

SECTION VIII – ALTERNATIVE HEALTH/COMPLEMENTARY AND ALTERNATIVE MEDICINE

ALT.001 Have you EVER seen a provider or practitioner for any of the following for your own health?

FR: SHOW FLASHCARD A15. MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.

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

- >ACU_EVER< (01) Acupuncture
- >AYU_EVER< (02) Ayurveda
- >BIO_EVER< (03) Biofeedback
- >CHE_EVER< (04) Chelation Therapy
- >CHP_EVER< (05) Chiropratic Care
- >EHT_EVER< (06) Energy Healing Therapy/Reiki
- >FMD_EVER< (07) Folk Medicine (such as, Curanderismo, Native American healing)
- >HYP_EVER< (08) Hypnosis
- >MAS_EVER< (09) Massage
- >NAT_EVER< (10) Naturopathy

Check Item ALTCCI2: If ACU_EVER eq <X> then go to ACU_USEM; else if ACU_EVER eq <> go to Check Item ALTCCI3.

Check Item ALTCCI3: If AYU_EVER eq <X> then go to AYU_USEM; else if AYU_EVER eq <> go to Check Item ALTCCI4.

Check Item ALTCCI4: If BIO_EVER eq <X> then go to BIO_USEM; else if BIO_EVER eq <> go to Check Item ALTCCI6.

Check Item ALTCCI6: If CHE_EVER eq <X> then go to CHE_USEM; else if CHE_EVER eq <> go to Check Item ALTCCI8.

Check Item ALTCCI8: If CHP_EVER eq <X> then go to CHP_USEM; else if CHP_EVER eq <> go to Check Item ALTCCI10.

Check Item ALTCCI10: If EHT_EVER eq <X> then go to EHT_USEM; else if EHT_EVER eq <> go to Check Item ALTCCI12.

Check Item ALTCCI12: If FMD_EVER eq <X> then go to FMD_USEM; else if FMD_EVER eq <> go to Check Item ALTCCI14.

Check Item ALTCCI14: If HYP_EVER eq <X> then go to HYP_USEM; else if HYP_EVER eq <> go to Check Item ALTCCI16.

Check Item ALTCCI16: If MAS_EVER eq <X> then go to MAS_USEM; else if MAS_EVER eq <> go to Check Item ALTCCI18.

Check Item ALTCCI18: If NAT_EVER eq <X> then go to NAT_USEM; else if NAT_EVER eq <> go to lead-in before HRB_EVER.

ALT.002 DURING THE PAST 12 MONTHS, did you see a practitioner for acupuncture?

- >ACU_USEM< (1) Yes (ALT.003)
(2) No (Check Item ALTCCI3)
(7) Refused (Check Item ALTCCI3)
(9) Don't know (Check Item ALTCCI3)

ALT.003 DURING THE PAST 12 MONTHS, how many times did you see a practitioner for acupuncture?

- >ACU_NUMB< (1) Only one time
(2) 2-4 times
(3) 5-10 times
(4) More than 10 times
(7) Refused
(9) Don't know

(Go to ACU_TRET)

ALT.004 Did you use acupuncture to treat a specific health problem or condition?

- >ACU_TRET< (1) Yes (ALT.005)
(2) No (ALT.009)
(7) Refused (ALT.009)
(9) Don't know (ALT.009)

ALT.005 For what health problems or conditions did you use acupuncture?

FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.

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

- >ACUCON01< (01) Allergic reaction to food
>ACUCON02< (02) Allergic reaction to medication
>ACUCON03< (03) Angina
>ACUCON04< (04) Anxiety/depression
>ACUCON05< (05) Arthritis, gout, lupus, or fibromyalgia
>ACUCON06< (06) Asthma
>ACUCON07< (07) Benign tumors, cysts
>ACUCON08< (08) Birth defect
>ACUCON09< (09) Bowel problems or constipation
>ACUCON10< (10) Cancer
>ACUCON11< (11) Cataracts
>ACUCON12< (12) Cholesterol
>ACUCON13< (13) Chronic bronchitis
>ACUCON14< (14) Recurring pain
>ACUCON15< (15) Circulation problems (other than in the legs)
>ACUCON16< (16) Congestive heart failure
>ACUCON17< (17) Coronary heart disease
>ACUCON18< (18) Diabetes
>ACUCON19< (19) Diabetic retinopathy
>ACUCON20< (20) Emphysema
>ACUCON21< (21) Excessive sleepiness during the day
>ACUCON22< (22) Jaw pain

