

**Attachment 2d. Topical Module on
Complementary and
Alternative Medicine
(Questions)**

Child Component of the Complementary and Alternative Medicine Supplement

The next questions are about any health conditions [CHILD] may have.

ADDED CONDITIONS TO CHILD CORE CHS SECTION:

DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [child's name] had ... [READ LIST]

... Lung or breathing problems, other than asthma

... Cancer

... Neurological problems

... Urinary problems including urinary tract infection

... Gum disease

... Influenza or pneumonia

... Sinusitis

... Strep throat or tonsillitis

... Depression

... Phobia

DURING THE PAST 12 MONTHS, Has [child's name] had ...

... Allergies other than hay fever, respiratory allergies, food or digestive allergies, or skin allergies

... Recurring headache, other than migraine

... Abdominal pain

... Back or neck pain

... Other chronic pain

- ... Fatigue or lack of energy
- ... Fever
- ... Head or chest cold
- ... Sore throat other than strep or tonsillitis
- ... Problems with Acid reflux or heartburn
- ... Nausea and/or vomiting
- ... Recurring Constipation
- ... Insomnia or trouble sleeping
- ... Problems with being overweight
- ... Severe Acne
- ... Warts
- ... Skin problems other than eczema, acne, or warts
- ... Anxiety or Stress
- ... Incontinence, including bed wetting
- ... Menstrual problems such as heavy bleeding,
bothersome cramping, or premenstrual syndrome (also called PMS)

Now I am going to ask you about some health services [child's name] may have used. First I will ask you about some specific services for which [child's name] would have seen a practitioner. Then I will ask you about some other health practices [child's name] may have done on his/her own.

Modalities that Require Practitioner

SHOW HAND CARD (PRACTITIONER MODALITIES)

PRT.1 DURING THE PAST 12 MONTHS, did [child's name] see a provider or practitioner for any of the following therapies? Please say yes or no to each.

(1) Acupuncture	yes	no
(2) Ayurveda	yes	no
(3) Biofeedback	yes	no
(4) Chelation Therapy	yes	no
(5) Chiropractic or Osteopathic Manipulation	yes	no
(6) Energy Healing Therapy	yes	no
(7) Hypnosis	yes	no
(8) Massage	yes	no
(9) Naturopathy	yes	no

PRT.2 During the past 12 months, did [child] use (modality) for a specific health problem or condition?

- (1) Yes (next question)
- (2) No (next modality)

PRT.3 During the past 12 months, for what health problems or conditions did [child] use [modality]?

[Hand Card]

TRD.1 DURING THE PAST 12 MONTHS, did [child's name] see any of the following practitioners?

- (1) Curandera
- (2) Espiritistas
- (3) Hierbero or Yerbera
- (4) Shaman
- (5) Botanica
- (6) Native American Healer / Medicine Man
- (7) Sobador

[If no to all, goto next modality]

[IF MORE THAN ONE YES in TRD.1, ASK TRD.1a; ELSE GO TO TRD.2]

TRD.1a During the past 12 months, which practitioner {fill practitioners from TRD.1} did your child use the most?

_____ [TECHNIQUE]

TRD.2 During the past 12 months, did [child] see {fill: practitioner from TRD.1 or TRD.1a} for a specific health problem or condition?

- (1) Yes (next question)
- (2) No (next modality)

TRD.3 During the past 12 months, for what health problems or conditions did [child] see {fill: practitioner from TRD.1a}?

_____	_____
_____	_____

MOV.1 DURING THE PAST 12 MONTHS, did [child's name] see a practitioner or teacher for any of the following? Please say yes or no to each.

(note: add pronunciation guide)

- | | | |
|---------------------------------------|-----|----|
| (1) Feldenkreis | yes | no |
| (2) Alexander Technique | yes | no |
| (3) Pilates | yes | no |
| (4) Trager Psychophysical Integration | yes | no |

[If no to all, goto next modality]

[IF MORE THAN ONE YES in MOV.1, ASK MOV.1a; ELSE GO TO MOV.2]

MOV.1a During the past 12 months, which practitioner or teacher {fill from MOV1} did your child use the most?

_____ [TECHNIQUE]

MOV.2 During the past 12 months, did [child] use {fill: type of movement therapy from MOV.1 or MOV.1a} for a specific health problem or condition?

- (1) Yes (next question)
- (2) No (next modality)

MOV.3 During the past 12 months, for what health problems or conditions did [child] use {fill: type of movement therapy }?

_____	_____
_____	_____

HERBS and Other Non-vitamin/non-mineral Dietary Supplements

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

People use herbs and other non-vitamin supplements for their children for a variety of reasons. By herbal supplement we mean pills, capsules or tablets that have been labeled as a dietary supplement. This does NOT include drinking herbal or green tea.

SHOW HAND CARD HRB#1 (HERB LIST)

HRB.1 DURING THE PAST 12 MONTHS, has [child] taken any herbal supplements listed on this card?

(1) Yes (2) No (next modality)

HRB.2 DURING THE PAST 30 DAYS did [child] take any herbal supplements listed on the card?

Yes

No (GO TO NEXT MODALITY)

HRB.3 Please tell me which supplements [child] took in the past 30 days. If he/she took more than one herb in a single supplement, select "combination herb pill." [MARK ALL THAT APPLY]

[IF NONE GO TO NEXT MODALITY - VITAMINS; IF MORE THAN 2 ASK HRB.4, OTHERWISE GOTO HRB.5 - ASK REST OF SECTION FOR EACH HERB]

HRB.4 Which two of these herbal supplements did [child] take the most in the past 30 days?

HRB.5 Did [child] take [herb] to treat a specific health problem or condition?

Yes (next question)

No (HRB.7)

HRB.6 For what specific health problem or conditions did [child] take [herb]?

HRB.7 Did [child] take natural herbs to improve athletic or sports performance?

Yes

No (next herb or next modality)

HRB.8 Which herbs did [child] take to improve athletic or sports performance?

Yes (next herb or next modality)

No (next herb or next modality)

VITAMINS

The next questions are about any vitamins and minerals [child] may take.

SHOW HAND CARD VIT#1 (VITAMIN LIST)

VIT.1 Thinking of the examples on this card, DURING THE PAST 12 MONTHS, did [child] take any vitamins or minerals?

(1) Yes (2) No (next modality)

VIT.2 DURING THE PAST 30 DAYS did [child] take any vitamins or minerals?

yes
no (GO TO NEXT MODALITY)

VIT.3 Please tell me which items on this list [child] took in the past 30 days. If he/she takes a multi-vitamin or mineral, include it as one supplement.

