

Child Complementary and Alternative Medicine (CAM) Supplement

2012 National Health Interview Survey (NHIS)

Guide to Topics & Questions Asked

The NHIS is a computer assisted personal household interview of all child and adult family members in selected households. Using a multi-stage area probability sampling design, the NHIS is conducted continuously through each year (since 1957). The 2012 NHIS consists of both a Core questionnaire and Supplements, including the Child CAM Supplement, which was also conducted in the 2007 NHIS. One child from each family is randomly selected to be the Sample Child (S.C.), and an adult knowledgeable about the child's health is administered the full Sample Child Core and Child CAM Supplement.

This guide describes the topics and questions asked in the 2012 NHIS Child CAM Supplement. Note that all questions are asked only of children age 4-17. Since the NHIS Child CAM Supplement can be linked to all other NHIS data files and to future year versions of the Medical Expenditures Panel Survey (MEPS), many other variables are possible to include in analyses of the Child CAM Supplement. Further information regarding this will be provided elsewhere on the Data Resource Center for Child and Adolescent Health website (www.childhealthdata.org).

*Denotes that survey item is new to the 2011/12 NHIS Child CAM Supplement compared to the 2007.

COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM) USE

NOTE: Question IDs (**green**) consist of two codes separated with "_". For instance, for **CCO_USE**, "**CCO**" refers to the *CAM modality code* (**brown**) of chiropractic or osteopathic manipulation and "**USE**" represents the *question code* asking "Has a child EVER used chiropractic or osteopathic manipulation". To complete the question ID, replace "**XXX**" with the CAM modality code (e.g. **CCO_** for chiropractic or osteopathic manipulation or **_NAH** for Native American Healer or Medicine Man).

Abbreviation: S.C. – Sample child

Practitioner-Based Therapies

- Has [S.C. name] EVER used any of these therapies for [his/her] health? (**XXX_USE**)*
 1. Chiropractor or osteopathic manipulation (**CCO**)
 2. Massage (**CMS**)
 3. Acupuncture (**CAC**)
 4. Energy Healing Therapy (**CEH**)
 5. Naturopathy (**CNT**)
 6. Hypnosis (**CHY**)
 7. Biofeedback (**CBI**)
 8. Ayurveda (**CAY**)
 9. Chelation (**CCH**)
 10. Craniosacral therapy (**CCS**)
 - If YES: Has [S.C. name] EVER seen a provider or practitioner for [CAM modality]? (**XXX_EVER**)*
 - DURING THE PAST 12 MONTHS, did [S.C. name] see a practitioner for [CAM modality]? (**XXX_USEM**)*
 - If YES: go to "Modality specific questions" (if any) THEN/OR "Utilization, cost and insurance coverage for CAM modalities" section

- If child ever used BUT never seen a practitioner or has not seen a practitioner in the past 12 months: DURING THE PAST 12 MONTHS, did [S.C. name] use [CAM modality]? (XXX_USM)

Modality-specific questions

- If child has seen a practitioner in the past 12 months:

Chiropractor or osteopathic manipulation

- Which did [he/she] see, a chiropractor or an osteopathic physician? (CCO_TYPE)*
 - If BOTH: Which practitioner did [S.C. name] see the most, a chiropractor or an osteopathic physician? (CCO_PMST)*
 - If CHIROPRACTOR: Was this the personal health care provider you mentioned earlier? (CCO_PHCP)*

Hypnosis

- Did you know whether [S.C. name] does breathing exercises as part of hypnosis? (CHY_BRTH)*

Biofeedback

- Did [S.C. name] do breathing exercises as part of biofeedback? (CBI_BRTH)*

Traditional Healers (CTR)

- Has [S.C. name] EVER seen any of these traditional healers? (CTR_EVR)*
 1. Native American Healer or Medicine Man (NAH)
 2. Shaman (SHA)
 3. Curandero, Machi or Parchero (CUR)
 4. Yerbero or Hierbista (YER)
 5. Sobador (SOB)
 6. Huesero (HUE)
 - Which ones? (CTR_EVR1)
 - DURING THE PAST 12 MONTHS, did [S.C. name] see the [traditional healer]? (CTRU_XXX)
 - If YES to any: go to "Utilization, cost and insurance coverage for CAM modalities" section