- >ACUCON23< (23) Fracture, bone/joint injury
- >ACUCON24< (24) Glaucoma
- >ACUCON25< (25) Gynecologic problems
- >ACUCON26< (26) Hay fever
- >ACUCON27< (27) Hearing problem
- >ACUCON28< (28) Heart attack
- >ACUCON29< (29) Heart condition or disease
- >ACUCON30< (30) Hernia
- >ACUCON31< (31) Hypertension
- >ACUCON32< (32) Irregular heartbeat
- >ACUCON33< (33) Knee problems (not arthritis, not joint injury)
- >ACUCON34< (34) Lung/breathing problem (not already listed)
- >ACUCON35< (35) Macular degeneration
- >ACUCON36< (36) Menopause
- >ACUCON37< (37) Menstrual problems
- >ACUCON38< (38) Mental retardation
- >ACUCON39< (39) Joint pain or stiffness
- >ACUCON40< (40) Missing limbs (fingers, toes, or digits), amputee
- >ACUCON41< (41) Multiple sclerosis
- >ACUCON42< (42) Neuropathy
- >ACUCON43< (43) Osteoporosis, tendinitis
- >ACUCON44< (44) Other developmental problem
- >ACUCON45< (45) Other injury
- >ACUCON46< (46) Other nerve damage, including carpal tunnel syndrome
- >ACUCON47< (47) Parkinson's
- >ACUCON48< (48) Polio (myelitis), paralysis, para/quadruplegia
- >ACUCON49< (49) Poor circulation in your legs
- >ACUCON50< (50) Insomnia or trouble sleeping
- >ACUCON51< (51) Liver problem
- >ACUCON52< (52) Dental pain
- >ACUCON53< (53) Prostate trouble or impotence
- >ACUCON54< (54) Seizures
- >ACUCON55< (55) Senility
- >ACUCON56< (56) Sinusitis
- >ACUCON57< (57) Skin problems
- >ACUCON58< (58) Sprain or strain
- >ACUCON59< (59) Stroke
- >ACUCON60< (60) Text of first other specify
- >ACUCON61< (61) Text of second other specify
- >ACUCON62< (62) Thyroid problem
- >ACUCON63< (63) Ulcer
- >ACUCON64< (64) Urinary problem
- >ACUCON65< (65) Varicose veins, hemorrhoids
- >ACUCON66< (66) Vision problems (not already listed)
- >ACUCON67< (67) Weak or failing kidneys
- >ACUCON68< (68) Weight problems
- >ACUCON69< (69) Back pain or problem
- >ACUCON70< (70) Head or chest cold
- >ACUCON71< (71) Neck pain or problem
- >ACUCON72< (72) Severe headache or migraine
- >ACUCON73< (73) Stomach or intestinal illness
- >ACUCON74< (74) Other, specify

Check Item ACU_CCI1: If more than three conditions are X'ed in ACU_COND, go to ACU_BOTH and display all conditions checked. If ACU_COND eq <R> or ACU_COND eq <D>, go to ACU_NOHP; else go to if ACU_HELP.

ALT.006 Which three of these are the most bothersome?

FR: ENTER THREE CONDITIONS. PROMPT IF NECESSARY.

>ACUBOT1< [if ACUCON01 eq <X>, display]
>ACUBOT2< [if ACUCON02 eq <X>, display]
>ACUBOT3< [if ACUCON03 eq <X>, display]

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[if ACUCON72 eq <X>, display]
[if ACUCON73 eq <X>, display]
[if ACUCON74 eq <X>, display]

ALT.007 How much do you think acupuncture helped your (display for each condition)? Would you say a great deal, some, only a little, or not at all?

>ACUHELP1< (1) A great deal
>ACUHELP2< (2) Some
>ACUHELP3< (3) Only a little
(4) Not at all
(7) Refused
(9) Don't know

ALT.008 Did you choose acupuncture for any of the following reasons? Please say yes or no to each one.

(1) Yes (7) Refused
(2) No (9) Don't know

>ACU_NOHP< Conventional medical treatments would not help you
>ACU_EXPS< Conventional medical treatments were too expensive
>ACU_COMB< Hypnosis combined with conventional medical treatments would help you
>ACU_SUGG< A conventional medical professional suggested you try hypnosis
>ACU_INTS< You thought it would be interesting to try hypnosis

ALT.009 DURING THE PAST 12 MONTHS, how important was your use of acupuncture in maintaining your health and well-being? Would you say very important, somewhat important, slightly important, or not at all important?

>ACU_IMPT< (1) Very important
(2) Somewhat important
(3) Slightly important
(4) Not at all important
(7) Refused
(9) Don't know

ALT.010 DURING THE PAST 12 MONTHS, were any of the costs of using acupuncture covered by insurance?

- >ACU_INSC< (1) Yes
(2) No
(3) No costs
(4) No health insurance
(7) Refused
(9) Don't know

ALT.011 DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of acupuncture?

FR: SHOW FLASHCARD A16

- >ACU<_DISC< (1) Yes (ALT.012)
(2) No (go to Check Item ALTCCI3)
(3) Did not go/talk to any of these (go to Check Item ALTCCI3)
(7) Refused (go to Check Item ALTCCI3)
(9) Don't know (go to Check Item ALTCCI3)

ALT.012 Which ones?

FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.

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

>ACU_PROF1< Medical Doctor (M.D.) (including specialists)

>ACU_PROF2< Nurse Practitioner/Physician Assistant

>ACU_PROF3< Psychiatrist

>ACU_PROF4< Dentist (including specialists)

[AYU_USEM – AYU_PROF4] are asked for practitioner's service reported in AYU_EVER.

