ever seen any of the following practitioners for health reasons?

\*Enter all that apply, separate with commas.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** cycle through "USEM" questions for all selected practitioners: <1> [goto CUR\_USEM] <2> [goto ESP\_USEM] <3> [goto YER\_USEM] <4> [goto SHA\_USEM] <5> [goto BOT\_USEM] <6> [goto NAH\_USEM] <7> [goto SBD\_USEM] <0,R,D> [goto FELD\_EVE]

```
If TRD_EVER includes 1 goto CUR_USEM
elseif TRD_EVER includes 2 goto ESP_USEM
elseif TRD_EVER includes 3 goto YER_USEM
elseif TRD_EVER includes 4 goto SHA_USEM
elseif TRD_EVER includes 5 goto BOT_USEM
elseif TRD_EVER includes 6 goto NAH_USEM
elseif TRD_EVER includes 7 goto SBD_USEM
else goto FELD_EVE
```

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**Question ID:** ALT.364\_00.000 **Instrument Variable Name:** CUR\_USEM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you see a Curandero (kuhr-ran-DEH-roh)?

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

**UniverseText:** Sample adults 18+ who have used Curandera

**SkipInstructions:** <1,2,R,D> [goto ESP\_USEM or next healer respondent has used. If no more, goto TRD\_NUMB if respondent has only used 1 traditional healer/practioner in past 12 months or FELD\_EVE if respondent has used none in the past 12 months.]

SEE TABLE BELOW FOR DETERMINATION:

If TRD\_EVER includes 2 goto ESP\_USEM  
 elseif TRD\_EVER includes 3 goto YER\_USEM  
 elseif TRD\_EVER includes 4 goto SHA\_USEM  
 elseif TRD\_EVER includes 5 goto BOT\_USEM  
 elseif TRD\_EVER includes 6 goto NAH\_USEM  
 elseif TRD\_EVER includes 7 goto SBD\_USEM  
 elseif CUR\_USEM = 1 goto TRD\_NUMB  
 else goto FELD\_EVE

**Question ID:** ALT.366\_00.000 **Instrument Variable Name:** ESP\_USEM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you see an Espiritista (esp-ee-ree-TEE-sta)?

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

**UniverseText:** Sample adults 18+ who have ever seen an Espiritista

**SkipInstructions:** <1,2,R,D> [goto YER\_USEM or next healer respondent has used. If no more, goto TRD\_NUMB if respondent has only used 1 traditional healer/practioner in past 12 months, TRD\_MOST if respondent has used more than 1 traditional healer/practioner in the past 12 months, or FELD\_EVE if respondent has used none in the past 12 months.]

SEE TABLE BELOW FOR DETERMINATION:

If TRD\_EVER includes 3 goto YER\_USEM  
 elseif TRD\_EVER includes 4 goto SHA\_USEM  
 elseif TRD\_EVER includes 5 goto BOT\_USEM  
 elseif TRD\_EVER includes 6 goto NAH\_USEM  
 elseif TRD\_EVER includes 7 goto SBD\_USEM  
 elseif more than one of CUR\_USEM and ESP\_USEM = 1 goto TRD\_MOST  
 elseif only one of CUR\_USEM and ESP\_USEM = 1 goto TRD\_NUMB  
 else goto FELD\_EVE

---

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**Question ID:** ALT.368\_00.000 **Instrument Variable Name:** YER\_USEM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you see a Hierbero (yair-BAIR-roe) or Yerbera (yehr-BEH-ra) for health reasons?

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

**UniverseText:** Sample adults 18+ who have ever seen an Hierbero/Yerbera

**SkipInstructions:** <1,2,R,D> [goto SHA\_USEM or next healer respondent has used. If no more, goto TRD\_NUMB if respondent has only used 1 traditional healer/practioner in past 12 months, TRD\_MOST if respondent has used more than 1 traditional healer/practioner in the past 12 months, or FELD\_EVE if respondent has used none in the past 12 months.]

SEE TABLE BELOW FOR DETERMINATION:

If TRD\_EVER includes 4 goto SHA\_USEM  
elseif TRD\_EVER includes 5 goto BOT\_USEM  
elseif TRD\_EVER includes 6 goto NAH\_USEM  
elseif TRD\_EVER includes 7 goto SBD\_USEM  
elseif more than one of CUR\_USEM, ESP\_USEM, and YER\_USEM = 1 goto TRD\_M0ST  
elseif only one of CUR\_USEM, ESP\_USEM, and YER\_USEM = 1 goto TRD\_NUMB  
else goto FELD\_EVE

---

**Question ID:** ALT.370\_00.000 **Instrument Variable Name:** SHA\_USEM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you see a Shaman (SHAH-man)?

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

**UniverseText:** Sample adults 18+ who have ever seen a Shaman

**SkipInstructions:** <1,2,R,D> [goto BOT\_USEM or next healer respondent has used. If no more, goto TRD\_NUMB if respondent has only used 1 traditional healer/practioner in past 12 months, TRD\_MOST if respondent has used more than 1 traditional healer/practioner in the past 12 months, or FELD\_EVE if respondent has used none in the past 12 months.]

SEE TABLE BELOW FOR DETERMINATION:

If TRD\_EVER includes 5 goto BOT\_USEM  
elseif TRD\_EVER includes 6 goto NAH\_USEM  
elseif TRD\_EVER includes 7 goto SBD\_USEM  
elseif more than one of CUR\_USEM, ESP\_USEM, YER\_USEM, and SHA\_USEM = 1 goto TRD\_M0ST  
elseif only one of CUR\_USEM, ESP\_USEM, YER\_USEM, and SHA\_USEM = 1 goto TRD\_NUMB  
else goto FELD\_EVE

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**Question ID:** ALT.372\_00.000 **Instrument Variable Name:** BOT\_USEM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you see a Botanica (boh-TAN-ik-ah) for health reasons?

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

**UniverseText:** Sample adults 18+ who have ever seen a Botanica

**SkipInstructions:** <1,2,R,D> [goto NAH\_USEM or next healer respondent has used. If no more, goto TRD\_NUMB if respondent has only used 1 traditional healer/practioner in past 12 months, TRD\_MOST if respondent has used more than 1 traditional healer/practioner in the past 12 months, or FELD\_EVE if respondent has used none in the past 12 months.]

SEE TABLE BELOW FOR DETERMINATION:

If TRD\_EVER includes 6 goto NAH\_USEM  
elseif TRD\_EVER includes 7 goto SBD\_USEM  
elseif more than one of CUR\_USEM, ESP\_USEM, YER\_USEM, SHA\_USEM, and BOT\_USEM = 1 goto TRD\_MOST  
elseif only one of CUR\_USEM, ESP\_USEM, YER\_USEM, SHA\_USEM, and BOT\_USEM = 1 goto TRD\_NUMB  
else goto FELD\_EVE

---

**Question ID:** ALT.374\_00.000 **Instrument Variable Name:** NAH\_USEM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you see a Native American Healer or Medicine Man?

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

**UniverseText:** Sample adults 18+ who have ever seen a Native American Healer/Medicine Man

**SkipInstructions:** <1,2,R,D> [goto SBD\_USEM or next healer respondent has used. If no more, goto TRD\_NUMB if respondent has only used 1 traditional healer/practioner in past 12 months, TRD\_MOST if respondent has used more than 1 traditional healer/practioner in the past 12 months, or FELD\_EVE if respondent has used none in the past 12 months.]

SEE TABLE BELOW FOR DETERMINATION:

if TRD\_EVER includes 7 goto SBD\_USEM  
elseif more than one of CUR\_USEM, ESP\_USEM, YER\_USEM, SHA\_USEM, BOT\_USEM, and NAH\_USEM = 1 goto TRD\_MOST  
elseif only one of CUR\_USEM, ESP\_USEM, YER\_USEM, SHA\_USEM, BOT\_USEM, and NAH\_USEM = 1 goto TRD\_NUMB  
else goto FELD\_EVE

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**Question ID:** ALT.376\_00.000 **Instrument Variable Name:** SBD\_USEM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you see a Sobador (soh-bah-DOOR)?

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

**UniverseText:** Sample adults 18+ who have ever seen a Sobador

**SkipInstructions:** <1,2,R,D> [goto TRD\_NUMB if respondent has only used 1 traditional healer/practioner in past 12 months, TRD\_MOST if respondent has used more than 1 traditional healer/practioner in the past 12 months, or FELD\_EVE if respondent has used none in the past 12 months.]

SEE TABLE BELOW FOR DETERMINATION:

if more than one of CUR\_USEM, ESP\_USEM, YER\_USEM, SHA\_USEM, BOT\_USEM, NAH\_USEM, and SBD\_USEM = 1 goto TRD\_MOST  
elseif only one of CUR\_USEM, ESP\_USEM, YER\_USEM, SHA\_USEM, BOT\_USEM, NAH\_USEM, and SBD\_USEM = 1 goto TRD\_NUMB  
else goto FELD\_EVE

---

**Question ID:** ALT.378\_00.000 **Instrument Variable Name:** TRD\_MOST **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, which practitioner did you see the most?

\*If respondent cannot choose one traditional healer, probe for the one most important for health.

- 01 Curandero
- 02 Espiritista
- 03 Hierbero or Yerbera
- 04 Shaman
- 05 Botanica
- 06 Native American Healer/Medicine man
- 07 Sobador
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have seen multiple traditional healers in the past 12 months

**SkipInstructions:** <1-7> [goto TRD\_NUMB]  
<Refused, Don't know> goto TRD\_ENG

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**Question ID:** ALT.380\_00.000 **Instrument Variable Name:** TRD\_NUMB **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, how many times did you see { fill: type of traditional healer}?

\*Read categories if necessary.

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

**UniverseText:** Sample adults 18+ who have seen a traditional healer in the past 12 months

**SkipInstructions:** <1-6,Refused,Don't know> [goto TRD\_PAY]

---

**Question ID:** ALT.382\_00.000 **Instrument Variable Name:** TRD\_PAY **QuestionnaireFileName:** Adult CAM

**QuestionText:** On average, how much did you pay out-of-pocket for each visit to { fill: type of traditional healer }?

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

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

**UniverseText:** Sample adults 18+ who have seen a traditional healer in the past 12 months

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

---

**Question ID:** ALT.384\_00.000 **Instrument Variable Name:** TRD\_TRET **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you see { fill: type of traditional healer} for a specific health problem or condition?

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

**UniverseText:** Sample adults 18+ who have seen a traditional healer in the past 12 months

**SkipInstructions:** <1> [goto TRD\_COND] <2,Refused,Don't know> [goto TRD\_ENG]

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Question ID: ALT.386\_00.000 Instrument Variable Name: TRD\_COND QuestionnaireFileName: Adult CAM

QuestionText: ?[F1]

For which health problems or conditions did you see [fill: type of traditional healer]?

\*Enter all that apply, separate with commas.

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

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

**UniverseText:** Sample adults 18+ who have seen a traditional healer for a specific health problem or condition

**SkipInstructions:** <1-81> if more than one condition selected, [goto TRD\_CONM]; else if only one condition selected [goto TRD\_MED]  
<82> [goto TRD\_SPEC]  
<Refused,Don't know> [goto TRD\_ENG]

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**Question ID:** ALT.387\_00.000 **Instrument Variable Name:** TRD\_SPEC **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Enter condition for which [fill: type of traditional healer] was used. If respondent gives more than one condition, probe for condition most important for using [fill: type of traditional healer].

97 Refused

99 Don't know

**Verbatim** Verbatim response

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

**SkipInstructions:** <Allow 75> if more than one condition selected [goto TRD\_CONM]; else if only one condition selected [goto TRD\_MED]  
<R,D> [if more than one condition (1-81) selected [goto TRD\_CONM]; elseif only one condition (1-81) selected [goto TRD\_MED]; else [goto TRD\_ENG]

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**Question ID:** ALT.388\_00.000 **Instrument Variable Name:** TRD\_CONM **QuestionnaireFileName:** Adult CAM

**QuestionText:** For which ONE of these health conditions did you see [fill: type of traditional healer] the most?

\*If respondent cannot choose one condition, probe for condition most important for using a traditional healer.

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

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

**UniverseText:** Sample adults 18+ who have seen a traditional healer for more than one condition

**SkipInstructions:** <1-82> [goto TRD\_MED]  
<Refused,Don't know> [goto TRD\_ENG]

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**Question ID:** ALT.390\_00.000 **Instrument Variable Name:** TRD\_MED **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT2 ?[F1]

Did you receive any of these conventional medical treatments for [fill: condition]?

\*Enter all that apply, separate with commas.

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

**UniverseText:** Sample adults 18+ who have seen a traditional healer for a specific condition

**SkipInstructions:** <0,Refused,Don't know> [goto TRD\_ENG]  
<1> [goto TRD\_TIM1]  
<2> [goto TRD\_TIM2]  
<3> [goto TRD\_TIM3]  
<4> [goto TRD\_TIM4]  
<5> [goto TRD\_TIM5]

---

**Question ID:** ALT.392\_01.000 **Instrument Variable Name:** TRD\_TIM1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive prescription medications for [fill1: condition from TRD\_CONM or TRD\_COND or TRD\_SPEC] before, at about the same time, or after seeing [fill2: type of traditional healer]?

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

**UniverseText:** Sample adults 18+ who used prescription medications for condition they used traditional healer for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto TRD\_ENG]

---

**Question ID:** ALT.392\_02.000 **Instrument Variable Name:** TRD\_TIM2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive over-the-counter medications for [fill1: condition from TRD\_CONM or TRD\_COND or TRD\_SPEC] before, at about the same time, or after seeing [fill2: type of traditional healer]?

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

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

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto TRD\_ENG]

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**Question ID:** ALT.392\_03.000 **Instrument Variable Name:** TRD\_TIM3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive surgery for [fill1: condition from TRD\_CONM or TRD\_COND or TRD\_SPEC] before, at about the same time, or after seeing [fill2: type of traditional healer]?

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

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

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto TRD\_ENG]

---

**Question ID:** ALT.392\_04.000 **Instrument Variable Name:** TRD\_TIM4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive physical therapy for [fill1: condition from TRD\_CONM or TRD\_COND or TRD\_SPEC] before, at about the same time, or after seeing [fill2: type of traditional healer]?

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

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

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto TRD\_ENG]

---

**Question ID:** ALT.392\_05.000 **Instrument Variable Name:** TRD\_TIM5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive mental health counseling for [fill1: condition from TRD\_CONM or TRD\_COND or TRD\_SPEC] before, at about the same time, or after seeing [fill2: type of traditional healer]?

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

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

**SkipInstructions:** <1-3,Refused,Don't know> [goto TRD\_ENG]

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**Question ID:** ALT.394\_00.000 **Instrument Variable Name:** TRD\_ENG **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you see { fill: type of traditional healer } for any of these reasons? Please say yes or no to each.

...To improve or enhance energy.

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

**UniverseText:** Sample adults 18+ who have seen a traditional healer in the past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto TRD\_WEL]

---

**Question ID:** ALT.396\_00.000 **Instrument Variable Name:** TRD\_WEL **QuestionnaireFileName:** Adult CAM

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

DURING THE PAST 12 MONTHS, did you see { fill: type of traditional healer } for any of these reasons?

...For general wellness or general disease prevention

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

**UniverseText:** Sample adults 18+ who have seen a traditional healer in the past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto TRD\_IMM]

---

**Question ID:** ALT.398\_00.000 **Instrument Variable Name:** TRD\_IMM **QuestionnaireFileName:** Adult CAM

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

DURING THE PAST 12 MONTHS, did you see { fill: type of traditional healer } for any of these reasons?

...To improve or enhance immune function

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

**UniverseText:** Sample adults 18+ who have seen a traditional healer in the past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto TRD\_NOHP]

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**Question ID:** ALT.400\_00.000 **Instrument Variable Name:** TRD\_NOHP **QuestionnaireFileName:** Adult CAM

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

DURING THE PAST 12 MONTHS, did you see { fill: type of traditional healer } for any of these reasons?

...Because medical treatments did not help

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

**UniverseText:** Sample adults 18+ who have seen a traditional healer in the past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto TRD\_EXPS]

---

**Question ID:** ALT.402\_00.000 **Instrument Variable Name:** TRD\_EXPS **QuestionnaireFileName:** Adult CAM

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

DURING THE PAST 12 MONTHS, did you see { fill: type of traditional healer } for any of these reasons?

...Because medical treatments were too expensive

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

**UniverseText:** Sample adults 18+ who have seen a traditional healer in the past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto TRD\_SUGG]

---

**Question ID:** ALT.404\_00.000 **Instrument Variable Name:** TRD\_SUGG **QuestionnaireFileName:** Adult CAM

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

DURING THE PAST 12 MONTHS, did you see { fill: type of traditional healer } for any of these reasons?

...It was recommended by a health care provider

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

**UniverseText:** Sample adults 18+ who have seen a traditional healer in the past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto TRD\_FFC]

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**Question ID:** ALT.406\_00.000 **Instrument Variable Name:** TRD\_FFC **QuestionnaireFileName:** Adult CAM

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

DURING THE PAST 12 MONTHS, did you see { fill: type of traditional healer } for any of these reasons?

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

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

**UniverseText:** Sample adults 18+ who have seen a traditional healer in the past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto TRD\_DISC]

---

**Question ID:** ALT.408\_00.000 **Instrument Variable Name:** TRD\_DISC **QuestionnaireFileName:** Adult CAM

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

DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of (fill: type of traditional healer)?

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

**UniverseText:** Sample adults 18+ who have seen a traditional healer in the past 12 months

**SkipInstructions:** <1> [goto TRDPROF]  
<2,Refused,Don't know> [goto FELD\_EVE]

---

**Question ID:** ALT.410\_00.000 **Instrument Variable Name:** TRDPROF **QuestionnaireFileName:** Adult CAM

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

Which ones?

\*Enter all that apply, separate with commas.

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

**UniverseText:** Sample adults 18+ who told conventional medical professionals about their use of traditional healers

**SkipInstructions:** <1-7,Refused,Don't know> [goto FELD\_EVE]

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**Question ID:** ALT.412\_00.000 **Instrument Variable Name:** FELD\_EVE **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

Have you ever seen a practitioner or teacher for any of the following? Please say yes or no to each.

...Feldenkreis (FELL-den-krice)

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,Refused,Don't know> [goto ALEX\_EVE]

---

**Question ID:** ALT.414\_00.000 **Instrument Variable Name:** ALEX\_EVE **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

\*Read if necessary.

Have you ever seen a practitioner or teacher for any of the following?

...Alexander Technique

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,Refused,Don't know> [goto PIL\_EVE]

---

**Question ID:** ALT.416\_00.000 **Instrument Variable Name:** PIL\_EVE **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

\*Read if necessary.

Have you ever seen a practitioner or teacher for any of the following?

...Pilates (pi-LAH-teez)

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,Refused,Don't know> [goto TRAG\_EVE]

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**Question ID:** ALT.418\_00.000 **Instrument Variable Name:** TRAG\_EVE **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

\*Read if necessary.

Have you ever seen a practitioner or teacher for any of the following?

...Trager (TRAY-gur) Psychophysical Integration

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,Refused,Don't know> cycle through FELD\_USE-TRAG\_USE for yes responses to FELD\_EVE-TRAG\_EVE; if no, refused, don't know to all \_EVE, goto AHB\_EVER.

```
If FELD_EVE = 1 goto FELD_USE
elseif ALEX_EVE = 1 goto ALEX_USE
elseif PIL_EVE = 1 goto PIL_USE
elseif TRAG_EVE = 1 goto TRAG_USE
else goto AHB_EVER
```

---

**Question ID:** ALT.420\_00.000 **Instrument Variable Name:** FELD\_USE **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you see a practitioner or teacher for Feldenkreis?

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

**UniverseText:** Sample adults 18+ who have used Feldenkreis

**SkipInstructions:** <1,2,Refused,Don't know> [goto ALEX\_USE or next modality respondent has used. If no more, goto MOV\_NUMB if FELD\_USE=1 or AHB\_EVER if FELD\_USE=2]

```
If ALEX_EVE = 1 goto ALEX_USE
elseif PIL_EVE = 1 goto PIL_USE
elseif TRAG_EVE = 1 goto TRAG_USE
elseif FELD_USE = 1 goto MOV_NUMB
else goto AHB_EVER
```

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**Question ID:** ALT.422\_00.000 **Instrument Variable Name:** ALEX\_USE **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you see a practitioner or teacher for Alexander Technique?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used the Alexander Technique

**SkipInstructions:** <1,2,Refused,Don't know> [goto PIL\_USE or next modality respondent has used. If no more, goto MOV\_NUMB if respondent has only used 1 modality in past 12 months, goto MOV\_MOST if respondent has used more than 1 in the past 12 months, or AHB\_EVER if respondent has used none in the past 12 months.]

If PIL\_EVE = 1 goto PIL\_USE  
elseif TRAG\_EVE = 1 goto TRAG\_USE  
elseif more than one of FELD\_USE and ALEX\_USE = 1 goto MOV\_MOST  
elseif only one of FELD\_USE and ALEX\_USE = 1 goto MOV\_NUMB  
else goto AHB\_EVER

---

**Question ID:** ALT.424\_00.000 **Instrument Variable Name:** PIL\_USE **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you see a practitioner or teacher for Pilates?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used Pilates

**SkipInstructions:** <1,2,Refused,Don't know> [goto TRAG\_USE or next modality respondent has used. If no more, goto MOV\_NUMB if respondent has only used 1 modality in past 12 months, goto MOV\_MOST if respondent has used more than 1 in the past 12 months, or AHB\_EVER if respondent has used none in the past 12 months.]

If TRAG\_EVE = 1 goto TRAG\_USE  
elseif more than one of FELD\_USE, ALEX\_USE, and PIL\_USE = 1 goto MOV\_MOST  
elseif only one of FELD\_USE, ALEX\_USE, and PIL\_USE = 1 goto MOV\_NUMB  
else goto AHB\_EVER

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**Question ID:** ALT.426\_00.000 **Instrument Variable Name:** TRAG\_USE **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you see a practitioner or teacher for Trager Psychophysical Integration?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used Trager Psychophysical Intergration

**SkipInstructions:** <1,2,Refused,Don't know> [goto MOV\_NUMB if respondent has only used 1 modality in past 12 months, goto MOV\_MOST if respondent has used more than 1 in the past 12 months, or AHB\_EVER if respondent has used none in the past 12 months.]

If more than one of FELD\_USE, ALEX\_USE, PIL\_USE, and TRAG\_USE = 1 goto MOV\_MOST  
elseif only one of FELD\_USE, ALEX\_USE, PIL\_USE, and TRAG\_USE = 1 goto MOV\_NUMB  
else goto AHB\_EVER

---

**Question ID:** ALT.428\_00.000 **Instrument Variable Name:** MOV\_MOST **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, for which technique did you see a practitioner or teacher the most?

\*If respondent cannot choose one movement technique, probe for the one most important for health.

- 1 Feldenkreis
- 2 Alexander Technique
- 3 Pilates
- 4 Trager Psychophysical Integration
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen a practitioner for more than one movement technique in past 12 months

**SkipInstructions:** <1-4>[goto MOV\_NUMB]  
<Refused, Don't know> goto MOV\_ENG

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**Question ID:** ALT.430\_00.000 **Instrument Variable Name:** MOV\_NUMB **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, how many times did you see a practitioner or teacher for { fill type of movement technique }?

\*Read categories if necessary.

- |   |                    |
|---|--------------------|
| 1 | Only one time      |
| 2 | 2-5 times          |
| 3 | 6-10 times         |
| 4 | 11-15 times        |
| 5 | 16-20 times        |
| 6 | More than 20 times |
| 7 | Refused            |
| 9 | Don't know         |

**UniverseText:** Sample adults 18+ who have used movement technique in the past 12 months

**SkipInstructions:** <1-6,Refused,Don't know> [goto MOV\_PAY]

---

**Question ID:** ALT.432\_00.000 **Instrument Variable Name:** MOV\_PAY **QuestionnaireFileName:** Adult CAM

**QuestionText:** On average, how much did you pay out-of-pocket for each visit to a practitioner or teacher for { fill: type of movement technique }?

\*Enter '500' for \$500 or more.

- |         |               |
|---------|---------------|
| 000-499 | \$0-\$499     |
| 500     | \$500 or more |
| 997     | Refused       |
| 999     | Don't know    |

**UniverseText:** Sample adults 18+ who have seen a movement practitioner in past 12 months

**SkipInstructions:** <0-500,Refused,Don't know> [goto MOV\_TRET]

---

**Question ID:** ALT.434\_00.000 **Instrument Variable Name:** MOV\_TRET **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you use { fill: type of movement technique } for a specific health problem or condition?

- |   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't know |

**UniverseText:** Sample adults 18+ who have seen a movement practitioner in past 12 months

**SkipInstructions:** <1> [goto MOV\_COND] <2,Refused,Don't know> [goto MOV\_ENG]

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Question ID: ALT.436\_00.000 Instrument Variable Name: MOV\_COND QuestionnaireFileName: Adult CAM

QuestionText: ?[F1]

For what health problems or conditions did you use [fill: type of movement technique]?

\*Enter all that apply, separate with commas.

- 01 Acid reflux or heartburn
  - 02 Angina
  - 03 Anxiety
  - 04 Asthma
  - 05 Arthritis
  - 06 Attention Deficit Disorder/Hyperactivity
  - 07 Autism
  - 08 Benign tumors, cysts
  - 09 Bipolar Disorder
  - 10 Birth defect
  - 11 Cancer
  - 12 Cholesterol
  - 13 Chronic Bronchitis
  - 14 Circulation problems (other than in the legs)
  - 15 Constipation severe enough to require medication
  - 16 Coronary heart disease
  - 17 Dementia, including Alzheimer's Disease
  - 18 Dental pain
  - 19 Depression
  - 20 Diabetes
  - 21 Emphysema
  - 22 Excessive sleepiness during the day
  - 23 Excessive use of alcohol or tobacco
  - 24 Fibromyalgia
  - 25 Fracture, bone/joint injury
  - 26 Gout
  - 27 Gum disease
  - 28 Gynecologic problem
  - 29 Hay fever
  - 30 Hearing problem
  - 31 Heart attack
  - 32 Other heart condition or disease
  - 33 Hernia
  - 34 Hypertension
  - 35 Inflammatory bowel disease
  - 36 Influenza or pneumonia
  - 37 Insomnia or trouble sleeping
  - 38 Irritable bowel
  - 39 Jaw pain
  - 40 Joint pain or stiffness/other joint condition
  - 41 Knee problems (not arthritis, not joint injury)
  - 42 Liver problem
  - 43 Lung/breathing problem (not already listed)
  - 44 Lupus
  - 45 Mania or psychosis
-



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- 46 Memory loss or loss of other cognitive function
- 47 Menopause
- 48 Menstrual problems
- 49 Mental retardation
- 50 Missing limbs (fingers, toes or digits), amputee
- 51 Osteoporosis, tendinitis
- 52 Other developmental problem
- 53 Other injury
- 54 Other nerve damage, including carpal tunnel syndrome
- 55 Phobia or fears
- 56 Polio (myelitis), paralysis, para/quadruplegia
- 57 Poor circulation in legs
- 58 Prostate trouble or impotence
- 59 Regular headaches
- 60 Rheumatoid arthritis
- 61 Schizophrenia
- 62 Seizures
- 63 Senility
- 64 Sinusitis
- 65 Skin problems
- 66 Sprain or strain
- 67 Stroke
- 68 Substance abuse, other than alcohol or tobacco
- 69 Filled problem
- 70 Filled problem
- 71 Ulcer
- 72 Urinary problem
- 73 Varicose veins, hemorrhoids
- 74 Vision problem
- 75 Weak or failing kidneys
- 76 Weight problem
- 77 Back pain or problem
- 78 Head or chest cold
- 79 Neck pain or problem
- 80 Severe headache or migraine
- 81 Stomach or intestinal illness
- 82 Other - specify
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have seen a movement practitioner to treat a problem or condition

**SkipInstructions:** <1-81> if more than one condition selected, [goto MOV\_CONM]; elseif only one condition selected [goto MOV\_MED]  
<82> [goto MOV\_SPEC]  
<Refused,Don't know> [goto MOV\_ENG]

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**Question ID:** ALT.437\_00.000 **Instrument Variable Name:** MOV\_SPEC **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Enter condition for which [fill: type of movement technique] was used. If respondent gives more than one condition, probe for condition most important for using [fill: type of movement technique].

97 Refused

99 Don't know

**Verbatim** Verbatim response

**UniverseText:** Sample adults 18+ who used movement technique to treat other health problem or condition

**SkipInstructions:** <Allow 75> if more than one condition selected [goto MOV\_CONM]; else if only one condition selected [goto MOV\_MED]  
<Refused,Don't know> [if more than one condition (1-81) selected [goto MOV\_CONM]; elseif only one condition (1-81) selected [goto MOV\_MED]; else [goto MOV\_ENG]

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**Question ID:** ALT.438\_00.000 **Instrument Variable Name:** MOV\_CONM **QuestionnaireFileName:** Adult CAM

**QuestionText:** For which ONE of these health conditions did you use [fill: type of movement technique] the most?

\*If respondent cannot choose one condition, probe for condition most important for using a movement technique.

