

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]?

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[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]?

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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]?

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[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?

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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?

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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]?

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