_____	_____
_____	_____
_____	_____

[If more than 3 ask VIT.4 else goto VIT.5]

VIT.4 Which two of these vitamin & minerals did [child] take the most in the past 30 days?

VIT.5 Did [child] take [vitamin/mineral] to treat a specific health problem or condition?

Yes (next question)

No (next vitamin or VIT.7)

VIT.6 For what specific health problem or conditions did [child's name] take [vitamin/mineral]?

[next vitamin or VIT.7]

VIT.7 Did [child] take any vitamins or minerals to improve athletic or sports performance?

Yes

No (next modality)

VIT.8 Which vitamins or minerals did [child] take to improve athletic or sports performance?

Self-Practiced Modalities

HOMEOPATHIC TREATMENT

People who use homeopathy 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.

HOM.1 DURING THE PAST 12 MONTHS did [child's name] use homeopathic treatment?

- (1) Yes (next question)
- (2) No (GO TO NEXT MODALITY - DIETS)

HOM.2 DURING THE PAST 12 MONTHS, did [child] use homeopathic treatment for a specific health problem or condition?

- (1) Yes (next question)
- (2) No (next modality)

HOM.3 During the past 12 months, for what health problems or conditions did [child] use homeopathic treatment?

SPECIAL DIETS

SHOW HAND CARD (SPECIAL DIETS)

DIT.1 DURING THE PAST 12 MONTHS did [child] use any of the following special diets for two weeks or more for health reasons? Please say yes or no to each.

- | | | |
|-------------------------------------|-----|----|
| (1) Vegetarian (for health reasons) | YES | NO |
| (2) Macrobiotic | YES | NO |
| (3) Atkins | YES | NO |
| (4) Pritikin | YES | NO |
| (5) Ornish | YES | NO |
| (6) Zone | YES | NO |
| (7) South Beach | YES | NO |

[IF NO TO ALL, GO TO NEXT SECTION – YOGA]

DIT.2 During the past 12 months, did [child] use [diets mentioned in DIT.1] to treat a specific health problem or condition other than weight control or weight loss?

- (1) Yes (next question)
- (2) No (next modality)

DIT.3 During the past 12 months, for what health problems or conditions did [child] use [diets mentioned in DIT.1]?

_____	_____
_____	_____

DIT.4 Did {child} use this diet for weight control or weight loss?

- (1) Yes
- (2) No

YOGA/TAI CHI/QI GONG

YOG.1 DURING THE PAST 12 MONTHS did [child's name] practice any of the following?
Please say yes or no to each.

- | | | | |
|-------------------------|-----|-----|----|
| (1) Yoga | | YES | NO |
| (2) Tai Chi (TIE-CHEE) | YES | NO | |
| (3) Qi Gong (CHEE-KUNG) | YES | NO | |

[IF NO TO ALL, GO TO NEXT MODALITY – RELAXATION TECHNIQUES]

YOG.2 During the past 12 months, did [child] practice (exercises mentioned in YOG.1) for a specific health problem or condition?

- (1) Yes (next question)
- (2) No (next modality)

YOG.3 During the past 12 months, for what health problems or conditions did [child] practice (exercises mentioned in YOG.1)?

_____	_____
_____	_____

RELAXATION and STRESS MANAGEMENT TECHNIQUES

REL.1 DURING THE PAST 12 MONTHS, did [child] use any of the following relaxation or stress management techniques? Please say yes or no to each.

- | | | | | |
|------------------------------|-----|----|-----|----|
| (1) Meditation | | | YES | NO |
| (2) Guided imagery | YES | NO | | |
| (3) Progressive relaxation | YES | NO | | |
| (4) Deep breathing exercises | YES | NO | | |
| (5) Support group meeting | YES | NO | | |
| (6) Stress management class | | | YES | NO |

[IF NO TO ALL, GO TO NEXT MODALITY – PRAYER]

REL.2 During the past 12 months, did [child] use [relaxation techniques mentioned in REL.1] for a specific health problem or condition?

- (1) Yes (next question)
- (2) No (next modality)

REL.3 During the past 12 months, for what health problems or conditions did [child] use [relaxation techniques mentioned in REL.1]?

_____	_____
_____	_____

Adult Component of the Complementary and Alternative Medicine Supplement

CONDITIONS ADDED TO ACN SECTION

**Have you EVER been told by a doctor or other health professional that you had ...
[READ LIST]**

- ... Attention Deficit Disorder/Hyperactivity?
- ... Autism
- ... Bipolar Disorder
- ... Dementia, including Alzheimer's disease
- ... Mania or psychosis
- ... Schizophrenia
- ... Seizures
- ... Some form of arthritis, rheumatoid arthritis, gout, lupus, fibromyalgia, other joint condition

“Ever had” and 12 month follow-up questions (if yes response to EVER question ask: During the past 12 months, have you had):

- ... High cholesterol
- ... Gum disease
- ... Phobia or fears
- ... Influenza or pneumonia
- ... Poor circulation in your legs (peripheral vascular disease, including Intermittent Claudication (cramping))
- ... Urinary problems, such as incontinence, frequent or slow urination or infections

12 month follow-up questions to existing “Ever” questions:

- ...Hypertension
- ... Coronary heart disease

- ... Angina, also called angina pectoris
- ... A heart attack (also called myocardial infarction)
- ... Other heart condition
- ... A stroke
- ... Emphysema

During the past 12 months have you had...

- ... Problems with Acid reflux or heartburn
- ... Excessive use of alcohol or tobacco
- ... Regular Headaches
- ... Memory loss or loss of other cognitive functions
- ... Substance abuse, other than alcohol or tobacco
- ... Any severe sprains and strains
- ...Dental pain
- ...Skin problems
- ...Regularly had insomnia or trouble sleeping
- ...Regularly had excessive sleepiness during the day
- ... Been frequently depressed or anxious
- ... Menstrual problems such as heavy bleeding, bothersome cramping, or premenstrual syndrome (also called PMS)
- ... Menopausal problems such as hot flashes, night sweats, or other menopausal symptoms
- ... Gynecologic problems such as a vaginal infection, uterine fibroids, or infertility
- ... Prostrate trouble or impotence

Complementary and Alternative Medicine Supplement

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.

Modalities that Require Practitioner

SHOW HAND CARD (PRACTITIONER MODALITIES)

PRT.1 Have you EVER seen a provider or practitioner for any of the following therapies for your self? Please say yes or no to each.