[BIO_USEM – BIO_PROF4] are asked for practitioner's service reported in BIO_EVER.

[CHE_USEM – CHE_PROF4] are asked for practitioner's service reported in CHE_EVER.

[CHP_USEM – CHP_PROF4] are asked for practitioner's service reported in CHP_EVER.

[EHT_USEM – EHT_PROF4] are asked for practitioner's service reported in EHT_EVER.

[FMD_USEM – FMD_PROF4] are asked for practitioner's service reported in FMD_EVER.

ALT.136 DURING THE PAST 12 MONTHS, did you see a practitioner for hypnosis?

- >HYP_USEM< (1) Yes (ALT.138)
(2) No (Check Item ALTCCI16)
(7) Refused (Check Item ALTCCI16)
(9) Don't know (Check Item ALTCCI16)

ALT.138 DURING THE PAST 12 MONTHS, how many times did you see a practitioner for hypnosis?

- >HYP_NUMB< (1) Only one time
(2) 2-4 times
(3) 5-10 times
(4) More than 10 times
(7) Refused
(9) Don't know

ALT.140 Why did you use hypnosis?

FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.

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

- >HYPWHY01< (01) Quit smoking
>HYPWHY02< (02) Lose weight
>HYPWHY03< (03) Sleep better
>HYPWHY04< (04) Overcome alcohol/substance abuse
>HYPWHY05< (05) Reduce pain
>HYPWHY06< (06) Reduce stress
>HYPWHY07< (07) Anxiety/depression
>HYPWHY08< (08) Fear/phobias
>HYPWHY09< (09) Improve memory
>HYPWHY10< (10) Other

ALT.142 Did you choose hypnosis for any of the following reasons? Please say yes or no to each one.

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

- >HYP_NOHP< Conventional medical treatments would not help you
>HYP_EXPS< Conventional medical treatments were too expensive
>HYP_COMB< Hypnosis combined with conventional medical treatments would help you
>HYP_SUGG< A conventional medical professional suggested you try hypnosis
>HYP_INTS< You thought it would be interesting to try hypnosis

ALT.144 DURING THE PAST 12 MONTHS, how important was your use of hypnosis in maintaining your health and well-being? Would you say very important, somewhat important, slightly important, or not at all important?

- >HYP_IMPT< (1) Very important
(2) Somewhat important
(3) Slightly important
(4) Not at all important
(7) Refused
(9) Don't know

ALT.146 DURING THE PAST 12 MONTHS, were any of the costs of using hypnosis covered by insurance?

- >HYP_INSC<
- (1) Yes
 - (2) No
 - (3) No costs
 - (4) No health insurance
 - (7) Refused
 - (9) Don't know

ALT.148 DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of hypnosis?

FR: SHOW FLASHCARD A16

- >HYP<_DISC<
- (1) Yes (ALT.150)
 - (2) No (go to Check Item ALTCCI16)
 - (3) Did not go/talk to any of these (go to Check Item ALTCCI16)
 - (7) Refused (go to Check Item ALTCCI16)
 - (9) Don't know (go to Check Item ALTCCI16)

ALT.150 Which ones?

FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.

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

- >HYP_PROF1< Medical Doctor (M.D.) (including specialists)
- >HYP_PROF2< Nurse Practitioner/Physician Assistant
- >HYP_PROF3< Psychiatrist
- >HYP_PROF4< Dentist (including specialists)

**[MAS_USEM – MAS_PROF4] are asked for practitioner's service reported in MAS_EVER.
[NAT_USEM – NAT_PROF4] are asked for practitioner's service reported in NAT_EVER.**

Now I am going to ask you about some additional health services. You may have done them on your own OR you may have seen a practitioner. These practices include herbs, vitamins, homeopathy, and others.

HERBS

Some people use natural herbs for a variety of health reasons. Some people drink an herbal tea to remedy a flu or cold. Others take a daily herb pill to help with a health condition or just to stay healthy.

ALT.196 Have you EVER used natural herbs for you own health or treatment? (for example, ginger, echinacea, or black cohosh) (including teas, tinctures and pills)

- >**HRB_EVER**< (1) Yes (ALT.198)
 (2) No (ALT.220)
 (7) Refused (ALT.220)
 (9) Don't know (ALT.220)

ALT.198 DURING THE PAST 12 MONTHS, did you use natural herbs for you own health or treatment? (for example, ginger, echinacea, or black cohosh) (including teas, tinctures and pills)

- >**HRB_USEM**< (1) Yes (ALT.200)
 (2) No (ALT.220)
 (7) Refused (ALT.220)
 (9) Don't know (ALT.220)

ALT.200 Did you use natural herbs to treat a specific health problem or condition?

- >**HRB_TRET**< (1) Yes (ALT.202)
 (2) No (ALT.210)
 (7) Refused (ALT.210)
 (9) Don't know (ALT.210)

ALT.202 For what health problems or conditions did you use natural herbs?

FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.