- 01 Acid reflux or heartburn
  - 02 Angina
  - 03 Anxiety
  - 04 Asthma
  - 05 Arthritis
  - 06 Attention Deficit Disorder/Hyperactivity
  - 07 Autism
  - 08 Benign tumors, cysts
  - 09 Bipolar Disorder
  - 10 Birth defect
  - 11 Cancer
  - 12 Cholesterol
  - 13 Chronic Bronchitis
  - 14 Circulation problems (other than in the legs)
  - 15 Constipation severe enough to require medication
  - 16 Coronary heart disease
  - 17 Dementia, including Alzheimer's Disease
  - 18 Dental pain
  - 19 Depression
  - 20 Diabetes
  - 21 Emphysema
  - 22 Excessive sleepiness during the day
  - 23 Excessive use of alcohol or tobacco
  - 24 Fibromyalgia
  - 25 Fracture, bone/joint injury
  - 26 Gout
  - 27 Gum disease
  - 28 Gynecologic problem
  - 29 Hay fever
  - 30 Hearing problem
  - 31 Heart attack
  - 32 Other heart condition or disease
  - 33 Hernia
  - 34 Hypertension
  - 35 Inflammatory bowel disease
  - 36 Influenza or pneumonia
  - 37 Insomnia or trouble sleeping
  - 38 Irritable bowel
  - 39 Jaw pain
  - 40 Joint pain or stiffness/other joint condition
  - 41 Knee problems (not arthritis, not joint injury)
  - 42 Liver problem
  - 43 Lung/breathing problem (not already listed)
  - 44 Lupus
  - 45 Mania or psychosis
  - 46 Memory loss or loss of other cognitive function
-

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- 47 Menopause
- 48 Menstrual problems
- 49 Mental retardation
- 50 Missing limbs (fingers, toes or digits), amputee
- 51 Osteoporosis, tendinitis
- 52 Other developmental problem
- 53 Other injury
- 54 Other nerve damage, including carpal tunnel syndrome
- 55 Phobia or fears
- 56 Polio (myelitis), paralysis, para/quadruplegia
- 57 Poor circulation in legs
- 58 Prostate trouble or impotence
- 59 Regular headaches
- 60 Rheumatoid arthritis
- 61 Schizophrenia
- 62 Seizures
- 63 Senility
- 64 Sinusitis
- 65 Skin problems
- 66 Sprain or strain
- 67 Stroke
- 68 Substance abuse, other than alcohol or tobacco
- 69 Filled problem
- 70 Filled problem
- 71 Ulcer
- 72 Urinary problem
- 73 Varicose veins, hemorrhoids
- 74 Vision problem
- 75 Weak or failing kidneys
- 76 Weight problem
- 77 Back pain or problem
- 78 Head or chest cold
- 79 Neck pain or problem
- 80 Severe headache or migraine
- 81 Stomach or intestinal illness
- 82 Other - specify
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have seen a movement practitioner to treat more than one problem or condition

**SkipInstructions:** <1-82> [goto MOV\_MED]  
<Refused,Don't know> [goto MOV\_ENG]

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**Question ID:** ALT.440\_00.000 **Instrument Variable Name:** MOV\_MED **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT2 ?[F1]

Did you receive any of these conventional medical treatments for [fill: condition]?

\*Enter all that apply, separate with commas.

- 0 None
- 1 Prescription medications
- 2 Over-the-counter medications
- 3 Surgery
- 4 Physical therapy
- 5 Mental health counseling
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used movement technique for a specific condition

**SkipInstructions:** <0,Refused,Don't know> [goto MOV\_ENG]  
<1> [goto MOV\_TIM1]  
<2> [goto MOV\_TIM2]  
<3> [goto MOV\_TIM3]  
<4> [goto MOV\_TIM4]  
<5> [goto MOV\_TIM5]

---

**Question ID:** ALT.442\_01.000 **Instrument Variable Name:** MOV\_TIM1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive prescription medications for [fill1: condition from MOV\_CONM or MOV\_COND or MOV\_SPEC] before, at about the same time, or after trying [fill2: type of movement technique]?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who used prescription medications for condition they used movement technique for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto MOV\_ENG]

---

**Question ID:** ALT.442\_02.000 **Instrument Variable Name:** MOV\_TIM2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive over-the-counter medications for [fill1: condition from MOV\_CONM or MOV\_COND or MOV\_SPEC] before, at about the same time, or after trying [fill2: type of movement technique]?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who used over-the-counter medications for condition they used movement technique for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto MOV\_ENG]

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**Question ID:** ALT.442\_03.000 **Instrument Variable Name:** MOV\_TIM3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive surgery for [fill1: condition from MOV\_CONM or MOV\_COND or MOV\_SPEC] before, at about the same time, or after trying [fill2: type of movement technique]?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had surgery for condition they used movement technique for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto MOV\_ENG]

---

**Question ID:** ALT.442\_04.000 **Instrument Variable Name:** MOV\_TIM4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive physical therapy for [fill1: condition from MOV\_CONM or MOV\_COND or MOV\_SPEC] before, at about the same time, or after trying [fill2: type of movement technique]?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had physical therapy for condition they used movement technique for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto MOV\_ENG]

---

**Question ID:** ALT.442\_05.000 **Instrument Variable Name:** MOV\_TIM5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive mental health counseling for [fill1: condition from MOV\_CONM or MOV\_COND or MOV\_SPEC] before, at about the same time, or after trying [fill2: type of movement technique]?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had mental health counseling for condition they used movement technique for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto MOV\_ENG]

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**Question ID:** ALT.444\_00.000 **Instrument Variable Name:** MOV\_ENG **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you use {fill: type of movement technique} for any of these reasons? Please say yes or no to each.

...To improve or enhance energy

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used movement technique in the past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto MOV\_WEL]

---

**Question ID:** ALT.446\_00.000 **Instrument Variable Name:** MOV\_WEL **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you use {fill: type of movement technique} for any of these reasons?

...For general wellness or general disease prevention

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used movement technique in the past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto MOV\_IMM]

---

**Question ID:** ALT.448\_00.000 **Instrument Variable Name:** MOV\_IMM **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you use {fill: type of movement technique} for any of these reasons?

...To improve or enhance immune function

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used movement technique in the past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto MOV\_NOHP]

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**Question ID:** ALT.450\_00.000 **Instrument Variable Name:** MOV\_NOHP **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you use {fill: type of movement technique} for any of these reasons?

...Because medical treatments did not help

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used movement technique in the past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto MOV\_EXPS]

---

**Question ID:** ALT.452\_00.000 **Instrument Variable Name:** MOV\_EXPS **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you use {fill: type of movement technique} for any of these reasons?

...Because medical treatments were too expensive

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used movement technique in the past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto MOV\_SUGG]

---

**Question ID:** ALT.454\_00.000 **Instrument Variable Name:** MOV\_SUGG **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you use {fill: type of movement technique} for any of these reasons?

...It was recommended by a health care provider

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used movement technique in the past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto MOV\_FFC]

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**Question ID:** ALT.456\_00.000 **Instrument Variable Name:** MOV\_FFC **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you use {fill: type of movement technique} for any of these reasons?

...It was recommended by family, friends, or co-workers

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used movement technique in the past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto MOV\_DISC]

---

**Question ID:** ALT.458\_00.000 **Instrument Variable Name:** MOV\_DISC **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT3 ?[F1]

DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of (fill: type of movement technique)?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used movement technique in the last 12 months

**SkipInstructions:** <1> [goto MOVPROF]  
<2,Refused,Don't know> [goto AHB\_EVER]

---

**Question ID:** ALT.460\_00.000 **Instrument Variable Name:** MOVPROF **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT3 ?[F1]

Which ones?

\*Enter all that apply, separate with commas.

- 01 Medical doctor (including specialists)
- 02 Doctor of Osteopathy (D.O.)
- 03 Nurse practitioner/Physician assistant
- 04 Psychiatrist
- 05 Dentist (including specialists)
- 06 Psychologist/social worker
- 07 Pharmacist
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who disclosed use of movement therapy

**SkipInstructions:** <1-7,Refused,Don't know> [goto AHB\_EVER]

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**Question ID:** ALT.470\_00.000 **Instrument Variable Name:** AHB\_EVER **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT7 ?[F1]

Now I am going to ask you about some additional health practices. The first practice I'll ask about is herbal supplements, then later I'll ask about vitamins and minerals.

People take herbs and other non-vitamin supplements for a variety of reasons. By herbal supplement we mean pills, capsules or tablets that have been labeled as a dietary supplement. This does NOT include drinking herbal or green tea.

Have you EVER taken any herbal supplements listed on this card for yourself?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto AHB\_USEM] <2> [goto AHB\_NEVR] <Refused,Don't know> [goto AVT\_EVER]

---

**Question ID:** ALT.472\_00.000 **Instrument Variable Name:** AHB\_USEM **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT7 ?[F1]

DURING THE PAST 12 MONTHS, have you taken any herbal supplements listed on this card for yourself?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever taken herbal supplements

**SkipInstructions:** <1> [goto AHB\_MO]  
<2> [goto AHB\_NYR]  
<Refused,Don't know> [goto AVT\_EVER]

---

**Question ID:** ALT.474\_00.000 **Instrument Variable Name:** AHB\_MO **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT7

DURING THE PAST 30 DAYS, did you take any of these herbal supplements?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have taken herbal supplements in the past 12 months

**SkipInstructions:** <1> [goto AHRBTAKE] <2,Refused,Don't know> [goto AHB\_PRAC]

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Question ID: ALT.476\_00.000 Instrument Variable Name: AHRBTAKE QuestionnaireFileName: Adult CAM

QuestionText: (book) ALT7

Please tell me which of these supplements you took in the PAST 30 DAYS. If you take more than one herb in a single supplement, select "combination herb pill."

\*Enter all that apply, separate with commas.

- 01 Combination herb pill
  - 02 Androstenedione
  - 03 Black cohosh
  - 04 Carnitine
  - 05 Chasteberry
  - 06 Chondroitin
  - 07 Coenzyme Q-10
  - 08 Comfrey
  - 09 Conjugated Linolenic Acid (CLA)
  - 10 Cranberry (pills, gelscaps)
  - 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, gelscaps)
  - 21 Ginger pills or gelscaps
  - 22 Ginkgo biloba
  - 23 Ginseng
  - 24 Glucosamine
  - 25 Goldenseal
  - 26 Guarana
  - 27 Grape Seed Extract
  - 28 Green tea pills (not brewed tea)
  - 29 EGCG (pills)
  - 30 Hawthorn
  - 31 Horny Goat Weed
  - 32 Kava kava
  - 33 Lecithin
  - 34 Lutein
  - 35 Lycopene
  - 36 Melatonin
  - 37 MSM (Methylsulfonylmethane)
  - 38 Milk thistle
  - 39 Prebiotics or Probiotics
  - 40 SAM-e
  - 41 Saw palmetto
  - 42 Senna
  - 43 Soy supplements or soy isoflavones
  - 44 St. John's wort
-

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45 Valerian  
97 Refused  
99 Don't know

**UniverseText:** Sample adults 18+ who have taken herbal supplements in the past 30 days

**SkipInstructions:** <1> [goto AHB\_COMN  
<2-45> if more than 2 herbs chosen [goto AHB\_TOP2]; else if 1 or 2 herbs chosen (and herbs chosen do not  
include <1>) [goto AHB\_R1A]  
<Refused,Don't know> [goto AHB\_PRAC]

---

**Question ID:** ALT.478\_00.000 **Instrument Variable Name:** AHB\_COMN **QuestionnaireFileName:** Adult CAM

**QuestionText:** How many different "combination herb pills" did you take?

\*Enter '50' for 50 or more.

01-50 1-50 pills  
97 Refused  
99 Don't know

**UniverseText:** Sample adults 18+ who have taken combination herb pills in the past 30 days

**SkipInstructions:** <1-50,Refused,Don't know> [goto AHB\_COM1]

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**Question ID:** ALT.480\_00.000 **Instrument Variable Name:** AHB\_COM1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book)ALT7

If AHB\_COMN=Refused or Don't know, fill:  
Which herbs are included in the combination herb pill or pills?

If AHB\_COMN=1 fill:  
Which herbs are included in the combination herb pill?

Else if AHB\_COMN=2 fill:  
Which herbs are included in the first combination herb pill?

Else if AHB\_COMN=3-50, fill:  
Thinking of the two combination herb pills you take most often, what herbs are included in the first combination herb pill?

- 02 Androstenedione
  - 03 Black cohosh
  - 04 Carnitine
  - 05 Chasteberry
  - 06 Condroitin
  - 07 Coenzyme Q-10
  - 08 Comfrey
  - 09 Conjugated Linolenic Acid (CLA)
  - 10 Cranberry (pills, gelcaps)
  - 11 Creatine
  - 12 DHEA
  - 13 Echinacea
  - 14 Ephedra
  - 15 Evening primrose
  - 16 Feverfew
  - 17 Fiber or Psyllium (pills or powder)
  - 18 Fish oil or omega 3 or DHA fatty acid supplements
  - 19 Flaxseed Oil or Pills
  - 20 Garlic supplements (pills, gelcaps)
  - 21 Ginger pills or gelcaps
  - 22 Ginkgo biloba
  - 23 Ginseng
  - 24 Glucosamine
  - 25 Goldenseal
  - 26 Guarana
  - 27 Grape Seed Extract
  - 28 Green tea pills (not brewed tea)
  - 29 EGCG (pills)
  - 30 Hawthorn
  - 31 Horny Goat Weed
  - 32 Kava kava
  - 33 Lecithin
  - 34 Lutein
  - 35 Lycopene
  - 36 Melatonin
  - 37 MSM (Methylsulfonylmethane)
  - 38 Milk thistle
  - 39 Prebiotics or Probiotics
-

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- 40 SAM-e
- 41 Saw palmetto
- 42 Senna
- 43 Soy supplements or soy isoflavones
- 44 St. John's wort
- 45 Valerian
- 46 Other
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have taken combination herb pills in the past 30 days

**SkipInstructions:** <2-46,R,D> if AHB\_COMN=1,Refused,Don't know and AHRBTAKE=one or two herbs [goto AHB\_R1A]; else if AHB\_COMN=1,Refused, Don't know and AHRBTAKE=more than two herbs [goto AHB\_TOP2]; else if AHB\_COMN GE 2 [goto AHB\_COM2]

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**Question ID:** ALT.482\_00.000 **Instrument Variable Name:** AHB\_COM2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book)ALT7

If AHB\_COMN=2, fill:

Which herbs are included in the second combination herb pill?

Else if AHB\_COMN=3-50, fill:

\*Read if necessary.

Thinking of the two combination herb pills you take most often, what herbs are included in the second combination herb pill?

- 02 Androstenedione
  - 03 Black cohosh
  - 04 Carnitine
  - 05 Chasteberry
  - 06 Chondroitin
  - 07 Coenzyme Q-10
  - 08 Comfrey
  - 09 Conjugated Linolenic Acid (CLA)
  - 10 Cranberry (pills, gelcaps)
  - 11 Creatine
  - 12 DHEA
  - 13 Echinacea
  - 14 Ephedra
  - 15 Evening primrose
  - 16 Feverfew
  - 17 Fiber or Psyllium (pills or powder)
  - 18 Fish oil or omega 3 or DHA fatty acid supplements
  - 19 Flaxseed Oil or Pills
  - 20 Garlic supplements (pills, gelcaps)
  - 21 Ginger pills or gelcaps
  - 22 Ginkgo biloba
  - 23 Ginseng
  - 24 Glucosamine
  - 25 Goldenseal
  - 26 Guarana
  - 27 Grape Seed Extract
  - 28 Green tea pills (not brewed tea)
  - 29 EGCG (pills)
  - 30 Hawthorn
  - 31 Horny Goat Weed
  - 32 Kava kava
  - 33 Lecithin
  - 34 Lutein
  - 35 Lycopene
  - 36 Melatonin
  - 37 MSM (Methylsulfonylmethane)
  - 38 Milk thistle
  - 39 Prebiotics or Probiotics
  - 40 SAM-e
-

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- 41 Saw palmetto
- 42 Senna
- 43 Soy supplements or soy isoflavones
- 44 St. John's wort
- 45 Valerian
- 46 Other
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have taken two or more combination herb pills

**SkipInstructions:** <2-46,R,D> if AHRBTAKE=one herb [goto AHB\_R1A]; else if AHRBTAKE includes more than two herbs [goto AHB\_TOP2]



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**Question ID:** ALT.484\_00.000 **Instrument Variable Name:** AHB\_TOP2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Which TWO of these herbal supplements did you take the most in the PAST 30 DAYS?

\*Enter two answers, separate with commas.

\*If respondent cannot choose two herbs used most often, probe for the two most important for health.

- 01 First combination herb pill
  - 02 Androstenedione
  - 03 Black cohosh
  - 04 Carnitine
  - 05 Chasteberry
  - 06 Condroitin
  - 07 Coenzyme Q-10
  - 08 Comfrey
  - 09 Conjugated Linolenic Acid (CLA)
  - 10 Cranberry (pills, gelcaps)
  - 11 Creatine
  - 12 DHEA
  - 13 Echinacea
  - 14 Ephedra
  - 15 Evening primrose
  - 16 Feverfew
  - 17 Fiber or Psyllium (pills or powder)
  - 18 Fish oil or omega 3 or DHA fatty acid supplements
  - 19 Flaxseed Oil or Pills
  - 20 Garlic supplements (pills, gelcaps)
  - 21 Ginger pills or gelcaps
  - 22 Ginkgo biloba
  - 23 Ginseng
  - 24 Glucosamine
  - 25 Goldenseal
  - 26 Guarana
  - 27 Grape Seed Extract
  - 28 Green tea pills (not brewed tea)
  - 29 EGCG (pills)
  - 30 Hawthorn
  - 31 Horny Goat Weed
  - 32 Kava kava
  - 33 Lecithin
  - 34 Lutein
  - 35 Lycopene
  - 36 Melatonin
  - 37 MSM (Methylsulfonylmethane)
  - 38 Milk thistle
  - 39 Prebiotics or Probiotics
  - 40 SAM-e
  - 41 Saw palmetto
  - 42 Senna
  - 43 Soy supplements or soy isoflavones
  - 44 St. John's wort
  - 45 Valerian
-

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- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have taken more than 2 herbal supplements in the past 30 days

**SkipInstructions:** <1-45,47> [goto AHB\_R1A] <Refused,Don't know> [goto AHB\_PRAC]

---

**Question ID:** ALT.486\_00.000 **Instrument Variable Name:** AHB\_R1A **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you use [fill: 1st herb] for any of these reasons? Please say yes or no to each.

...For general health or wellness?

- 1 Yes
- 2 No
- 7 Refused
- 8 Not asceratained
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB\_R2A]

---

**Question ID:** ALT.488\_00.000 **Instrument Variable Name:** AHB\_R2A **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 1st herb] for any of these reasons?

...Prescription or over-the-counter drugs are too expensive?

- 1 Yes
- 2 No
- 7 Refused
- 8 Not asceratained
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB\_R3A]

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**Question ID:** ALT.490\_00.000 **Instrument Variable Name:** AHB\_R3A **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 1st herb] for any of these reasons?

...To treat or cure a specific disease or health problem?

- 1 Yes
- 2 No
- 7 Refused
- 8 Not asceratained
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB\_R4A]

---

**Question ID:** ALT.492\_00.000 **Instrument Variable Name:** AHB\_R4A **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 1st herb] for any of these reasons?

...To prevent a specific disease or health problem?

- 1 Yes
- 2 No
- 7 Refused
- 8 Not asceratained
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB\_R5A]

---

**Question ID:** ALT.494\_00.000 **Instrument Variable Name:** AHB\_R5A **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 1st herb] for any of these reasons?

...To improve physical performance?

- 1 Yes
- 2 No
- 7 Refused
- 8 Not asceratained
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB\_R6A]

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**Question ID:** ALT.496\_00.000 **Instrument Variable Name:** AHB\_R6A **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 1st herb] for any of these reasons?

...To improve sports performance?

- 1 Yes
- 2 No
- 7 Refused
- 8 Not asceratained
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB\_R7A]

---

**Question ID:** ALT.498\_00.000 **Instrument Variable Name:** AHB\_R7A **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 1st herb] for any of these reasons?

...To improve immune system function?

- 1 Yes
- 2 No
- 7 Refused
- 8 Not asceratained
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB\_R8A]

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**Question ID:** ALT.500\_00.000 **Instrument Variable Name:** AHB\_R8A **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 1st herb] for any of these reasons?

...To improve sexual performance?

- 1 Yes
- 2 No
- 7 Refused
- 8 Not asceratained
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB\_R9A]

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**Question ID:** ALT.502\_00.000 **Instrument Variable Name:** AHB\_R9A **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 1st herb] for any of these reasons?

...To improve mental ability or memory?

- 1 Yes
- 2 No
- 7 Refused
- 8 Not asceratained
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB\_R10A]

---

**Question ID:** ALT.504\_00.000 **Instrument Variable Name:** AHB\_R10A **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 1st herb] for any of these reasons?

...Because medical treatments did not help?

- 1 Yes
- 2 No
- 7 Refused
- 8 Not asceratained
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB\_R11A]

---

**Question ID:** ALT.506\_00.000 **Instrument Variable Name:** AHB\_R11A **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 1st herb] for any of these reasons?

...Because medical treatments were too expensive?

- 1 Yes
- 2 No
- 7 Refused
- 8 Not asceratained
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB\_R12A]

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**Question ID:** ALT.508\_00.000 **Instrument Variable Name:** AHB\_R12A **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 1st herb] for any of these reasons?

...It was recommended by a health care provider?

- 1 Yes
- 2 No
- 7 Refused
- 8 Not asceratained
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB\_R13A]

---

**Question ID:** ALT.510\_00.000 **Instrument Variable Name:** AHB\_R13A **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 1st herb] for any of these reasons?

...It was recommended by family, friends, or co-workers?

- 1 Yes
- 2 No
- 7 Refused
- 8 Not asceratained
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two herbs from AHRBTAKE or selected two herbs at AHB\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> IF AHB\_R3A=1 [goto AHB\_CTRA]; else if AHB\_R4A=1 and AHB\_R3A NE 1 [goto AHB\_CNPA]; else if another herb chosen [goto AHB\_SAME]; else [goto AHB\_PRAC]

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Question ID: ALT.512\_00.000 Instrument Variable Name: AHB\_CTRA QuestionnaireFileName: Adult CAM

QuestionText: ?[F1]

For what specific health problems or conditions did you take [fill: 1st herb]?

\*Enter all that apply, separate with commas.

- 01 Acid reflux or heartburn
  - 02 Angina
  - 03 Anxiety
  - 04 Asthma
  - 05 Arthritis
  - 06 Attention Deficit Disorder/Hyperactivity
  - 07 Autism
  - 08 Benign tumors, cysts
  - 09 Bipolar Disorder
  - 10 Birth defect
  - 11 Cancer
  - 12 Cholesterol
  - 13 Chronic Bronchitis
  - 14 Circulation problems (other than in the legs)
  - 15 Constipation severe enough to require medication
  - 16 Coronary heart disease
  - 17 Dementia, including Alzheimer's Disease
  - 18 Dental pain
  - 19 Depression
  - 20 Diabetes
  - 21 Emphysema
  - 22 Excessive sleepiness during the day
  - 23 Excessive use of alcohol or tobacco
  - 24 Fibromyalgia
  - 25 Fracture, bone/joint injury
  - 26 Gout
  - 27 Gum disease
  - 28 Gynecologic problem
  - 29 Hay fever
  - 30 Hearing problem
  - 31 Heart attack
  - 32 Other heart condition or disease
  - 33 Hernia
  - 34 Hypertension
  - 35 Inflammatory bowel disease
  - 36 Influenza or pneumonia
  - 37 Insomnia or trouble sleeping
  - 38 Irritable bowel
  - 39 Jaw pain
  - 40 Joint pain or stiffness/other joint condition
  - 41 Knee problems (not arthritis, not joint injury)
  - 42 Liver problem
  - 43 Lung/breathing problem (not already listed)
  - 44 Lupus
  - 45 Mania or psychosis
-

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- 46 Memory loss or loss of other cognitive function
- 47 Menopause
- 48 Menstrual problems
- 49 Mental retardation
- 50 Missing limbs (fingers, toes or digits), amputee
- 51 Osteoporosis, tendinitis
- 52 Other developmental problem
- 53 Other injury
- 54 Other nerve damage, including carpal tunnel syndrome
- 55 Phobia or fears
- 56 Polio (myelitis), paralysis, para/quadruplegia
- 57 Poor circulation in legs
- 58 Prostate trouble or impotence
- 59 Regular headaches
- 60 Rheumatoid arthritis
- 61 Schizophrenia
- 62 Seizures
- 63 Senility
- 64 Sinusitis
- 65 Skin problems
- 66 Sprain or strain
- 67 Stroke
- 68 Substance abuse, other than alcohol or tobacco
- 69 Filled problem
- 70 Filled problem
- 71 Ulcer
- 72 Urinary problem
- 73 Varicose veins, hemorrhoids
- 74 Vision problem
- 75 Weak or failing kidneys
- 76 Weight problem
- 77 Back pain or problem
- 78 Head or chest cold
- 79 Neck pain or problem
- 80 Severe headache or migraine
- 81 Stomach or intestinal illness
- 82 Other - specify
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who used first selected herb to treat or cure a specific disease or health problem

**SkipInstructions:** <1-81> if more than one condition selected [goto AHB\_CONA]; else if only one condition selected [goto AHB\_MEDA];  
<82> [goto AHB\_SPT1]  
<Refused,Don't know> if 2nd herb chosen [goto AHB\_SAME]; else [goto AHB\_PRAC]



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**Question ID:** ALT.514\_00.000 **Instrument Variable Name:** AHB\_SPT1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Enter condition for which [fill: 1st herb] was used. If respondent gives more than one condition, probe for condition most important for using [fill: 1st herb].

97 Refused

99 Don't know

**Verbatim** Verbatim response

**UniverseText:** Sample adults 18+ who took first herb to treat or cure other specified health problem or condition

**SkipInstructions:** <Allow 75> if more than one condition selected [goto AHB\_CONA]; elseif only one condition selected [goto AHB\_MEDA]  
<Refused,Don't know> if more than one condition (1-81) selected, [goto AHB\_CONA]; elseif only one condition (1-81) selected, [goto AHB\_MEDA]; elseif 2nd herb chosen, [goto AHB\_SAME]; else [goto AHB\_PRAC]

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**Question ID:** ALT.516\_00.000 **Instrument Variable Name:** AHB\_CONA **QuestionnaireFileName:** Adult CAM

**QuestionText:** For which ONE of these health problems or conditions did you take [fill: 1st herb] the most?

\*If respondent cannot choose one condition, probe for condition most important for using [fill: 1st herb].

- 01 Acid reflux or heartburn
  - 02 Angina
  - 03 Anxiety
  - 04 Asthma
  - 05 Arthritis
  - 06 Attention Deficit Disorder/Hyperactivity
  - 07 Autism
  - 08 Benign tumors, cysts
  - 09 Bipolar Disorder
  - 10 Birth defect
  - 11 Cancer
  - 12 Cholesterol
  - 13 Chronic Bronchitis
  - 14 Circulation problems (other than in the legs)
  - 15 Constipation severe enough to require medication
  - 16 Coronary heart disease
  - 17 Dementia, including Alzheimer's Disease
  - 18 Dental pain
  - 19 Depression
  - 20 Diabetes
  - 21 Emphysema
  - 22 Excessive sleepiness during the day
  - 23 Excessive use of alcohol or tobacco
  - 24 Fibromyalgia
  - 25 Fracture, bone/joint injury
  - 26 Gout
  - 27 Gum disease
  - 28 Gynecologic problem
  - 29 Hay fever
  - 30 Hearing problem
  - 31 Heart attack
  - 32 Other heart condition or disease
  - 33 Hernia
  - 34 Hypertension
  - 35 Inflammatory bowel disease
  - 36 Influenza or pneumonia
  - 37 Insomnia or trouble sleeping
  - 38 Irritable bowel
  - 39 Jaw pain
  - 40 Joint pain or stiffness/other joint condition
  - 41 Knee problems (not arthritis, not joint injury)
  - 42 Liver problem
  - 43 Lung/breathing problem (not already listed)
  - 44 Lupus
  - 45 Mania or psychosis
  - 46 Memory loss or loss of other cognitive function
-

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- 47 Menopause
- 48 Menstrual problems
- 49 Mental retardation
- 50 Missing limbs (fingers, toes or digits), amputee
- 51 Osteoporosis, tendinitis
- 52 Other developmental problem
- 53 Other injury
- 54 Other nerve damage, including carpal tunnel syndrome
- 55 Phobia or fears
- 56 Polio (myelitis), paralysis, para/quadruplegia
- 57 Poor circulation in legs
- 58 Prostate trouble or impotence
- 59 Regular headaches
- 60 Rheumatoid arthritis
- 61 Schizophrenia
- 62 Seizures
- 63 Senility
- 64 Sinusitis
- 65 Skin problems
- 66 Sprain or strain
- 67 Stroke
- 68 Substance abuse, other than alcohol or tobacco
- 69 Filled problem
- 70 Filled problem
- 71 Ulcer
- 72 Urinary problem
- 73 Varicose veins, hemorrhoids
- 74 Vision problem
- 75 Weak or failing kidneys
- 76 Weight problem
- 77 Back pain or problem
- 78 Head or chest cold
- 79 Neck pain or problem
- 80 Severe headache or migraine
- 81 Stomach or intestinal illness
- 82 Other - specify
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who used 1st herb to treat or cure more than one problem or condition

**SkipInstructions:** <1-82> [goto AHB\_MEDA]  
<Refused,Don't know> if 2nd herb chosen [goto AHB\_SAME]; else [goto AHB\_PRAC]

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**Question ID:** ALT.518\_00.000 **Instrument Variable Name:** AHB\_MEDA **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT2 ?[F1]

Did you receive any of these conventional medical treatments for [fill: condition]?

\*Enter all that apply, separate with commas.