- | | | | | | |
|--|-----|-----|-----|-----|----|
| (1) Acupuncture | | yes | no | | |
| (2) Ayurveda | yes | no | | | |
| (3) Biofeedback | | | yes | no | |
| (4) Chelation Therapy | | | | yes | no |
| (5) Chiropractic or Osteopathic Manipulation | | | | yes | no |
| (6) Energy Healing Therapy | | | yes | no | |
| (7) Hypnosis | | | yes | no | |
| (8) Massage | | | yes | no | |
| (9) Naturopathy | | | yes | no | |

[IF NO TO ALL, GO TO PRT.16]

PRT.2 DURING THE PAST 12 MONTHS, did you see a practitioner for (modality)?

- (1) Yes (next question)
- (2) No (GO TO NEXT MODALITY)

PRT.3 DURING THE PAST 12 MONTHS, how many times did you see a practitioner for (modality)? Would you say... [READ CATEGORIES]

- | | |
|-------------------|------------------------|
| (1) Only one time | (4) 11-15 |
| (2) 2-5 times | (5) 16-20 |
| (3) 6-10 times | (6) More than 20 times |

[For Chelation Therapy add the following categories after (5) :

- (6) 21-30 times
- (7) 31-40 times
- (8) 41 or more times]

PRT.4 On average, how much do you pay out-of-pocket for each visit to a practitioner for (modality)?

\$ _____

PRT.5 Did you use (modality) for a specific health problem or condition?

- (1) Yes (next question)
- (2) No (GO TO PRT.12)

PRT.6 For what health problems or conditions did you use [modality]?

[IF more than 1 condition, ask PRT.8; else go to PRT.10]

PRT.8 For which ONE of these health conditions did you use (modality) the most?

_____ [CONDITION]

[HELP SCREEN WILL LIST TYPES OF OTC MEDS]

HAND CARD

PRT.10 Did you receive any of these conventional medical treatments for [condition for which modality used the most]? Please say yes or no to each.

- (1) Prescription Medications
- (2) Over-the-counter medications
- (3) Surgery
- (4) Physical therapy
- (5) Mental Health Counseling

{IF NO to all, Skip to PRT.12}

PRT.11 Did you receive {filll from treatments above} for [condition for which modality used the most] before, at about the same time, or after trying (modality)?

- (1) Before trying modality
- (2) At about the same time you began receiving modality treatments
- (3) After trying modality

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

- | | | |
|--|-----|----|
| To improve or enhance energy | yes | no |
| For general wellness or general disease prevention | yes | no |
| To improve or enhance immune function | yes | no |
| (4) Medical treatments did not help | yes | no |
| (5) Medical treatments were too expensive | yes | no |
| (6) It was recommended by a health care provider | yes | no |
| (7) It was recommended by family, friends, or co-workers | yes | no |

SHOW HAND CARD (CONVENTIONAL MEDICAL PROFESSIONALS)

PRT.14 DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of (modality)?

- (1) Yes (next question)
- (2) No (GO TO NEXT MODALITY)

PRT.15 Which ones? [MARK ALL THAT APPLY]

- Medical Doctor (including specialists)
- Nurse Practitioner/Physician Assistant
- Psychiatrist
- Dentist (including specialists)
- Doctor of Osteopathy (D.O.)
- Psychologist/Social Worker
- Pharmacist

[Ask PRT.17 – 20 for acupuncture and chiropractic or osteopathic manipulation]

[FOR RESPONDENTS WHO HAVE NEVERS USED –GOTO PRT.17, IF USED BUT NOT IN PAST 12 MONTHS GOTO PRT.18, ELSE GOTO NEXT MODALITY]

SHOW HAND CARD

PRT.17 Please tell me the reasons why you have never used [modality].

- 1) Never heard of it/don't know much about it
- 2) Never thought about it
- 3) No reason
- 4) Don't need it
- 5) Don't believe in it/it doesn't work
- 6) It costs too much
- 7) It is not safe to use
- 8) A health care provider told me not to use it
- 9) Medical science has not shown that it works
- 10) Some other reason

[All Goto next modality]

SHOW HANDCARD

PER.18 Please tell me the reasons why you have not used [modality] in the past 12 months.

- 1) Never thought about it
- 2) No reason
- 3) Didn't need it in the last 12 months
- 4) It didn't work for me before
- 5) It costs too much
- 6) I had side effects last time (go to PER.19; otherwise PER.21)
- 7) A health care provider told me not to use it
- 8) Medical science has not shown that it works
- 9) Some other reason

PER.19 What kinds of side effects did you have?

PER.20 Did any of these require medical attention?

- Yes
- No

Traditional Healers

[HAND CARD]

TRD.1 Have you ever seen any of the following practitioners? Please say yes or no to each.

(note: pronunciation guide)

- (1) Curandera
- (2) Espiritistas
- (3) Hierbero or Yerbero
- (4) Shaman
- (5) Botanica
- (6) Native American Healer/Medicine Man
- (7) Sobador

[If no to all, goto next modality]

Cycle through TRD.2 for each yes in TRD.1

TRD.2 DURING THE PAST 12 MONTHS, did you see {fill: types of traditional healer}?

- (1) Yes (next question)
- (2) No (GO TO NEXT MODALITY)

[IF MORE THAN ONE YES in TRD.2, ASK TRD.2a; ELSE GO TO TRD.3]

TRD.2a During the past 12 months, which practitioner {fill from TRD.2} did you use the most?

_____ [TECHNIQUE]

TRD.3 DURING THE PAST 12 MONTHS, how many times did you see {fill: type of traditional healer from TRD.2 or TRD.2a}? Would you say... [READ CATEGORIES]

- (1) Only one time
- (2) 2-5 times
- (3) 6-10 times
- (4) 11-15
- (5) 16-20
- (6) More than 20 times

TRD.4 On average, how much do you pay out-of-pocket for each visit to {fill: type of traditional healer}?

\$ _____

TRD.5 Did you see {fill: type of traditional healer} for a specific health problem or condition?

- (1) Yes (next question)
- (2) No (GO TO PRT.12)

TRD.6 For what health problems or conditions did you see {fill: type of traditional healer}?

[IF more than 1 condition, ask PRT.8; else go to PRT.9]

TRD.8 For which ONE of these health conditions did you see {fill: type of traditional healer} the most?

_____ [CONDITION]

HAND CARD

[HELP SCREEN FOR OTC MEDS]

TRD.10 Did you receive any of these conventional medical treatments for [condition for which you saw {fill: type of traditional healer} used the most]? Please say yes or no to each.