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

- >**HRBCON01**< (01) Allergic reaction to food
>**HRBCON02**< (02) Allergic reaction to medication
>**HRBCON03**< (03) Angina
>**HRBCON04**< (04) Anxiety/depression
>**HRBCON05**< (05) Arthritis, gout, lupus, or fibromyalgia
>**HRBCON06**< (06) Asthma
>**HRBCON07**< (07) Benign tumors, cysts
>**HRBCON08**< (08) Birth defect
>**HRBCON09**< (09) Bowel problems or constipation
>**HRBCON10**< (10) Cancer
>**HRBCON11**< (11) Cataracts
>**HRBCON12**< (12) Cholesterol
>**HRBCON13**< (13) Chronic bronchitis
>**HRBCON14**< (14) Recurring pain
>**HRBCON15**< (15) Circulation problems (other than in the legs)

- >HRBCON16< (16) Congestive heart failure
- >HRBCON17< (17) Coronary heart disease
- >HRBCON18< (18) Diabetes
- >HRBCON19< (19) Diabetic retinopathy
- >HRBCON20< (20) Emphysema
- >HRBCON21< (21) Excessive sleepiness during the day
- >HRBCON22< (22) Jaw pain
- >HRBCON23< (23) Fracture, bone/joint injury
- >HRBCON24< (24) Glaucoma
- >HRBCON25< (25) Gynecologic problems
- >HRBCON26< (26) Hay fever
- >HRBCON27< (27) Hearing problem
- >HRBCON28< (28) Heart attack
- >HRBCON29< (29) Heart condition or disease
- >HRBCON30< (30) Hernia
- >HRBCON31< (31) Hypertension
- >HRBCON32< (32) Irregular heartbeat
- >HRBCON33< (33) Knee problems (not arthritis, not joint injury)
- >HRBCON34< (34) Lung/breathing problem (not already listed)
- >HRBCON35< (35) Macular degeneration
- >HRBCON36< (36) Menopause
- >HRBCON37< (37) Menstrual problems
- >HRBCON38< (38) Mental retardation
- >HRBCON39< (39) Joint pain or stiffness
- >HRBCON40< (40) Missing limbs (fingers, toes, or digits), amputee
- >HRBCON41< (41) Multiple sclerosis
- >HRBCON42< (42) Neuropathy
- >HRBCON43< (43) Osteoporosis, tendinitis
- >HRBCON44< (44) Other developmental problem
- >HRBCON45< (45) Other injury
- >HRBCON46< (46) Other nerve damage, including carpal tunnel syndrome
- >HRBCON47< (47) Parkinson's
- >HRBCON48< (48) Polio (myelitis), paralysis, para/quadruplegia
- >HRBCON49< (49) Poor circulation in your legs
- >HRBCON50< (50) Insomnia or trouble sleeping
- >HRBCON51< (51) Liver problem
- >HRBCON52< (52) Dental pain
- >HRBCON53< (53) Prostate trouble or impotence
- >HRBCON54< (54) Seizures
- >HRBCON55< (55) Senility
- >HRBCON56< (56) Sinusitis
- >HRBCON57< (57) Skin problems
- >HRBCON58< (58) Sprain or strain
- >HRBCON59< (59) Stroke
- >HRBCON60< (60) Text of first other specify
- >HRBCON61< (61) Text of second other specify
- >HRBCON62< (62) Thyroid problem
- >HRBCON63< (63) Ulcer
- >HRBCON64< (64) Urinary problem
- >HRBCON65< (65) Varicose veins, hemorrhoids
- >HRBCON66< (66) Vision problems (not already listed)
- >HRBCON67< (67) Weak or failing kidneys
- >HRBCON68< (68) Weight problems
- >HRBCON69< (69) Back pain or problem

- >HRBCON70< (70) Head or chest cold
- >HRBCON71< (71) Neck pain or problem
- >HRBCON72< (72) Severe headache or migraine
- >HRBCON73< (73) Stomach or intestinal illness
- >HRBCON74< (74) Other, specify

Check Item HRB_CCI1: If more than three conditions are X'ed in HRB_COND, go to HRB_BOTH and display all conditions checked. If HRB_COND eq <R> or HRB_COND eq <D>, go to HRB_NOHP; else go to if HRB_HELP.

ALT.204 Which three of these are the most bothersome?

FR: ENTER THREE CONDITIONS. PROMPT IF NECESSARY.

- >HRBBOT1< [if HRBCON01 eq <X>, display]
- >HRBBOT2< [if HRBCON02 eq <X>, display]
- >HRBBOT3< [if HRBCON03 eq <X>, display]
- .
- .
- .
- [if HRBCON72 eq <X>, display]
- [if HRBCON73 eq <X>, display]
- [if HRBCON74 eq <X>, display]

ALT.206 How much do you think natural herbs helped your (display for each condition)? Would you say a great deal, some, only a little, or not at all?

- >HRBHELP1< (1) A great deal
- >HRBHELP2< (2) Some
- >HRBHELP3< (3) Only a little
- (4) Not at all
- (7) Refused
- (9) Don't know

ALT.208 Did you choose natural herbs for any of the following reasons? Please say yes or no to each one.