Vitamin or mineral supplements (CVT)

- Has [S.C. name] EVER taken:
 - a. Multi-vitamins or multi-minerals? (CVT_USE)*
 - b. Vitamins A,B,C,D,E,H, or K, other than in a multi-vitamin or mineral? (CVT_ABEV)*
 - c. Calcium, magnesium, iron, chromium, zinc, selenium, or potassium, other than in a multi-vitamin or mineral? (CVT_CAEV)*
 - o DURING THE PAST 12 MONTHS, did [S.C. name] take:
 - a. multi-vitamins or multi-minerals? (CVT_USM)
 - b. vitamins A,B,C,D,E,H, or K? (CVT_ABUM)
 - c. calcium, magnesium, iron, chromium, zinc, selenium, or potassium? (CVT_CAUM)
- If child has taken vitamins or minerals in the past 12 months:
 - About how many times per week, month, or year do you or another family member buy vitamins and minerals? (CVT_BOFN CVT_BOFT) *
 - About how much did you or another family member spend the last time? (CVT_CST1)*

Herbal or other non-vitamin supplements (CHB)

- Has [S.C. name] EVER taken any herbal or other non-vitamin supplements listed on this card? (CHB_EVR)*
 - DURING THE PAST 12 MONTHS, has [S.C. name] taken any herbal or other non-vitamin supplements listed on this card? (CHB_USM)

Please tell me which of these supplements [S.C. name] has taken DURING THE PAST 12 MONTHS? (CHB_LSTY)

1) Combination herb pill	7) Ginseng
2) Acai (pills, gelcaps)	8) Glucosamine
3) Bee Pollen and other Bee products	9) Green tea pills (not brewed tea) or EGCG (pills)
4) Chondroitin	10) Melatonin
5) Co-enzyme Q10 (CoQ10)	11) Milk Thistle (silymarin)
6) Cranberry (pills or capsules)	12) MSM (Methylsulfonylmethane)

- | | |
|---|--|
| 13) Digestive Enzymes (lactaid) | 18) Probiotics or Prebiotics |
| 14) Echinacea | 19) SAM-e |
| 15) Fish Oil or omega 3 or DHA fatty acid or EPA fatty acid supplements | 20) Saw Palmetto |
| 16) Garlic supplements (pills, gencaps) | 21) Valerian |
| 17) Ginkgo Biloba | 22) Other herbs or non-vitamin supplements |

- Did [S.C.] take any of these DURING THE PAST 30 DAYS? (CHB_MON)

Which of these supplements has [S.C. name] taken DURING THE PAST 30 DAYS? If [he/she] took more than one herb in a single supplement, select "combination herb pill." (CHB_LSTM)

- o If "combination herb pill" selected with/without other supplements listed above: How many different "combination herb pills" did [S.C. name] take? (CHB_CHPN)*
 - If 1 "combination herb pill": Which herbs or other non-vitamin supplements are included in the combination herb pill? (CHB_CHP1)*
 - If 2 "combination herb pills": Which herbs or other non-vitamin supplements are included in the first/second combination herb pill? (CHB_CHP1 CHB_CHP2)*
 - If >2 "combination herb pills": {Thinking of the two combination herb pills [he/she] took most often, what herbs or other non-vitamin supplements are included in the first/second combination herb pill?} (CHB_CHP1 CHB_CHP2)*
 - o If "other herbs or non-vitamin supplements" with/without supplements listed above not including "combination herb pills": How many of these other herbs or non-vitamin supplements has [S.C. name] taken in the past 30 days? (CHB_MOTH)*
 - If 1 "other herbs or non-vitamin supplements": Please give me the name of the other herb or other non-vitamin supplement [S.C. name] took in the past 30 days (CHB_LU1)*
 - If >=2 "other herbs or non-vitamin supplements": Please give me the names of the two most important herbs or other non-vitamin supplements [S.C. name] took in the past 30 days.} (CHB_LU1 CHB_LU2)*
 - o If >2 supplements: Which TWO of these herbal supplements did [fill1: S.C. name] take the most in the PAST 30 DAYS? (CHB_TP2)*
- If child has taken any herbal or non-vitamin supplements in the past 12 months:
- About how many times per week, month, or year do you or another family member buy herbs or other non-vitamin supplements for {S.C. name}? (CHB_BOFN CHB_BOFT)*
 - About how much did you or another family member spend the last time? (CHB_CST1)*
 - Has [fill S.C. name] EVER seen a practitioner for herbs or other non-vitamin supplements (CHB_EVR1)*
 - DURING THE PAST 12 MONTHS, did [fill S.C. name] see a practitioner for herbs or other non-vitamin supplements? (CHB_USE1)*
 - If YES: go to "Utilization, cost and insurance coverage for CAM modalities" section