- (1) Prescription Medications
- (2) Over-the-counter medications
- (3) Surgery
- (4) Physical therapy
- (5) Mental Health Counseling

[IF NO TO ALL, SKIP TO TRD.12]

TRD.11 Did you receive {fill from treatments above} for [condition for which you saw {fill: type of traditional healer} used the most] before, at about the same time, or after seeing [{fill: type of traditional healer}]?

Movement Therapies

MOV.1 Have you ever seen a practitioner or teacher for any of the following?
Please say yes or no to each.

- | | | | |
|--|-----|-----|----|
| (1) Feldenkreis | | yes | no |
| (2) Alexander Technique | | yes | no |
| (3) Pilates | yes | no | |
| (4) Trager Psychophysical Intergration | | yes | no |

[If no to all, goto next modality]

Cycle through MOV.2 for each response in MOV.1

MOV.2 DURING THE PAST 12 MONTHS, did you see a practitioner or teacher for {fill: type of movement therapy}?

- (1) Yes (next question)
- (2) No (GO TO NEXT MODALITY)

[IF MORE THAN ONE YES in MOV.2, ASK MOV.2a; ELSE GO TO MOV.3]

MOV.2a During the past 12 months, which practitioner or teacher {fill from MOV.2} did you use the most?

_____ [TECHNIQUE]

MOV.3 DURING THE PAST 12 MONTHS, how many times did you see a practitioner or teacher for {fill: from MOV.2 or MOV.2a}? Would you say... [READ CATEGORIES]

- | | |
|-------------------|------------------------|
| (1) Only one time | (4) 11-15 |
| (2) 2-5 times | (5) 16-20 |
| (3) 6-10 times | (6) More than 20 times |

MOV.4 On average, how much do you pay out-of-pocket for each visit to a practitioner or teacher for {fill: type of movement therapy}?

\$ _____

MOV.5 Did you use {fill: type of movement therapy} for a specific health problem or condition?

- (1) Yes (next question)
- (2) No (GO TO PRT.12)

MOV.6 For what health problems or conditions did you use {fill: type of movement therapy}?

[IF more than 1 condition, ask PRT.8; else go to PRT.9]

MOV.8 For which ONE of these health conditions did you use {fill: type of movement therapy} the most?

_____ [CONDITION]

HAND CARD

[HELP SCREEN FOR OTC MEDS]

MOV.10 Did you receive any of these conventional medical treatments for [condition for which you used {fill: type of movement therapy} the most]? Please say yes or no to each.

- (1) Prescription Medications
- (2) Over-the-counter medications
- (3) Surgery
- (4) Physical therapy
- (5) Mental Health Counseling

[IF NO TO ALL, SKIP TO MOV.12]

MOV.11 Did you receive {fill treatment from above} for [condition for which you used {fill: type of movement therapy} the most] before, at about the same time, or after seeing {fill: type of traditional healer}?

- (1) Before using {fill: type of movement therapy}
- (2) At about the same time you began using {fill: type of movement therapy}
- (3) After using {fill: type of movement therapy}

MOV.12 DURING THE PAST 12 MONTHS, did you use {fill: type of movement therapy} for any of these reasons? Please say yes or no to each.

- | | | | |
|--|-----|-----|----|
| (1) To improve or enhance energy | yes | no | |
| (2) For general wellness or general disease prevention | | yes | no |
| (3) To improve or enhance immune function | yes | no | |
| (4) Medical treatments did not help | yes | no | |
| (5) Medical treatments were too expensive | yes | no | |
| (6) It was recommended by a health care provider | yes | no | |
| (7) It was recommended by family, friends, or co-workers | yes | no | |

SHOW HAND CARD (CONVENTIONAL MEDICAL PROFESSIONALS)

MOV.14 DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of (modality)?

- (1) Yes (next question)
- (2) No (GO TO NEXT MODALITY)

MOV.15 Which ones? [MARK ALL THAT APPLY]

- Medical Doctor (including specialists)
- Nurse Practitioner/Physician Assistant
- Psychiatrist
- Dentist (including specialists)
- Doctor of Osteopathy (D.O.)
- Psychologist/Social Worker
- Pharmacist

HERBS and Other Non-vitamin/non-mineral Dietary Supplements

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.

SHOW HAND CARD HRB#1 (HERB LIST)

HRB.1 Have you EVER taken any herbal supplements listed on this card for your self?

(1) Yes (2) No (HRB.17)

HRB.2 DURING THE PAST 12 MONTHS have you taken any herbal supplements listed on this card for your self?

(1) Yes (2) No (HRB.17)

HRB.5 DURING THE PAST 30 DAYS did you take any herbal supplements?

yes

no [HRB.17]

HRB.5a Please tell me which supplements you took in the past 30 days. If you take more than one herb in a single supplement, select "combination herb pill."

[MARK ALL THAT APPLY]

[IF COMBO HERB PILL SELECTED, ASK 5b, OTHERWISE GO TO HRB.6]

HRB.5b How many "combination herb pills" did you take?

_____ [NUMBER]

HRB.5c What herbs are included in [combination herb pill #1?] ...#2? ...#3?

[IF MORE THAN 2 HERBS LISTED IN HRB.5a ASK HRB. 6, OTHERWISE GOTO HRB.7]

HRB.6 Which 2 of these did you take the most in the past 30 days?

HRB.7 Which of these are the main reasons you took [herb]? Please say yes or no to each.

[MARK ALL THAT APPLY]

- | | | | |
|--|-----|-----|-----|
| (1) For general health or wellness | yes | no | |
| (2) prescription or over-the-counter drugs are too expensive | yes | no | |
| (3) to treat or cure a specific disease or health problem | | yes | no |
| (4) to prevent a specific disease or health problem | yes | no | |
| (5) to improve physical performance | yes | no | |
| (6) to improve sports performance | yes | no | |
| (7) to improve immune system function | | yes | no |
| (8) to improve sexual performance | yes | no | |
| (9) to improve mental ability or memory | | yes | no |
| (10) Medical treatments did not help | yes | no | |
| (11) Medical treatments were too expensive | yes | no | |
| (12) It was recommended by a health care provider | yes | no | |
| (13) It was recommended by family, friends, or co-workers | yes | no | |
| (14) Same reason as for previous herb (on screen only) | | | yes |
| no | | | |

[IF #3 GOTO HRB.8, IF #4 (but not #5) GOTO HRB.13, ELSE GOTO HRB. 15]

HRB.8 For what specific health problem or conditions did take [herb]?