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

- >HRB_NOHP< Conventional medical treatments would not help you
- >HRB_EXPS< Conventional medical treatments were too expensive
- >HRB_COMB< Natural herbs combined with conventional medical treatments would help you
- >HRB_SUGG< A conventional medical professional suggested you try natural herbs
- >HRB_INTS< You thought it would be interesting to try natural herbs

ALT.210 DURING THE PAST 12 MONTHS, how important was your use of natural herbs in maintaining your health and well-being? Would you say very important, somewhat important, slightly important, or not at all important?

- >HRB_IMPT<
- (1) Very important
 - (2) Somewhat important
 - (3) Slightly important
 - (4) Not at all important
 - (7) Refused
 - (9) Don't know

ALT.212 Have you EVER seen a practitioner for natural herbs?

- >HRB_PRAC<
- (1) Yes (ALT.213)
 - (2) No (ALT.214)
 - (7) Refused (ALT.214)
 - (9) Don't know (ALT.214)

ALT.213 DURING THE PAST 12 MONTHS, did you see a practitioner for natural herbs?

- >HRB_YR<
- (1) Yes
 - (2) No
 - (7) Refused
 - (9) Don't know

ALT.214 DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of natural herbs?

FR: SHOW FLASHCARD A16

- >HRB<_DISC<
- (1) Yes (ALT.216)
 - (2) No (ALT.218)
 - (3) Did not go/talk to any of these (ALT.218)
 - (7) Refused (ALT.218)
 - (9) Don't know (ALT.218)

ALT.216 Which ones?

FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.

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

- >HRBPROF1< Medical Doctor (M.D.) (including specialists)
- >HRBPROF2< Nurse Practitioner/Physician Assistant
- >HRBPROF3< Psychiatrist
- >HRBPROF4< Dentist (including specialists)

ALT.218

DURING THE PAST 12 MONTHS, did you use any of the following natural herbs for health reasons?

FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.

(1) Yes

(7) Refused

(2) No

(9) Don't know

- >HRBTAK01< (01) Bee pollen or royal jelly
- >HRBTAK02< (02) Black cohosh
- >HRBTAK03< (03) Bladder wrack/kelp
- >HRBTAK04< (04) Cascara sagrada
- >HRBTAK05< (05) Chaparral
- >HRBTAK06< (06) Chasteberry/vitex
- >HRBTAK07< (07) Comfrey
- >HRBTAK08< (08) Dong quai/don gui tong kuei
- >HRBTAK09< (09) Echinacea
- >HRBTAK10< (10) Evening primrose
- >HRBTAK11< (11) Feverfew
- >HRBTAK12< (12) Fish oils/omega fatty acids
- >HRBTAK13< (13) Garlic supplements
- >HRBTAK14< (14) Ginger supplements
- >HRBTAK15< (15) Gingko biloba
- >HRBTAK16< (16) Ginseng
- >HRBTAK17< (17) Glucosamine with or without chondroitin
- >HRBTAK18< (18) Guarana
- >HRBTAK19< (19) Hawthorn
- >HRBTAK20< (20) Kava kava
- >HRBTAK21< (21) Licorice
- >HRBTAK22< (22) Ma huang (ephedra)
- >HRBTAK23< (23) Melatonin
- >HRBTAK24< (24) Mexican yam cream
- >HRBTAK25< (25) Milk thistle
- >HRBTAK26< (26) Peppermint
- >HRBTAK27< (27) Progesterone cream
- >HRBTAK28< (28) Ragweed/chamomile
- >HRBTAK29< (29) SAM-e
- >HRBTAK30< (30) Saw palmetto
- >HRBTAK31< (31) Senna
- >HRBTAK32< (32) Soy supplements
- >HRBTAK33< (33) St. John's wort
- >HRBTAK34< (34) Valerian
- >HRBTAK35< (35) Yohimbe

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.

ALT.220 Have you EVER used homeopathic treatment for you own health?

- >HOM_EVER< (1) Yes (ALT.222)
(2) No (ALT.242)
(7) Refused (ALT.242)
(9) Don't know (ALT.242)

ALT.222 DURING THE PAST 12 MONTHS, did you use homeopathic treatment for you own health?

- >HOM_USEM< (1) Yes (ALT.222)
(2) No (ALT.242)
(7) Refused (ALT.242)
(9) Don't know (ALT.242)

ALT.224 Did you use homeopathic treatment to treat a specific health problem or condition?

- >HOM_TRET< (1) Yes (ALT.224)
(2) No (ALT.234)
(7) Refused (ALT.234)
(9) Don't know (ALT.234)

ALT.226 For what health problems or conditions did you use homeopathic treatment?

FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.