- 0 None
- 1 Prescription medications
- 2 Over-the-counter medications
- 3 Surgery
- 4 Physical therapy
- 5 Mental health counseling
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who used 1st herb to treat or cure a specific problem or condition

**SkipInstructions:** <0,Refused,Don't know> if 2nd herb chosen [goto AHB\_SAME]; else [goto AHB\_PRAC]  
<1> [goto AHB\_TM1A]  
<2> [goto AHB\_TM2A]  
<3> [goto AHB\_TM3A]  
<4> [goto AHB\_TM4A]  
<5> [goto AHB\_TM5A]

---

**Question ID:** ALT.520\_00.000 **Instrument Variable Name:** AHB\_TM1A **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive prescription medications before, at about the same time, or after you began taking [fill: 1st herb]?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who used prescription medications for condition they used herb 1 for the most

**SkipInstructions:** <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected and if 2nd herb chosen [goto AHB\_SAME]; else [goto AHB\_PRAC]]

---

**Question ID:** ALT.522\_00.000 **Instrument Variable Name:** AHB\_TM2A **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive over-the-counter medications before, at about the same time, or after you began taking [fill: 1st herb]?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who used over-the-counter medications for condition they used herb 1 for the most

**SkipInstructions:** <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected and if 2nd herb chosen [goto AHB\_SAME]; else [goto AHB\_PRAC]]

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**Question ID:** ALT.524\_00.000 **Instrument Variable Name:** AHB\_TM3A **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive surgery before, at about the same time, or after you began taking [fill: 1st herb]?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had surgery for condition they used herb 1 for the most

**SkipInstructions:** <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected and if 2nd herb chosen [goto AHB\_SAME]; else [goto AHB\_PRAC]]

---

**Question ID:** ALT.526\_00.000 **Instrument Variable Name:** AHB\_TM4A **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive physical therapy before, at about the same time, or after you began taking [fill: 1st herb]?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had physical therapy for condition they used herb 1 for the most

**SkipInstructions:** <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected and if 2nd herb chosen [goto AHB\_SAME]; else [goto AHB\_PRAC]]

---

**Question ID:** ALT.528\_00.000 **Instrument Variable Name:** AHB\_TM5A **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive mental health counseling before, at about the same time, or after you began taking [fill: 1st herb]?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had mental health counseling for condition they used herb 1 for the most

**SkipInstructions:** <1-3,R,D> if 2nd herb chosen [goto AHB\_SAME]; else [goto AHB\_PRAC]

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Question ID: ALT.530\_00.000 Instrument Variable Name: AHB\_CNPA QuestionnaireFileName: Adult CAM

QuestionText: ?[F1]

For what specific health problems or conditions did you take [fill: 1st herb] to prevent?

\*Enter all that apply, separate with commas.

- 01 Acid reflux or heartburn
  - 02 Angina
  - 03 Anxiety
  - 04 Asthma
  - 05 Arthritis
  - 06 Attention Deficit Disorder/Hyperactivity
  - 07 Autism
  - 08 Benign tumors, cysts
  - 09 Bipolar Disorder
  - 10 Birth defect
  - 11 Cancer
  - 12 Cholesterol
  - 13 Chronic Bronchitis
  - 14 Circulation problems (other than in the legs)
  - 15 Constipation severe enough to require medication
  - 16 Coronary heart disease
  - 17 Dementia, including Alzheimer's Disease
  - 18 Dental pain
  - 19 Depression
  - 20 Diabetes
  - 21 Emphysema
  - 22 Excessive sleepiness during the day
  - 23 Excessive use of alcohol or tobacco
  - 24 Fibromyalgia
  - 25 Fracture, bone/joint injury
  - 26 Gout
  - 27 Gum disease
  - 28 Gynecologic problem
  - 29 Hay fever
  - 30 Hearing problem
  - 31 Heart attack
  - 32 Other heart condition or disease
  - 33 Hernia
  - 34 Hypertension
  - 35 Inflammatory bowel disease
  - 36 Influenza or pneumonia
  - 37 Insomnia or trouble sleeping
  - 38 Irritable bowel
  - 39 Jaw pain
  - 40 Joint pain or stiffness/other joint condition
  - 41 Knee problems (not arthritis, not joint injury)
  - 42 Liver problem
  - 43 Lung/breathing problem (not already listed)
  - 44 Lupus
  - 45 Mania or psychosis
-

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- 46 Memory loss or loss of other cognitive function
- 47 Menopause
- 48 Menstrual problems
- 49 Mental retardation
- 50 Missing limbs (fingers, toes or digits), amputee
- 51 Osteoporosis, tendinitis
- 52 Other developmental problem
- 53 Other injury
- 54 Other nerve damage, including carpal tunnel syndrome
- 55 Phobia or fears
- 56 Polio (myelitis), paralysis, para/quadruplegia
- 57 Poor circulation in legs
- 58 Prostate trouble or impotence
- 59 Regular headaches
- 60 Rheumatoid arthritis
- 61 Schizophrenia
- 62 Seizures
- 63 Senility
- 64 Sinusitis
- 65 Skin problems
- 66 Sprain or strain
- 67 Stroke
- 68 Substance abuse, other than alcohol or tobacco
- 69 Filled problem
- 70 Filled problem
- 71 Ulcer
- 72 Urinary problem
- 73 Varicose veins, hemorrhoids
- 74 Vision problem
- 75 Weak or failing kidneys
- 76 Weight problem
- 77 Back pain or problem
- 78 Head or chest cold
- 79 Neck pain or problem
- 80 Severe headache or migraine
- 81 Stomach or intestinal illness
- 82 Other - specify
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who used 1st herb to prevent but not treat or cure a condition or health problem

**SkipInstructions:** <1-81> if more than one condition chosen [goto AHB\_CMPA]; elseif only one condition chosen and 2nd herb chosen [goto AHB\_SAME]; else [goto AHB\_PRAC]  
<82> [goto AHB\_SPP1]  
<Refused,Don't know> if second herb chosen [goto AHB\_SAME]; else [goto AHB\_PRAC]

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**Question ID:** ALT.532\_00.000 **Instrument Variable Name:** AHB\_SPP1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Enter condition for which [fill: 1st herb] was used. If respondent gives more than one condition, probe for condition most important for using [fill: 1st herb].

97 Refused

99 Don't know

**Verbatim** Verbatim response

**UniverseText:** Sample adults 18+ who took 1st herb to prevent but not treat or cure other specified health problem or condition

**SkipInstructions:** <Allow 75> if more than one condition selected [goto AHB\_CMPA]; elseif 2nd herb was selected [goto AHB\_SAME]; else [goto AHB\_PRAC]  
<Refused,Don't know> if more than one condition (1-81) selected [goto AHB\_CMPA]; elseif 2nd herb was selected [goto AHB\_SAME]; else [goto AHB\_PRAC]



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**Question ID:** ALT.534\_00.000 **Instrument Variable Name:** AHB\_CMPA **QuestionnaireFileName:** Adult CAM

**QuestionText:** For which ONE of these health problems or conditions did you take [fill: 1st herb] the most to prevent?

\*If respondent cannot choose one condition, probe for condition most important for using herbs.

- 01 Acid reflux or heartburn
  - 02 Angina
  - 03 Anxiety
  - 04 Asthma
  - 05 Arthritis
  - 06 Attention Deficit Disorder/Hyperactivity
  - 07 Autism
  - 08 Benign tumors, cysts
  - 09 Bipolar Disorder
  - 10 Birth defect
  - 11 Cancer
  - 12 Cholesterol
  - 13 Chronic Bronchitis
  - 14 Circulation problems (other than in the legs)
  - 15 Constipation severe enough to require medication
  - 16 Coronary heart disease
  - 17 Dementia, including Alzheimer's Disease
  - 18 Dental pain
  - 19 Depression
  - 20 Diabetes
  - 21 Emphysema
  - 22 Excessive sleepiness during the day
  - 23 Excessive use of alcohol or tobacco
  - 24 Fibromyalgia
  - 25 Fracture, bone/joint injury
  - 26 Gout
  - 27 Gum disease
  - 28 Gynecologic problem
  - 29 Hay fever
  - 30 Hearing problem
  - 31 Heart attack
  - 32 Other heart condition or disease
  - 33 Hernia
  - 34 Hypertension
  - 35 Inflammatory bowel disease
  - 36 Influenza or pneumonia
  - 37 Insomnia or trouble sleeping
  - 38 Irritable bowel
  - 39 Jaw pain
  - 40 Joint pain or stiffness/other joint condition
  - 41 Knee problems (not arthritis, not joint injury)
  - 42 Liver problem
  - 43 Lung/breathing problem (not already listed)
  - 44 Lupus
  - 45 Mania or psychosis
  - 46 Memory loss or loss of other cognitive function
-

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- 47 Menopause
- 48 Menstrual problems
- 49 Mental retardation
- 50 Missing limbs (fingers, toes or digits), amputee
- 51 Osteoporosis, tendinitis
- 52 Other developmental problem
- 53 Other injury
- 54 Other nerve damage, including carpal tunnel syndrome
- 55 Phobia or fears
- 56 Polio (myelitis), paralysis, para/quadruplegia
- 57 Poor circulation in legs
- 58 Prostate trouble or impotence
- 59 Regular headaches
- 60 Rheumatoid arthritis
- 61 Schizophrenia
- 62 Seizures
- 63 Senility
- 64 Sinusitis
- 65 Skin problems
- 66 Sprain or strain
- 67 Stroke
- 68 Substance abuse, other than alcohol or tobacco
- 69 Filled problem
- 70 Filled problem
- 71 Ulcer
- 72 Urinary problem
- 73 Varicose veins, hemorrhoids
- 74 Vision problem
- 75 Weak or failing kidneys
- 76 Weight problem
- 77 Back pain or problem
- 78 Head or chest cold
- 79 Neck pain or problem
- 80 Severe headache or migraine
- 81 Stomach or intestinal illness
- 82 Other - specify
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who used 1st herb to prevent more than one problem or condition

**SkipInstructions:** <1-82,Refused,Don't know> if 2nd herb selected [goto AHB\_SAME]; else [goto AHB\_PRAC]

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**Question ID:** ALT.535\_00.000 **Instrument Variable Name:** AHB\_SAME **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you take [fill: second herb] for all the same reasons you took [fill2: first herb] or for different reasons?

- 1 Same reasons
- 2 Different reasons
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen two herbs from AHRBTAKE or selected two herbs at AHB\_TOP2

**SkipInstructions:** <1,Refused,Don't know> [goto AHB\_PRAC] <2> [goto AHB\_R1B]

---

**Question ID:** ALT.536\_00.000 **Instrument Variable Name:** AHB\_R1B **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you use [fill: 2nd herb] for any of these reasons? Please say yes or no to each.

...For general health or wellness?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen two herbs from AHRBTAKE or selected two herbs at AHB\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB\_R2B]

---

**Question ID:** ALT.538\_00.000 **Instrument Variable Name:** AHB\_R2B **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 2nd herb] for any of these reasons?

...Prescription or over-the-counter drugs are too expensive?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen two herbs from AHRBTAKE or selected two herbs at AHB\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB\_R3B]

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**Question ID:** ALT.540\_00.000 **Instrument Variable Name:** AHB\_R3B **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 2nd herb] for any of these reasons?

...To treat or cure a specific disease or health problem?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen two herbs from AHRBTAKE or selected two herbs at AHB\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB\_R4B]

---

**Question ID:** ALT.542\_00.000 **Instrument Variable Name:** AHB\_R4B **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 2nd herb] for any of these reasons?

...To prevent a specific disease or health problem?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen two herbs from AHRBTAKE or selected two herbs at AHB\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB\_R5B]

---

**Question ID:** ALT.544\_00.000 **Instrument Variable Name:** AHB\_R5B **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 2nd herb] for any of these reasons?

...To improve physical performance?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen two herbs from AHRBTAKE or selected two herbs at AHB\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB\_R6B]

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**Question ID:** ALT.546\_00.000 **Instrument Variable Name:** AHB\_R6B **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 2nd herb] for any of these reasons?

...To improve sports performance?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen two herbs from AHRBTAKE or selected two herbs at AHB\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB\_R7B]

---

**Question ID:** ALT.548\_00.000 **Instrument Variable Name:** AHB\_R7B **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 2nd herb] for any of these reasons?

...To improve immune system function?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen two herbs from AHRBTAKE or selected two herbs at AHB\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB\_R8B]

---

**Question ID:** ALT.550\_00.000 **Instrument Variable Name:** AHB\_R8B **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 2nd herb] for any of these reasons?

...To improve sexual performance?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen two herbs from AHRBTAKE or selected two herbs at AHB\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB\_R9B]

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**Question ID:** ALT.552\_00.000 **Instrument Variable Name:** AHB\_R9B **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 2nd herb] for any of these reasons?

...To improve mental ability or memory?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen two herbs from AHRBTAKE or selected two herbs at AHB\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB\_R10B]

---

**Question ID:** ALT.554\_00.000 **Instrument Variable Name:** AHB\_R10B **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 2nd herb] for any of these reasons?

...Because medical treatments did not help?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen two herbs from AHRBTAKE or selected two herbs at AHB\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB\_R11B]

---

**Question ID:** ALT.556\_00.000 **Instrument Variable Name:** AHB\_R11B **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 2nd herb] for any of these reasons?

...Because medical treatments were too expensive?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen two herbs from AHRBTAKE or selected two herbs at AHB\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB\_R12B]

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**Question ID:** ALT.558\_00.000 **Instrument Variable Name:** AHB\_R12B **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 2nd herb] for any of these reasons?

,,,It was recommended by a health care provider?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen two herbs from AHRBTAKE or selected two herbs at AHB\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AHB\_R13B]

---

**Question ID:** ALT.560\_00.000 **Instrument Variable Name:** AHB\_R13B **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 2nd herb] for any of these reasons?

,,,It was recommended by family, friends, or co-workers?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen two herbs from AHRBTAKE or selected two herbs at AHB\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> IF AHB\_R3B=1 [goto AHB\_CTRB]; else if AHB\_R4B=1 and AHB\_R3B NE 1 [goto AHB\_CNPB]; else [goto AHB\_PRAC]

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Question ID: ALT.562\_00.000 Instrument Variable Name: AHB\_CTRB QuestionnaireFileName: Adult CAM

QuestionText: ?[F1]

For what specific health problems or conditions did you take [fill: 2nd herb]?

\*Enter all that apply, separate with commas.

- 01 Acid reflux or heartburn
  - 02 Angina
  - 03 Anxiety
  - 04 Asthma
  - 05 Arthritis
  - 06 Attention Deficit Disorder/Hyperactivity
  - 07 Autism
  - 08 Benign tumors, cysts
  - 09 Bipolar Disorder
  - 10 Birth defect
  - 11 Cancer
  - 12 Cholesterol
  - 13 Chronic Bronchitis
  - 14 Circulation problems (other than in the legs)
  - 15 Constipation severe enough to require medication
  - 16 Coronary heart disease
  - 17 Dementia, including Alzheimer's Disease
  - 18 Dental pain
  - 19 Depression
  - 20 Diabetes
  - 21 Emphysema
  - 22 Excessive sleepiness during the day
  - 23 Excessive use of alcohol or tobacco
  - 24 Fibromyalgia
  - 25 Fracture, bone/joint injury
  - 26 Gout
  - 27 Gum disease
  - 28 Gynecologic problem
  - 29 Hay fever
  - 30 Hearing problem
  - 31 Heart attack
  - 32 Other heart condition or disease
  - 33 Hernia
  - 34 Hypertension
  - 35 Inflammatory bowel disease
  - 36 Influenza or pneumonia
  - 37 Insomnia or trouble sleeping
  - 38 Irritable bowel
  - 39 Jaw pain
  - 40 Joint pain or stiffness/other joint condition
  - 41 Knee problems (not arthritis, not joint injury)
  - 42 Liver problem
  - 43 Lung/breathing problem (not already listed)
  - 44 Lupus
  - 45 Mania or psychosis
-



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- 46 Memory loss or loss of other cognitive function
- 47 Menopause
- 48 Menstrual problems
- 49 Mental retardation
- 50 Missing limbs (fingers, toes or digits), amputee
- 51 Osteoporosis, tendinitis
- 52 Other developmental problem
- 53 Other injury
- 54 Other nerve damage, including carpal tunnel syndrome
- 55 Phobia or fears
- 56 Polio (myelitis), paralysis, para/quadruplegia
- 57 Poor circulation in legs
- 58 Prostate trouble or impotence
- 59 Regular headaches
- 60 Rheumatoid arthritis
- 61 Schizophrenia
- 62 Seizures
- 63 Senility
- 64 Sinusitis
- 65 Skin problems
- 66 Sprain or strain
- 67 Stroke
- 68 Substance abuse, other than alcohol or tobacco
- 69 Filled problem
- 70 Filled problem
- 71 Ulcer
- 72 Urinary problem
- 73 Varicose veins, hemorrhoids
- 74 Vision problem
- 75 Weak or failing kidneys
- 76 Weight problem
- 77 Back pain or problem
- 78 Head or chest cold
- 79 Neck pain or problem
- 80 Severe headache or migraine
- 81 Stomach or intestinal illness
- 82 Other - specify
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who used second selected herb to treat or cure a specific disease or health problem

**SkipInstructions:** <1-81> if more than one condition selected [goto AHB\_CONB]; else if only one condition selected [goto AHB\_MEDB];  
<82> [goto AHB\_SPT2]  
<Refused,Don't know> [goto AHB\_PRAC]

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**Question ID:** ALT.564\_00.000    **Instrument Variable Name:** AHB\_SPT2    **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Enter condition for which [fill: 2nd herb] was used. If respondent gives more than one condition, probe for condition most important for using [fill: 2nd herb].

97 Refused

99 Don't know

**Verbatim** Verbatim response

**UniverseText:** Sample adults 18+ who took second herb to treat or cure other specified health problem or condition

**SkipInstructions:** <Allow 75> if more than one condition selected [goto AHB\_CONB]; elseif only one condition selected [goto AHB\_MEDB]  
<Refused,Don't know> if more than one condition (1-81) selected [goto AHB\_CONB]; elseif only one condition (1-81) selected [goto AHB\_MEDB]; else [goto AHB\_PRAC]

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**Question ID:** ALT.566\_00.000 **Instrument Variable Name:** AHB\_CONB **QuestionnaireFileName:** Adult CAM

**QuestionText:** For which ONE of these health problems or conditions did you take [fill: 2nd herb] the most?

\*If respondent cannot choose one condition, probe for condition most important for using [fill: 2nd herb].

- 01 Acid reflux or heartburn
  - 02 Angina
  - 03 Anxiety
  - 04 Asthma
  - 05 Arthritis
  - 06 Attention Deficit Disorder/Hyperactivity
  - 07 Autism
  - 08 Benign tumors, cysts
  - 09 Bipolar Disorder
  - 10 Birth defect
  - 11 Cancer
  - 12 Cholesterol
  - 13 Chronic Bronchitis
  - 14 Circulation problems (other than in the legs)
  - 15 Constipation severe enough to require medication
  - 16 Coronary heart disease
  - 17 Dementia, including Alzheimer's Disease
  - 18 Dental pain
  - 19 Depression
  - 20 Diabetes
  - 21 Emphysema
  - 22 Excessive sleepiness during the day
  - 23 Excessive use of alcohol or tobacco
  - 24 Fibromyalgia
  - 25 Fracture, bone/joint injury
  - 26 Gout
  - 27 Gum disease
  - 28 Gynecologic problem
  - 29 Hay fever
  - 30 Hearing problem
  - 31 Heart attack
  - 32 Other heart condition or disease
  - 33 Hernia
  - 34 Hypertension
  - 35 Inflammatory bowel disease
  - 36 Influenza or pneumonia
  - 37 Insomnia or trouble sleeping
  - 38 Irritable bowel
  - 39 Jaw pain
  - 40 Joint pain or stiffness/other joint condition
  - 41 Knee problems (not arthritis, not joint injury)
  - 42 Liver problem
  - 43 Lung/breathing problem (not already listed)
  - 44 Lupus
  - 45 Mania or psychosis
  - 46 Memory loss or loss of other cognitive function
-

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- 47 Menopause
- 48 Menstrual problems
- 49 Mental retardation
- 50 Missing limbs (fingers, toes or digits), amputee
- 51 Osteoporosis, tendinitis
- 52 Other developmental problem
- 53 Other injury
- 54 Other nerve damage, including carpal tunnel syndrome
- 55 Phobia or fears
- 56 Polio (myelitis), paralysis, para/quadruplegia
- 57 Poor circulation in legs
- 58 Prostate trouble or impotence
- 59 Regular headaches
- 60 Rheumatoid arthritis
- 61 Schizophrenia
- 62 Seizures
- 63 Senility
- 64 Sinusitis
- 65 Skin problems
- 66 Sprain or strain
- 67 Stroke
- 68 Substance abuse, other than alcohol or tobacco
- 69 Filled problem
- 70 Filled problem
- 71 Ulcer
- 72 Urinary problem
- 73 Varicose veins, hemorrhoids
- 74 Vision problem
- 75 Weak or failing kidneys
- 76 Weight problem
- 77 Back pain or problem
- 78 Head or chest cold
- 79 Neck pain or problem
- 80 Severe headache or migraine
- 81 Stomach or intestinal illness
- 82 Other - specify
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who used 2nd herb to treat or cure more than one problem or condition

**SkipInstructions:** <1-82> [goto AHB\_MEDB];  
<Refused,Don't know> [goto AHB\_PRAC]

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**Question ID:** ALT.568\_00.000 **Instrument Variable Name:** AHB\_MEDB **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT2 ?[F1]

Did you receive any of these conventional medical treatments for [fill: condition]?

\*Enter all that apply, separate with commas.

- 0 None
- 1 Prescription medications
- 2 Over-the-counter medications
- 3 Surgery
- 4 Physical therapy
- 5 Mental health counseling
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who used 2nd herb to treat or cure a specific problem or condition

**SkipInstructions:** <0,Refused,Don't know> [goto AHB\_PRAC]  
<1> [goto AHB\_TM1B]  
<2> [goto AHB\_TM2B]  
<3> [goto AHB\_TM3B]  
<4> [goto AHB\_TM4B]  
<5> [goto AHB\_TM5B]

---

**Question ID:** ALT.570\_00.000 **Instrument Variable Name:** AHB\_TM1B **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive prescription medications before, at about the same time, or after you began taking [fill: 2nd herb]?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who used prescription medications for condition they used herb 2 for the most

**SkipInstructions:** <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected, goto AHB\_PRAC]

---

**Question ID:** ALT.572\_00.000 **Instrument Variable Name:** AHB\_TM2B **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive over-the-counter medications before, at about the same time, or after you began taking [fill: 2nd herb]?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who used over-the-counter medications for condition they used herb 2 for the most

**SkipInstructions:** <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected, goto AHB\_PRAC]

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**Question ID:** ALT.574\_00.000 **Instrument Variable Name:** AHB\_TM3B **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive surgery before, at about the same time, or after you began taking [fill: 2nd herb]?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had surgery for condition they used herb 2 for the most

**SkipInstructions:** <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected, goto AHB\_PRAC]

---

**Question ID:** ALT.576\_00.000 **Instrument Variable Name:** AHB\_TM4B **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive physical therapy before, at about the same time, or after you began taking [fill: 2nd herb]?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had physical therapy for condition they used herb 2 for the most

**SkipInstructions:** <1-3,R,D> [goto to next selected conventional medical treatment. If no more treatments selected, goto AHB\_PRAC]

---

**Question ID:** ALT.578\_00.000 **Instrument Variable Name:** AHB\_TM5B **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive mental health counseling before, at about the same time, or after you began taking [fill: 2nd herb]?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had mental health counseling for condition they used herb 2 for the most

**SkipInstructions:** <1-3,R,D> AHB\_PRAC]

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Question ID: ALT.580\_00.000 Instrument Variable Name: AHB\_CNPB QuestionnaireFileName: Adult CAM

QuestionText: ?[F1]

For what specific health problems or conditions did you take [fill: 2nd herb] to prevent?

\*Enter all that apply, separate with commas.

- 01 Acid reflux or heartburn
  - 02 Angina
  - 03 Anxiety
  - 04 Asthma
  - 05 Arthritis
  - 06 Attention Deficit Disorder/Hyperactivity
  - 07 Autism
  - 08 Benign tumors, cysts
  - 09 Bipolar Disorder
  - 10 Birth defect
  - 11 Cancer
  - 12 Cholesterol
  - 13 Chronic Bronchitis
  - 14 Circulation problems (other than in the legs)
  - 15 Constipation severe enough to require medication
  - 16 Coronary heart disease
  - 17 Dementia, including Alzheimer's Disease
  - 18 Dental pain
  - 19 Depression
  - 20 Diabetes
  - 21 Emphysema
  - 22 Excessive sleepiness during the day
  - 23 Excessive use of alcohol or tobacco
  - 24 Fibromyalgia
  - 25 Fracture, bone/joint injury
  - 26 Gout
  - 27 Gum disease
  - 28 Gynecologic problem
  - 29 Hay fever
  - 30 Hearing problem
  - 31 Heart attack
  - 32 Other heart condition or disease
  - 33 Hernia
  - 34 Hypertension
  - 35 Inflammatory bowel disease
  - 36 Influenza or pneumonia
  - 37 Insomnia or trouble sleeping
  - 38 Irritable bowel
  - 39 Jaw pain
  - 40 Joint pain or stiffness/other joint condition
  - 41 Knee problems (not arthritis, not joint injury)
  - 42 Liver problem
  - 43 Lung/breathing problem (not already listed)
  - 44 Lupus
  - 45 Mania or psychosis
-

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- 46 Memory loss or loss of other cognitive function
- 47 Menopause
- 48 Menstrual problems
- 49 Mental retardation
- 50 Missing limbs (fingers, toes or digits), amputee
- 51 Osteoporosis, tendinitis
- 52 Other developmental problem
- 53 Other injury
- 54 Other nerve damage, including carpal tunnel syndrome
- 55 Phobia or fears
- 56 Polio (myelitis), paralysis, para/quadruplegia
- 57 Poor circulation in legs
- 58 Prostate trouble or impotence
- 59 Regular headaches
- 60 Rheumatoid arthritis
- 61 Schizophrenia
- 62 Seizures
- 63 Senility
- 64 Sinusitis
- 65 Skin problems
- 66 Sprain or strain
- 67 Stroke
- 68 Substance abuse, other than alcohol or tobacco
- 69 Filled problem
- 70 Filled problem
- 71 Ulcer
- 72 Urinary problem
- 73 Varicose veins, hemorrhoids
- 74 Vision problem
- 75 Weak or failing kidneys
- 76 Weight problem
- 77 Back pain or problem
- 78 Head or chest cold
- 79 Neck pain or problem
- 80 Severe headache or migraine
- 81 Stomach or intestinal illness
- 82 Other - specify
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who used 2nd herb to prevent but not treat or cure a condition or health problem

**SkipInstructions:** <1-81> if more than one condition chosen [goto AHB\_CMPB]; elseif only one condition chosen [goto AHB\_PRAC]  
<82> [goto AHB\_SPP2]  
<Refused,Don't know> [goto AHB\_PRAC]

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**Question ID:** ALT.582\_00.000 **Instrument Variable Name:** AHB\_SPP2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Enter condition for which [fill: 2nd herb] was used. If respondent gives more than one condition, probe for condition most important for using [fill: 2nd herb].

97 Refused

99 Don't know

**Verbatim** Verbatim response

**UniverseText:** Sample adults 18+ who took 2nd herb to prevent but not treat or cure other specified health problem or condition

**SkipInstructions:** <Allow 75> if more than one condition selected [goto AHB\_CMPB]; else [goto AHB\_PRAC]  
<Refused,Don't know> if more than one condition (1-81) selected [goto AHB\_CMPB]; else [goto AHB\_PRAC]

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**Question ID:** ALT.584\_00.000 **Instrument Variable Name:** AHB\_CMPB **QuestionnaireFileName:** Adult CAM

**QuestionText:** For which ONE of these health problems or conditions did you take [fill: 2nd herb] the most to prevent?

\*If respondent cannot choose one condition, probe for condition most important for using herbs.

- 01 Acid reflux or heartburn
  - 02 Angina
  - 03 Anxiety
  - 04 Asthma
  - 05 Arthritis
  - 06 Attention Deficit Disorder/Hyperactivity
  - 07 Autism
  - 08 Benign tumors, cysts
  - 09 Bipolar Disorder
  - 10 Birth defect
  - 11 Cancer
  - 12 Cholesterol
  - 13 Chronic Bronchitis
  - 14 Circulation problems (other than in the legs)
  - 15 Constipation severe enough to require medication
  - 16 Coronary heart disease
  - 17 Dementia, including Alzheimer's Disease
  - 18 Dental pain
  - 19 Depression
  - 20 Diabetes
  - 21 Emphysema
  - 22 Excessive sleepiness during the day
  - 23 Excessive use of alcohol or tobacco
  - 24 Fibromyalgia
  - 25 Fracture, bone/joint injury
  - 26 Gout
  - 27 Gum disease
  - 28 Gynecologic problem
  - 29 Hay fever
  - 30 Hearing problem
  - 31 Heart attack
  - 32 Other heart condition or disease
  - 33 Hernia
  - 34 Hypertension
  - 35 Inflammatory bowel disease
  - 36 Influenza or pneumonia
  - 37 Insomnia or trouble sleeping
  - 38 Irritable bowel
  - 39 Jaw pain
  - 40 Joint pain or stiffness/other joint condition
  - 41 Knee problems (not arthritis, not joint injury)
  - 42 Liver problem
  - 43 Lung/breathing problem (not already listed)
  - 44 Lupus
  - 45 Mania or psychosis
  - 46 Memory loss or loss of other cognitive function
-

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- 47 Menopause
- 48 Menstrual problems
- 49 Mental retardation
- 50 Missing limbs (fingers, toes or digits), amputee
- 51 Osteoporosis, tendinitis
- 52 Other developmental problem
- 53 Other injury
- 54 Other nerve damage, including carpal tunnel syndrome
- 55 Phobia or fears
- 56 Polio (myelitis), paralysis, para/quadruplegia
- 57 Poor circulation in legs
- 58 Prostate trouble or impotence
- 59 Regular headaches
- 60 Rheumatoid arthritis
- 61 Schizophrenia
- 62 Seizures
- 63 Senility
- 64 Sinusitis
- 65 Skin problems
- 66 Sprain or strain
- 67 Stroke
- 68 Substance abuse, other than alcohol or tobacco
- 69 Filled problem
- 70 Filled problem
- 71 Ulcer
- 72 Urinary problem
- 73 Varicose veins, hemorrhoids
- 74 Vision problem
- 75 Weak or failing kidneys
- 76 Weight problem
- 77 Back pain or problem
- 78 Head or chest cold
- 79 Neck pain or problem
- 80 Severe headache or migraine
- 81 Stomach or intestinal illness
- 82 Other - specify
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who used 2nd herb to prevent more than one problem or condition

**SkipInstructions:** <1-82,Refused,Don't know> [goto AHB\_PRAC]

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**Question ID:** ALT.586\_00.000 **Instrument Variable Name:** AHB\_PRAC **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

Have you EVER seen a practitioner for herbal medicines?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who used herbs in the past 12 months

**SkipInstructions:** <1> [goto AHB\_PR12] <2,Refused,Don't know> [goto AHB\_DISC]

---

**Question ID:** ALT.588\_00.000 **Instrument Variable Name:** AHB\_PR12 **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you see a practitioner for herbal medicines?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever seen an herbal practitioner

**SkipInstructions:** <1> [goto AHB\_PRTM] <2,Refused,Don't know> [goto AHB\_DISC]

---

**Question ID:** ALT.590\_00.000 **Instrument Variable Name:** AHB\_PRTM **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, how many times did you see a practitioner for herbal medicines?