Homeopathic treatment (CHM)

- Has [S.C. name] EVER used homeopathic treatment for [his/her] health? (CHM_USE)*
 - o DURING THE PAST 12 MONTHS, did [S.C. name] use homeopathic treatment for [his/her] health? (CHM_USM)
 - About how many times per week, month, or year do you or another family member buy homeopathic medicine for {S.C. name}? (CHM_OFTN CHM_OFTT)*
 - About how much did you or another family member spend the last time? (CHM_COST)*
 - Has [S.C. name] EVER seen a practitioner for homeopathic treatment (CHM_EVER)*
 - DURING THE PAST 12 MONTHS, did [S.C. name] see a practitioner for homeopathic treatment? (CHM_USEM)*
 - If YES: go to "Utilization, cost and insurance coverage for CAM modalities" section

Meditation, guided imagery, or progressive relaxation (CMB)

- Has [S.C. name] EVER used meditation, guided imagery, or progressive relaxation? (CMB_USE)*

- Has [S.C. name] EVER used any of the following for health or treatment? (CMBE_XXX)*
 1. Mantra Meditation, including Transcendental Meditation®, Relaxation Response, and Clinically Standardized Meditation (MAN)
 2. Mindfulness meditation, including Vipassana, Zen Buddhist meditation, Mindfulness-based Stress Reduction, and Mindfulness-based Cognitive Therapy (MND)
 3. Spiritual meditation including Centering Prayer and Contemplative Meditation (SPR)
 4. Guided imagery (IMG)
 5. Progressive relaxation (PRO)
 - DURING THE PAST 12 MONTHS, did [S.C. name] use [CAM modality]? (CMBU_XXX)
- If used >1: Which of these did [S.C. name] use the most? (CMB_MST1)*
 - Did [S.C. name] do breathing exercises as part of [CAM modality]? (CMB_BRTH)*
 - DURING THE PAST 12 MONTHS, did [S.C. name] see a practitioner or take a class for [CAM modality]? (CMB_USEM)*
 - If YES: go to “Utilization, cost and insurance coverage for CAM modalities” section

Yoga, Tai Chi or Qi Gong (CYG)

- Has [S.C. name] EVER practiced any of the following? (CYGE_XXX)*
 1. Yoga (YOG)
 2. Tai Chi (TAI)
 3. Qi Gong (QIG)
 - DURING THE PAST 12 MONTHS, did [S.C. name] practice [Yoga/Tai Chi/Qi Gong]? (CYGU_XXX)
 - Do you know whether [S.C. name] did breathing exercises as part of the yoga (CYG_BTHY)/Tai Chi (CYG_BTHT)/Qi Gong? (CYG_BTHQ)*
 - Did [S.C. name] do meditation as part of Yoga (CYG_MEDY)/Tai Chi (CYG_MEDT)/Qi Gong? (CYG_MEDQ)*
- If child did breathing exercise and/or meditation as part of yoga/tai chi/qi gong in the past 12 months:
 - DURING THE PAST 12 MONTHS, which exercise did [S.C. name] practice the most? (CYG_MOST)*
 - DURING THE PAST 12 MONTHS, did [S.C. name] take a [Yoga/Tai Chi/Qi Gong] class or in some way receive formal training? Attending only one session does not count. (CYG_USEM)*
 - If YES: go to “Utilization, cost and insurance coverage for CAM modalities” section