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

- >HOMCON01< (01) Allergic reaction to food
>HOMCON02< (02) Allergic reaction to medication
>HOMCON03< (03) Angina
>HOMCON04< (04) Anxiety/depression
>HOMCON05< (05) Arthritis, gout, lupus, or fibromyalgia
>HOMCON06< (06) Asthma
>HOMCON07< (07) Benign tumors, cysts
>HOMCON08< (08) Birth defect
>HOMCON09< (09) Bowel problems or constipation
>HOMCON10< (10) Cancer
>HOMCON11< (11) Cataracts
>HOMCON12< (12) Cholesterol
>HOMCON13< (13) Chronic bronchitis
>HOMCON14< (14) Recurring pain
>HOMCON15< (15) Circulation problems (other than in the legs)
>HOMCON16< (16) Congestive heart failure
>HOMCON17< (17) Coronary heart disease
>HOMCON18< (18) Diabetes
>HOMCON19< (19) Diabetic retinopathy
>HOMCON20< (20) Emphysema

- >HOMCON21< (21) Excessive sleepiness during the day
- >HOMCON22< (22) Jaw pain
- >HOMCON23< (23) Fracture, bone/joint injury
- >HOMCON24< (24) Glaucoma
- >HOMCON25< (25) Gynecologic problems
- >HOMCON26< (26) Hay fever
- >HOMCON27< (27) Hearing problem
- >HOMCON28< (28) Heart attack
- >HOMCON29< (29) Heart condition or disease
- >HOMCON30< (30) Hernia
- >HOMCON31< (31) Hypertension
- >HOMCON32< (32) Irregular heartbeat
- >HOMCON33< (33) Knee problems (not arthritis, not joint injury)
- >HOMCON34< (34) Lung/breathing problem (not already listed)
- >HOMCON35< (35) Macular degeneration
- >HOMCON36< (36) Menopause
- >HOMCON37< (37) Menstrual problems
- >HOMCON38< (38) Mental retardation
- >HOMCON39< (39) Joint pain or stiffness
- >HOMCON40< (40) Missing limbs (fingers, toes, or digits), amputee
- >HOMCON41< (41) Multiple sclerosis
- >HOMCON42< (42) Neuropathy
- >HOMCON43< (43) Osteoporosis, tendinitis
- >HOMCON44< (44) Other developmental problem
- >HOMCON45< (45) Other injury
- >HOMCON46< (46) Other nerve damage, including carpal tunnel syndrome
- >HOMCON47< (47) Parkinson's
- >HOMCON48< (48) Polio (myelitis), paralysis, para/quadruplegia
- >HOMCON49< (49) Poor circulation in your legs
- >HOMCON50< (50) Insomnia or trouble sleeping
- >HOMCON51< (51) Liver problem
- >HOMCON52< (52) Dental pain
- >HOMCON53< (53) Prostate trouble or impotence
- >HOMCON54< (54) Seizures
- >HOMCON55< (55) Senility
- >HOMCON56< (56) Sinusitis
- >HOMCON57< (57) Skin problems
- >HOMCON58< (58) Sprain or strain
- >HOMCON59< (59) Stroke
- >HOMCON60< (60) Text of first other specify
- >HOMCON61< (61) Text of second other specify
- >HOMCON62< (62) Thyroid problem
- >HOMCON63< (63) Ulcer
- >HOMCON64< (64) Urinary problem
- >HOMCON65< (65) Varicose veins, hemorrhoids
- >HOMCON66< (66) Vision problems (not already listed)
- >HOMCON67< (67) Weak or failing kidneys
- >HOMCON68< (68) Weight problems
- >HOMCON69< (69) Back pain or problem
- >HOMCON70< (70) Head or chest cold
- >HOMCON71< (71) Neck pain or problem
- >HOMCON72< (72) Severe headache or migraine
- >HOMCON73< (73) Stomach or intestinal illness
- >HOMCON74< (74) Other, specify

Check Item HOM_CCI1: If more than three conditions are X'ed in HOM_COND, go to HOM_BOTH and display all conditions checked. If HOM_COND eq <R> or HOM_COND eq <D>, go to HOM_NOHP; else go to if HOM_HELP.

ALT.228 Which three of these are the most bothersome?

FR: ENTER THREE CONDITIONS. PROMPT IF NECESSARY.

>HOMBOT1< [if HOMCON01 eq <X>, display]

>HOMBOT2< [if HOMCON02 eq <X>, display]

>HOMBOT3< [if HOMCON03 eq <X>, display]

.

.

.

[if HOMCON72 eq <X>, display]

[if HOMCON73 eq <X>, display]

[if HOMCON74 eq <X>, display]

ALT.230 How much do you think homeopathic treatment helped your (display for each condition)? Would you say a great deal, some, only a little, or not at all?

>HOMHELP1< (1) A great deal

>HOMHELP2< (2) Some

>HOMHELP3< (3) Only a little

(4) Not at all

(7) Refused

(9) Don't know

ALT.232 Did you choose homeopathic treatment for any of the following reasons? Please say yes or no to each one.

(1) Yes

(7) Refused

(2) No

(9) Don't know

>HOM_NOHP< Conventional medical treatments would not help you

>HOM_EXPS< Conventional medical treatments were too expensive

>HOM_COMB< Homeopathic treatment combined with conventional medical treatments would help you

>HOM_SUGG< A conventional medical professional suggested you try homeopathic treatment

>HOM_INTS< You thought it would be interesting to try homeopathic treatment

ALT.234 DURING THE PAST 12 MONTHS, how important was your use of homeopathic treatment in maintaining your health and well-being? Would you say very important, somewhat important, slightly important, or not at all important?