[if more than 1 condition, ask HRB.9; else If only 1 condition go to HRB.10]

HRB.9 For which ONE of these health problems or conditions did you take [herb] the most?

_____ [CONDITION]

HAND CARD

[HELP SCREEN FOR OTC MEDS]

HRB.11 Did you receive any of these conventional medical treatments for [condition for which modality used the most]? Please say yes or no to each.

- (1) Prescription Medications
- (2) Over-the-counter medications
- (3) Surgery
- (4) Physical therapy
- (5) Mental Health Counseling

[IF NO TO ALL, SKIP TO HRB.15]

HRB.12 Did you receive {fill from treatment above} before, at the same time, or after you began taking [herb]?

- (1) Before (HRB.15)
- (2) At the same time (HRB.15)
- (3) After you began (HRB.15)

HRB.13 For what specific health problem or conditions did you take [herb] to prevent?

[if more than 1 condition, ask HRB.14; else If only 1 condition go to HRB.15]

HRB.14 For which ONE of these health problems or conditions did you take [herb] the most to prevent?

_____ [CONDITION]

HRB.15 Have you EVER seen a practitioner for herbal medicines?

- (1) Yes (HRB.16)
- (2) No (HRB.17)

HRB.16 DURING THE PAST 12 MONTHS, did you see a practitioner for herbal medicines?

- (1) Yes (HRB.16a)
- (2) No (HRB.17)

HRB.16b DURING THE PAST 12 MONTHS, how many times did you see a practitioner for herbal medicines?

- (1) Only one time
- (2) 2-5 times
- (3) 6-10 times
- (4) 11-15
- (5) 16-20
- (6) More than 20 times

HRB.16c On average, how much do you pay out-of-pocket for each visit to a practitioner for herbal medicines?

\$ _____ [PER VISIT]

SHOW HAND CARD (CONVENTIONAL MEDICAL PROFESSIONALS)

HRB.16d DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of (modality)?

- (1) Yes (next question)
- (2) No (GO TO NEXT MODALITY)

HRB.16e Which ones? [MARK ALL THAT APPLY]

Medical Doctor (including specialists)
Nurse Practitioner/Physician Assistant
Psychiatrist
Dentist (including specialists)
Doctor of Osteopathy (D.O.)
Psychologist/Social Worker
Pharmacist

[FOR RESPONDENTS WHO HAVE NEVERS USED –GOTO HRB.18, IF USED BUT NOT IN PAST 30 DAYS GOTO HRB.19, ELSE GOTO next modality]

SHOW HANDCARD

HRB.18 Please tell me the reasons why you have never used natural herbs.

- 1) Never heard of it/don't know much about it
- 2) Never thought about it
- 3) No reason
- 4) Don't need it
- 5) Don't believe in it/it doesn't work
- 6) It costs too much
- 7) It is not safe to use
- 8) A health care provider told me not to use it
- 9) Medical science has not shown that it works
- 10) Some other reason

[All Goto HRb.22]

SHOW HANDCARD

HRB.19 Please tell me the reasons why you have not used natural herbs in the past {fill 30 days or 12 months, whichever is more recent}.

- 1) Never thought about it
- 2) No reason
- 3) Didn't need it in the past 30 days
- 4) It didn't work for me before
- 5) It costs too much
- 6) I had side effects last time (go to HRB.20; otherwise HRB.22)
- 7) A health care provider told me not to use it
- 8) Medical science has not shown that it works
- 9) Some other reason

HRB.20 What kinds of side effects did you have?

HRB.21 Did any of these require medical attention?

Yes

No

VITAMINS

The next questions are about any vitamins and minerals you may take.

SHOW HAND CARD VIT#1 (VITAMIN LIST)

VIT.1 Thinking of the examples on this card, have you EVER taken any vitamins or minerals for your self?

(1) Yes (2) No (next modality)

VIT.2 DURING THE PAST 12 MONTHS, have you taken any vitamins or minerals for your self?

(1) Yes (2) No (next modality)

VIT.5 During the past 30 days did you take any vitamins or minerals?

yes

no (GO TO NEXT MODALITY)

VIT.5a Please tell me which items on this list you took in the past 30 days. If you take a multi-vitamin or mineral, include it as one supplement.

_____	_____
_____	_____
_____	_____

[IF NONE GO TO NEXT MODALITY; IF MORE THAN 2 ASK VIT. 6, OTHERWISE GOTO VIT.7]

VIT.6 Which 2 of these did you take the most in the past 30 days?

VIT.7 Which of these are the main reasons you took [vitamin/mineral]? Please say yes or not to each. [MARK ALL THAT APPLY]

(1) For general health or wellness yes no

(2) prescription or over-the-counter drugs are too expensive	yes	no	
(3) to treat or cure a specific disease or health problem		yes	no
(4) to prevent a specific disease or health problem	yes	no	
(5) to improve physical performance	yes	no	
(6) to improve sports performance	yes	no	
(7) to improve immune system function		yes	no
(8) to improve sexual performance	yes	no	
(9) to improve mental ability or memory		yes	no
(10) Medical treatments did not help	yes	no	
(11) Medical treatments were too expensive	yes	no	
(12) It was recommended by a health care provider	yes	no	
(13) It was recommended by family, friends, or co-workers	yes	no	
(14) All the same reasons as for previous vitamin (on screen only)	yes	no	

[IF #3 GOTO VIT.8, IF #4 (but not #3) GOTO VIT.13, ELSE GOTO VIT. 15]

VIT.8 For what specific health problems or conditions did you take [vitamin/mineral]?

[if more than 1 condition, ask VIT.9; else If only 1 condition go to VIT.10]

VIT.9 For which ONE of these health problems or conditions did you take [vitamin/mineral] the most?

_____ [CONDITION]

HAND CARD

[HELP SCREEN FOR OTC MEDS]

VIT.11 Did you receive any of these conventional medical treatments for [condition for which modality used the most]? Please say yes or no to each.

- (1) Prescription Medications
- (2) Over-the-counter medications
- (3) Surgery
- (4) Physical therapy
- (5) Mental Health Counseling

[IF NO TO ALL, SKIP TO VIT.15]

VIT.12 Did you receive this [fill from treatment above] before, at the same time, or after you began taking [vitamin/mineral]?

- (1) Before (VIT.15)
- (2) At the same time (VIT.15)
- (3) After you began (VIT.15)

VIT.13 For what specific health problem or conditions did you take [vitamin/mineral] to prevent?