\*Read categories if necessary.

- 1 Only one time
- 2 2-5 times
- 3 6-10 times
- 4 11-15 times
- 5 16-20 times
- 6 More than 20 times
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have seen an herbal practitioner in the past 12 months

**SkipInstructions:** <1-6,Refused,Don't know> [goto AHB\_PAY]

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**Question ID:** ALT.592\_00.000 **Instrument Variable Name:** AHB\_PAY **QuestionnaireFileName:** Adult CAM

**QuestionText:** On average, how much did you pay out-of-pocket for each visit to a practitioner for herbal medicines?

\*Enter '500' for \$500 or more.

<b>000-499</b>	\$0-\$499
<b>500</b>	\$500 or more
<b>997</b>	Refused
<b>999</b>	Don't know

**UniverseText:** Sample adults 18+ who have seen an herbal practitioner in the past 12 months

**SkipInstructions:** <0-500,Refused,Don't know> [goto AHB\_DISC]

**Question ID:** ALT.594\_00.000 **Instrument Variable Name:** AHB\_DISC **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT3 ?[F1]

DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of herbs?

<b>1</b>	Yes
<b>2</b>	No
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample adults 18+ who have used herbs in the past 12 months

**SkipInstructions:** <1> [goto AHBPROF]  
 <2,Refused,Don't know> if AHB\_MO=2 [goto AHB\_N30]; else [goto AVT\_EVER]

**Question ID:** ALT.596\_00.000 **Instrument Variable Name:** AHBPROF **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT3 ?[F1]

Which ones?

\*Enter all that apply, separate with commas

<b>01</b>	Medical doctor (including specialists)
<b>02</b>	Doctor of Osteopathy (D.O.)
<b>03</b>	Nurse practitioner/Physician assistant
<b>04</b>	Psychiatrist
<b>05</b>	Dentist (including specialists)
<b>06</b>	Psychologist/social worker
<b>07</b>	Pharmacist
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who let conventional medical professionals know of their use of herbs

**SkipInstructions:** <1-7,Refused,Don't know> if AHB\_MO=2 [goto AHB\_N30]; else [goto AVT\_EVER]

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**Question ID:** ALT.598\_00.000 **Instrument Variable Name:** AHB\_N30 **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT8

Please tell me the reasons why you have not used any of these natural herbs in the PAST 30 DAYS?

\*Enter all that apply, separate with commas.

- 01 Never thought about it
- 02 No reason
- 03 Didn't need it in the past 30 days
- 04 It didn't work for me before
- 05 It costs too much
- 06 I had side effects last time
- 07 A health care provider told me not to use it
- 08 Medical science has not shown that it works
- 09 Some other reason
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have not used herbs in the past 30 days

**SkipInstructions:** <1-5,7-9,Refused,Don't know> [goto AVT\_EVER] <6> [goto AHB\_SIDE]

---

**Question ID:** ALT.600\_00.000 **Instrument Variable Name:** AHB\_NYR **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT4

Please tell me the reasons why you have not used any of these natural herbs in the PAST 12 MONTHS?

\*Enter all that apply, separate with commas.

- 01 Never thought about it
- 02 No reason
- 03 Didn't need it in the past 12 months
- 04 It didn't work for me before
- 05 It costs too much
- 06 I had side effects last time
- 07 A health care provider told me not to use it
- 08 Medical science has not shown that it works
- 09 Some other reason
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have not used herbs in the past 12 months

**SkipInstructions:** <1-5,7-9,Refused,Don't know> [goto AVT\_EVER] <6> [goto AHB\_SIDE]

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**Question ID:** ALT.602\_00.000 **Instrument Variable Name:** AHB\_SIDE **QuestionnaireFileName:** Adult CAM

**QuestionText:** What kinds of side effects did you have?

- 97 Refused
- 99 Don't know
- Verbatim Verbatim response

**UniverseText:** Sample adults 18+ who had side effects the last time they took natural herbs

**SkipInstructions:** <allow 75,Refused,Don't know> [goto AHB\_SMED]

---

**Question ID:** ALT.604\_00.000 **Instrument Variable Name:** AHB\_SMED **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did any of these require medical attention?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had side effects the last time they took natural herbs

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT\_EVER]

---

**Question ID:** ALT.606\_00.000 **Instrument Variable Name:** AHB\_NEVR **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT5

Please tell me the reasons why you have never used any of these natural herbs?

\*Enter all that apply, separate with commas.

- 01 Never heard of it/don't know much about it
- 02 Never thought about it
- 03 No reason
- 04 Don't need it
- 05 Don't believe in it/It doesn't work
- 06 It costs too much
- 07 It is not safe to use
- 08 A health care provider told me not to use it
- 09 Medical science has not shown that it works
- 10 Some other reason
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have never used herbs

**SkipInstructions:** <1-10,Refused,Don't know> [goto AVT\_EVER]

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**Question ID:** ALT.608\_00.000 **Instrument Variable Name:** AVT\_EVER **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT9

The next questions are about any vitamins and minerals you may take.

Have you EVER taken any vitamins or minerals listed on this card for yourself?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto AVT\_USEM] <2,Refused,Don't know> if AHB\_MO=1 [goto AHB\_OFTN]; else [goto HOM\_EVER]

---

**Question ID:** ALT.610\_00.000 **Instrument Variable Name:** AVT\_USEM **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT9

DURING THE PAST 12 MONTHS, have you taken any vitamins or minerals listed on this card for yourself?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever taken vitamin supplements

**SkipInstructions:** <1> [goto AVT\_MO]  
<2,Refused,Don't know> if AHB\_MO=1 [goto AHB\_OFTN]; else [goto HOM\_EVER]

---

**Question ID:** ALT.612\_00.000 **Instrument Variable Name:** AVT\_MO **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT9

DURING THE PAST 30 DAYS, did you take any of these vitamins or minerals?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have taken vitamin supplements in the past 12 months

**SkipInstructions:** <1> [goto AVITTAKE] <2,Refused,Don't know> [goto AVT\_DISC]

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**Question ID:** ALT.614\_00.000 **Instrument Variable Name:** AVITTAKE **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT9

Please tell me which of these vitamins or minerals you took in the PAST 30 days. If you take a multi-vitamin or mineral, include it as one supplement.

\*Enter all that apply, separate with commas.

- 01 Multivitamin and/or mineral combination
- 02 Calcium
- 03 Chromium
- 04 Coral Calcium
- 05 Folic acid/folate
- 06 Iron
- 07 Magnesium
- 08 Niacin
- 09 Potassium
- 10 Selenium
- 11 Vitamin A
- 12 Vitamin B complex
- 13 Vitamin B6
- 14 Vitamin B12
- 15 Vitamin C
- 16 Vitamin D
- 17 Vitamin E
- 18 Vitamin K
- 19 Zinc
- 20 Vitamin Packet
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have taken vitamins or minerals in the past 30 days

**SkipInstructions:** <1-20> if more than 2 vitamins chosen [goto AVT\_TOP2]; else [goto AVT\_R1A];  
<Refused,Don't know> [goto AVT\_DISC]

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**Question ID:** ALT.616\_00.000 **Instrument Variable Name:** AVT\_TOP2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Which two of these vitamin supplements did you take the most in the PAST 30 DAYS?

\*Enter two answers, separate with commas.

\*If respondent cannot choose two vitamins/minerals used most often, probe for the two most important for health.

- 01 Multivitamin and/or mineral combination
- 02 Calcium
- 03 Chromium
- 04 Coral Calcium
- 05 Folic acid/folate
- 06 Iron
- 07 Magnesium
- 08 Niacin
- 09 Potassium
- 10 Selenium
- 11 Vitamin A
- 12 Vitamin B complex
- 13 Vitamin B6
- 14 Vitamin B12
- 15 Vitamin C
- 16 Vitamin D
- 17 Vitamin E
- 18 Vitamin K
- 19 Zinc
- 20 Vitamin Packet
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have taken more than 2 vitamin supplements in the past 30 days

**SkipInstructions:** <1-20> [goto AVT\_R1A]  
<Refused,Don't know> [goto AVT\_DISC]

---

**Question ID:** ALT.618\_00.000 **Instrument Variable Name:** AVT\_R1A **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you use [fill: 1st vitamin] for any of these reasons? Please say yes or no to each.

...For general health or wellness?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT\_R2A]

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**Question ID:** ALT.620\_00.000 **Instrument Variable Name:** AVT\_R2A **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 1st vitamin] for any of these reasons?

...Prescription or over-the-counter drugs are too expensive?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT\_R3A]

---

**Question ID:** ALT.622\_00.000 **Instrument Variable Name:** AVT\_R3A **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 1st vitamin] for any of these reasons?

...To treat or cure a specific disease or health problem?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT\_R4A]

---

**Question ID:** ALT.624\_00.000 **Instrument Variable Name:** AVT\_R4A **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 1st vitamin] for any of these reasons?

...To prevent a specific disease or health problem?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT\_R5A]

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**Question ID:** ALT.626\_00.000 **Instrument Variable Name:** AVT\_R5A **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 1st vitamin] for any of these reasons?

...To improve physical performance?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT\_R6A]

---

**Question ID:** ALT.628\_00.000 **Instrument Variable Name:** AVT\_R6A **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 1st vitamin] for any of these reasons?

...To improve sports performance?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT\_R7A]

---

**Question ID:** ALT.630\_00.000 **Instrument Variable Name:** AVT\_R7A **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 1st vitamin] for any of these reasons?

...To improve immune system function?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT\_R8A]

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**Question ID:** ALT.632\_00.000 **Instrument Variable Name:** AVT\_R8A **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 1st vitamin] for any of these reasons?

...To improve sexual performance?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT\_R9A]

---

**Question ID:** ALT.634\_00.000 **Instrument Variable Name:** AVT\_R9A **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 1st vitamin] for any of these reasons?

...To improve mental ability or memory?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT\_R10A]

---

**Question ID:** ALT.636\_00.000 **Instrument Variable Name:** AVT\_R10A **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 1st vitamin] for any of these reasons?

...Because medical treatments did not help?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT\_R11A]

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**Question ID:** ALT.638\_00.000 **Instrument Variable Name:** AVT\_R11A **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 1st vitamin] for any of these reasons?

...Because medical treatments were too expensive?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT\_R12A]

---

**Question ID:** ALT.640\_00.000 **Instrument Variable Name:** AVT\_R12A **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 1st vitamin] for any of these reasons?

...It was recommended by a health care provider?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT\_R13A]

---

**Question ID:** ALT.642\_00.000 **Instrument Variable Name:** AVT\_R13A **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 1st vitamin] for any of these reasons?

...It was recommended by family, friends, or co-workers?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen one or two vitamins from AVITTAKE or selected two vitamins at AVT\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> If AVT\_R3A=1 [goto AVT\_CTRA]; else if AVT\_R4A=1 and AVT\_R3A NE 1 [goto AVT\_CNPA]; else if 2nd vitamin used [goto AVT\_SAME] else [goto AVT\_DISC]

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Question ID: ALT.644\_00.000 Instrument Variable Name: AVT\_CTRA QuestionnaireFileName: Adult CAM

QuestionText: ?[F1]

For what specific health problems or conditions did you take [fill: 1st vitamin]?

\*Enter all that apply, separate with commas.

- 01 Acid reflux or heartburn
  - 02 Angina
  - 03 Anxiety
  - 04 Asthma
  - 05 Arthritis
  - 06 Attention Deficit Disorder/Hyperactivity
  - 07 Autism
  - 08 Benign tumors, cysts
  - 09 Bipolar Disorder
  - 10 Birth defect
  - 11 Cancer
  - 12 Cholesterol
  - 13 Chronic Bronchitis
  - 14 Circulation problems (other than in the legs)
  - 15 Constipation severe enough to require medication
  - 16 Coronary heart disease
  - 17 Dementia, including Alzheimer's Disease
  - 18 Dental pain
  - 19 Depression
  - 20 Diabetes
  - 21 Emphysema
  - 22 Excessive sleepiness during the day
  - 23 Excessive use of alcohol or tobacco
  - 24 Fibromyalgia
  - 25 Fracture, bone/joint injury
  - 26 Gout
  - 27 Gum disease
  - 28 Gynecologic problem
  - 29 Hay fever
  - 30 Hearing problem
  - 31 Heart attack
  - 32 Other heart condition or disease
  - 33 Hernia
  - 34 Hypertension
  - 35 Inflammatory bowel disease
  - 36 Influenza or pneumonia
  - 37 Insomnia or trouble sleeping
  - 38 Irritable bowel
  - 39 Jaw pain
  - 40 Joint pain or stiffness/other joint condition
  - 41 Knee problems (not arthritis, not joint injury)
  - 42 Liver problem
  - 43 Lung/breathing problem (not already listed)
  - 44 Lupus
  - 45 Mania or psychosis
-

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- 46 Memory loss or loss of other cognitive function
- 47 Menopause
- 48 Menstrual problems
- 49 Mental retardation
- 50 Missing limbs (fingers, toes or digits), amputee
- 51 Osteoporosis, tendinitis
- 52 Other developmental problem
- 53 Other injury
- 54 Other nerve damage, including carpal tunnel syndrome
- 55 Phobia or fears
- 56 Polio (myelitis), paralysis, para/quadruplegia
- 57 Poor circulation in legs
- 58 Prostate trouble or impotence
- 59 Regular headaches
- 60 Rheumatoid arthritis
- 61 Schizophrenia
- 62 Seizures
- 63 Senility
- 64 Sinusitis
- 65 Skin problems
- 66 Sprain or strain
- 67 Stroke
- 68 Substance abuse, other than alcohol or tobacco
- 69 Filled problem
- 70 Filled problem
- 71 Ulcer
- 72 Urinary problem
- 73 Varicose veins, hemorrhoids
- 74 Vision problem
- 75 Weak or failing kidneys
- 76 Weight problem
- 77 Back pain or problem
- 78 Head or chest cold
- 79 Neck pain or problem
- 80 Severe headache or migraine
- 81 Stomach or intestinal illness
- 82 Other - specify
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who used first selected vitamin to treat or cure a specific disease or health problem

**SkipInstructions:** <1-81> if more than one condition selected [goto AVT\_CONA]; else if only one condition selected [goto AVT\_MEDA];  
<Refused,Don't know> if 2nd vitamin used [goto AVT\_SAME]; else [goto AVT\_DISC]  
<82> [goto AVT\_SPT1]

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**Question ID:** ALT.646\_00.000 **Instrument Variable Name:** AVT\_SPT1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Enter condition for which [fill: 1st vitamin] was used. If respondent gives more than one condition, probe for condition most important for using [fill: 1st vitamin].

97 Refused

99 Don't know

**Verbatim** Verbatim response

**UniverseText:** Sample adults 18+ who took first vitamin to treat or cure other specified health problem or condition

**SkipInstructions:** <Allow 75> if more than one condition selected [goto AVT\_CONA]; elseif only one condition selected [goto AVT\_MEDA]  
<Refused,Don't know> if more than one condition (1-81) selected [goto AVT\_CONA]; elseif only one condition (1-81) selected [goto AVT\_MEDA]; elseif 2nd vitamin used [goto AVT\_SAME]; else [goto AVT\_DISC]

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**Question ID:** ALT.648\_00.000 **Instrument Variable Name:** AVT\_CONA **QuestionnaireFileName:** Adult CAM

**QuestionText:** For which ONE of these health problems or conditions did you take [fill: 1st vitamin] the most?

\*If respondent cannot choose one condition, probe for condition most important for using [fill: 1st vitamin].

- 01 Acid reflux or heartburn
  - 02 Angina
  - 03 Anxiety
  - 04 Asthma
  - 05 Arthritis
  - 06 Attention Deficit Disorder/Hyperactivity
  - 07 Autism
  - 08 Benign tumors, cysts
  - 09 Bipolar Disorder
  - 10 Birth defect
  - 11 Cancer
  - 12 Cholesterol
  - 13 Chronic Bronchitis
  - 14 Circulation problems (other than in the legs)
  - 15 Constipation severe enough to require medication
  - 16 Coronary heart disease
  - 17 Dementia, including Alzheimer's Disease
  - 18 Dental pain
  - 19 Depression
  - 20 Diabetes
  - 21 Emphysema
  - 22 Excessive sleepiness during the day
  - 23 Excessive use of alcohol or tobacco
  - 24 Fibromyalgia
  - 25 Fracture, bone/joint injury
  - 26 Gout
  - 27 Gum disease
  - 28 Gynecologic problem
  - 29 Hay fever
  - 30 Hearing problem
  - 31 Heart attack
  - 32 Other heart condition or disease
  - 33 Hernia
  - 34 Hypertension
  - 35 Inflammatory bowel disease
  - 36 Influenza or pneumonia
  - 37 Insomnia or trouble sleeping
  - 38 Irritable bowel
  - 39 Jaw pain
  - 40 Joint pain or stiffness/other joint condition
  - 41 Knee problems (not arthritis, not joint injury)
  - 42 Liver problem
  - 43 Lung/breathing problem (not already listed)
  - 44 Lupus
  - 45 Mania or psychosis
  - 46 Memory loss or loss of other cognitive function
-

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- 47 Menopause
- 48 Menstrual problems
- 49 Mental retardation
- 50 Missing limbs (fingers, toes or digits), amputee
- 51 Osteoporosis, tendinitis
- 52 Other developmental problem
- 53 Other injury
- 54 Other nerve damage, including carpal tunnel syndrome
- 55 Phobia or fears
- 56 Polio (myelitis), paralysis, para/quadruplegia
- 57 Poor circulation in legs
- 58 Prostate trouble or impotence
- 59 Regular headaches
- 60 Rheumatoid arthritis
- 61 Schizophrenia
- 62 Seizures
- 63 Senility
- 64 Sinusitis
- 65 Skin problems
- 66 Sprain or strain
- 67 Stroke
- 68 Substance abuse, other than alcohol or tobacco
- 69 Filled problem
- 70 Filled problem
- 71 Ulcer
- 72 Urinary problem
- 73 Varicose veins, hemorrhoids
- 74 Vision problem
- 75 Weak or failing kidneys
- 76 Weight problem
- 77 Back pain or problem
- 78 Head or chest cold
- 79 Neck pain or problem
- 80 Severe headache or migraine
- 81 Stomach or intestinal illness
- 82 Other - specify
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who used 1st vitamin to treat or cure more than one problem or condition

**SkipInstructions:** <1-82> [goto AVT\_MEDA]  
<Refused,Don't know> if 2nd vitamin chosen [goto AVT\_SAME]; else [goto AVT\_DISC]

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**Question ID:** ALT.650\_00.000 **Instrument Variable Name:** AVT\_MEDA **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT2 ?[F1]

Did you receive any of these conventional medical treatments for [fill: condition]?

\*Enter all that apply, separate with commas.

- 0 None
- 1 Prescription medications
- 2 Over-the-counter medications
- 3 Surgery
- 4 Physical therapy
- 5 Mental health counseling
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who used 1st vitamin to treat or cure one problem or condition or used vitamin to treat one condition the most

**SkipInstructions:** <0,Refused,Don't know> if 2nd vitamin chosen [goto AVT\_SAME]; else [goto AVT\_DISC]  
<1> [goto AVT\_TM1A]  
<2> [goto AVT\_TM2A]  
<3> [goto AVT\_TM3A]  
<4> [goto AVT\_TM4A]  
<5> [goto AVT\_TM5A]

---

**Question ID:** ALT.652\_00.000 **Instrument Variable Name:** AVT\_TM1A **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive prescription medications before, at about the same time, or after you began taking [fill: 1st vitamin]?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who used prescription medications for condition they used vitamin 1 for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected, if 2nd vitamin chosen [goto AVT\_SAME]; else [goto AVT\_DISC]

---

**Question ID:** ALT.654\_00.000 **Instrument Variable Name:** AVT\_TM2A **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive over-the-counter medications before, at about the same time, or after you began taking [fill: 1st vitamin]?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who used over-the-counter medications for condition they used vitamin 1 for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected, if 2nd vitamin chosen [goto AVT\_SAME]; else [goto AVT\_DISC]

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**Question ID:** ALT.656\_00.000 **Instrument Variable Name:** AVT\_TM3A **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive surgery before, at about the same time, or after you began taking [fill: 1st vitamin]?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had surgery for condition they used vitamin 1 for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected, if 2nd vitiamin chosen [goto AVT\_SAME]; else [goto AVT\_DISC]

---

**Question ID:** ALT.658\_00.000 **Instrument Variable Name:** AVT\_TM4A **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive physical therapy before, at about the same time, or after you began taking [fill: 1st vitamin]?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had physical therapy for condition they used vitamin 1 for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected, if 2nd vitiamin chosen [goto AVT\_SAME]; else [goto AVT\_DISC]

---

**Question ID:** ALT.660\_00.000 **Instrument Variable Name:** AVT\_TM5A **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive mental health counseling before, at about the same time, or after you began taking [fill: 1st vitamin]?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had mental health counseling for condition they used vitamin 1 for the most

**SkipInstructions:** <1-3,Refused,Don't know> if 2nd vitiamin chosen [goto AVT\_SAME]; else [goto AVT\_DISC]

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Question ID: ALT.662\_00.000 Instrument Variable Name: AVT\_CNPA QuestionnaireFileName: Adult CAM

QuestionText: ?[F1]

For what specific health problems or conditions did you take [fill: 1st vitamin] to prevent?

\*Enter all that apply, separate with commas.

- 01 Acid reflux or heartburn
  - 02 Angina
  - 03 Anxiety
  - 04 Asthma
  - 05 Arthritis
  - 06 Attention Deficit Disorder/Hyperactivity
  - 07 Autism
  - 08 Benign tumors, cysts
  - 09 Bipolar Disorder
  - 10 Birth defect
  - 11 Cancer
  - 12 Cholesterol
  - 13 Chronic Bronchitis
  - 14 Circulation problems (other than in the legs)
  - 15 Constipation severe enough to require medication
  - 16 Coronary heart disease
  - 17 Dementia, including Alzheimer's Disease
  - 18 Dental pain
  - 19 Depression
  - 20 Diabetes
  - 21 Emphysema
  - 22 Excessive sleepiness during the day
  - 23 Excessive use of alcohol or tobacco
  - 24 Fibromyalgia
  - 25 Fracture, bone/joint injury
  - 26 Gout
  - 27 Gum disease
  - 28 Gynecologic problem
  - 29 Hay fever
  - 30 Hearing problem
  - 31 Heart attack
  - 32 Other heart condition or disease
  - 33 Hernia
  - 34 Hypertension
  - 35 Inflammatory bowel disease
  - 36 Influenza or pneumonia
  - 37 Insomnia or trouble sleeping
  - 38 Irritable bowel
  - 39 Jaw pain
  - 40 Joint pain or stiffness/other joint condition
  - 41 Knee problems (not arthritis, not joint injury)
  - 42 Liver problem
  - 43 Lung/breathing problem (not already listed)
  - 44 Lupus
  - 45 Mania or psychosis
-

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- 46 Memory loss or loss of other cognitive function
- 47 Menopause
- 48 Menstrual problems
- 49 Mental retardation
- 50 Missing limbs (fingers, toes or digits), amputee
- 51 Osteoporosis, tendinitis
- 52 Other developmental problem
- 53 Other injury
- 54 Other nerve damage, including carpal tunnel syndrome
- 55 Phobia or fears
- 56 Polio (myelitis), paralysis, para/quadruplegia
- 57 Poor circulation in legs
- 58 Prostate trouble or impotence
- 59 Regular headaches
- 60 Rheumatoid arthritis
- 61 Schizophrenia
- 62 Seizures
- 63 Senility
- 64 Sinusitis
- 65 Skin problems
- 66 Sprain or strain
- 67 Stroke
- 68 Substance abuse, other than alcohol or tobacco
- 69 Filled problem
- 70 Filled problem
- 71 Ulcer
- 72 Urinary problem
- 73 Varicose veins, hemorrhoids
- 74 Vision problem
- 75 Weak or failing kidneys
- 76 Weight problem
- 77 Back pain or problem
- 78 Head or chest cold
- 79 Neck pain or problem
- 80 Severe headache or migraine
- 81 Stomach or intestinal illness
- 82 Other - specify
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who used 1st vitamin to prevent but not treat a condition or health problem

**SkipInstructions:** <1-81> if more than one condition chosen [goto AVT\_CMPA]; elseif only one condition chosen and 2nd vitamin chosen [goto AVT\_SAME]; else [goto AVT\_DISC]  
<82> [goto AVT\_SPP1]  
<Refused,Don't know> if 2nd vitamin chosen [goto AVT\_SAME]; else [goto AVT\_DISC]

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**Question ID:** ALT.664\_00.000    **Instrument Variable Name:** AVT\_SPP1    **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Enter condition for which [fill: 1st vitamin] was used. If respondent gives more than one condition, probe for condition most important for using [fill: 1st vitamin].

- 97 Refused
- 98 Not acertained
- 99 Don't know
- Verbatim** Verbatim response

**UniverseText:** Sample adults 18+ who took 1st vitamin to prevent but not treat other specified health problem or condition

**SkipInstructions:** <Allow 75> if more than one condition selected [goto AVT\_CMPA]; elseif 2nd vitamin was selected [goto AVT\_SAME]; else [goto AVT\_DISC]  
<Refused,Don't know> if more than one condition (1-81) selected [goto AVT\_CMPA]; elseif 2nd vitamin was selected [goto AVT\_SAME]; else [goto AVT\_DISC]



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Question ID: ALT.666\_00.000 Instrument Variable Name: AVT\_CMPA QuestionnaireFileName: Adult CAM

QuestionText: For which ONE of these health problems or conditions did you take [fill: 1st vitamin] the most to prevent?

\*If respondent cannot choose one condition, probe for condition most important for using [fill: 1st vitamin].

- 01 Acid reflux or heartburn
  - 02 Angina
  - 03 Anxiety
  - 04 Asthma
  - 05 Arthritis
  - 06 Attention Deficit Disorder/Hyperactivity
  - 07 Autism
  - 08 Benign tumors, cysts
  - 09 Bipolar Disorder
  - 10 Birth defect
  - 11 Cancer
  - 12 Cholesterol
  - 13 Chronic Bronchitis
  - 14 Circulation problems (other than in the legs)
  - 15 Constipation severe enough to require medication
  - 16 Coronary heart disease
  - 17 Dementia, including Alzheimer's Disease
  - 18 Dental pain
  - 19 Depression
  - 20 Diabetes
  - 21 Emphysema
  - 22 Excessive sleepiness during the day
  - 23 Excessive use of alcohol or tobacco
  - 24 Fibromyalgia
  - 25 Fracture, bone/joint injury
  - 26 Gout
  - 27 Gum disease
  - 28 Gynecologic problem
  - 29 Hay fever
  - 30 Hearing problem
  - 31 Heart attack
  - 32 Other heart condition or disease
  - 33 Hernia
  - 34 Hypertension
  - 35 Inflammatory bowel disease
  - 36 Influenza or pneumonia
  - 37 Insomnia or trouble sleeping
  - 38 Irritable bowel
  - 39 Jaw pain
  - 40 Joint pain or stiffness/other joint condition
  - 41 Knee problems (not arthritis, not joint injury)
  - 42 Liver problem
  - 43 Lung/breathing problem (not already listed)
  - 44 Lupus
  - 45 Mania or psychosis
  - 46 Memory loss or loss of other cognitive function
-

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- 47 Menopause
- 48 Menstrual problems
- 49 Mental retardation
- 50 Missing limbs (fingers, toes or digits), amputee
- 51 Osteoporosis, tendinitis
- 52 Other developmental problem
- 53 Other injury
- 54 Other nerve damage, including carpal tunnel syndrome
- 55 Phobia or fears
- 56 Polio (myelitis), paralysis, para/quadruplegia
- 57 Poor circulation in legs
- 58 Prostate trouble or impotence
- 59 Regular headaches
- 60 Rheumatoid arthritis
- 61 Schizophrenia
- 62 Seizures
- 63 Senility
- 64 Sinusitis
- 65 Skin problems
- 66 Sprain or strain
- 67 Stroke
- 68 Substance abuse, other than alcohol or tobacco
- 69 Filled problem
- 70 Filled problem
- 71 Ulcer
- 72 Urinary problem
- 73 Varicose veins, hemorrhoids
- 74 Vision problem
- 75 Weak or failing kidneys
- 76 Weight problem
- 77 Back pain or problem
- 78 Head or chest cold
- 79 Neck pain or problem
- 80 Severe headache or migraine
- 81 Stomach or intestinal illness
- 82 Other - specify
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who used 1st vitamin to prevent more than one problem or condition

**SkipInstructions:** <1-82,Refused,Don't know> if 2nd vitamin chosen [goto AVT\_SAME]; else [goto AVT\_DISC]

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**Question ID:** ALT.667\_00.000 **Instrument Variable Name:** AVT\_SAME **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you take [fill: second vitamin] for all the same reasons you took [fill2: first vitamin] or for different reasons?

- 1 Same reasons
- 2 Different reasons
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT\_TOP2

**SkipInstructions:** <1,Refused,Don't know> [goto AVT\_DISC] <2> [goto AVT\_R1B]

---

**Question ID:** ALT.668\_00.000 **Instrument Variable Name:** AVT\_R1B **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you use [fill: 2nd vitamin] for any of these reasons? Please say yes or no to each.