Special diets (CDT)

- Has [S.C. name] EVER used any of the following special diets for two weeks or more for health reasons?
 1. Vegetarian, including Vegan (CDTE_VEG)
 2. Macrobiotic (CDTEVER2)
 3. Atkins (CDTEVER3)
 4. Pritikin (CDTEVER4)
 5. Ornish (CDTEVER5)
- DURING THE PAST 12 MONTHS, did [S.C. name] use a [specific diet] for two weeks or more for health reasons? (CDT_USM1-5)
 - Did [S.C. name] use special diets for weight control or weight loss? (CDT_WGT1)
 - Has [S.C. name] EVER seen a practitioner for special diets? (CDT_PRE)*
 - DURING THE PAST 12 MONTHS, did [S.C. name] see a practitioner for special diets? (CDT_PRU)*
 - If YES: go to “Utilization, cost and insurance coverage for CAM modalities” section

Movement or exercise techniques (CMV)

- Has [S.C. name] EVER practiced any of the following movement or exercise techniques? (CMVE_XXX)*
 1. Feldenkrais (FLD)
 2. Alexander Technique (ALX)
 3. Pilates (PIL)
 4. Trager Psychophysical Integration (TPI)
- Has [S.C. name] EVER seen a practitioner or teacher for [movement or exercise technique]? (CMVP_XXX)*
 - DURING THE PAST 12 MONTHS, did [S.C. name] see a practitioner or teacher for [movement or exercise technique]? (CMV_XXX)*
 - If NO: DURING THE PAST 12 MONTHS, did [S.C. name] use [movement or exercise technique]? (CMVU_XXX)
 - If YES: go to “Utilization, cost and insurance coverage for CAM modalities” section

UTILIZATION, COSTS AND INSURANCE COVERAGE FOR CAM MODALITIES

NOTE: To complete the question ID, replace "XXX" with a CAM modality code (e.g. **CCO** for chiropractic or osteopathic manipulation)

- If child has seen a practitioner/traditional healers/instructor or took class for the CAM modality in the past 12 months
 - Do you know the exact number of times [S.C. name] saw a practitioner/instructor for [CAM modality] in the past 12 months? **(XXX_PTIM)***
 - If YES: How many times did [S.C. name] see a practitioner/instructor for [CAM modality]? **(XXX_TMNO)***
 - If NO: ABOUT how many times did [S.C. name] see a practitioner/instructor for [CAM modality] **(XXX_TMCT)***
 - DURING THE PAST 12 MONTHS, were any of the costs of seeing a practitioner/instructor for [CAM modality] covered by health insurance? **(XXX_HIC)***
 - If YES: Was all of the cost or just some of the cost of [S.C. name]'s seeing a practitioner/instructor for [CAM modality] covered by health insurance? **(XXX_HICA)***
 - If NONE OR SOME of cost was covered by health insurance: Do you know the total amount that was paid for [S.C. name] to see a practitioner/instructor for [CAM modality] in the past 12 months [not including the amount covered by insurance]? **(XXX_HIT)***
 - If YES: What was the total amount? **(XXX_HITS)***
 - If NO: Do you know the average amount that was paid for each visit in the past 12 months? **(XXX_AVGC)***
 - If YES: On average, how much was paid out-of-pocket for each visit? **(XXX_AVGS)***