[if more than 1 condition, ask VIT.14; else If only 1 condition go to VIT.15]

VIT.14 For which ONE of these health problems or conditions did you take [vitamin/mineral] the most to prevent?

SHOW HAND CARD (CONVENTIONAL MEDICAL PROFESSIONALS)

VIT.15 DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of (modality)?

- (1) Yes (next question)
- (2) No (GO TO NEXT MODALITY)

VIT.16 Which ones? [MARK ALL THAT APPLY]

Medical Doctor (including specialists)
Nurse Practitioner/Physician Assistant
Psychiatrist
Dentist (including specialists)
Doctor of Osteopathy (D.O.)
Psychologist/Social Worker
Pharmacist

Cost of Herbs and Vitamins

Now I am going to ask you about how much you spend on herbs and vitamins. First I will ask about herbs and then about vitamins. [Tailor fills to respondent use].

COS.1 About how often do you buy herbal supplements?

_____ times per week/month/year

COS.2 About how much did you spend the last time you bought herbal supplements? Would you say... [READ CATEGORIES]

Under \$15	\$90-119
\$15-29	\$120 or more
\$30-59	
\$60-89	

COS.3 About how often do you buy vitamins and minerals?

_____ times a week/month/year

COS.4 About how much did you spend the last time you bought vitamins and minerals? Would you say... [READ CATEGORIES]

Under \$15
\$15-29
\$30-59
\$60-89
\$90-119
\$120 or more

HOMEOPATHIC TREATMENT

People who use homeopathy 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.

HOM.1 Have you EVER used homeopathic treatment for your self?

- (1) Yes (next question)
- (2) No (GO TO NEXT MODALITY - DIETS)

HOM.2 DURING THE PAST 12 MONTHS, did you use homeopathic treatment for your self?

- (1) Yes (next question)
- (2) No (GO TO NEXT MODALITY - DIETS)

HOM.3 About how often do you buy homeopathic medicine?

 _____ times a week/month/year

HOM.4 And about how much did you spend the last time you bought homeopathic medicine?

\$ _____

HOM.5 Did you use homeopathic treatment for a specific health problem or condition?

- (1) Yes (next question)
- (2) No (GO TO HOM.11)

HOM.6 For what health problems or conditions did you use homeopathic treatment?

[IF MORE THAN 1 CONDITION ASK HOM.7; ELSE GO TO HOM.8]

HOM.7 For which ONE of these health problems or conditions did you use homeopathic treatment the most?

_____ [CONDITION]

HAND CARD

HOM.9 Did you receive any of these conventional medical treatments for [condition for which modality used the most]? Please say yes or no to each.

- (1) Prescription Medications
- (2) Over-the-counter medications
- (3) Surgery
- (4) Physical therapy
- (5) Mental Health Counseling

[IF NO TO ALL, SKIP TO HOM.11]

HOM.10 Did you receive {fill from treatments above} for [condition for which homeopathic treatment used the most] before, at about the same time, or after trying homeopathic treatment?

- (1) Before trying homeopathy
- (2) At about the same time you began receiving homeopathy
- (3) After trying homeopathy

HOM.11 DURING THE PAST 12 MONTHS, did you use homeopathic treatment for any of these reasons? Please say yes or no to each.

- | | | | |
|--|-----|-----|----|
| (1) To improve or enhance energy | yes | no | |
| (2) For general wellness or general disease prevention | | yes | no |
| (3) To improve or enhance immune function | yes | no | |
| (4) Medical treatments did not help | yes | no | |
| (5) Medical treatments were too expensive | yes | no | |
| (6) It was recommended by a health care provider | yes | no | |
| (7) It was recommended by family, friends, or co-workers | yes | no | |

HOM.12 Have you EVER seen a practitioner for homeopathic treatment?

- (1) Yes (next question)
- (2) No (GO TO HOM.17)

HOM.13 DURING THE PAST 12 MONTHS, did you see a practitioner for homeopathic treatment?

- (1) Yes (next question)
- (2) No (GO TO HOM.17)

HOM.14 DURING THE PAST 12 MONTHS, how many times did you see a practitioner for homeopathic treatments?

- (1) Only one time
- (2) 2-5 times
- (3) 6-10 times
- (4) 11-15
- (5) 16-20
- (6) More than 20 times

HOM.16 On average, how much do you pay out-of-pocket for each visit to a practitioner for homeopathic treatments?

\$ _____ [PER VISIT]

SHOW HAND CARD (CONVENTIONAL MEDICAL PROFESSIONALS)

HOM.17 DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of (modality)?

- (1) Yes (next question)
- (2) No (GO TO NEXT MODALITY)

HOM.18 Which ones? [MARK ALL THAT APPLY]

Medical Doctor (including specialists)
Nurse Practitioner/Physician Assistant
Psychiatrist
Dentist (including specialists)
Doctor of Osteopathy (D.O.)
Psychologist/Social Worker
Pharmacist

SPECIAL DIETS

DIT.1 Have you EVER used any of the following special diets for two weeks or more for your self? Please say yes or no to each.

(note: insert pronunciation guide)

- | | | |
|-------------------------------------|-----|----|
| (1) Vegetarian (for health reasons) | yes | no |
| (2) Macrobiotic | yes | no |
| (3) Atkins | yes | no |
| (4) Pritikin | yes | no |
| (5) Ornish | yes | no |
| (6) Zone | yes | no |
| (7) South Beach | yes | no |

[IF NO TO ALL, GO TO NEXT SECTION – YOGA]

DIT.2 DURING THE PAST 12 MONTHS, did you use [diets mentioned in DIT.1] for two weeks or more for your self? [MARK ALL THAT APPLY]

yes

no [GO TO NEXT MODALITY]

[IF ONLY ONE DIET USED, GO TO DIT.5; ELSE ASK DIT.4]

DIT.4 During the past 12 months, which diet did you use the most?

_____ [DIET]

DIT.5 Did you use this diet for weight control or weight loss?

(1) Yes

(2) No

DIT.6 Did you use this diet to treat a specific health problem or condition (other than weight control or weight loss)?

(1) Yes (next question)

(2) No (GO TO DIT.12)

DIT.7 For what health problems or conditions did you use this diet?

[IF MORE THAN 1 CONDITION ASK DIT.8; ELSE GO TO DIT.9]

DIT.8 For which ONE of these health problems or conditions did you use this diet the most?

_____ [CONDITION]

HAND CARD

[HELP SCREEN FOR OTC MEDS]

DIT.10 Did you receive any of these conventional medical treatments for [condition for which modality used the most]? Please say yes or no to each.