...For general health or wellness?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> > [goto AVT\_R2B]

---

**Question ID:** ALT.670\_00.000 **Instrument Variable Name:** AVT\_R2B **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 2nd vitamin] for any of these reasons?

...Prescription or over-the-counter drugs are too expensive?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT\_R3B]

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**Question ID:** ALT.672\_00.000 **Instrument Variable Name:** AVT\_R3B **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 2nd vitamin] for any of these reasons?

...To treat or cure a specific disease or health problem?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT\_R4B]

---

**Question ID:** ALT.674\_00.000 **Instrument Variable Name:** AVT\_R4B **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 2nd vitamin] for any of these reasons?

...To prevent a specific disease or health problem?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT\_R5B]

---

**Question ID:** ALT.676\_00.000 **Instrument Variable Name:** AVT\_R5B **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 2nd vitamin] for any of these reasons?

...To improve physical performance?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT\_R6B]

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**Question ID:** ALT.678\_00.000 **Instrument Variable Name:** AVT\_R6B **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 2nd vitamin] for any of these reasons?

...To improve sports performance?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT\_R7B]

---

**Question ID:** ALT.680\_00.000 **Instrument Variable Name:** AVT\_R7B **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 2nd vitamin] for any of these reasons?

...To improve immune system function?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT\_R8B]

---

**Question ID:** ALT.682\_00.000 **Instrument Variable Name:** AVT\_R8B **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 2nd vitamin] for any of these reasons?

...To improve sexual performance?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT\_R9B]

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**Question ID:** ALT.684\_00.000 **Instrument Variable Name:** AVT\_R9B **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 2nd vitamin] for any of these reasons?

...To improve mental ability or memory?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT\_R10B]

---

**Question ID:** ALT.686\_00.000 **Instrument Variable Name:** AVT\_R10B **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 2nd vitamin] for any of these reasons?

...Because medical treatments did not help?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT\_R11B]

---

**Question ID:** ALT.688\_00.000 **Instrument Variable Name:** AVT\_R11B **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 2nd vitamin] for any of these reasons?

...Because medical treatments were too expensive?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT\_R12B]

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**Question ID:** ALT.690\_00.000 **Instrument Variable Name:** AVT\_R12B **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 2nd vitamin] for any of these reasons?

...It was recommended by a health care provider?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> [goto AVT\_R13B]

---

**Question ID:** ALT.692\_00.000 **Instrument Variable Name:** AVT\_R13B **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

Did you use [fill: 2nd vitamin] for any of these reasons?

...It was recommended by family, friends, or co-workers?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have chosen two vitamins from AVITTAKE or selected two vitamins at AVT\_TOP2

**SkipInstructions:** <1,2,Refused,Don't know> IF AVT\_R3B=1 [goto AVT\_CTRB]; else if AVT\_R4B=1 and AVT\_R3B NE 1 [goto AVT\_CNPB]; else [goto AVT\_DISC]

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Question ID: ALT.694\_00.000 Instrument Variable Name: AVT\_CTRB QuestionnaireFileName: Adult CAM

QuestionText: ?[F1]

For what specific health problems or conditions did you take [fill: 2nd vitamin]?

\*Enter all that apply, separate with commas.

- 01 Acid reflux or heartburn
  - 02 Angina
  - 03 Anxiety
  - 04 Asthma
  - 05 Arthritis
  - 06 Attention Deficit Disorder/Hyperactivity
  - 07 Autism
  - 08 Benign tumors, cysts
  - 09 Bipolar Disorder
  - 10 Birth defect
  - 11 Cancer
  - 12 Cholesterol
  - 13 Chronic Bronchitis
  - 14 Circulation problems (other than in the legs)
  - 15 Constipation severe enough to require medication
  - 16 Coronary heart disease
  - 17 Dementia, including Alzheimer's Disease
  - 18 Dental pain
  - 19 Depression
  - 20 Diabetes
  - 21 Emphysema
  - 22 Excessive sleepiness during the day
  - 23 Excessive use of alcohol or tobacco
  - 24 Fibromyalgia
  - 25 Fracture, bone/joint injury
  - 26 Gout
  - 27 Gum disease
  - 28 Gynecologic problem
  - 29 Hay fever
  - 30 Hearing problem
  - 31 Heart attack
  - 32 Other heart condition or disease
  - 33 Hernia
  - 34 Hypertension
  - 35 Inflammatory bowel disease
  - 36 Influenza or pneumonia
  - 37 Insomnia or trouble sleeping
  - 38 Irritable bowel
  - 39 Jaw pain
  - 40 Joint pain or stiffness/other joint condition
  - 41 Knee problems (not arthritis, not joint injury)
  - 42 Liver problem
  - 43 Lung/breathing problem (not already listed)
  - 44 Lupus
  - 45 Mania or psychosis
-



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- 46 Memory loss or loss of other cognitive function
- 47 Menopause
- 48 Menstrual problems
- 49 Mental retardation
- 50 Missing limbs (fingers, toes or digits), amputee
- 51 Osteoporosis, tendinitis
- 52 Other developmental problem
- 53 Other injury
- 54 Other nerve damage, including carpal tunnel syndrome
- 55 Phobia or fears
- 56 Polio (myelitis), paralysis, para/quadruplegia
- 57 Poor circulation in legs
- 58 Prostate trouble or impotence
- 59 Regular headaches
- 60 Rheumatoid arthritis
- 61 Schizophrenia
- 62 Seizures
- 63 Senility
- 64 Sinusitis
- 65 Skin problems
- 66 Sprain or strain
- 67 Stroke
- 68 Substance abuse, other than alcohol or tobacco
- 69 Filled problem
- 70 Filled problem
- 71 Ulcer
- 72 Urinary problem
- 73 Varicose veins, hemorrhoids
- 74 Vision problem
- 75 Weak or failing kidneys
- 76 Weight problem
- 77 Back pain or problem
- 78 Head or chest cold
- 79 Neck pain or problem
- 80 Severe headache or migraine
- 81 Stomach or intestinal illness
- 82 Other - specify
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who used 2nd selected vitamin to treat or cure a specific disease or health problem

**SkipInstructions:** <1-81> if more than one condition selected [goto AVT\_CONB]; else if only one condition selected [goto AVT\_MEDB];  
<82> [goto AVT\_SPT2]  
<Refused,Don't know> [goto AVT\_DISC]

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**Question ID:** ALT.696\_00.000 **Instrument Variable Name:** AVT\_SPT2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Enter condition for which [fill: 2nd vitamin] was used. If respondent gives more than one condition, probe for condition most important for using [fill: 2nd vitamin].

97 Refused

99 Don't know

**Verbatim** Verbatim response

**UniverseText:** Sample adults 18+ who took 2nd vitamin to treat or cure other specified health problem or condition

**SkipInstructions:** <Allow 75> if more than one condition selected [goto AVT\_CONB]; else if only one condition selected [goto AVT\_MEDB]  
<Refused,Don't know> if more than one condition (1-81) selected [goto AVT\_CONB]; else if only one condition (1-81) selected [goto AVT\_MEDB]; else [goto AVT\_DISC]

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**Question ID:** ALT.698\_00.000 **Instrument Variable Name:** AVT\_CONB **QuestionnaireFileName:** Adult CAM

**QuestionText:** For which ONE of these health problems or conditions did you take [fill: 2nd vitamin] the most?

\*If respondent cannot choose one condition, probe for condition most important for using [fill: 2nd vitamin]

- 01 Acid reflux or heartburn
  - 02 Angina
  - 03 Anxiety
  - 04 Asthma
  - 05 Arthritis
  - 06 Attention Deficit Disorder/Hyperactivity
  - 07 Autism
  - 08 Benign tumors, cysts
  - 09 Bipolar Disorder
  - 10 Birth defect
  - 11 Cancer
  - 12 Cholesterol
  - 13 Chronic Bronchitis
  - 14 Circulation problems (other than in the legs)
  - 15 Constipation severe enough to require medication
  - 16 Coronary heart disease
  - 17 Dementia, including Alzheimer's Disease
  - 18 Dental pain
  - 19 Depression
  - 20 Diabetes
  - 21 Emphysema
  - 22 Excessive sleepiness during the day
  - 23 Excessive use of alcohol or tobacco
  - 24 Fibromyalgia
  - 25 Fracture, bone/joint injury
  - 26 Gout
  - 27 Gum disease
  - 28 Gynecologic problem
  - 29 Hay fever
  - 30 Hearing problem
  - 31 Heart attack
  - 32 Other heart condition or disease
  - 33 Hernia
  - 34 Hypertension
  - 35 Inflammatory bowel disease
  - 36 Influenza or pneumonia
  - 37 Insomnia or trouble sleeping
  - 38 Irritable bowel
  - 39 Jaw pain
  - 40 Joint pain or stiffness/other joint condition
  - 41 Knee problems (not arthritis, not joint injury)
  - 42 Liver problem
  - 43 Lung/breathing problem (not already listed)
  - 44 Lupus
  - 45 Mania or psychosis
  - 46 Memory loss or loss of other cognitive function
-

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- 47 Menopause
- 48 Menstrual problems
- 49 Mental retardation
- 50 Missing limbs (fingers, toes or digits), amputee
- 51 Osteoporosis, tendinitis
- 52 Other developmental problem
- 53 Other injury
- 54 Other nerve damage, including carpal tunnel syndrome
- 55 Phobia or fears
- 56 Polio (myelitis), paralysis, para/quadruplegia
- 57 Poor circulation in legs
- 58 Prostate trouble or impotence
- 59 Regular headaches
- 60 Rheumatoid arthritis
- 61 Schizophrenia
- 62 Seizures
- 63 Senility
- 64 Sinusitis
- 65 Skin problems
- 66 Sprain or strain
- 67 Stroke
- 68 Substance abuse, other than alcohol or tobacco
- 69 Filled problem
- 70 Filled problem
- 71 Ulcer
- 72 Urinary problem
- 73 Varicose veins, hemorrhoids
- 74 Vision problem
- 75 Weak or failing kidneys
- 76 Weight problem
- 77 Back pain or problem
- 78 Head or chest cold
- 79 Neck pain or problem
- 80 Severe headache or migraine
- 81 Stomach or intestinal illness
- 82 Other - specify
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who used 2nd vitamin to treat or cure more than one problem or condition

**SkipInstructions:** <1-82> [goto AVT\_MEDB]  
<Refused,Don't know> [goto AVT\_DISC]

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**Question ID:** ALT.700\_00.000 **Instrument Variable Name:** AVT\_MEDB **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT2 ?[F1]

Did you receive any of these conventional medical treatments for [fill: condition]?

\*Enter all that apply, separate with commas.

- 0 None
- 1 Prescription medications
- 2 Over-the-counter medications
- 3 Surgery
- 4 Physical therapy
- 5 Mental health counseling
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who used 2nd vitamin to treat or cure one problem or condition or used vitamin to treat one condition the most

**SkipInstructions:** <0,<Refused,Don't know> [goto AVT\_DISC]  
<1> [goto AVT\_TM1B]  
<2> [goto AVT\_TM2B]  
<3> [goto AVT\_TM3B]  
<4> [goto AVT\_TM4B]  
<5> [goto AVT\_TM5B]

---

**Question ID:** ALT.702\_00.000 **Instrument Variable Name:** AVT\_TM1B **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive prescription medications before, at about the same time, or after you began taking [fill: 2nd vitamin]?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who used prescription medications for condition they used vitamin 2 for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto AVT\_DISC]

---

**Question ID:** ALT.704\_00.000 **Instrument Variable Name:** AVT\_TM2B **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive over-the-counter medications before, at about the same time, or after you began taking [fill: 2nd vitamin]?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who used over-the-counter medications for condition they used vitamin 2 for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto AVT\_DISC]

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**Question ID:** ALT.706\_00.000 **Instrument Variable Name:** AVT\_TM3B **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive surgery before, at about the same time, or after you began taking [fill: 2nd vitamin]?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had surgery for condition they used vitamin 2 for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected  
[goto AVT\_DISC]

---

**Question ID:** ALT.708\_00.000 **Instrument Variable Name:** AVT\_TM4B **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive physical therapy before, at about the same time, or after you began taking [fill: 2nd vitamin]?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had physical therapy for condition they used vitamin 2 for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected  
[goto AVT\_DISC]

---

**Question ID:** ALT.710\_00.000 **Instrument Variable Name:** AVT\_TM5B **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive mental health counseling before, at about the same time, or after you began taking [fill: 2nd vitamin]?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had mental health counseling for condition they used vitamin 2 for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto AVT\_DISC]

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Question ID: ALT.712\_00.000 Instrument Variable Name: AVT\_CNPB QuestionnaireFileName: Adult CAM

QuestionText: ?[F1]

For what specific health problems or conditions did you take [fill: 2nd vitamin] to prevent?

\*Enter all that apply, separate with commas.

- 01 Acid reflux or heartburn
  - 02 Angina
  - 03 Anxiety
  - 04 Asthma
  - 05 Arthritis
  - 06 Attention Deficit Disorder/Hyperactivity
  - 07 Autism
  - 08 Benign tumors, cysts
  - 09 Bipolar Disorder
  - 10 Birth defect
  - 11 Cancer
  - 12 Cholesterol
  - 13 Chronic Bronchitis
  - 14 Circulation problems (other than in the legs)
  - 15 Constipation severe enough to require medication
  - 16 Coronary heart disease
  - 17 Dementia, including Alzheimer's Disease
  - 18 Dental pain
  - 19 Depression
  - 20 Diabetes
  - 21 Emphysema
  - 22 Excessive sleepiness during the day
  - 23 Excessive use of alcohol or tobacco
  - 24 Fibromyalgia
  - 25 Fracture, bone/joint injury
  - 26 Gout
  - 27 Gum disease
  - 28 Gynecologic problem
  - 29 Hay fever
  - 30 Hearing problem
  - 31 Heart attack
  - 32 Other heart condition or disease
  - 33 Hernia
  - 34 Hypertension
  - 35 Inflammatory bowel disease
  - 36 Influenza or pneumonia
  - 37 Insomnia or trouble sleeping
  - 38 Irritable bowel
  - 39 Jaw pain
  - 40 Joint pain or stiffness/other joint condition
  - 41 Knee problems (not arthritis, not joint injury)
  - 42 Liver problem
  - 43 Lung/breathing problem (not already listed)
  - 44 Lupus
  - 45 Mania or psychosis
-

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- 46 Memory loss or loss of other cognitive function
- 47 Menopause
- 48 Menstrual problems
- 49 Mental retardation
- 50 Missing limbs (fingers, toes or digits), amputee
- 51 Osteoporosis, tendinitis
- 52 Other developmental problem
- 53 Other injury
- 54 Other nerve damage, including carpal tunnel syndrome
- 55 Phobia or fears
- 56 Polio (myelitis), paralysis, para/quadruplegia
- 57 Poor circulation in legs
- 58 Prostate trouble or impotence
- 59 Regular headaches
- 60 Rheumatoid arthritis
- 61 Schizophrenia
- 62 Seizures
- 63 Senility
- 64 Sinusitis
- 65 Skin problems
- 66 Sprain or strain
- 67 Stroke
- 68 Substance abuse, other than alcohol or tobacco
- 69 Filled problem
- 70 Filled problem
- 71 Ulcer
- 72 Urinary problem
- 73 Varicose veins, hemorrhoids
- 74 Vision problem
- 75 Weak or failing kidneys
- 76 Weight problem
- 77 Back pain or problem
- 78 Head or chest cold
- 79 Neck pain or problem
- 80 Severe headache or migraine
- 81 Stomach or intestinal illness
- 82 Other - specify
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who used 2nd vitamin to prevent but not treat or cure a condition or health problem

**SkipInstructions:** <1-81> if more than one condition chosen [goto AVT\_CMPB]; elseif only one condition chosen [goto AVT\_DISC]  
<82> [goto AVT\_SPP2]  
<Refused,Don't know> [goto AVT\_DISC]

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**Question ID:** ALT.714\_00.000 **Instrument Variable Name:** AVT\_SPP2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Enter condition for which [fill: 2nd vitamin] was used. If respondent gives more than one condition, probe for condition most important for using [fill: 2nd vitamin].

97 Refused

99 Don't know

**Verbatim** Verbatim response

**UniverseText:** Sample adults 18+ who took 2nd vitamin to prevent but not treat or cure other specified health problem or condition

**SkipInstructions:** <Allow 75> if more than one condition selected [goto AVT\_CMPB]; else [goto AVT\_DISC]  
<Refused,Don't know> if more than one condition (1-81) selected [goto AVT\_CMPB]; else [goto AVT\_DISC]

---

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Question ID: ALT.716\_00.000 Instrument Variable Name: AVT\_CMPB QuestionnaireFileName: Adult CAM

QuestionText: For which ONE of these health problems or conditions did you take [fill: 2nd vitamin] the most to prevent?

\*If respondent cannot choose one condition, probe for condition most important for using [fill: 2nd vitamin].

- 01 Acid reflux or heartburn
  - 02 Angina
  - 03 Anxiety
  - 04 Asthma
  - 05 Arthritis
  - 06 Attention Deficit Disorder/Hyperactivity
  - 07 Autism
  - 08 Benign tumors, cysts
  - 09 Bipolar Disorder
  - 10 Birth defect
  - 11 Cancer
  - 12 Cholesterol
  - 13 Chronic Bronchitis
  - 14 Circulation problems (other than in the legs)
  - 15 Constipation severe enough to require medication
  - 16 Coronary heart disease
  - 17 Dementia, including Alzheimer's Disease
  - 18 Dental pain
  - 19 Depression
  - 20 Diabetes
  - 21 Emphysema
  - 22 Excessive sleepiness during the day
  - 23 Excessive use of alcohol or tobacco
  - 24 Fibromyalgia
  - 25 Fracture, bone/joint injury
  - 26 Gout
  - 27 Gum disease
  - 28 Gynecologic problem
  - 29 Hay fever
  - 30 Hearing problem
  - 31 Heart attack
  - 32 Other heart condition or disease
  - 33 Hernia
  - 34 Hypertension
  - 35 Inflammatory bowel disease
  - 36 Influenza or pneumonia
  - 37 Insomnia or trouble sleeping
  - 38 Irritable bowel
  - 39 Jaw pain
  - 40 Joint pain or stiffness/other joint condition
  - 41 Knee problems (not arthritis, not joint injury)
  - 42 Liver problem
  - 43 Lung/breathing problem (not already listed)
  - 44 Lupus
  - 45 Mania or psychosis
  - 46 Memory loss or loss of other cognitive function
-

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- 47 Menopause
- 48 Menstrual problems
- 49 Mental retardation
- 50 Missing limbs (fingers, toes or digits), amputee
- 51 Osteoporosis, tendinitis
- 52 Other developmental problem
- 53 Other injury
- 54 Other nerve damage, including carpal tunnel syndrome
- 55 Phobia or fears
- 56 Polio (myelitis), paralysis, para/quadruplegia
- 57 Poor circulation in legs
- 58 Prostate trouble or impotence
- 59 Regular headaches
- 60 Rheumatoid arthritis
- 61 Schizophrenia
- 62 Seizures
- 63 Senility
- 64 Sinusitis
- 65 Skin problems
- 66 Sprain or strain
- 67 Stroke
- 68 Substance abuse, other than alcohol or tobacco
- 69 Filled problem
- 70 Filled problem
- 71 Ulcer
- 72 Urinary problem
- 73 Varicose veins, hemorrhoids
- 74 Vision problem
- 75 Weak or failing kidneys
- 76 Weight problem
- 77 Back pain or problem
- 78 Head or chest cold
- 79 Neck pain or problem
- 80 Severe headache or migraine
- 81 Stomach or intestinal illness
- 82 Other - specify
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who used 2nd vitamin to prevent more than one problem or condition

**SkipInstructions:** <1-82,Refused,Don't know>[goto AVT\_DISC]

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**Question ID:** ALT.718\_00.000 **Instrument Variable Name:** AVT\_DISC **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT3 ?[F1]

DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of vitamins?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used vitamins/minerals in the past 12 months

**SkipInstructions:** <1> [goto AVTPROF]  
<2,Refused,Don't know> if AHB\_MO=1 [goto AHB\_OFTN]; else if AVT\_MO=1 [goto AVT\_OFTN]; else [goto HOM\_EVER]

---

**Question ID:** ALT.720\_00.000 **Instrument Variable Name:** AVTPROF **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT3 ?[F1]

Which ones?

\*Enter all that apply, separate with commas.

- 01 Medical doctor (including specialists)
- 02 Doctor of Osteopathy (D.O.)
- 03 Nurse practitioner/Physician assistant
- 04 Psychiatrist
- 05 Dentist (including specialists)
- 06 Psychologist/social worker
- 07 Pharmacist
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who let conventional medical professionals know of their use of vitamins

**SkipInstructions:** <1-7,Refused,Don't know>; if AHB\_MO=1 [goto AHB\_OFTN]; else if AVT\_MO=1 [goto AVT\_OFTN]; else [goto HOM\_EVER]

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**Question ID:** ALT.722\_01.000 **Instrument Variable Name:** AHB\_OFTN **QuestionnaireFileName:** Adult CAM

**QuestionText:** 1 of 2

Now I am going to ask you about how much you spend on [fill1: herbs/herbs and vitamins]. [fill2: First I will ask about herbs and then about vitamins.]

About how often do you buy herbal supplements?

\* If necessary prompt with: how many times per day, per week, per month or per year do you buy herbal supplements?

\*Enter '0' if respondent does not buy herbal supplements.

**000** Never  
**001-995** 1-995 times  
**997** Refused  
**999** Don't know

**UniverseText:** Sample adults 18+ who have taken herbal supplements in the past 30 days

**SkipInstructions:** <1-995> [goto AHB\_OFTT]  
<Refused,Don't know> [goto AHB\_COST]  
<0> If AVT\_MO=1 [goto AVT\_OFTN]; else [goto HOM\_EVER]

---

**Question ID:** ALT.722\_02.000 **Instrument Variable Name:** AHB\_OFTT **QuestionnaireFileName:** Adult CAM

**QuestionText:** 2 of 2

\* Enter time period for how often herbal supplements are bought.

**0** Never  
**1** Day  
**2** Week  
**3** Month  
**4** Year  
**7** Refused  
**9** Don't know

**UniverseText:** Sample adults 18+ who have bought herbal supplements

**SkipInstructions:** <1-4> if (AHB\_OFTN gt <4> and AHB\_OFTT eq <1>) or  
(AHB\_OFTN gt <28> and AHB\_OFTT eq <2>) or  
(AHB\_OFTN gt <31> and AHB\_OFTT eq <3>) or  
(AHB\_OFTN gt <365> and AHB\_OFTT eq <4>) goto ERR1\_AHB\_OFTT]  
else [goto AHB\_COST]

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**Question ID:** ALT.724\_00.000 **Instrument Variable Name:** AHB\_COST **QuestionnaireFileName:** Adult CAM

**QuestionText:** About how much did you spend the last time you bought herbal supplements?

\*Read categories if necessary.

- 1 Under \$15
- 2 \$15-\$29
- 3 \$30-\$59
- 4 \$60-\$89
- 5 \$90-\$119
- 6 \$120 or more
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have taken herbal supplements in the past 30 days and have bought herbal supplements

**SkipInstructions:** <1-6,Refused,Don't know> if AVT\_MO=1 [goto AVT\_OFTN]; else [goto HOM\_EVER]

---

**Question ID:** ALT.726\_01.000 **Instrument Variable Name:** AVT\_OFTN **QuestionnaireFileName:** Adult CAM

**QuestionText:** 1 of 2

About how often do you buy vitamins or minerals?

\* If necessary prompt with: how many times per day, per week, per month or per year do you buy vitamins or minerals?

\*Enter '0' if respondent does not buy vitamins or minerals.

- 000 Never
- 001-995 1-995 times
- 997 Refused
- 999 Don't know

**UniverseText:** Sample adults 18+ who have taken vitamins or minerals in the past 30 days

**SkipInstructions:** <1-995> [goto AVT\_OFTT]  
<Refused,Don't know> [goto AVT\_COST]  
<0> [goto HOM\_EVER]

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**Question ID:** ALT.726\_02.000 **Instrument Variable Name:** AVT\_OFTT **QuestionnaireFileName:** Adult CAM

**QuestionText:** 2 of 2

\* Enter time period for how often vitamins or minerals are bought.

- |   |            |
|---|------------|
| 0 | Never      |
| 1 | Day        |
| 2 | Week       |
| 3 | Month      |
| 4 | Year       |
| 7 | Refused    |
| 9 | Don't know |

**UniverseText:** Sample adults 18+ who have bought vitamins or minerals

**SkipInstructions:** <1-4> if (AVT\_OFTN gt <4> and AVT\_OFTT eq <1>) or  
(AVTB\_OFTN gt <28> and AVT\_OFTT eq <2>) or  
(AVT\_OFTN gt <31> and AVT\_OFTT eq <3>) or  
(AVT\_OFTN gt <365> and AVT\_OFTT eq <4>) goto ERR1\_AVT\_OFTT]  
else [goto AVT\_COST]

---

**Question ID:** ALT.728\_00.000 **Instrument Variable Name:** AVT\_COST **QuestionnaireFileName:** Adult CAM

**QuestionText:** About how much did you spend the last time you bought vitamins or minerals?

\*Read categories if necessary.

- |   |               |
|---|---------------|
| 1 | Under \$15    |
| 2 | \$15-\$29     |
| 3 | \$30-\$59     |
| 4 | \$60-\$89     |
| 5 | \$90-\$119    |
| 6 | \$120 or more |
| 7 | Refused       |
| 9 | Don't know    |

**UniverseText:** Sample adults 18+ who have taken vitamins or minerals in the past 30 days and have bought vitamins or minerals

**SkipInstructions:** <1-6,Refused,Don't know> [goto HOM\_EVER]

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**Question ID:** ALT.730\_00.000 **Instrument Variable Name:** HOM\_EVER **QuestionnaireFileName:** Adult 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.

Have you EVER used homeopathic (hoh-mee-oh-PA-thik) treatment for yourself?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto HOM\_USEM] <2,Refused,Don't know> goto DITEVER1

---

**Question ID:** ALT.732\_00.000 **Instrument Variable Name:** HOM\_USEM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you use homeopathic treatment for yourself?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used homeopathy

**SkipInstructions:** <1> [goto HOMNO]  
<2,Refused,Don't know> goto DITEVER1

---

**Question ID:** ALT.734\_00.000 **Instrument Variable Name:** HOMNO **QuestionnaireFileName:** Adult CAM

**QuestionText:** 1 of 2

About how often do you buy homeopathic medicine?

\* If necessary prompt with: how many times per day, per week, per month or per year do you buy homeopathic medicine?

\*Enter '0' if respondent does not buy homeopathic medicine.

- 000 Do not buy
- 001-995 1-995 times
- 997 Refused
- 999 Don't know

**UniverseText:** Sample adults 18+ who have used homeopathy past 12 mos

**SkipInstructions:** <1-995> goto HOMTP  
<0> goto HOM\_TRET  
<Refused,Don't know> goto HOM\_SPEN

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**Question ID:** ALT.736\_00.000 **Instrument Variable Name:** HOMTP **QuestionnaireFileName:** Adult CAM

**QuestionText:** 2 of 2

\* Enter time period for buying homeopathic medicine

- |   |            |
|---|------------|
| 0 | Do not buy |
| 1 | Day        |
| 2 | Week       |
| 3 | Month      |
| 4 | Year       |
| 7 | Refused    |
| 9 | Don't know |

**UniverseText:** Sample adults 18+ who have bought homeopathic medicine

**SkipInstructions:** <1-4> if (HOMNO gt <4> and HOMTP eq <1>) or  
(HOMNO gt <28> and HOMTP eq <2>) or  
(HOMNO gt <31> and HOMTP eq <3>) or  
(HOMNO gt <365> and HOMTP eq <4>) goto ERR1\_HOMTP  
else [goto HOM\_SPEN]

---

**Question ID:** ALT.738\_00.000 **Instrument Variable Name:** HOM\_SPEN **QuestionnaireFileName:** Adult CAM

**QuestionText:** About how much did you spend the last time you bought homeopathic medicine?

\*Enter '500' for \$500 or more.

- |         |               |
|---------|---------------|
| 000-499 | \$0-\$499     |
| 500     | \$500 or more |
| 997     | Refused       |
| 999     | Don't know    |

**UniverseText:** Sample adults 18+ who have used homeopathy in the past 12 mos and have bought homeopathic medicine

**SkipInstructions:** <0-500,Refused,Don't know> goto HOM\_TRET

---

**Question ID:** ALT.740\_00.000 **Instrument Variable Name:** HOM\_TRET **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you use homeopathic treatment for a specific health problem or condition?

- |   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't know |

**UniverseText:** Sample adults 18+ who have used homeopathy past 12 mos

**SkipInstructions:** <1> [goto HOM\_COND] <2,Refused,Don't know> [goto HOM\_ENG]

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Question ID: ALT.742\_00.000 Instrument Variable Name: HOM\_COND QuestionnaireFileName: Adult CAM

QuestionText: ?[F1]

For what health problems or conditions did you use homeopathic treatment?

\*Enter all that apply, separate with commas.