>HOM_IMPT< (1) Very important

(2) Somewhat important

(3) Slightly important

(4) Not at all important

(7) Refused

(9) Don't know

ALT.235 Have you EVER seen a practitioner for homeopathic treatment?

- >HOM_PRAC< (1) Yes (ALT.236)
(2) No (ALT.238)
(7) Refused (ALT.238)
(9) Don't know (ALT.238)

ALT.236 DURING THE PAST 12 MONTHS, did you see a practitioner for homeopathic treatment?

- >HOM_YR< (1) Yes
(2) No
(7) Refused
(9) Don't know

ALT.238 DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of homeopathic treatment?

FR: SHOW FLASHCARD A16

- >HOM<_DISC< (1) Yes (ALT.240)
(2) No (ALT.242)
(3) Did not go/talk to any of these (ALT.242)
(7) Refused (ALT.242)
(9) Don't know (ALT.242)

ALT.240 Which ones?

FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.

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

- >HOMPROF1< Medical Doctor (M.D.) (including specialists)
>HOMPROF2< Nurse Practitioner/Physician Assistant
>HOMPROF3< Psychiatrist
>HOMPROF4< Dentist (including specialists)

SPECIAL DIETS

ALT.242 Have you EVER used any of these special diets for two weeks or more for health reasons?

FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.

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

- >DITEVER1< Vegetarian (for health reasons)
- >DITEVER2< Macrobiotic
- >DITEVER3< Atkins
- >DITEVER4< Pritikin
- >DITEVER5< Ornish
- >DITEVER6< Zone

ALT.244 DURING THE PAST 12 MONTHS, did you use any of these for two weeks for health reasons?

FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.

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

- >DITUSEM1< Vegetarian (for health reasons)
- >DITUSEM2< Macrobiotic
- >DITUSEM3< Atkins
- >DITUSEM4< Pritikin
- >DITUSEM5< Ornish
- >DITUSEM6< Zone

ALT.248 Did you use (this/these) special diet(s) to treat a specific health problem or condition?

- >DIT_TRET< (1) Yes (ALT.250)
- (2) No (ALT.258)
- (7) Refused (ALT.258)
- (9) Don't know (ALT.258)

ALT.250 For what health problems or conditions did you use (this/these) special diet(s)?

FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.

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

- >DITCON01< (01) Allergic reaction to food
- >DITCON02< (02) Allergic reaction to medication
- >DITCON03< (03) Angina
- >DITCON04< (04) Anxiety/depression
- >DITCON05< (05) Arthritis, gout, lupus, or fibromyalgia
- >DITCON06< (06) Asthma
- >DITCON07< (07) Benign tumors, cysts
- >DITCON08< (08) Birth defect
- >DITCON09< (09) Bowel problems or constipation
- >DITCON10< (10) Cancer

- >DITCON11< (11) Cataracts
- >DITCON12< (12) Cholesterol
- >DITCON13< (13) Chronic bronchitis
- >DITCON14< (14) Recurring pain
- >DITCON15< (15) Circulation problems (other than in the legs)
- >DITCON16< (16) Congestive heart failure
- >DITCON17< (17) Coronary heart disease
- >DITCON18< (18) Diabetes
- >DITCON19< (19) Diabetic retinopathy
- >DITCON20< (20) Emphysema
- >DITCON21< (21) Excessive sleepiness during the day
- >DITCON22< (22) Jaw pain
- >DITCON23< (23) Fracture, bone/joint injury
- >DITCON24< (24) Glaucoma
- >DITCON25< (25) Gynecologic problems
- >DITCON26< (26) Hay fever
- >DITCON27< (27) Hearing problem
- >DITCON28< (28) Heart attack
- >DITCON29< (29) Heart condition or disease
- >DITCON30< (30) Hernia
- >DITCON31< (31) Hypertension
- >DITCON32< (32) Irregular heartbeat
- >DITCON33< (33) Knee problems (not arthritis, not joint injury)
- >DITCON34< (34) Lung/breathing problem (not already listed)
- >DITCON35< (35) Macular degeneration
- >DITCON36< (36) Menopause
- >DITCON37< (37) Menstrual problems
- >DITCON38< (38) Mental retardation
- >DITCON39< (39) Joint pain or stiffness
- >DITCON40< (40) Missing limbs (fingers, toes, or digits), amputee
- >DITCON41< (41) Multiple sclerosis
- >DITCON42< (42) Neuropathy
- >DITCON43< (43) Osteoporosis, tendinitis
- >DITCON44< (44) Other developmental problem
- >DITCON45< (45) Other injury
- >DITCON46< (46) Other nerve damage, including carpal tunnel syndrome
- >DITCON47< (47) Parkinson's
- >DITCON48< (48) Polio (myelitis), paralysis, para/quadruplegia
- >DITCON49< (49) Poor circulation in your legs
- >DITCON50< (50) Insomnia or trouble sleeping
- >DITCON51< (51) Liver problem
- >DITCON52< (52) Dental pain
- >DITCON53< (53) Prostate trouble or impotence
- >DITCON54< (54) Seizures
- >DITCON55< (55) Senility
- >DITCON56< (56) Sinusitis
- >DITCON57< (57) Skin problems
- >DITCON58< (58) Sprain or strain
- >DITCON59< (59) Stroke
- >DITCON60< (60) Text of first other specify
- >DITCON61< (61) Text of second other specify
- >DITCON62< (62) Thyroid problem
- >DITCON63< (63) Ulcer
- >DITCON64< (64) Urinary problem