- (1) Prescription Medications
- (2) Over-the-counter medications
- (3) Surgery
- (4) Physical therapy
- (5) Mental Health Counseling

[IF NO TO ALL, SKIP TO DIT.12]

DIT.11 Did you receive {fill from treatments above} before, at about the same time, or after trying this diet?

- (1) Before trying diet
- (2) At about the same time you began using diet
- (3) After trying diet

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

- | | | | |
|--|-----|-----|----|
| (1) To improve or enhance energy | yes | no | |
| (2) For general wellness or general disease prevention | | yes | no |
| (3) To improve or enhance immune function | yes | no | |
| (4) Medical treatments did not help | yes | no | |
| (5) Medical treatments were too expensive | yes | no | |
| (6) It was recommended by a health care provider | yes | no | |

(7) It was recommended by family, friends, or co-workers yes no

[ASK DIT.13a IF R HAS HEALTH INSURANCE; ELSE GO TO DIT.14]

DIT.13 Have you EVER seen a practitioner for this diet?

- (1) Yes (next question)
- (2) No (GO TO DIT.18)

DIT.14 DURING THE PAST 12 MONTHS, did you see a practitioner for this diet?

- (1) Yes (next question)
- (2) No (GO TO DIT.18)

DIT.14a What type of practitioner did you see?

medical doctor (GO TO DIT.18)

nurse (GO TO DIT.18)

dietician/nutritionist (GO TO DIT.18)

alternative provider such as Acupuncturist, Chiropractor, Massage Therapist, Naturopath, etc.
(next question)

DIT.15 DURING THE PAST 12 MONTHS, how many times did you see a practitioner for this diet?

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

DIT.17 On average, how much do you pay out-of-pocket for each visit to a practitioner for this diet?

\$ _____ [PER VISIT]

SHOW HAND CARD (CONVENTIONAL MEDICAL PROFESSIONALS)

DIT.18 DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of (modality)?

- (1) Yes (next question)
- (2) No (GO TO NEXT MODALITY)

DIT.19 Which ones? [MARK ALL THAT APPLY]

Medical Doctor (including specialists)
Nurse Practitioner/Physician Assistant
Psychiatrist
Dentist (including specialists)
Doctor of Osteopathy (D.O.)
Psychologist/Social Worker
Pharmacist

YOGA/TAI CHI/QI GONG

YOG.1 Have you EVER practiced any of the following ? Please say yes or no to each.

- | | | | |
|-------------------------|-----|-----|----|
| (1) Yoga | | YES | NO |
| (2) Tai Chi (TIE-CHEE) | YES | NO | |
| (3) Qi Gong (CHEE-KUNG) | YES | NO | |

[IF NO TO ALL, GO TO YOG.18]

Cycle through for each yes answer in YOG.1

YOG.2 DURING THE PAST 12 MONTHS, did you practice [methods mentioned in YOG.1] for your self?

- (1) Yes
- (2) No [GO TO YOG.18]

[IF MORE THAN ONE EXERCISE MENTIONED in YOG.2, ASK YOG.4; OTHERWISE GO TO YOG.5]

YOG.4 During the past 12 months, which exercise {fill from YES responses to YOG.2} did you practice the most?

_____ [EXERCISE]

YOG.5 Did you practice (exercise) for a specific health problem or condition?

- (1) Yes (next question)
- (2) No (GO TO YOG.11)

YOG.6 For what health problems or conditions did you practice (exercise)?

[IF MORE THAN 1 CONDITION ASK YOG.7; ELSE GO TO YOG.8]

YOG.7 For which ONE of these health problems or conditions did you practice (exercise) the most?

_____ [CONDITION]

HAND CARD

[HELP SCREEN FOR OTC MEDS]

YOG.9 Did you receive any of these conventional medical treatments for [condition for which modality used the most]? Please say yes or no to each.

- (1) Prescription Medications
- (2) Over-the-counter medications
- (3) Surgery
- (4) Physical therapy
- (5) Mental Health Counseling

[IF NO TO ALL, SKIP TO YOG.11]

YOG.10 Did you receive {fill from treatments above} before, at about the same time, or after trying (exercise)?

- (1) Before trying (exercise)
- (2) At about the same time you began (exercise)
- (3) After trying (exercise)

YOG.11 DURING THE PAST 12 MONTHS, did you use (exercise) for any of these reasons? Please say yes or no to each.

- | | | |
|--|-----|----|
| (1) To improve or enhance energy | yes | no |
| (2) For general wellness or general disease prevention | yes | no |
| (3) To improve or enhance immune function | yes | no |
| (4) Medical treatments did not help | yes | no |
| (5) Medical treatments were too expensive | yes | no |
| (6) It was recommended by a health care provider | yes | no |
| (7) It was recommended by family, friends, or co-workers | yes | no |

YOG.12 DURING THE PAST 12 MONTHS, did you take a (exercise) class or in some way receive formal training? Attending only one session does not count.

- (1) Yes (next question)
- (2) No (GO TO YOG.16)

YOG.13 DURING THE PAST 12 MONTHS, on average, how often did you take a class or in some way receive formal training for (exercise)?

- (1) 2-11 times a year
- (2) monthly
- (3) 2-3 times per month
- (4) WEEKLY
- (5) 2-3 TIMES PER WEEK
- (6) 4-5 TIMES PER WEEK
- (7) Daily

YOG.15 On average, how much do you pay out-of-pocket for each class or other formal training for (exercise)?

\$ _____ [PER VISIT]

[FOR RESPONDENTS WHO HAVE NEVERS USED –GOTO YOG.19, IF USED BUT NOT IN PAST 12 MONTS GOTO YOG.20, ELSE GOTO YOG.23]

SHOW HANDCARD

YOG.19 Please tell me the reasons why you have never used yoga.

- 1) Never heard of it/don't know much about it
- 2) Never thought about it
- 3) No reason
- 4) Don't need it
- 5) Don't believe in it/it doesn't work
- 6) It costs too much
- 7) It is not safe to use
- 8) A health care provider told me not to use it
- 9) Medical science has not shown that it works
- 10) Some other reason

[All Goto YOG.23]

SHOW HANDCARD

YOG.20 Please tell me the reasons why you have not used yoga in the past 12 months.

- 1) Never thought about it
- 2) No reason
- 3) Didn't need it in the last 12 months

- 4) It didn't work for me before
- 5) It costs too much
- 6) I had side effects last time (go to YOG.21; otherwise YOG.23)
- 7) A health care provider told me not to use it
- 8) Medical science has not shown that it works
- 9) Some other reason

YOG.21 What kinds of side effects did you have?