- 01 Acid reflux or heartburn
  - 02 Angina
  - 03 Anxiety
  - 04 Asthma
  - 05 Arthritis
  - 06 Attention Deficit Disorder/Hyperactivity
  - 07 Autism
  - 08 Benign tumors, cysts
  - 09 Bipolar Disorder
  - 10 Birth defect
  - 11 Cancer
  - 12 Cholesterol
  - 13 Chronic Bronchitis
  - 14 Circulation problems (other than in the legs)
  - 15 Constipation severe enough to require medication
  - 16 Coronary heart disease
  - 17 Dementia, including Alzheimer's Disease
  - 18 Dental pain
  - 19 Depression
  - 20 Diabetes
  - 21 Emphysema
  - 22 Excessive sleepiness during the day
  - 23 Excessive use of alcohol or tobacco
  - 24 Fibromyalgia
  - 25 Fracture, bone/joint injury
  - 26 Gout
  - 27 Gum disease
  - 28 Gynecologic problem
  - 29 Hay fever
  - 30 Hearing problem
  - 31 Heart attack
  - 32 Other heart condition or disease
  - 33 Hernia
  - 34 Hypertension
  - 35 Inflammatory bowel disease
  - 36 Influenza or pneumonia
  - 37 Insomnia or trouble sleeping
  - 38 Irritable bowel
  - 39 Jaw pain
  - 40 Joint pain or stiffness/other joint condition
  - 41 Knee problems (not arthritis, not joint injury)
  - 42 Liver problem
  - 43 Lung/breathing problem (not already listed)
  - 44 Lupus
  - 45 Mania or psychosis
-

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- 46 Memory loss or loss of other cognitive function
- 47 Menopause
- 48 Menstrual problems
- 49 Mental retardation
- 50 Missing limbs (fingers, toes or digits), amputee
- 51 Osteoporosis, tendinitis
- 52 Other developmental problem
- 53 Other injury
- 54 Other nerve damage, including carpal tunnel syndrome
- 55 Phobia or fears
- 56 Polio (myelitis), paralysis, para/quadruplegia
- 57 Poor circulation in legs
- 58 Prostate trouble or impotence
- 59 Regular headaches
- 60 Rheumatoid arthritis
- 61 Schizophrenia
- 62 Seizures
- 63 Senility
- 64 Sinusitis
- 65 Skin problems
- 66 Sprain or strain
- 67 Stroke
- 68 Substance abuse, other than alcohol or tobacco
- 69 Filled problem
- 70 Filled problem
- 71 Ulcer
- 72 Urinary problem
- 73 Varicose veins, hemorrhoids
- 74 Vision problem
- 75 Weak or failing kidneys
- 76 Weight problem
- 77 Back pain or problem
- 78 Head or chest cold
- 79 Neck pain or problem
- 80 Severe headache or migraine
- 81 Stomach or intestinal illness
- 82 Other - specify
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have used homeopathy to treat health condition

**SkipInstructions:** <1-81> if more than one condition selected, go to HOM\_MOST, elseif only one condition selected go to HOM\_MED  
<82> goto HOM\_SPEC  
<Refused,Don't know> goto HOM\_ENG

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**Question ID:** ALT.743\_00.000 **Instrument Variable Name:** HOM\_SPEC **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Enter condition for which homeopathic treatment was used. If respondent gives more than one condition, probe for condition most important for using homeopathic treatment.

97 Refused

99 Don't know

**Verbatim** Verbatim response

**UniverseText:** Sample adults 18+ who used homeopathic treatment to treat other health problem or condition

**SkipInstructions:** <Allow 75> if more than one condition selected [goto HOM\_MOST]; else if only one condition selected [goto HOM\_MED]  
<R,D> [if more than one condition (1-81) selected [goto HOM\_MOST]; elseif only one condition (1-81) selected [goto HOM\_MED]; else [goto HOM\_ENG]

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**Question ID:** ALT.744\_00.000 **Instrument Variable Name:** HOM\_MOST **QuestionnaireFileName:** Adult CAM

**QuestionText:** For which ONE of these health problems or conditions did you use homeopathic treatment the most?

\*If respondent cannot choose one condition, probe for condition most important for using homeopathic treatment.

- 01 Acid reflux or heartburn
  - 02 Angina
  - 03 Anxiety
  - 04 Asthma
  - 05 Arthritis
  - 06 Attention Deficit Disorder/Hyperactivity
  - 07 Autism
  - 08 Benign tumors, cysts
  - 09 Bipolar Disorder
  - 10 Birth defect
  - 11 Cancer
  - 12 Cholesterol
  - 13 Chronic Bronchitis
  - 14 Circulation problems (other than in the legs)
  - 15 Constipation severe enough to require medication
  - 16 Coronary heart disease
  - 17 Dementia, including Alzheimer's Disease
  - 18 Dental pain
  - 19 Depression
  - 20 Diabetes
  - 21 Emphysema
  - 22 Excessive sleepiness during the day
  - 23 Excessive use of alcohol or tobacco
  - 24 Fibromyalgia
  - 25 Fracture, bone/joint injury
  - 26 Gout
  - 27 Gum disease
  - 28 Gynecologic problem
  - 29 Hay fever
  - 30 Hearing problem
  - 31 Heart attack
  - 32 Other heart condition or disease
  - 33 Hernia
  - 34 Hypertension
  - 35 Inflammatory bowel disease
  - 36 Influenza or pneumonia
  - 37 Insomnia or trouble sleeping
  - 38 Irritable bowel
  - 39 Jaw pain
  - 40 Joint pain or stiffness/other joint condition
  - 41 Knee problems (not arthritis, not joint injury)
  - 42 Liver problem
  - 43 Lung/breathing problem (not already listed)
  - 44 Lupus
  - 45 Mania or psychosis
  - 46 Memory loss or loss of other cognitive functions
-

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- 47 Menopause
- 48 Menstrual problems
- 49 Mental retardation
- 50 Missing limbs (fingers, toes or digits), amputee
- 51 Osteoporosis, tendinitis
- 52 Other developmental problem
- 53 Other injury
- 54 Other nerve damage, including carpal tunnel syndrome
- 55 Phobia or fears
- 56 Polio (myelitis), paralysis, para/quadruplegia
- 57 Poor circulation in legs
- 58 Prostate trouble or impotence
- 59 Regular headaches
- 60 Rheumatoid arthritis
- 61 Schizophrenia
- 62 Seizures
- 63 Senility
- 64 Sinusitis
- 65 Skin problems
- 66 Sprain or strain
- 67 Stroke
- 68 Substance abuse, other than alcohol or tobacco
- 69 Filled problem
- 70 Filled problem
- 71 Ulcer
- 72 Urinary problem
- 73 Varicose veins, hemorrhoids
- 74 Vision problems
- 75 Weak or failing kidneys
- 76 Weight problems
- 77 Back pain or problem
- 78 Head or chest cold
- 79 Neck pain or problem
- 80 Severe headache or migraine
- 81 Stomach or intestinal illness
- 82 Other - specify
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have used homeopathy to treat health condition

**SkipInstructions:** <1-82> [goto HOM\_MED]  
<Refused,Don't know> [goto HOM\_ENG]

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**Question ID:** ALT.746\_00.000 **Instrument Variable Name:** HOM\_MED **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT2 ?[F1]

Did you receive any of these conventional medical treatments for [fill condition]?

\*Enter all that apply, separate with commas.

- 0 None
- 1 Prescription medications
- 2 Over-the-counter medications
- 3 Surgery
- 4 Physical therapy
- 5 Mental health counseling
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used homeopathy to treat health condition

**SkipInstructions:** <0, Refused, Don't know> [goto HOM\_ENG]  
<1> [goto HOM\_TIM1]  
<2> [goto HOM\_TIM2]  
<3> [goto HOM\_TIM3]  
<4> [goto HOM\_TIM4]  
<5> [goto HOM\_TIM5]

---

**Question ID:** ALT.748\_01.000 **Instrument Variable Name:** HOM\_TIM1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive prescription medications for [fill: condition from HOM\_MOST or HOM\_COND or HOM\_SPEC] before, at about the same time, or after trying homeopathic treatment?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who used prescription medications for condition they used homeopathic treatment for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto HOM\_ENG]

---

**Question ID:** ALT.748\_02.000 **Instrument Variable Name:** HOM\_TIM2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive over-the-counter medications for [fill: condition from HOM\_MOST or HOM\_COND or HOM\_SPEC] before, at about the same time, or after trying homeopathic treatment?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who used over-the-counter medications for condition they used homeopathic treatment for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto HOM\_ENG]

---

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**Question ID:** ALT.748\_03.000 **Instrument Variable Name:** HOM\_TIM3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive surgery for [fill: condition from HOM\_MOST or HOM\_COND or HOM\_SPEC] before, at about the same time, or after trying homeopathic treatment?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had surgery for condition they used homeopathic treatment for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto HOM\_ENG]

---

**Question ID:** ALT.748\_04.000 **Instrument Variable Name:** HOM\_TIM4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive physical therapy for [fill: condition from HOM\_MOST or HOM\_COND or HOM\_SPEC] before, at about the same time, or after trying homeopathic treatment?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had physical therapy for condition they used homeopathic treatment for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto HOM\_ENG]

---

**Question ID:** ALT.748\_05.000 **Instrument Variable Name:** HOM\_TIM5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive mental health counseling for [fill: condition from HOM\_MOST or HOM\_COND or HOM\_SPEC] before, at about the same time, or after trying homeopathic treatment?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had mental health counseling for condition they used homeopathic treatment for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto HOM\_ENG]

---



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**Question ID:** ALT.750\_00.000 **Instrument Variable Name:** HOM\_ENG **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you use homeopathic treatment for any of these reasons? Please say yes or no to each.

...To improve or enhance energy

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used homeopathy past 12 mos

**SkipInstructions:** <1,2,Refused,Don't know> [goto HOM\_WEL]

---

**Question ID:** ALT.752\_00.000 **Instrument Variable Name:** HOM\_WEL **QuestionnaireFileName:** Adult CAM

**QuestionText:** \* Read if necessary

DURING THE PAST 12 MONTHS, did you use homeopathic treatment for any of these reasons?

...For general wellness or general disease prevention

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used homeopathy past 12 mos

**SkipInstructions:** <1,2,Refused,Don't know> [goto HOM\_IMM]

---

**Question ID:** ALT.754\_00.000 **Instrument Variable Name:** HOM\_IMM **QuestionnaireFileName:** Adult CAM

**QuestionText:** \* Read if necessary

DURING THE PAST 12 MONTHS, did you use homeopathic treatment for any of these reasons?

...To improve or enhance immune function

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used homeopathy past 12 mos

**SkipInstructions:** <1,2,Refused,Don't know> [goto HOM\_NOHP]

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**Question ID:** ALT.756\_00.000 **Instrument Variable Name:** HOM\_NOHP **QuestionnaireFileName:** Adult CAM

**QuestionText:** \* Read if necessary

DURING THE PAST 12 MONTHS, did you use homeopathic treatment for any of these reasons?

...Because medical treatments did not help

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used homeopathy past 12 mos

**SkipInstructions:** <1,2,Refused,Don't know> [goto HOM\_EXPS]

---

**Question ID:** ALT.758\_00.000 **Instrument Variable Name:** HOM\_EXPS **QuestionnaireFileName:** Adult CAM

**QuestionText:** \* Read if necessary

DURING THE PAST 12 MONTHS, did you use homeopathic treatment for any of these reasons?

...Because medical treatments were too expensive

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used homeopathy past 12 mos

**SkipInstructions:** <1,2,Refused,Don't know> [goto HOM\_SUGG]

---

**Question ID:** ALT.760\_00.000 **Instrument Variable Name:** HOM\_SUGG **QuestionnaireFileName:** Adult CAM

**QuestionText:** \* Read if necessary

DURING THE PAST 12 MONTHS, did you use homeopathic treatment for any of these reasons?

...It was recommended by a health care provider

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used homeopathy past 12 mos

**SkipInstructions:** <1,2,Refused,Don't know> [goto HOM\_FFC]

---

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**Question ID:** ALT.762\_00.000 **Instrument Variable Name:** HOM\_FFC **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary

DURING THE PAST 12 MONTHS, did you use homeopathic treatment for any of these reasons?

...It was recommended by family, friends, or co-workers

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used homeopathy past 12 mos

**SkipInstructions:** <1,2,Refused,Don't know>[goto HOM\_PRAC]

---

**Question ID:** ALT.764\_00.000 **Instrument Variable Name:** HOM\_PRAC **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

Have you EVER seen a practitioner for homeopathic treatment?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used homeopathy past 12 mos

**SkipInstructions:** <1> [goto HOM\_YR] <2,Refused,Don't know>[goto HOM\_DISC]

---

**Question ID:** ALT.766\_00.000 **Instrument Variable Name:** HOM\_YR **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you see a practitioner for homeopathic treatment?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever seen a practitioner for homeopathic medicine

**SkipInstructions:** <1> [goto HOM\_NUMB] <2,Refused,Don't know> [goto HOM\_DISC]

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**Question ID:** ALT.768\_00.000 **Instrument Variable Name:** HOM\_NUMB **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, how many times did you see a practitioner for homeopathic treatment?

\*Read categories if necessary.

- |   |                    |
|---|--------------------|
| 1 | Only one time      |
| 2 | 2-5 times          |
| 3 | 6-10 times         |
| 4 | 11-15 times        |
| 5 | 16-20 times        |
| 6 | More than 20 times |
| 7 | Refused            |
| 9 | Don't know         |

**UniverseText:** Sample adults 18+ who have seen a practitioner for homeopathic medicine in past 12 mos

**SkipInstructions:** <1-6,Refused,Don't know> [goto HOM\_PAY]

---

**Question ID:** ALT.770\_00.000 **Instrument Variable Name:** HOM\_PAY **QuestionnaireFileName:** Adult CAM

**QuestionText:** On average how much did you pay out-of-pocket for each visit to a practitioner for homeopathic treatments?

\*Enter '500' for \$500 or more.

- |         |               |
|---------|---------------|
| 000-499 | \$0-\$499     |
| 500     | \$500 or more |
| 997     | Refused       |
| 999     | Don't know    |

**UniverseText:** Sample adults 18+ who have seen a practitioner for homeopathic medicine in past 12 mos

**SkipInstructions:** <0-500,Refused,Don't know> [goto HOM\_DISC]

---

**Question ID:** ALT.772\_00.000 **Instrument Variable Name:** HOM\_DISC **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT3 ?[F1]

DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of homeopathic treatment?

- |   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't know |

**UniverseText:** Sample adults 18+ who have used homeopathy past 12 mos

**SkipInstructions:** <1> [goto HOM\_PROF]  
<2,Refused,Don't know> [goto DITEVER1]

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**Question ID:** ALT.774\_00.000 **Instrument Variable Name:** HOMPROF **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT3 ?[F1]

Which ones?

\*Enter all that apply, separate with commas.

- 01 Medical doctor (including specialists)
- 02 Doctor of Osteopathy (D. O.)
- 03 Nurse practitioner/Physician Assistant
- 04 Psychiatrist
- 05 Dentist (including specialists)
- 06 Psychologist/Social Worker
- 07 Pharmacist
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have told conventional providers about homeopathy use

**SkipInstructions:** <1-7,Refused,Don't know> [goto DITEVER1]

---

**Question ID:** ALT.776\_00.000 **Instrument Variable Name:** DITEVER1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

Have you EVER used any of the following special diets for two weeks or more for health reasons? Please say yes or no to each.

...Vegetarian?

\*Include vegan

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,Refused,Don't know> [goto DITEVER2]

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**Question ID:** ALT.778\_00.000 **Instrument Variable Name:** DITEVER2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

\*Read if necessary.

Have you EVER used any of the following special diets for two weeks or more for health reasons?

...Macrobiotic?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,Refused,Don't know> [goto DITEVER3]

---

**Question ID:** ALT.780\_00.000 **Instrument Variable Name:** DITEVER3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

\*Read if necessary.

Have you EVER used any of the following special diets for two weeks or more for health reasons?

...Atkins?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,Refused,Don't know> [goto DITEVER4]

---

**Question ID:** ALT.782\_00.000 **Instrument Variable Name:** DITEVER4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

\*Read if necessary.

Have you EVER used any of the following special diets for two weeks or more for health reasons?

...Pritikin?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,Refused,Don't know> [goto DITEVER5]

---

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**Question ID:** ALT.784\_00.000 **Instrument Variable Name:** DITEVER5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

\*Read if necessary.

Have you EVER used any of the following special diets for two weeks or more for health reasons?

...Ornish?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,Refused,Don't know> [goto DITEVER6]

---

**Question ID:** ALT.786\_00.000 **Instrument Variable Name:** DITEVER6 **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

\*Read if necessary.

Have you EVER used 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 adults 18+

**SkipInstructions:** <1,2,Refused,Don't know> [goto DITEVER7]

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**Question ID:** ALT.788\_00.000 **Instrument Variable Name:** DITEVER7 **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

\*Read if necessary.

Have you EVER used any of the following special diets for two weeks or more for health reasons?

...South Beach?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,Refused,Don't know> cycle through DITUSEM1-7 for yes responses to DITEVER1-7; if no, refused, don't know to all DITEVER1-7, goto YTQE\_YOG

```
If DITEVER1 = 1 goto DITUSEM1
elseif DITEVER2 = 1 goto DITUSEM2
elseif DITEVER3 = 1 goto DITUSEM3
elseif DITEVER4 = 1 goto DITUSEM4
elseif DITEVER5 = 1 goto DITUSEM5
elseif DITEVER6 = 1 goto DITUSEM6
elseif DITEVER7 = 1 goto DITUSEM7
else goto YTQE_YOG
```

---

**Question ID:** ALT.790\_00.000 **Instrument Variable Name:** DITUSEM1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you use a vegetarian diet for two weeks or more for health reasons?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ ever used vegetarian

**SkipInstructions:** <1,2,Refused,Don't know> cycle through DITUSEM1-7 for yes responses to DITEVER1-7; if no, refused, don't know to all DITEVER1-7, goto YTQE\_YOG

```
If DITEVER2=1 goto DITUSEM2 else if DITEVER3 = 1 goto DITUSEM3
elseif DITEVER4 = 1 goto DITUSEM4
elseif DITEVER5 = 1 goto DITUSEM5
elseif DITEVER6 = 1 goto DITUSEM6
elseif DITEVER7 = 1 goto DITUSEM7
elseif DITUSEM1 = 1 and DITUSEM2 = 1 goto DIT_DMST
elseif (DITUSEM1 =1 and DITUSEM2 ne 1) or (DITUSEM1 ne 1 and DITUSEM2 = 1) goto DIT_WGHT
else goto YTQE_YOG
```

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**Question ID:** ALT.792\_00.000 **Instrument Variable Name:** DITUSEM2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you use a macrobiotic diet for two weeks or more for health reasons?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ ever used macrobiotic diet

**SkipInstructions:** <1,2,Refused,Don't know> cycle through DITUSEM1-7 for yes responses to DITEVER1-7; if no, refused, don't know to all DITEVER1-7, goto YTQE\_YOG

```
If DITEVER3 = 1 goto DITUSEM3
elseif DITEVER4 = 1 goto DITUSEM4
elseif DITEVER5 = 1 goto DITUSEM5
elseif DITEVER6 = 1 goto DITUSEM6
elseif DITEVER7 = 1 goto DITUSEM7
elseif DITUSEM1 = 1 and DITUSEM2 = 1 goto DIT_DMST
elseif (DITUSEM1 = 1 and DITUSEM2 ne 1) or (DITUSEM1 ne 1 and DITUSEM2 = 1) goto DIT_WGHT
else goto YTQE_YOG
```

---

**Question ID:** ALT.794\_00.000 **Instrument Variable Name:** DITUSEM3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you use the Atkins diet for two weeks or more for health reasons?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ ever used Atkins diet

**SkipInstructions:** <1,2,Refused,Don't know> cycle through DITUSEM1-7 for yes responses to DITEVER1-7; if no, refused, don't know to all DITEVER1-7, goto YTQE\_YOG

```
If DITEVER4 = 1 goto DITUSEM4
elseif DITEVER5 = 1 goto DITUSEM5
elseif DITEVER6 = 1 goto DITUSEM6
elseif DITEVER7 = 1 goto DITUSEM7
elseif more than one of DITUSEM1, DITUSEM2, and DITUSEM3 = 1 goto DIT_DMST
elseif only one of DITUSEM1, DITUSEM2, and DITUSEM3 = 1 goto DIT_WGHT
else goto YTQE_YOG
```

---

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**Question ID:** ALT.796\_00.000 **Instrument Variable Name:** DITUSEM4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you use a Pritikin diet for two weeks or more for health reasons?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ ever used Pritikin diet

**SkipInstructions:** <1,2,Refused,Don't know> cycle through DITUSEM1-7 for yes responses to DITEVER1-7; if no, refused, don't know to all DITEVER1-7, goto YTQE\_YOG

If DITEVER5 = 1 goto DITUSEM5  
elseif DITEVER6 = 1 goto DITUSEM6  
elseif DITEVER7 = 1 goto DITUSEM7  
elseif more than one of DITUSEM1, DITUSEM2, DITUSEM3, and DITUSEM4 = 1 goto DIT\_DMST  
elseif only one of DITUSEM1, DITUSEM2, DITUSEM3, and DITUSEM4 = 1 goto DIT\_WGHT  
else goto YTQE\_YOG

---

**Question ID:** ALT.798\_00.000 **Instrument Variable Name:** DITUSEM5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you use an Ornish diet for two weeks or more for health reasons?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ ever used Ornish diet

**SkipInstructions:** <1,2,Refused,Don't know> cycle through DITUSEM1-7 for yes responses to DITEVER1-7; if no, refused, don't know to all DITEVER1-7, goto YTQE\_YOG

If DITEVER6 = 1 goto DITUSEM6  
elseif DITEVER7 = 1 goto DITUSEM7  
elseif more than one of DITUSEM1, DITUSEM2, DITUSEM3, DITUSEM4, and DITUSEM5 = 1 goto DIT\_DMST  
elseif only one of DITUSEM1, DITUSEM2, DITUSEM3, DITUSEM4, and DITUSEM5 = 1 goto DIT\_WGHT  
else goto YTQE\_YOG

---

---

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**Question ID:** ALT.800\_00.000 **Instrument Variable Name:** DITUSEM6 **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you use a Zone diet for two weeks or more for health reasons?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ ever used zone diet

**SkipInstructions:** <1,2,Refused,Don't know> cycle through DITUSEM1-7 for yes responses to DITEVER1-7; if no, refused, don't know to all DITEVER1-7, goto YTQE\_YOG

If DITEVER7 = 1 goto DITUSEM7  
elseif more than one of DITUSEM1, DITUSEM2, DITUSEM3, DITUSEM4, DITUSEM5, and DITUSEM6 = 1  
goto DIT\_DMST  
elseif only one of DITUSEM1, DITUSEM2, DITUSEM3, DITUSEM4, DITUSEM5, and DITUSEM6 = 1 goto  
DIT\_WGHT  
else goto YTQE\_YOG

---

**Question ID:** ALT.802\_00.000 **Instrument Variable Name:** DITUSEM7 **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you use the South Beach diet for two weeks or more for health reasons?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ ever used South Beach diet

**SkipInstructions:** <1,2,Refused,Don't know> if no, refused, or don't know to all DITUSEM1-7, goto YTQE\_YOG; if more than one yes response in DITUSEM1-7, goto DIT\_DMST, else goto DIT\_WGHT

If more than one of DITUSEM1, DITUSEM2, DITUSEM3, DITUSEM4, DITUSEM5, DITUSEM6, and  
DITUSEM7 = 1 goto DIT\_DMST  
elseif only one of DITUSEM1, DITUSEM2, DITUSEM3, DITUSEM4, DITUSEM5, DITUSEM6, and  
DITUSEM7 = 1 goto DIT\_WGHT  
else goto YTQE\_YOG

---

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**Question ID:** ALT.804\_00.000 **Instrument Variable Name:** DIT\_DMST **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, which diet did you use the most?

\*If respondent cannot choose one special diet, probe for the one most important for health.

- 01 Vegetarian
- 02 Macrobiotic
- 03 Atkins
- 04 Pritikin
- 05 Ornish
- 06 Zone
- 07 South Beach
- 97 Refused
- 99 Don't Know

**UniverseText:** Sample adults 18+ who have used more than one special diet in past 12 mos

**SkipInstructions:** <1-7> goto DIT\_WGHT  
<Refused, Don't know> goto DIT\_ENG

---

**Question ID:** ALT.806\_00.000 **Instrument Variable Name:** DIT\_WGHT **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you use the [fill: diet used most] diet for weight control or weight loss?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't Know

**UniverseText:** Sample adults 18+ who have used a special diet in past 12 mos

**SkipInstructions:** <1,2,Refused,Don't know> [goto DIT\_TRET]

---

**Question ID:** ALT.808\_00.000 **Instrument Variable Name:** DIT\_TRET **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you use the [fill: diet used most] diet to treat a specific health problem or condition[fill2:]?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't Know

**UniverseText:** Sample adults 18+ who have used a special diet in past 12 mos

**SkipInstructions:** <1> [goto DIT\_COND] <2,Refused,Don't know> [goto DIT\_ENG]

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Question ID: ALT.810\_00.000 Instrument Variable Name: DIT\_COND QuestionnaireFileName: Adult CAM

QuestionText: ?[F1]

For what health problems or conditions did you use the {fill: diet used most} diet?

\*Enter all that apply, separate with commas.

- 01 Acid reflux or heartburn
  - 02 Angina
  - 03 Anxiety
  - 04 Asthma
  - 05 Arthritis
  - 06 Attention Deficit Disorder/Hyperactivity
  - 07 Autism
  - 08 Benign tumors, cysts
  - 09 Bipolar Disorder
  - 10 Birth defect
  - 11 Cancer
  - 12 Cholesterol
  - 13 Chronic Bronchitis
  - 14 Circulation problems (other than in the legs)
  - 15 Constipation severe enough to require medication
  - 16 Coronary heart disease
  - 17 Dementia, including Alzheimer's Disease
  - 18 Dental pain
  - 19 Depression
  - 20 Diabetes
  - 21 Emphysema
  - 22 Excessive sleepiness during the day
  - 23 Excessive use of alcohol or tobacco
  - 24 Fibromyalgia
  - 25 Fracture, bone/joint injury
  - 26 Gout
  - 27 Gum disease
  - 28 Gynecologic problem
  - 29 Hay fever
  - 30 Hearing problem
  - 31 Heart attack
  - 32 Other heart condition or disease
  - 33 Hernia
  - 34 Hypertension
  - 35 Inflammatory bowel disease
  - 36 Influenza or pneumonia
  - 37 Insomnia or trouble sleeping
  - 38 Irritable bowel
  - 39 Jaw pain
  - 40 Joint pain or stiffness/other joint condition
  - 41 Knee problems (not arthritis, not joint injury)
  - 42 Liver problem
  - 43 Lung/breathing problem (not already listed)
  - 44 Lupus
  - 45 Mania or psychosis
-

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- 46 Memory loss or loss of other cognitive function
- 47 Menopause
- 48 Menstrual problems
- 49 Mental retardation
- 50 Missing limbs (fingers, toes or digits), amputee
- 51 Osteoporosis, tendinitis
- 52 Other developmental problem
- 53 Other injury
- 54 Other nerve damage, including carpal tunnel syndrome
- 55 Phobia or fears
- 56 Polio (myelitis), paralysis, para/quadruplegia
- 57 Poor circulation in legs
- 58 Prostate trouble or impotence
- 59 Regular headaches
- 60 Rheumatoid arthritis
- 61 Schizophrenia
- 62 Seizures
- 63 Senility
- 64 Sinusitis
- 65 Skin problems
- 66 Sprain or strain
- 67 Stroke
- 68 Substance abuse, other than alcohol or tobacco
- 69 Filled problem
- 70 Filled problem
- 71 Ulcer
- 72 Urinary problem
- 73 Varicose veins, hemorrhoids
- 74 Vision problem
- 75 Weak or failing kidneys
- 76 Weight problem
- 77 Back pain or problem
- 78 Head or chest cold
- 79 Neck pain or problem
- 80 Severe headache or migraine
- 81 Stomach or intestinal illness
- 82 Other - specify
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have used a special diet to treat health condition

**SkipInstructions:** <1-81> if more than one condition selected, goto DIT\_MOST; elseif only one condition selected goto DIT\_MED  
<82> goto DIT\_SPEC  
<Refused,Don't know> goto DIT\_ENG

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**Question ID:** ALT.811\_00.000 **Instrument Variable Name:** DIT\_SPEC **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Enter condition for which the [fill: diet used most] diet was used. If respondent gives more than one condition, probe for condition most important for using the [fill: diet used most] diet.

97 Refused

99 Don't know

**Verbatim** Verbatim response

**UniverseText:** Sample adults 18+ who used special diet to treat other specified health problem or condition

**SkipInstructions:** <Allow 75> if more than one condition selected [goto DIT\_MOST]; elseif only one condition selected [goto DIT\_MED]  
<Refused,Don't know> [if more than one condition (1-81) selected [goto DIT\_MOST]; elseif only one condition (1-81) selected [goto DIT\_MED]; else [goto DIT\_ENG]

---

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**Question ID:** ALT.812\_00.000 **Instrument Variable Name:** DIT\_MOST **QuestionnaireFileName:** Adult CAM

**QuestionText:** For which ONE of these health problems or conditions did you use the {fill: diet used most} diet the most?

\*If respondent cannot choose one condition, probe for condition most important for using the [fill: diet used most] diet.