REASONS FOR AND BENEFITS OF CAM USE

- If child has used or seen a practitioner/provider:
 - DURING THE PAST 12 MONTHS, which THREE of these therapies were the most important for [S.C. name]'s health? **(CAL_TOP3)***
 1. Chiropractic or Osteopathic Manipulation
 2. Massage
 3. Acupuncture
 4. Energy Healing Therapy
 5. Naturopathy
 6. Hypnosis
 7. Biofeedback
 8. Craniosacral therapy
 9. Traditional Healers
 10. [fill1: Herb 1 from CHB_TP21]
 11. [fill2: Herb 2 from CHB_TP22]
 12. Homeopathy
 13. [fill3: Mantra meditation/ Mindfulness meditation/ Spiritual meditation/Guided imagery/ Progressive relaxation from CMB]
 14. [fill4: Yoga/Tai Chi/Qi Gong from CYG_MOST]
 15. Special diets
 16. Movement or exercise techniques
 - The following questions were asked for each of the three most important modalities
 - Did [S.C. name] [see a practitioner for/use] [each of the three most important modalities] for any of these reasons?*
 - a. For general wellness or general disease prevention **CTP1REA1, CTP2REA1, CTP3REA1**
 - b. To improve {his/her} energy **CTP1REA2, CTP2REA2, CTP3REA2**
 - c. To improve [his/her] immune function **CTP1REA3, CTP2REA3, CTP3REA3**
 - d. To improve [his/her] athletic or sports performance **CTP1REA4, CTP2REA4, CTP3REA4**
 - e. To improve [his/her] memory or concentration **CTP1REA5, CTP2REA5, CTP3REA5**
 - Do you think [seeing a practitioner for/using] [each of the three most important modalities] motivated [S.C. name] to...*
 - a. Eat healthier **CTP1MOT1, CTP2MOT1, CTP3MOT1**
 - b. Eat more organic foods **CTP1MOT2, CTP2MOT2, CTP3MOT2**
 - c. Exercise more regularly **CTP1MOT3, CTP2MOT3, CTP3MOT3**
 - Do you think [seeing a practitioner for/using] [each of the three most important modalities] led to any of these outcomes?*

- a. Give [him/her] a sense of control over [his/her] health **CTP1OUT1, CTP2OUT1, CTP3OUT1**
 - b. Help to reduce [his/her] stress level or to relax **CTP1OUT2, CTP2OUT2, CTP3OUT2**
 - c. Help [him/her] to sleep better **CTP1OUT3, CTP2OUT3, CTP3OUT3**
 - d. Make [him/her] feel better emotionally **CTP1OUT4, CTP2OUT4, CTP3OUT4**
 - e. Make it easier for [him/her] to cope with health problems **CTP1OUT5, CTP2OUT5, CTP3OUT5**
 - f. Improve [his/her] overall health and make [him/her] feel better **CTP1OUT6, CTP2OUT6, CTP3OUT6**
 - g. Improve [his/her] relationships with others **CTP1OUT7, CTP2OUT7, CTP3OUT7**
 - h. Improve [his/her] attendance at school **CTP1OUT8, CTP2OUT8, CTP3OUT8**
- If YES to more than one reason listed above: Of these reasons, which ONE was the most important for [S.C. name] [using/seeing] [each of the three most important modalities]?* **CTP1MOST, CTP2MOST, CTP3MOST**
 - How much do you think [each of the three most important modalities] helped [S.C. name] [reason given in CTP1MOST CTP2MOST CTP3MOST questions]? Would you say a great deal, some, only a little, or not at all?* **CTP1HELP, CTP2HELP, CTP3HELP**

- DURING THE PAST 12 MONTHS, did [fill S.C. name] [see a practitioner for/use] [each of the three most important modalities] for any of these reasons?*

- a. It is natural? **CTP1RS6, CTP2RS6, CTP3RS6**
- b. It focuses on the whole person, mind, body, and spirit? **CTP1RS7, CTP2RS7, CTP3RS7**
- c. It treats the cause and not just the symptoms? **CTP1RS8, CTP2RS8, CTP3RS8**
- d. It was part of [his/her] upbringing? **CTP1RS9, CTP2RS9, CTP3RS9**

- Did [S.C. name] [see a practitioner for/use] [each of the three most important modalities] because it was recommended by any of the following people?*

- a. A medical doctor **CTP1REC1, CTP2REC1, CTP3REC1**
- b. A family member **CTP1REC2, CTP2REC2, CTP3REC2**
- c. A friend? **CTP1REC3, CTP2REC3, CTP3REC3**
- d. A co-worker of yours or a co-worker of another family member? **CTP1REC4, CTP2REC4, CTP3REC4**