YOG.22 Did any of these require medical attention?

- Yes
- No

SHOW HAND CARD (CONVENTIONAL MEDICAL PROFESSIONALS)

YOG.23 DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of (modality)?

- (1) Yes (next question)
- (2) No (GO TO NEXT MODALITY)

YOG.24 Which ones? [MARK ALL THAT APPLY]

- Medical Doctor (including specialists)
- Nurse Practitioner/Physician Assistant
- Psychiatrist
- Dentist (including specialists)
- Doctor of Osteopathy (D.O.)
- Psychologist/Social Worker
- Pharmacist

RELAXATION and STRESS MANAGEMENT TECHNIQUES

REL.1 Have you EVER used any of the following relaxation or stress management techniques for your self? Please say yes or no to each.

- | | | | |
|------------------------------|-----|-----|----|
| (1) Meditation | | YES | NO |
| (2) Guided imagery | YES | NO | |
| (3) Progressive relaxation | YES | NO | |
| (4) Deep breathing exercises | YES | NO | |
| (5) Support group meeting | YES | NO | |
| (6) Stress management class | | YES | NO |

[IF NO TO ALL, GO TO REL.20]

Cycle through for every yes in REL.1

REL.2 DURING THE PAST 12 MONTHS, did you use [methods mentioned in REL.1] for your self?

- (1) Yes
- (2) No (GO TO REL.20)

[IF MORE THAN ONE YES in REL.2, ASK REL.4; ELSE GO TO REL.5]

REL.4 During the past 12 months, which relaxation techniques {fill techniques from REL. 2} did you use the most?

_____ [TECHNIQUE]

REL.5 Did you use (relaxation technique) for a specific health problem or condition?

- (1) Yes (next question)
- (2) No (GO TO REL.11)

REL.6 For what health problems or conditions did you use (relaxation technique)?

[IF MORE THAN 1 CONDITION ASK REL.7; ELSE GO TO REL.8]

REL.7 For which ONE of these health problems or conditions did you use (relaxation technique) the most?

_____ [CONDITION]

HAND CARD

[HELP SCREEN FOR OTC MEDS]

REL.9 Did you receive any of these conventional medical treatments for [condition for which modality used the most]? Please say yes or no to each.

- (1) Prescription Medications
- (2) Over-the-counter medications
- (3) Surgery
- (4) Physical therapy
- (5) Mental Health Counseling

[IF NO TO ALL, SKIP TO REL.11]

REL.10 Did you receive {fill from treatments above} before, at about the same time, or after trying (relaxation technique)?

- (1) Before
- (2) At about the same time you began relaxation techniques
- (3) After

REL.11 DURING THE PAST 12 MONTHS, did you use (relaxation technique) for any of these reasons? Please say yes or no to each.

- | | | | |
|--|-----|-----|----|
| (1)To improve or enhance energy | | YES | NO |
| (2)For general wellness or general disease prevention | YES | YES | NO |
| (3)To improve or enhance immune function | YES | NO | |
| (4)To cope with having an illness | YES | NO | |
| (5) Medical treatments did not help | yes | no | |
| (6) Medical treatments were too expensive | yes | no | |
| (7) It was recommended by a health care provider | yes | no | |
| (8) It was recommended by family, friends, or co-workers | yes | no | |

REL.12 DURING THE PAST 12 MONTHS, did you see a practitioner or take a class for (relaxation technique)?

- (1) Yes (next question)
- (2) No (GO TO REL.16)

REL.13 DURING THE PAST 12 MONTHS, how often did you see a practitioner or take a class for (relaxation technique)

- (1) Only 1 time
- (2) 2-5 times
- (3) 6-10 times
- (4) 11-15 times
- (5) 16-20 times
- (6) more than 20 times

REL.15 On average, how much do you pay out-of-pocket for each visit to a practitioner or to take a class for (relaxation technique)?

\$ _____ [PER VISIT]

REL.16 Did you buy a self-help book or other materials to learn about (relaxation technique)?

- (1) Yes (next question)
- (2) No (GO TO REL.18)

REL.17 How much did you pay for these materials?

\$ _____

SHOW HAND CARD (CONVENTIONAL MEDICAL PROFESSIONALS)

REL.17a DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of (modality)?

- (1) Yes (next question)
- (2) No (GO TO NEXT MODALITY)

REL.17b Which ones? [MARK ALL THAT APPLY]

Medical Doctor (including specialists)
Nurse Practitioner/Physician Assistant
Psychiatrist
Dentist (including specialists)
Doctor of Osteopathy (D.O.)
Psychologist/Social Worker
Pharmacist

[FOR RESPONDENTS WHO HAVE NEVERS USED –GOTO REL.21, IF USED BUT NOT IN PAST 12 MONTS GOTO REL.22, ELSE GOTO REL.25]

SHOW HANDCARD

REL.21 Please tell me the reasons why you have never used meditation.

- 1) Never heard of it/don't know much about it

- 2) Never thought about it
- 3) No reason
- 4) Don't need it
- 5) Don't believe in it/it doesn't work
- 6) It costs too much
- 7) It is not safe to use
- 8) A health care provider told me not to use it
- 9) Medical science has not shown that it works
- 10) Some other reason

[All Goto REL.25]

SHOW HANDCARD

REL.22 Please tell me the reasons why you have not used meditation in the past 12 months.

- 1) Never thought about it
- 2) No reason
- 3) Didn't need it in the last 12 months
- 4) It didn't work for me before
- 5) It costs too much
- 6) I had side effects last time (go to REL.23; otherwise REL.25)
- 7) A health care provider told me not to use it
- 8) Medical science has not shown that it works
- 9) Some other reason

REL.23 What kinds of side effects did you have?

REL.24 Did any of these require medical attention?

- Yes
- No

PRAYER FOR YOUR OWN HEALTH

Now I am going to ask you about your use of prayer for your own health.

PRY.1 Have you EVER prayed specifically for the purpose of your OWN health?

- (1) Yes (next question)
- (2) No (GO TO PRY.3)

PRY.2 DURING THE PAST 12 MONTHS, did you pray specifically for the purpose of your OWN health?

- (1) Yes
- (2) No

PRY.3 Have you EVER asked or had OTHERS pray for your OWN health?

- (1) Yes
- (2) No [GO TO PERCEPTIONS]

PRY.4 DURING THE PAST 12 MONTHS, did you ask or have others pray for your OWN health?

- (1) Yes
- (2) No