- 01 Acid reflux or heartburn
  - 02 Angina
  - 03 Anxiety
  - 04 Asthma
  - 05 Arthritis
  - 06 Attention Deficit Disorder/Hyperactivity
  - 07 Autism
  - 08 Benign tumors, cysts
  - 09 Bipolar Disorder
  - 10 Birth defect
  - 11 Cancer
  - 12 Cholesterol
  - 13 Chronic Bronchitis
  - 14 Circulation problems (other than in the legs)
  - 15 Constipation severe enough to require medication
  - 16 Coronary heart disease
  - 17 Dementia, including Alzheimer's Disease
  - 18 Dental pain
  - 19 Depression
  - 20 Diabetes
  - 21 Emphysema
  - 22 Excessive sleepiness during the day
  - 23 Excessive use of alcohol or tobacco
  - 24 Fibromyalgia
  - 25 Fracture, bone/joint injury
  - 26 Gout
  - 27 Gum disease
  - 28 Gynecologic problem
  - 29 Hay fever
  - 30 Hearing problem
  - 31 Heart attack
  - 32 Other heart condition or disease
  - 33 Hernia
  - 34 Hypertension
  - 35 Inflammatory bowel disease
  - 36 Influenza or pneumonia
  - 37 Insomnia or trouble sleeping
  - 38 Irritable bowel
  - 39 Jaw pain
  - 40 Joint pain or stiffness/other joint condition
  - 41 Knee problems (not arthritis, not joint injury)
  - 42 Liver problem
  - 43 Lung/breathing problem (not already listed)
  - 44 Lupus
  - 45 Mania or psychosis
  - 46 Memory loss or loss of other cognitive function
-



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- 47 Menopause
- 48 Menstrual problems
- 49 Mental retardation
- 50 Missing limbs (fingers, toes or digits), amputee
- 51 Osteoporosis, tendinitis
- 52 Other developmental problem
- 53 Other injury
- 54 Other nerve damage, including carpal tunnel syndrome
- 55 Phobia or fears
- 56 Polio (myelitis), paralysis, para/quadruplegia
- 57 Poor circulation in legs
- 58 Prostate trouble or impotence
- 59 Regular headaches
- 60 Rheumatoid arthritis
- 61 Schizophrenia
- 62 Seizures
- 63 Senility
- 64 Sinusitis
- 65 Skin problems
- 66 Sprain or strain
- 67 Stroke
- 68 Substance abuse, other than alcohol or tobacco
- 69 Filled problem
- 70 Filled problem
- 71 Ulcer
- 72 Urinary problem
- 73 Varicose veins, hemorrhoids
- 74 Vision problem
- 75 Weak or failing kidneys
- 76 Weight problem
- 77 Back pain or problem
- 78 Head or chest cold
- 79 Neck pain or problem
- 80 Severe headache or migraine
- 81 Stomach or intestinal illness
- 82 Other - specify
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have used a special diet to treat health condition

**SkipInstructions:** <1-82> goto DIT\_MED  
<Refused, Don't know> goto DIT\_ENG

---

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**Question ID:** ALT.814\_00.000 **Instrument Variable Name:** DIT\_MED **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT2 ?[F1]

Did you receive any of these conventional medical treatments for [fill condition]?

\*Enter all that apply, separate with commas.

- 0 None
- 1 Prescription
- 2 Over-the-counter medications
- 3 Surgery
- 4 Physical Therapy
- 5 Mental Health Counseling
- 7 Refused
- 9 Don't Know

**UniverseText:** Sample adults 18+ who have used a special diet to treat health condition

**SkipInstructions:** <0, Refused, Don't know> [goto DIT\_ENG]  
<1> [goto DIT\_TIM1]  
<2> [goto DIT\_TIM2]  
<3> [goto DIT\_TIM3]  
<4> [goto DIT\_TIM4]  
<5> [goto DIT\_TIM5]

---

**Question ID:** ALT.816\_01.000 **Instrument Variable Name:** DIT\_TIM1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive prescription medications for [fill1: condition from DIT\_MOST or DIT\_COND or DIT\_SPEC] before, at about the same time, or after trying the [fill2: diet used most] diet?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't Know

**UniverseText:** Sample adults 18+ who used prescription medications for condition they used a special diet for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto DIT\_ENG]

---

**Question ID:** ALT.816\_02.000 **Instrument Variable Name:** DIT\_TIM2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive over-the-counter medications for [fill1: condition from DIT\_MOST or DIT\_COND or DIT\_SPEC] before, at about the same time, or after trying the [fill2: diet used most] diet?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who used over-the-counter medications for condition they used a special diet for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto DIT\_ENG]

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**Question ID:** ALT.816\_03.000 **Instrument Variable Name:** DIT\_TIM3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive surgery for [fill1: condition from DIT\_MOST or DIT\_COND or DIT\_SPEC] before, at about the same time, or after trying the [fill2: diet used most] diet?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had surgery for condition they used a special diet for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto DIT\_ENG]

---

**Question ID:** ALT.816\_04.000 **Instrument Variable Name:** DIT\_TIM4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive physical therapy for [fill1: condition from DIT\_MOST or DIT\_COND or DIT\_SPEC] before, at about the same time, or after trying the [fill2: diet used most] diet?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had physical therapy for condition they used a special diet for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto DIT\_ENG]

---

**Question ID:** ALT.816\_05.000 **Instrument Variable Name:** DIT\_TIM5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive mental health counseling for [fill1: condition from DIT\_MOST or DIT\_COND or DIT\_SPEC] before, at about the same time, or after trying the [fill2: diet used most] diet?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had mental health counseling for condition they used a special diet for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto DIT\_ENG]

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**Question ID:** ALT.818\_00.000 **Instrument Variable Name:** DIT\_ENG **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you use the {fill: diet used most} diet for any of these reasons? Please say yes or no to each.

...To improve or enhance energy

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used a special diet in past 12 mos

**SkipInstructions:** <1,2,Refused,Don't know> [goto DIT\_WEL]

---

**Question ID:** ALT.820\_00.000 **Instrument Variable Name:** DIT\_WEL **QuestionnaireFileName:** Adult CAM

**QuestionText:** \* Read if necessary.

DURING THE PAST 12 MONTHS, did you use the {fill: diet used most} diet for any of these reasons?

...For general wellness or general disease prevention

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used a special diet in past 12 mos

**SkipInstructions:** <1,2,Refused,Don't know> [goto DIT\_IMM]

---

**Question ID:** ALT.822\_00.000 **Instrument Variable Name:** DIT\_IMM **QuestionnaireFileName:** Adult CAM

**QuestionText:** \* Read if necessary.

DURING THE PAST 12 MONTHS, did you use the {fill: diet used most} diet for any of these reasons?

... To improve or enhance immune function

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used a special diet in past 12 mos

**SkipInstructions:** <1,2,Refused,Don't know> [goto DIT\_NOHP]

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**Question ID:** ALT.824\_00.000 **Instrument Variable Name:** DIT\_NOHP **QuestionnaireFileName:** Adult CAM

**QuestionText:** \* Read if necessary.

DURING THE PAST 12 MONTHS, did you use the {fill: diet used most} diet for any of these reasons?

...Because medical treatments did not help

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used a special diet in past 12 mos

**SkipInstructions:** <1,2,Refused,Don't know> [goto DIT\_EXPS]

---

**Question ID:** ALT.826\_00.000 **Instrument Variable Name:** DIT\_EXPS **QuestionnaireFileName:** Adult CAM

**QuestionText:** \* Read if necessary.

DURING THE PAST 12 MONTHS, did you use the {fill: diet used most} diet for any of these reasons?

...Because medical treatments were too expensive

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used a special diet in past 12 mos

**SkipInstructions:** <1,2,Refused,Don't know> [goto DIT\_SUGG]

---

**Question ID:** ALT.828\_00.000 **Instrument Variable Name:** DIT\_SUGG **QuestionnaireFileName:** Adult CAM

**QuestionText:** \* Read if necessary.

DURING THE PAST 12 MONTHS, did you use the {fill: diet used most} diet for any of these reasons?

... It was recommended by a health care provider

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used a special diet in past 12 mos

**SkipInstructions:** <1,2,Refused,Don't know> [goto DIT\_FFC]

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**Question ID:** ALT.830\_00.000 **Instrument Variable Name:** DIT\_FFC **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you use the {fill: diet used most} diet for any of these reasons?

...It was recommended by family, friends, or co-workers

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used a special diet in past 12 mos

**SkipInstructions:** <1,2,Refused,Don't know> [goto DIT\_PRAC]

---

**Question ID:** ALT.832\_00.000 **Instrument Variable Name:** DIT\_PRAC **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

Have you EVER seen a practitioner for the {fill: diet used most} diet?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used a special diet in past 12 mos

**SkipInstructions:** <1> [goto DIT\_YR] <2,Refused,Don't know> [goto DIT\_DISC]

---

**Question ID:** ALT.834\_00.000 **Instrument Variable Name:** DIT\_YR **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you see a practitioner for the {fill: diet used most} diet?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever seen a practitioner for a special diet

**SkipInstructions:** <1> [goto DIT\_TYPE] <2,Refused,Don't know> [goto DIT\_DISC]

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**Question ID:** ALT.836\_00.000 **Instrument Variable Name:** DIT\_TYPE **QuestionnaireFileName:** Adult CAM

**QuestionText:** What type of practitioner did you see?

\*Enter all that apply, separate with commas.

\*Read categories if necessary.

- |   |   |
|---|---|
| 1 | Medical doctor  |
| 2 | Nurse   |
| 3 | Dietician/Nutritionist  |
| 4 | Alternate provider such as Acupuncturist, Chiropractor, Massage Therapist, Naturopath, etc. |
| 5 | Other   |
| 7 | Refused   |
| 9 | Don't know  |

**UniverseText:** Sample adults 18+ who saw practitioner for a special diet in past 12 mos

**SkipInstructions:** <1-5,Refused,Don't know> [goto DIT\_NUMB]

---

**Question ID:** ALT.838\_00.000 **Instrument Variable Name:** DIT\_NUMB **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, how many times did you see a practitioner for the {fill: diet used most} diet?

\*Read categories if necessary.

- |   |                    |
|---|--------------------|
| 1 | Only one time      |
| 2 | 2-5 times          |
| 3 | 6-10 times         |
| 4 | 11-15 times        |
| 5 | 16-20 times        |
| 6 | More than 20 times |
| 7 | Refused            |
| 9 | Don't know         |

**UniverseText:** Sample adults 18+ who saw practitioner for a special diet in past 12 mos

**SkipInstructions:** <1-6,Refused,Don't know> [goto DIT\_PAY]

---

**Question ID:** ALT.840\_00.000 **Instrument Variable Name:** DIT\_PAY **QuestionnaireFileName:** Adult CAM

**QuestionText:** On average how much did you pay out-of-pocket for each visit to a practitioner for the {fill: diet used most} diet?

\*Enter '500' for \$500 or more.

- |         |               |
|---------|---------------|
| 000-499 | \$0-\$499     |
| 500     | \$500 or more |
| 997     | Refused       |
| 999     | Don't know    |

**UniverseText:** Sample adults 18+ who saw practitioner for a special diet in past 12 mos

**SkipInstructions:** <0-500,Refused,Don't know> [goto DIT\_DISC]

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**Question ID:** ALT.842\_00.000 **Instrument Variable Name:** DIT\_DISC **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT3 ?[F1]

DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of the {fill: diet used most} diet?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used a special diet in past 12 mos

**SkipInstructions:** <1> [goto DITPROF]  
<2,Refused,Don't know> [goto YTQE\_YOG]

---

**Question ID:** ALT.844\_00.000 **Instrument Variable Name:** DITPROF **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT3 ?[F1]

Which ones?

\*Enter all that apply, separate with commas.

- 01 Medical doctor
- 02 Doctor of Osteopathy (D.O.)
- 03 Nurse practitioner/Physician assistant
- 04 Psychiatrist
- 05 Dentist (including specialists)
- 06 Psychologist/social worker
- 07 Pharmacist
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have told a conventional provider about using a special diet in past 12 mos

**SkipInstructions:** <1-7,Refused,Don't know> [goto YTQE\_YOG]

---

**Question ID:** ALT.846\_00.000 **Instrument Variable Name:** YTQE\_YOG **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

Have you EVER practiced any of the following? Please say yes or no to each.

...Yoga?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,Refused,Don't know> [goto YTQE\_TAI]

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**Question ID:** ALT.848\_00.000 **Instrument Variable Name:** YTQE\_TAI **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

\*Read if necessary.

Have you EVER practiced any of the following?

...Tai Chi (tie-CHEE)?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,Refused,Don't know> [goto YTQE\_QIG]

---

**Question ID:** ALT.850\_00.000 **Instrument Variable Name:** YTQE\_QIG **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

\*Read if necessary.

Have you EVER practiced any of the following?

...Qi Gong (chee-KUNG)?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,Refused,Don't know> cycle through YTQU for yes responses to YTQE; if no to YTQE\_YOG, goto [YTQ\_NEVU]; if no, refused, don't know to all other YTQE and refused, don't know to YTQE\_YOG goto RELE\_MED

If YTQE\_YOG = 1 goto YTQU\_YOG  
elseif YTQE\_TAI = 1 goto YTQU\_TAI  
elseif YTQE\_QIG = 1 goto YTQU\_QIG  
elseif YTQE\_YOG = 2 goto YTQ\_NEVU  
else goto RELE\_MED

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**Question ID:** ALT.852\_00.000 **Instrument Variable Name:** YTQU\_YOG **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you practice Yoga for yourself?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used Yoga

**SkipInstructions:** <1,2,Refused,Don't know> cycle through YTQU for yes responses to YTQE; if no to YTQE\_YOG, goto [YTQ\_NEVU]; iif no, refused, don't know to all other YTQE and refused, don't know to YTQE\_YOG goto RELE\_MED

If YTQE\_TAI = 1 goto YTQU\_TAI  
elseif YTQE\_QIG = 1 goto YTQU\_QIG  
elseif YTQU\_YOG = 1 goto YTQ\_TRET  
elseif YTQU\_YOG = 2 goto YTQ\_NOTU  
else goto RELE\_MED

---

**Question ID:** ALT.854\_00.000 **Instrument Variable Name:** YTQU\_TAI **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you practice Tai Chi for yourself?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used Tai Chi

**SkipInstructions:** <1,2,Refused,Don't know> cycle through YTQU for yes responses to YTQE; if no to YTQE\_YOG, goto [YTQ\_NEVU]; iif no, refused, don't know to all other YTQE and refused, don't know to YTQE\_YOG goto RELE\_MED

If YTQE\_QIG = 1 goto YTQU\_QIG  
elseif more than one of YTQU\_YOG and YTQU\_TAI = 1 goto YTQ\_MOST  
elseif only one of YTQU\_YOG and YTQU\_TAI = 1 goto YTQ\_TRET  
elseif YTQU\_YOG = 2 goto YTQ\_NOTU  
else goto RELE\_MED

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**Question ID:** ALT.856\_00.000 **Instrument Variable Name:** YTQU\_QIG **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you practice Qi Gong for yourself?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used Qi Gong

**SkipInstructions:** <1,2,Refused,Don't know> cycle through YTQU for yes responses to YTQE; if no to YTQE\_YOG, goto [YTQ\_NEVU]; iif no, refused, don't know to all other YTQE and refused, don't know to YTQE\_YOG goto RELE\_MED

If more than one of YTQU\_YOG, YTQU\_TAI, and YTQU\_QIG = 1 goto YTQ\_MOST  
elseif only one of YTQU\_YOG, YTQU\_TAI, and YTQU\_QIG = 1 goto YTQ\_TRET  
elseif YTQU\_YOG = 2 goto YTQ\_NOTU  
else goto RELE\_MED

---

**Question ID:** ALT.858\_00.000 **Instrument Variable Name:** YTQ\_MOST **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, which practice did you use the MOST?

\*If respondent cannot choose one practice, probe for the one most important for health.

- 1 Yoga
- 2 Tai Chi
- 3 Qi Gong
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used more than 1 exercise in the past 12 months

**SkipInstructions:** <1-3> [goto YTQ\_TRET]  
<Refused,Don't know> goto YTQ\_ENG

---

**Question ID:** ALT.860\_00.000 **Instrument Variable Name:** YTQ\_TRET **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you practice (fill: practice used most) for a specific health problem or condition?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used at least one of Yoga, Tai Chi, or Qi Gong in the past 12 months

**SkipInstructions:** <1> [goto YTQ\_COND] <2,Refused,Don't know> [goto YTQ\_ENG]

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Question ID: ALT.862\_00.000 Instrument Variable Name: YTQ\_COND QuestionnaireFileName: Adult CAM

QuestionText: ?[F1]

For what health problems or conditions did you practice [fill: practice used most]?

\*Enter all that apply, separate with commas.

- 01 Acid reflux or heartburn
  - 02 Angina
  - 03 Anxiety
  - 04 Asthma
  - 05 Arthritis
  - 06 Attention Deficit Disorder/Hyperactivity
  - 07 Autism
  - 08 Benign tumors, cysts
  - 09 Bipolar Disorder
  - 10 Birth defect
  - 11 Cancer
  - 12 Cholesterol
  - 13 Chronic Bronchitis
  - 14 Circulation problems (other than in the legs)
  - 15 Constipation severe enough to require medication
  - 16 Coronary heart disease
  - 17 Dementia, including Alzheimer's Disease
  - 18 Dental pain
  - 19 Depression
  - 20 Diabetes
  - 21 Emphysema
  - 22 Excessive sleepiness during the day
  - 23 Excessive use of alcohol or tobacco
  - 24 Fibromyalgia
  - 25 Fracture, bone/joint injury
  - 26 Gout
  - 27 Gum disease
  - 28 Gynecologic problem
  - 29 Hay fever
  - 30 Hearing problem
  - 31 Heart attack
  - 32 Other heart condition or disease
  - 33 Hernia
  - 34 Hypertension
  - 35 Inflammatory bowel disease
  - 36 Influenza or pneumonia
  - 37 Insomnia or trouble sleeping
  - 38 Irritable bowel
  - 39 Jaw pain
  - 40 Joint pain or stiffness/other joint condition
  - 41 Knee problems (not arthritis, not joint injury)
  - 42 Liver problem
  - 43 Lung/breathing problem (not already listed)
  - 44 Lupus
  - 45 Mania or psychosis
-

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- 46 Memory loss or loss of other cognitive function
- 47 Menopause
- 48 Menstrual problems
- 49 Mental retardation
- 50 Missing limbs (fingers, toes or digits), amputee
- 51 Osteoporosis, tendinitis
- 52 Other developmental problem
- 53 Other injury
- 54 Other nerve damage, including carpal tunnel syndrome
- 55 Phobia or fears
- 56 Polio (myelitis), paralysis, para/quadruplegia
- 57 Poor circulation in legs
- 58 Prostate trouble or impotence
- 59 Regular headaches
- 60 Rheumatoid arthritis
- 61 Schizophrenia
- 62 Seizures
- 63 Senility
- 64 Sinusitis
- 65 Skin problems
- 66 Sprain or strain
- 67 Stroke
- 68 Substance abuse, other than alcohol or tobacco
- 69 Filled problem
- 70 Filled problem
- 71 Ulcer
- 72 Urinary problem
- 73 Varicose veins, hemorrhoids
- 74 Vision problem
- 75 Weak or failing kidneys
- 76 Weight problem
- 77 Back pain or problem
- 78 Head or chest cold
- 79 Neck pain or problem
- 80 Severe headache or migraine
- 81 Stomach or intestinal illness
- 82 Other - specify
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have used Yoga, Tai Chi, or Qi Gong in the past 12 months for a specific health problem or condition

**SkipInstructions:** <1-81> if more than one condition selected, goto YTQ\_CONM; else if only one condition selected, goto YTQ\_MED  
<82> goto YTQ\_SPEC  
<Refused,Don't know> goto YTQ\_ENG

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**Question ID:** ALT.863\_00.000 **Instrument Variable Name:** YTQ\_SPEC **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Enter condition for which [fill: practice used most] was used. If respondent gives more than one condition, probe for condition most important for using [fill: practice used most].

97 Refused

99 Don't know

**Verbatim** Verbatim response

**UniverseText:** Sample adults 18+ who used yoga/tai chi/qi gong to treat other health problem or condition

**SkipInstructions:** <Allow 75> if more than one condition selected [goto YTQ\_CONM]; elseif only one condition selected [goto YTQ\_MED]  
<Refused,Don't know> [if more than one condition (1-81) selected [goto YTQ\_CONM]; elseif only one condition (1-81) selected [goto YTQ\_MED]; else [goto YTQ\_ENG]

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**Question ID:** ALT.864\_00.000 **Instrument Variable Name:** YTQ\_CONM **QuestionnaireFileName:** Adult CAM

**QuestionText:** For which ONE of these health problems or conditions did you practice [fill: practice used most] the most?

\*If respondent cannot choose one condition, probe for condition most important for using [fill: practice used most].

- 01 Acid reflux or heartburn
  - 02 Angina
  - 03 Anxiety
  - 04 Asthma
  - 05 Arthritis
  - 06 Attention Deficit Disorder/Hyperactivity
  - 07 Autism
  - 08 Benign tumors, cysts
  - 09 Bipolar Disorder
  - 10 Birth defect
  - 11 Cancer
  - 12 Cholesterol
  - 13 Chronic Bronchitis
  - 14 Circulation problems (other than in the legs)
  - 15 Constipation severe enough to require medication
  - 16 Coronary heart disease
  - 17 Dementia, including Alzheimer's Disease
  - 18 Dental pain
  - 19 Depression
  - 20 Diabetes
  - 21 Emphysema
  - 22 Excessive sleepiness during the day
  - 23 Excessive use of alcohol or tobacco
  - 24 Fibromyalgia
  - 25 Fracture, bone/joint injury
  - 26 Gout
  - 27 Gum disease
  - 28 Gynecologic problem
  - 29 Hay fever
  - 30 Hearing problem
  - 31 Heart attack
  - 32 Other heart condition or disease
  - 33 Hernia
  - 34 Hypertension
  - 35 Inflammatory bowel disease
  - 36 Influenza or pneumonia
  - 37 Insomnia or trouble sleeping
  - 38 Irritable bowel
  - 39 Jaw pain
  - 40 Joint pain or stiffness/other joint condition
  - 41 Knee problems (not arthritis, not joint injury)
  - 42 Liver problem
  - 43 Lung/breathing problem (not already listed)
  - 44 Lupus
  - 45 Mania or psychosis
  - 46 Memory loss or loss of other cognitive function
-

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- 47 Menopause
- 48 Menstrual problems
- 49 Mental retardation
- 50 Missing limbs (fingers, toes or digits), amputee
- 51 Osteoporosis, tendinitis
- 52 Other developmental problem
- 53 Other injury
- 54 Other nerve damage, including carpal tunnel syndrome
- 55 Phobia or fears
- 56 Polio (myelitis), paralysis, para/quadruplegia
- 57 Poor circulation in legs
- 58 Prostate trouble or impotence
- 59 Regular headaches
- 60 Rheumatoid arthritis
- 61 Schizophrenia
- 62 Seizures
- 63 Senility
- 64 Sinusitis
- 65 Skin problems
- 66 Sprain or strain
- 67 Stroke
- 68 Substance abuse, other than alcohol or tobacco
- 69 Filled problem
- 70 Filled problem
- 71 Ulcer
- 72 Urinary problem
- 73 Varicose veins, hemorrhoids
- 74 Vision problem
- 75 Weak or failing kidneys
- 76 Weight problem
- 77 Back pain or problem
- 78 Head or chest cold
- 79 Neck pain or problem
- 80 Severe headache or migraine
- 81 Stomach or intestinal illness
- 82 Other - specify
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have used yoga/tai chi/qi gong for a specific condition

**SkipInstructions:** <1-82> [goto YTQ\_MED]  
<Refused,Don't know> [goto YTQ\_ENG]



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**Question ID:** ALT.866\_00.000 **Instrument Variable Name:** YTQ\_MED **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT2 ?[F1]

Did you receive any of these conventional medical treatments for [fill: condition]?

\*Enter all that apply, separate with commas.

- 0 None
- 1 Prescription medications
- 2 Over-the-counter medications
- 3 Surgery
- 4 Physical therapy
- 5 Mental health counseling
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who practice exercise for a specific health problem or condition

**SkipInstructions:** <0, Refused, Don't know> [goto YTQ\_ENG]  
<1> [goto YTQ\_TIM1]  
<2> [goto YTQ\_TIM2]  
<3> [goto YTQ\_TIM3]  
<4> [goto YTQ\_TIM4]  
<5> [goto YTQ\_TIM5]

---

**Question ID:** ALT.867\_01.000 **Instrument Variable Name:** YTQ\_TIM1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive prescription medications for [fill1: condition] before, at about the same time, or after trying [fill2: practice used most]?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who used prescription medications for condition they used yoga/tai chi/qi gong for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto YTQ\_ENG]

---

**Question ID:** ALT.867\_02.000 **Instrument Variable Name:** YTQ\_TIM2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive over-the-counter medications for [fill1: condition] before, at about the same time, or after trying [fill2: practice used most]?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who used over-the-counter medications for condition they used yoga/tai chi/qi gong for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto YTQ\_ENG]

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**Question ID:** ALT.867\_03.000 **Instrument Variable Name:** YTQ\_TIM3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive surgery for [fill1: condition] before, at about the same time, or after trying [fill2: practice used most]?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had surgery for condition they used yoga/tai chi/qi gong for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected  
[goto YTQ\_ENG]

---

**Question ID:** ALT.867\_04.000 **Instrument Variable Name:** YTQ\_TIM4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive physical therapy for [fill1: condition] before, at about the same time, or after trying [fill2: practice used most]?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had physical therapy for condition they used yoga/tai chi/qi gong for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected  
[goto YTQ\_ENG]

---

**Question ID:** ALT.867\_05.000 **Instrument Variable Name:** YTQ\_TIM5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive mental health counseling for [fill1: condition] before, at about the same time, or after trying [fill2: practice used most]?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had mental health counseling for condition they used yoga/tai chi/qi gong for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto YTQ\_ENG]

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**Question ID:** ALT.876\_00.000 **Instrument Variable Name:** YTQ\_ENG **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you practice (fill: practice used most) for any of these reasons? Please say yes or no to each.

...To improve or enhance energy?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used at least one of Yoga, Tai Chi, or Qi Gong in the past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto YTQ\_WEL]

---

**Question ID:** ALT.877\_00.000 **Instrument Variable Name:** YTQ\_WEL **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you practice [fill: practice used most] for any of these reasons?

...For general wellness or general disease prevention?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used at least one of Yoga, Tai Chi, or Qi Gong in the past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto YTQ\_IMM]

---

**Question ID:** ALT.878\_00.000 **Instrument Variable Name:** YTQ\_IMM **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you practice [fill: practice used most] for any of these reasons?

...To improve or enhance immune function?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used at least one of Yoga, Tai Chi, or Qi Gong in the past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto YTQ\_NOHP]

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**Question ID:** ALT.879\_00.000 **Instrument Variable Name:** YTQ\_NOHP **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you practice [fill: practice used most] for any of these reasons?

...Because medical treatments did not help?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used at least one of Yoga, Tai Chi, or Qi Gong in the past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto YTQ\_EXPS]

---

**Question ID:** ALT.880\_00.000 **Instrument Variable Name:** YTQ\_EXPS **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you practice [fill: practice used most] for any of these reasons?

...Because medical treatments were too expensive?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used at least one of Yoga, Tai Chi, or Qi Gong in the past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto YTQ\_SUGG]

---

**Question ID:** ALT.881\_00.000 **Instrument Variable Name:** YTQ\_SUGG **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you practice [fill: practice used most] for any of these reasons?

...It was recommended by a health care provider?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used at least one of Yoga, Tai Chi, or Qi Gong in the past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto YTQ\_FFC]

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**Question ID:** ALT.882\_00.000 **Instrument Variable Name:** YTQ\_FFC **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you practice [fill: practice used most] for any of these reasons?

...It was recommended by family, friends, or co-workers?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used at least one of Yoga, Tai Chi, or Qi Gong in the past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto YTQ\_CLAS]

---

**Question ID:** ALT.883\_00.000 **Instrument Variable Name:** YTQ\_CLAS **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you take a class or in some way receive formal training for [fill: practice used most]? Attending only one session does not count.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used at least one of Yoga, Tai Chi, or Qi Gong in the past 12 months

**SkipInstructions:** <1> [goto YTQ\_CLSO] <2,Refused,Don't know> [goto YTQ\_DISC]

---

**Question ID:** ALT.884\_00.000 **Instrument Variable Name:** YTQ\_CLSO **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, on average, how often did you take a class or in some way receive formal training for [fill: practice used most]?

- 01 2-11 times a year
- 02 Monthly
- 03 2-3 times per month
- 04 Weekly
- 05 2-3 times per week
- 06 4-6 times per week
- 07 Daily
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have taken a class or received formal training for a practice in the past 12 months

**SkipInstructions:** <1-7,Refused,Don't know> [goto YTQ\_PAY]

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**Question ID:** ALT.885\_00.000 **Instrument Variable Name:** YTQ\_PAY **QuestionnaireFileName:** Adult CAM

**QuestionText:** On average, how much did you pay out-of-pocket for each class or other formal training for [fill: practice used most]?

\*Enter '500' for \$500 or more.

<b>000-499</b>	\$0-\$499
<b>500</b>	\$500 or more
<b>997</b>	Refused
<b>999</b>	Don't know

**UniverseText:** Sample adults 18+ who have taken a class or received formal training for a practice in the past 12 months

**SkipInstructions:** <0-500,Refused,Don't know> goto [YTQ\_DISC]

**Question ID:** ALT.886\_00.000 **Instrument Variable Name:** YTQ\_DISC **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT3 ?[F1]

DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your practice of (fill: practice used most)?

<b>1</b>	Yes
<b>2</b>	No
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample adults 18+ who have used at least one of Yoga, Tai Chi, or Qi Gong in the past 12 months

**SkipInstructions:** <1> [goto YTQPROF]  
 <2,Refused,Don't know> if YTQE\_YOG=2 [goto YTQ\_NEVU];  
 else if YTQU\_YOG=2 [goto YTQ\_NOTU];  
 else [goto RELE\_MED]

**Question ID:** ALT.887\_00.000 **Instrument Variable Name:** YTQPROF **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT3 ?[F1]

Which ones?

\*Enter all that apply, separate with commas.

<b>01</b>	Medical doctor (including specialists)
<b>02</b>	Doctor of Osteopathy (D.O.)
<b>03</b>	Nurse practitioner/Physician assistant
<b>04</b>	Psychiatrist
<b>05</b>	Dentist (including specialists)
<b>06</b>	Psychologist/social worker
<b>07</b>	Pharmacist
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who have told a conventional medical professional about their use of Yoga, Tai Chi, or Qi Gong in the past 12 months

**SkipInstructions:** <1-7,Refused,Don't know> if YTQE\_YOG=2 [goto YTQ\_NEVU];  
 else if YTQU\_YOG=2 [goto YTQ\_NOTU];  
 else [goto RELE\_MED]

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**Question ID:** ALT.888\_00.000 **Instrument Variable Name:** YTQ\_NOTU **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT4

Please tell me the reasons why you have not practiced yoga in the PAST 12 MONTHS.