- DURING THE PAST 12 MONTHS, did [S.C. name] [see a practitioner for/use] [each of the three most important modalities] for one or more specific health problems, symptoms, or conditions? **CTP1TRET, CTP2TRET, CTP3TRET**

- For what health problems, symptoms, or conditions did [S.C. name] [see a practitioner for/use] [each of top 3 modalities]? **CTP1COND, CTP2COND, CTP3COND**

- | | |
|---|---|
| 1) Abdominal pain | 13) Influenza or pneumonia |
| 2) Anemia | 14) Insomnia or trouble sleeping |
| 3) Feeling anxious, nervous or worried | 15) Joint pain or stiffness* |
| 4) Arthritis | 16) Low back pain |
| 5) Asthma | 17) Intellectual disability, also known as mental retardation |
| 6) Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD) | 18) Menstrual problems |
| 7) Autism/Autism Spectrum Disorder | 19) Migraine headaches |
| 8) Cerebral palsy | 20) Muscular dystrophy |
| 9) Chickenpox | 21) Nausea and/or vomiting |
| 10) High cholesterol* | 22) Neck pain |
| 11) Congenital heart disease | 23) Chronic pain |
| 12) Constipation | 24) Muscle or bone pain* |
| 26) Cystic fibrosis | 25) Other developmental delay |
| 13) Depression | 28) Heart condition |
| 14) Dental pain* | 29) Problems with being overweight |
| 15) Diabetes | 30) Non-migraine headaches |
| 16) Down syndrome | 31) Respiratory allergy |
| 17) Eczema or skin allergy | 32) Seizures |
| 18) Excessive sleepiness during the day* | 33) Sickle cell anemia |
| 19) Fatigue or lack of energy more than 3 days | 34) Sinusitis |
| | 35) Sore throat other than strep or tonsillitis |

- | | |
|--|----------------------------------|
| 20) Fever more than 1 day | 36) Sprain or strain* |
| 21) Food or digestive allergy | 37) Strep throat or tonsillitis |
| 22) Frequent or repeated diarrhea or colitis | 38) Frequent stress |
| 23) Gynecologic problem* | 39) Stuttering or stammering |
| 24) Hay fever | 40) Three or more ear infections |
| 25) Head or chest cold | 41) Vision Problems |
| 26) Hearing problem | 42) Other specify |
| 27) Hypertension* | |

- If more than one condition: For which ONE of these did [S.C. name] [see a practitioner for/use] [each of the three most important modalities] the most?* **CTP1CMST, CTP2CMST, CTP3CMST**
- How much do you think [each of the three most important modalities] helped [S.C. name]'s [condition from CTP1CMST CTP2CMST CTP3CMST]? **CTP1CHLP CTP2CHLP CTP3CHLP ***
- If child used CAM for specific conditions and received some type of conventional care asked about to treat the condition: DURING THE PAST 12 MONTHS, did [S.C. name] [see a practitioner for/use] [each of the three most important modalities] for any of these reasons? *
 - a. These medical treatments were too expensive? **CTP1RS1, CTP2RS1, CTP3RS1**
 - b. [CAM modality] combined with these medical treatments would help? **CTP1RS2, CTP2RS2, CTP3RS2**
 - c. These medical treatments do not work for [his/her] health problems **CTP1RS3, CTP2RS3, CTP3RS3**
 - d. [Prescription medications/Over the counter medications/Prescription or over-the-counter medications] cause side effects? **CTP1RS4, CTP2RS4, CTP3RS4**
 - e. [Self-care modality] Because it can be done without help from a specialist? **CTP1RS5, CTP2RS5, CTP3RS5**
- DURING THE PAST 12 MONTHS, how important do you think [S.C. name]'s use of [each of the three most important modalities] was in maintaining [his/her] health and well-being? Would you say very important, somewhat important, slightly important, or not at all important?* **CTP1IMP, CTP2IMP, CTP3IMP**

CONVENTIONAL MEDICAL CARE PROVIDER AND DISCLOSURE OF CAM USE

- If child has an usual place for health care (CUSUALPL=1 or 3 in Sample Child Core)
- Do you have one or more persons you think of as [S.C. name]'s personal health care provider? (**CPROV1**)
 - What type of provider(s) is it? (**CPROVTYP**)*
- Earlier you said [S.C. name] has a place where [he/she] usually goes when sick. What type of provider(s) does [he/she] see there? (**CPRVUSPL**)*
- If usual source for routine care is different than usual source for sick care or have only place usually go for sick care (Sample Child) Earlier you said [fill S.C. name] has a place where [he/she] usually goes for routine care. What type of provider(s) does [he/she] see there? (**CPRVUSPL**)*
- If child used the modality to treat specific condition(s), for each of the three most important modalities:
 - Did [S.C. name] receive any of the following medical treatments for [condition for CAM modality (each of the three most important modalities) used the most] [condition from CTP1CMST/ CTP2CMST/ CTP3CMST]? *
 - a. Prescription medications **CTP1MTR1, CTP2MTR1, CTP3MTR1**
 - b. Over-the-counter medications **CTP1MTR2, CTP2MTR2, CTP3MTR2**
 - c. Surgery **CTP1MTR3, CTP2MTR3, CTP3MTR3**
 - d. Physical therapy **CTP1MTR4, CTP2MTR4, CTP3MTR4**
 - e. Mental health counseling **CTP1MTR5, CTP2MTR5, CTP3MTR5**
- If child has a personal health care provider, for each of the three most important modalities :
 - [Not including the practitioner [S.C. name] saw for] [each of the three most important CAM modalities] DURING THE PAST 12 MONTHS, did you let [S.C. name]'s personal health care provider know about [his/her] use of [each of the three most important modalities]? **CTP1DS1, CTP2DS1, CTP3DS1***

- If NO: Why didn't you tell [S.C. name]'s personal health care provider about [his/her] use of [each of the three most important modalities]? [S.C. name] was not using it at the time? *
 - a. [S.C. name] was not using it at the time? **CTP1DS2, CTP2DS2, CTP3DS2**
 - b. They discouraged use of it in the past? **CTP1DS3, CTP2DS3, CTP3DS3**
 - c. You were worried they would discourage it? **CTP1DS4, CTP2DS4, CTP3DS4**
 - d. You were concerned about a negative reaction? **CTP1DS5, CTP2DS5, CTP3DS5**
 - e. You didn't think they needed to know? **CTP1DS6, CTP2DS6, CTP3DS6**
 - f. They didn't ask? **CTP1DS7, CTP2DS7, CTP3DS7**
 - g. You don't think they know as much about it as you do? **CTP1DS8, CTP2DS8, CTP3DS8**
 - h. They didn't give you enough time to tell them? **CTP1DS9, CTP2DS9, CTP3DS9**

SOURCES OF INFORMATION

- 1. If child has seen a practitioner in the past 12 months (for all practitioner-based CAM except hypnosis and biofeedback) OR used in the past 12 months (for hypnosis, biofeedback) OR
- 2. If child used in past 12 months for other CAM modalities:
 - DURING THE PAST 12 MONTHS, did you or another family member buy a self-help book or other materials such as a DVD, CD, or Video to learn about [S.C. name]'s use of [CAM modality]? **(XXX_MAT)***
 - How much was paid for these materials? **(XXX_MATC)***
- For each of the three most important CAM modalities:
 - DURING THE PAST 12 MONTHS, did you or another family member get information about [each of the three most important modalities] from any of the following sources? *
 - a. The Internet? **CTP1INF1, CTP2INF1, CTP3INF1**
 - b. Books, magazines, or newspapers? **CTP1INF2, CTP2INF2, CTP3INF2**
 - c. DVDs, videos, or CDs? **CTP1INF3, CTP2INF3, CTP3INF3**
 - d. Television or radio? **CTP1INF4, CTP2INF4, CTP3INF4**
 - e. Scientific articles? **CTP1INF5, CTP2INF5, CTP3INF5**
 - f. Health food stores? **CTP1INF6, CTP2INF6, CTP3INF6**