\*Enter all that apply, separate with commas

- 01 Never thought about it
- 02 No reason
- 03 Didn't need it in the last 12 months
- 04 It didn't work for me before
- 05 It costs too much
- 06 I had side effects last time
- 07 A health care provider told me not to use it
- 08 Medical science has not shown that it works
- 09 Some other reason
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have practiced yoga, but not in the past 12 months

**SkipInstructions:** <1-5,7-9,Refused,Don't know> goto RELE\_MED  
<6> goto YTQ\_SDEF

---

**Question ID:** ALT.889\_00.000 **Instrument Variable Name:** YTQ\_SDEF **QuestionnaireFileName:** Adult CAM

**QuestionText:** What kinds of side effects did you have?

- 97 Refused
  - 99 Don't know
- Verbatim** Verbatim response

**UniverseText:** Sample adults 18+ who had side effects from practicing yoga

**SkipInstructions:** <allow 75,Refused,Don't know> goto YTQ\_ATT

---

**Question ID:** ALT.890\_00.000 **Instrument Variable Name:** YTQ\_ATT **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did any of these require medical attention?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had side effects from practicing yoga

**SkipInstructions:** <1,2,Refused,Don't know> goto [RELE\_MED]

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**Question ID:** ALT.891\_00.000 **Instrument Variable Name:** YTQ\_NEVU **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT5

Please tell me the reasons why you have never practiced yoga.

\*Enter all that apply, separate with commas.

- 01 Never heard of it/don't know much about it
- 02 Never thought about it
- 03 No reason
- 04 Don't need it
- 05 Don't believe in it/it doesn't work
- 06 It costs too much
- 07 It is not safe to use
- 08 A health care provider told me not to use it
- 09 Medical science has not shown that it works
- 10 Some other reason
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have never practiced yoga

**SkipInstructions:** <1-10,Refused,Don't know> goto [RELE\_MED]

---

**Question ID:** ALT.894\_00.000 **Instrument Variable Name:** RELE\_MED **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

Have you EVER used any of the following relaxation or stress management techniques for yourself? Please say yes or no to each.

...Meditation

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,Refused,Don't know> [goto RELE\_GIM]

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**Question ID:** ALT.896\_00.000 **Instrument Variable Name:** RELE\_GIM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

\*Read if necessary.

Have you EVER used any of the following relaxation or stress management techniques for yourself?

...Guided imagery

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,Refused,Don't know> [goto RELE\_PRO]

---

**Question ID:** ALT.898\_00.000 **Instrument Variable Name:** RELE\_PRO **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

\*Read if necessary.

Have you EVER used any of the following relaxation or stress management techniques for yourself?

...Progressive relaxation

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,Refused,Don't know> [goto RELE\_DBE]

---

**Question ID:** ALT.900\_00.000 **Instrument Variable Name:** RELE\_DBE **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

\*Read if necessary.

Have you EVER used any of the following relaxation or stress management techniques for yourself?

...Deep breathing exercises

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,Refused,Don't know> [goto RELE\_SUP]

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**Question ID:** ALT.902\_00.000 **Instrument Variable Name:** RELE\_SUP **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

\*Read if necessary.

Have you EVER used any of the following relaxation or stress management techniques for yourself?

...Support group meeting

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,Refused,Don't know> [goto RELE\_STR]

**Question ID:** ALT.904\_00.000 **Instrument Variable Name:** RELE\_STR **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

\*Read if necessary.

Have you EVER used any of the following relaxation or stress management techniques for yourself?

...Stress management class

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,Refused,Don't know> cycle through RELU\_MED-RELU\_STR for yes responses to RELE\_MED-RELE\_STR ; if no to RELE\_MED, goto RELNOUSE; if no, refused, don't know to all other RELE and refused, don't know to RELE\_MED goto END

```
If RELE_MED = 1 goto RELU_MED
elseif RELE_GIM = 1 goto RELU_GIM
elseif RELE_PRO = 1 goto RELU_PRO
elseif RELE_DBE = 1 goto RELU_DBE
elseif RELE_SUP = 1 goto RELU_SUP
elseif RELE_STR = 1 goto RELU_STR
elseif RELE_MED = 2 goto RELNOUSE
else goto END
```

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**Question ID:** ALT.906\_00.000 **Instrument Variable Name:** RELU\_MED **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you use meditation for yourself?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used meditation

**SkipInstructions:** <1,2,Refused,Don't know> cycle through RELU\_MED-RELU\_STR for yes responses to RELE\_MED-RELE\_STR ; if no to RELE\_MED, goto RELNOUSE; if no, refused, don't know to all other RELE and refused, don't know to RELE\_MED goto END

```
If RELE_GIM = 1 goto RELU_GIM
elseif RELE_PRO = 1 goto RELU_PRO
elseif RELE_DBE = 1 goto RELU_DBE
elseif RELE_SUP = 1 goto RELU_SUP
elseif RELE_STR = 1 goto RELU_STR
elseif RELU_MED = 1 goto REL_TRET
elseif RELU_MED = 2 goto RELNOYR
else goto END
```

**Question ID:** ALT.908\_00.000 **Instrument Variable Name:** RELU\_GIM **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you use guided imagery for yourself?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ ever used guided imagery

**SkipInstructions:** <1,2,Refused,Don't know> cycle through RELU\_MED-RELU\_STR for yes responses to RELE\_MED-RELE\_STR ; if no to RELE\_MED, goto RELNOUSE; if no, refused, don't know to all other RELE and refused, don't know to RELE\_MED goto END

```
If RELE_PRO = 1 goto RELU_PRO
elseif RELE_DBE = 1 goto RELU_DBE
elseif RELE_SUP = 1 goto RELU_SUP
elseif RELE_STR = 1 goto RELU_STR
elseif more than one of RELU_MED and RELU_GIM = 1 goto REL_RMST
elseif only one of RELU_MED and RELU_GIM = 1 goto REL_TRET
elseif RELU_MED = 2 goto RELNOYR
else goto END
```

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**Question ID:** ALT.910\_00.000 **Instrument Variable Name:** RELU\_PRO **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you use progressive relaxation for yourself?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ ever used progressive relaxation

**SkipInstructions:** <1,2,Refused,Don't know> cycle through RELE\_MED-RELU\_STR for yes responses to RELE\_MED-RELE\_STR ; if no to RELE\_MED, goto RELNOUSE; if no, refused, don't know to all other RELE and refused, don't know to RELE\_MED goto END

```
If RELE_DBE = 1 goto RELU_DBE
elseif RELE_SUP = 1 goto RELU_SUP
elseif RELE_STR = 1 goto RELU_STR
elseif more than one of RELU_MED, RELU_GIM, and RELU_PRO = 1 goto REL_RMST
elseif only one of RELU_MED, RELU_GIM, and RELU_PRO = 1 goto REL_TRET
elseif RELU_MED = 2 goto RELNOYR
else goto END
```

**Question ID:** ALT.912\_00.000 **Instrument Variable Name:** RELU\_DBE **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you use deep breathing exercises for yourself?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ ever used deep breathing

**SkipInstructions:** <1,2,Refused,Don't know> cycle through RELE\_MED-RELU\_STR for yes responses to RELE\_MED-RELE\_STR ; if no to RELE\_MED, goto RELNOUSE; if no, refused, don't know to all other RELE and refused, don't know to RELE\_MED goto END

```
If RELE_SUP = 1 goto RELU_SUP
elseif RELE_STR = 1 goto RELU_STR
elseif more than one of RELU_MED, RELU_GIM, RELU_PRO, and RELU_DBE = 1 goto REL_RMST
elseif only one of RELU_MED, RELU_GIM, RELU_PRO, and RELU_DBE = 1 goto REL_TRET
elseif RELU_MED = 2 goto RELNOYR
else goto END
```

---

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**Question ID:** ALT.914\_00.000 **Instrument Variable Name:** RELU\_SUP **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you use support group meetings for yourself?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ ever used support group meeting

**SkipInstructions:** <1,2,Refused,Don't know> cycle through RELU\_MED-RELU\_STR for yes responses to RELE\_MED-RELE\_STR ; if no to RELE\_MED, goto RELNOUSE; if no, refused, don't know to all other RELE and refused, don't know to RELE\_MED goto END

If RELE\_STR = 1 goto RELU\_STR  
elseif more than one of RELU\_MED, RELU\_GIM, RELU\_PRO, RELU\_DBE, and RELU\_SUP = 1 goto REL\_RMST  
elseif only one of RELU\_MED, RELU\_GIM, RELU\_PRO, RELU\_DBE, and RELU\_SUP = 1 goto REL\_TRET  
elseif RELU\_MED = 2 goto RELNOYR  
else goto END

---

**Question ID:** ALT.916\_00.000 **Instrument Variable Name:** RELU\_STR **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you use stress management classes for yourself?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ ever used stress management class

**SkipInstructions:** <1,2,Refused,Don't know> cycle through RELU\_MED-RELU\_STR for yes responses to RELE\_MED-RELE\_STR ; if no to RELE\_MED, goto RELNOUSE; if no, refused, don't know to all other RELE and refused, don't know to RELE\_MED goto END

If more than one of RELU\_MED, RELU\_GIM, RELU\_PRO, RELU\_DBE, RELU\_SUP, and RELU\_STR = 1  
goto REL\_RMST  
elseif only one of RELU\_MED, RELU\_GIM, RELU\_PRO, RELU\_DBE, RELU\_SUP, and RELU\_STR = 1 goto REL\_TRET  
elseif RELU\_MED = 2 goto RELNOYR  
else goto END

---

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**Question ID:** ALT.918\_00.000 **Instrument Variable Name:** REL\_RMST **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, which relaxation technique did you use the most?

\*If respondent cannot choose one relaxation technique, probe for the one most important for health.

- 1 Meditation
- 2 Guided imagery
- 3 Progressive relaxation
- 4 Deep breathing exercises
- 5 Support group meeting
- 6 Stress management class
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used 2 or more relaxation techniques in past 12 mos

**SkipInstructions:** <1-6> [goto RELE\_TRET]  
<Refused,Don't know> [goto REL\_ENG]

---

**Question ID:** ALT.920\_00.000 **Instrument Variable Name:** REL\_TRET **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you use {fill relaxation technique used most} for a specific health problem or condition?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used at least one relaxation technique in the past 12 months

**SkipInstructions:** <1> [goto REL\_COND] <2,Refused,Don't know> [goto REL\_ENG]

---

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Question ID: ALT.922\_00.000 Instrument Variable Name: REL\_COND QuestionnaireFileName: Adult CAM

QuestionText: ?[F1]

For what health problems or conditions did you use (fill: relaxation technique used most)?

\*Enter all that apply, separate with commas.

- 01 Acid reflux or heartburn
  - 02 Angina
  - 03 Anxiety
  - 04 Asthma
  - 05 Arthritis
  - 06 Attention Deficit Disorder/Hyperactivity
  - 07 Autism
  - 08 Benign tumors, cysts
  - 09 Bipolar Disorder
  - 10 Birth defect
  - 11 Cancer
  - 12 Cholesterol
  - 13 Chronic Bronchitis
  - 14 Circulation problems (other than in the legs)
  - 15 Constipation severe enough to require medication
  - 16 Coronary heart disease
  - 17 Dementia, including Alzheimer's Disease
  - 18 Dental pain
  - 19 Depression
  - 20 Diabetes
  - 21 Emphysema
  - 22 Excessive sleepiness during the day
  - 23 Excessive use of alcohol or tobacco
  - 24 Fibromyalgia
  - 25 Fracture, bone/joint injury
  - 26 Gout
  - 27 Gum disease
  - 28 Gynecologic problem
  - 29 Hay fever
  - 30 Hearing problem
  - 31 Heart attack
  - 32 Other heart condition or disease
  - 33 Hernia
  - 34 Hypertension
  - 35 Inflammatory bowel disease
  - 36 Influenza or pneumonia
  - 37 Insomnia or trouble sleeping
  - 38 Irritable bowel
  - 39 Jaw pain
  - 40 Joint pain or stiffness/other joint condition
  - 41 Knee problems (not arthritis, not joint injury)
  - 42 Liver problem
  - 43 Lung/breathing problem (not already listed)
  - 44 Lupus
  - 45 Mania or psychosis
-

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- 46 Memory loss or loss of other cognitive function
- 47 Menopause
- 48 Menstrual problems
- 49 Mental retardation
- 50 Missing limbs (fingers, toes or digits), amputee
- 51 Osteoporosis, tendinitis
- 52 Other developmental problem
- 53 Other injury
- 54 Other nerve damage, including carpal tunnel syndrome
- 55 Phobia or fears
- 56 Polio (myelitis), paralysis, para/quadruplegia
- 57 Poor circulation in legs
- 58 Prostate trouble or impotence
- 59 Regular headaches
- 60 Rheumatoid arthritis
- 61 Schizophrenia
- 62 Seizures
- 63 Senility
- 64 Sinusitis
- 65 Skin problems
- 66 Sprain or strain
- 67 Stroke
- 68 Substance abuse, other than alcohol or tobacco
- 69 Filled problem
- 70 Filled problem
- 71 Ulcer
- 72 Urinary problem
- 73 Varicose veins, hemorrhoids
- 74 Vision problem
- 75 Weak or failing kidneys
- 76 Weight problem
- 77 Back pain or problem
- 78 Head or chest cold
- 79 Neck pain or problem
- 80 Severe headache or migraine
- 81 Stomach or intestinal illness
- 82 Other - specify
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have used relaxation techniques for health problem

**SkipInstructions:** <1-81> if more than one condition selected, goto REL\_MOST; elseif only one condition selected, goto REL\_MED  
<82> goto REL\_SPEC  
<Refused,Don't know> got REL\_ENG

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**Question ID:** ALT.923\_00.000 **Instrument Variable Name:** REL\_SPEC **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Enter condition for which [fill: relaxation technique used most] was used. If respondent gives more than one condition, probe for condition most important for using [fill: relaxation technique used most].

97 Refused

99 Don't know

**Verbatim** Verbatim response

**UniverseText:** Sample adults 18+ who used relaxation technique to treat other specified health problem or condition

**SkipInstructions:** <Allow 75> if more than one condition selected [goto REL\_MOST]; elseif only one condition selected [goto REL\_MED]  
<Refused,Don't know> [if more than one condition (1-81) selected [goto REL\_MOST]; elseif only one condition (1-81) selected [goto REL\_MED]; else [goto REL\_ENG]

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**Question ID:** ALT.924\_00.000 **Instrument Variable Name:** REL\_MOST **QuestionnaireFileName:** Adult CAM

**QuestionText:** For which ONE of these health problems or conditions did you use (fill: relaxation technique used most] the most?

\*If respondent cannot choose one condition, probe for condition most important for using (fill: relaxation technique used most].

- 01 Acid reflux or heartburn
  - 02 Angina
  - 03 Anxiety
  - 04 Asthma
  - 05 Arthritis
  - 06 Attention Deficit Disorder/Hyperactivity
  - 07 Autism
  - 08 Benign tumors, cysts
  - 09 Bipolar Disorder
  - 10 Birth defect
  - 11 Cancer
  - 12 Cholesterol
  - 13 Chronic Bronchitis
  - 14 Circulation problems (other than in the legs)
  - 15 Constipation severe enough to require medication
  - 16 Coronary heart disease
  - 17 Dementia, including Alzheimer's Disease
  - 18 Dental pain
  - 19 Depression
  - 20 Diabetes
  - 21 Emphysema
  - 22 Excessive sleepiness during the day
  - 23 Excessive use of alcohol or tobacco
  - 24 Fibromyalgia
  - 25 Fracture, bone/joint injury
  - 26 Gout
  - 27 Gum disease
  - 28 Gynecologic problem
  - 29 Hay fever
  - 30 Hearing problem
  - 31 Heart attack
  - 32 Other heart condition or disease
  - 33 Hernia
  - 34 Hypertension
  - 35 Inflammatory bowel disease
  - 36 Influenza or pneumonia
  - 37 Insomnia or trouble sleeping
  - 38 Irritable bowel
  - 39 Jaw pain
  - 40 Joint pain or stiffness/other joint condition
  - 41 Knee problems (not arthritis, not joint injury)
  - 42 Liver problem
  - 43 Lung/breathing problem (not already listed)
  - 44 Lupus
  - 45 Mania or psychosis
  - 46 Memory loss or loss of other cognitive function
-

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- 47 Menopause
- 48 Menstrual problems
- 49 Mental retardation
- 50 Missing limbs (fingers, toes or digits), amputee
- 51 Osteoporosis, tendinitis
- 52 Other developmental problem
- 53 Other injury
- 54 Other nerve damage, including carpal tunnel syndrome
- 55 Phobia or fears
- 56 Polio (myelitis), paralysis, para/quadruplegia
- 57 Poor circulation in legs
- 58 Prostate trouble or impotence
- 59 Regular headaches
- 60 Rheumatoid arthritis
- 61 Schizophrenia
- 62 Seizures
- 63 Senility
- 64 Sinusitis
- 65 Skin problems
- 66 Sprain or strain
- 67 Stroke
- 68 Substance abuse, other than alcohol or tobacco
- 69 Filled problem
- 70 Filled problem
- 71 Ulcer
- 72 Urinary problem
- 73 Varicose veins, hemorrhoids
- 74 Vision problem
- 75 Weak or failing kidneys
- 76 Weight problem
- 77 Back pain or problem
- 78 Head or chest cold
- 79 Neck pain or problem
- 80 Severe headache or migraine
- 81 Stomach or intestinal illness
- 82 Other - specify
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have used a relaxation technique for more than one condition

**SkipInstructions:** <1-82> goto REL\_MED  
<Refused,Don't know> goto REL\_ENG

---

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**Question ID:** ALT.926\_00.000 **Instrument Variable Name:** REL\_MED **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT2 ?[F1]

Did you receive any of these conventional medical treatments for [fill condition]?

\*Enter all that apply, separate with commas.

- 0 None
- 1 Prescription medications
- 2 Over-the-counter medications
- 3 Surgery
- 4 Physical therapy
- 5 Mental health counseling
- 7 Refused
- 9 Don't know

**UniverseText:** Sample Adult 18+ who used relaxation technique for health condition

**SkipInstructions:** <0, Refused, Don't know> [goto REL\_ENG]  
<1> [goto REL\_TIM1]  
<2> [goto REL\_TIM2]  
<3> [goto REL\_TIM3]  
<4> [goto REL\_TIM4]  
<5> [goto REL\_TIM5]

---

**Question ID:** ALT.928\_01.000 **Instrument Variable Name:** REL\_TIM1 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive prescription medications for [fill1: condition from REL\_MOST or REL\_COND or REL\_SPEC] before, at about the same time, or after trying [fill2: relaxation technique used most]?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who used prescription medications for condition they used a relaxation technique for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto REL\_ENG]

---

**Question ID:** ALT.928\_02.000 **Instrument Variable Name:** REL\_TIM2 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive over-the-counter medications for [fill1: condition from REL\_MOST or REL\_COND or REL\_SPEC] before, at about the same time, or after trying [fill2: relaxation technique used most]?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who used over-the-counter medications for condition they used a relaxation technique for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto REL\_ENG]

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**Question ID:** ALT.928\_03.000 **Instrument Variable Name:** REL\_TIM3 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive surgery for [fill1: condition from REL\_MOST or REL\_COND or REL\_SPEC] before, at about the same time, or after trying [fill2: relaxation technique used most]?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had surgery for condition they used a relaxation technique for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto REL\_ENG]

---

**Question ID:** ALT.928\_04.000 **Instrument Variable Name:** REL\_TIM4 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive physical therapy for [fill1: condition from REL\_MOST or REL\_COND or REL\_SPEC] before, at about the same time, or after trying [fill2: relaxation technique used most]?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had physical therapy for condition they used a relaxation technique for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto to next selected conventional medical treatment. If no more treatments selected [goto REL\_ENG]

---

**Question ID:** ALT.928\_05.000 **Instrument Variable Name:** REL\_TIM5 **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you receive mental health counseling for [fill1: condition from REL\_MOST or REL\_COND or REL\_SPEC] before, at about the same time, or after trying [fill2: relaxation technique used most]?

- 1 Before
- 2 At about the same time
- 3 After
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had mental health counseling for condition they used a relaxation technique for the most

**SkipInstructions:** <1-3,Refused,Don't know> [goto REL\_ENG]

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**Question ID:** ALT.930\_00.000 **Instrument Variable Name:** REL\_ENG **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you use {fill relaxation technique used most} for any of these reasons? Please say yes or no to each.

...To improve or enhance energy

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample Adult 18+ who used a relaxation technique past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto REL\_WEL]

---

**Question ID:** ALT.932\_00.000 **Instrument Variable Name:** REL\_WEL **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you use {fill relaxation technique used most} for any of these reasons?

...For general wellness or general disease prevention

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample Adult 18+ who used a relaxation technique past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto REL\_IMM]

---

**Question ID:** ALT.934\_00.000 **Instrument Variable Name:** REL\_IMM **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you use {fill relaxation technique used most} for any of these reasons?

...To improve or enhance immune function

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample Adult 18+ who used a relaxation technique past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto REL\_COP]

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**Question ID:** ALT.936\_00.000 **Instrument Variable Name:** REL\_COP **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you use {fill relaxation technique used most} for any of these reasons?

...To cope with having an illness

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample Adult 18+ who used a relaxation technique past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto REL\_NOHP]

---

**Question ID:** ALT.938\_00.000 **Instrument Variable Name:** REL\_NOHP **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you use {fill relaxation technique used most} for any of these reasons?

...Because medical treatments did not help

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample Adult 18+ who used a relaxation technique past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto REL\_EXPS]

---

**Question ID:** ALT.940\_00.000 **Instrument Variable Name:** REL\_EXPS **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you use {fill relaxation technique used most} for any of these reasons?

...Because medical treatments were too expensive

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample Adult 18+ who used a relaxation technique past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto REL\_SUGG]

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**Question ID:** ALT.942\_00.000 **Instrument Variable Name:** REL\_SUGG **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you use {fill relaxation technique used most} for any of these reasons?

...It was recommended by a health care provider

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample Adult 18+ who used a relaxation technique past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto REL\_FFC]

---

**Question ID:** ALT.944\_00.000 **Instrument Variable Name:** REL\_FFC **QuestionnaireFileName:** Adult CAM

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, did you use {fill relaxation technique used most} for any of these reasons?

...It was recommended by family friends or coworkers

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample Adult 18+ who used a relaxation technique past 12 months

**SkipInstructions:** <1,2,Refused,Don't know> [goto REL\_Prac]

---

**Question ID:** ALT.946\_00.000 **Instrument Variable Name:** REL\_Prac **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, did you see a practitioner or take a class for {fill relaxation technique used most}?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample Adult 18+ who used a relaxation technique past 12 months

**SkipInstructions:** <1> [goto REL\_YR] <2,Refused,Don't know> [goto REL\_BKS]

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**Question ID:** ALT.948\_00.000 **Instrument Variable Name:** REL\_YR **QuestionnaireFileName:** Adult CAM

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, how often did you see a practitioner or take a class for {fill relaxation technique used most}?

\*Read categories if necessary.

- |   |                    |
|---|--------------------|
| 1 | Only one time      |
| 2 | 2-5 times          |
| 3 | 6-10 times         |
| 4 | 11-15 times        |
| 5 | 16-20 times        |
| 6 | More than 20 times |
| 7 | Refused            |
| 9 | Don't know         |

**UniverseText:** Sample Adult 18+ who saw practitioner or took a class for relaxation technique in the past 12 months

**SkipInstructions:** <1-6,Refused,Don't know> [goto REL\_PAY]

---

**Question ID:** ALT.950\_00.000 **Instrument Variable Name:** REL\_PAY **QuestionnaireFileName:** Adult CAM

**QuestionText:** On average, how much did you pay out-of-pocket for each visit to a practitioner or to take a class for {fill relaxation technique used most}?

\*Enter '500' for \$500 or more.

- |         |               |
|---------|---------------|
| 000-499 | \$0-\$499     |
| 500     | \$500 or more |
| 997     | Refused       |
| 999     | Don't know    |

**UniverseText:** Sample Adult 18+ who saw practitioner or took a class for relaxation technique in the past 12 months

**SkipInstructions:** <0-500,Refused,Don't know> [goto REL\_BKS]

---

**Question ID:** ALT.952\_00.000 **Instrument Variable Name:** REL\_BKS **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did you buy a self-help book or other materials to learn about {fill relaxation technique used most}?

- |   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't know |

**UniverseText:** Sample Adult 18+ who used a relaxation technique past 12 months

**SkipInstructions:** <1> [goto REL\_BPAY] <2,Refused,Don't know> [goto REL\_DISC]

---

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**Question ID:** ALT.954\_00.000 **Instrument Variable Name:** REL\_BPAY **QuestionnaireFileName:** Adult CAM

**QuestionText:** How much did you pay for these materials?

\* Enter 500 for more than 500.

<b>000-499</b>	\$0-\$499
<b>500</b>	\$500 or more
<b>997</b>	Refused
<b>999</b>	Don't know

**UniverseText:** Sample adults 18+ who bought self-help book

**SkipInstructions:** <0-500,Refused,Don't know> [goto REL\_DISC]

**Question ID:** ALT.956\_00.000 **Instrument Variable Name:** REL\_DISC **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT3 ?[F1]

DURING THE PAST 12 MONTHS, did you let any of the CONVENTIONAL medical professionals know about your use of {fill relaxation technique used most}?

<b>1</b>	Yes
<b>2</b>	No
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample Adult 18+ who used a relaxation technique past 12 months

**SkipInstructions:** <1> [goto RELPROF]  
 <2,Refused,Don't know> if RELE\_MED=2 [goto RELNOUSE];  
 elseif RELU\_MED=2 [goto RELNOYR];  
 else [goto PRA\_SLFE]

**Question ID:** ALT.958\_00.000 **Instrument Variable Name:** RELPROF **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT3 ?[F1]

Which ones?

\*Enter all that apply, separate with commas.

<b>01</b>	Medical doctor (including specialists)
<b>02</b>	Doctor of Osteopathy (D.O.)
<b>03</b>	Nurse practitioner/Physician assistant
<b>04</b>	Psychiatrist
<b>05</b>	Dentist (including specialists)
<b>06</b>	Psychologist/social worker
<b>07</b>	Pharmacist
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who told conventional provider about use of relaxation techniques

**SkipInstructions:** <1-7,Refused,Don't know> if RELE\_MED=2 [goto RELNOUSE];  
 elseif RELU\_MED=2 [goto RELNOYR];  
 else [goto PRA\_SLFE]

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**Question ID:** ALT.960\_00.000 **Instrument Variable Name:** RELNOYR **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT4

Please tell me the reasons why you have not used meditation in the PAST 12 MONTHS?

\*Enter all that apply, separate with commas.

- 01 Never thought about it
- 02 No reason
- 03 Didn't need it in the last 12 months
- 04 It didn't work for me before
- 05 It costs too much
- 06 I had side effects last time
- 07 A health care provider told me not to use it
- 08 Medical science has not shown that it works
- 09 Some other reason
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have not used meditation in the past 12 months

**SkipInstructions:** <1-5,7-9,Refused,Don't know> [goto PRA\_SLFE] <6> [goto REL\_SDEF]

---

**Question ID:** ALT.962\_00.000 **Instrument Variable Name:** REL\_SDEF **QuestionnaireFileName:** Adult CAM

**QuestionText:** What kinds of side effects did you have?

- 97 Refused
- 99 Don't know
- Verbatim** Verbatim response

**UniverseText:** Sample adults 18+ who had side effect from using relaxation technique

**SkipInstructions:** <allow 75,Refused,Don't know> [goto REL\_ATT]

---

**Question ID:** ALT.964\_00.000 **Instrument Variable Name:** REL\_ATT **QuestionnaireFileName:** Adult CAM

**QuestionText:** Did any of these require medical attention?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had side effect from using relaxation technique

**SkipInstructions:** <1,2,Refused,Don't know> [goto PRA\_SLFE]

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**2007 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
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**Question ID:** ALT.966\_00.000 **Instrument Variable Name:** RELNOUSE **QuestionnaireFileName:** Adult CAM

**QuestionText:** (book) ALT5

Please tell me the reasons why you have never used meditation?

\*Enter all that apply, separate with commas.

- 01 Never heard of it/don't know much about it
- 02 Never thought about it
- 03 No reason
- 04 Don't need it
- 05 Don't believe in it/it doesn't work
- 06 It costs too much
- 07 It is not safe to use
- 08 A health care provider told me not to use it
- 09 Medical science has not shown that it works
- 10 Some other reason
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have never used meditation

**SkipInstructions:** <1-10,Refused,Don't know> [goto PRA\_SLFE]

---

**Question ID:** ALT.968\_00.000 **Instrument Variable Name:** PRA\_SLFE **QuestionnaireFileName:** Adult CAM

**QuestionText:** Now I am going to ask you about your use of prayer for your own health.

Have you EVER prayed specifically for the purpose of your OWN health?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1 > [goto PRA\_SLFM] <2,Refused,Don't know> [goto PRA\_OTHE]

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**Question ID:** ALT.970\_00.000 **Instrument Variable Name:** PRA\_SLFM **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you pray specifically for the purpose of your OWN health?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ ever prayed for own health

**SkipInstructions:** <1,2,Refused,Don't know> [goto PRA\_OTHE]

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**2007 NHIS Questionnaire - Adult CAM**  
**Adult Alternative Health/Complementary And Alternative Medicine**  
Document Version Date: 28-May-08

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**Question ID:** ALT.972\_00.000 **Instrument Variable Name:** PRA\_OTHE **QuestionnaireFileName:** Adult CAM

**QuestionText:** Have you EVER asked or had OTHERS pray for your OWN health?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1 > [goto PRA\_OTHM] <2,Refused,Don't know> [goto SASSN]

---

**Question ID:** ALT.974\_00.000 **Instrument Variable Name:** PRA\_OTHM **QuestionnaireFileName:** Adult CAM

**QuestionText:** DURING THE PAST 12 MONTHS, did you ask or have OTHERS pray for your OWN health?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who ever had others pray for their health

**SkipInstructions:** <1,2,Refused,Don't know> [goto SASSN]

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