- >DITCON65< (65) Varicose veins, hemorrhoids
- >DITCON66< (66) Vision problems (not already listed)
- >DITCON67< (67) Weak or failing kidneys
- >DITCON68< (68) Weight problems
- >DITCON69< (69) Back pain or problem
- >DITCON70< (70) Head or chest cold
- >DITCON71< (71) Neck pain or problem
- >DITCON72< (72) Severe headache or migraine
- >DITCON73< (73) Stomach or intestinal illness
- >DITCON74< (74) Other, specify

Check Item DIT_CCB3: If more than three conditions are X'ed in DIT_COND, go to DIT_BOTH and display all conditions checked. If DIT_COND eq <R> or DIT_COND eq <D>, go to DIT_NOHP; else go to if DIT_HELP.

ALT.252 Which three of these are the most bothersome?

FR: ENTER THREE CONDITIONS. PROMPT IF NECESSARY.

- >DITBOT1< [if DITCON01 eq <X>, display]
- >DITBOT2< [if DITCON02 eq <X>, display]
- >DITBOT3< [if DITCON03 eq <X>, display]
- .
- .
- .
- [if DITCON72 eq <X>, display]
- [if DITCON73 eq <X>, display]
- [if DITCON74 eq <X>, display]

ALT.254 How much do you think (this/these) special diet(s) helped your (display for each condition)? Would you say a great deal, some, only a little, or not at all?

- >DITHELP1< (1) A great deal
- >DITHELP2< (2) Some
- >DITHELP3< (3) Only a little
- (4) Not at all
- (7) Refused
- (9) Don't know

ALT.256 Did you choose (this/these) special diet(s) for any of the following reasons? Please say yes or no to each one.

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

- >DIT_NOHP< Conventional medical treatments would not help you
- >DIT_EXPS< Conventional medical treatments were too expensive
- >DIT_COMB< Special diets combined with conventional medical treatments would help you
- >DIT_SUGG< A conventional medical professional suggested you try special diets
- >DIT_INTS< You thought it would be interesting to try special diets

ALT.258 DURING THE PAST 12 MONTHS, how important was your use of (this/these) special diet(s) in maintaining your health and well-being? Would you say very important, somewhat important, slightly important, or not at all important?

- >DIT_IMPT<
- (1) Very important
 - (2) Somewhat important
 - (3) Slightly important
 - (4) Not at all important
 - (7) Refused
 - (9) Don't know

ALT.259 Have you EVER seen a practitioner for special diets?

- >DIT_PRACT<
- (1) Yes (ALT.260)
 - (2) No (ALT.262)
 - (7) Refused (ALT.262)
 - (9) Don't know (ALT.262)

ALT.260 DURING THE PAST 12 MONTHS, did you see a practitioner for special diets?

- >DIT_YR<
- (1) Yes
 - (2) No
 - (7) Refused
 - (9) Don't know

ALT.262 DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of (this/these) special diet(s)?

FR: SHOW FLASHCARD A16

- >DIT_DISC<
- (1) Yes (ALT.264)
 - (2) No (ALT.266)
 - (3) Did not go/talk to any of these (ALT.266)
 - (7) Refused (ALT.266)
 - (9) Don't know (ALT.266)

ALT.264 Which ones?

FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.

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

- >DITPROF1< Medical Doctor (M.D.) (including specialists)
- >DITPROF2< Nurse Practitioner/Physician Assistant
- >DITPROF3< Psychiatrist
- >DITPROF4< Dentist (including specialists)

VITAMINS

ALT.266 Have you EVER used vitamins for your own health or treatment?

- >VIT_EVER< (1) Yes (ALT.268)
(2) No (ALT.292)
(7) Refused (ALT.292)
(9) Don't know (ALT.292)

ALT.268 Which of the following did you use? Please say yes or no to each one.

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

- >VITK_MVS< Multi-vitamins such as One-A-Day
>VITK_IVS< Individual vitamin supplements
>VITK_HDM< High dose or megavitamin therapy

ALT.270 DURING THE PAST 12 MONTHS, did you use high dose or megavitamin therapy for your own health or treatment?

- >VIT_USEM< (1) Yes (ALT.272)
(2) No (ALT.292)
(7) Refused (ALT.292)
(9) Don't know (ALT.292)

ALT.272 DURING THE PAST 12 MONTHS, did you take any of the following vitamins in high dose?

FR: SHOW FLASHCARD A19. MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.

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

- >VITTAK01< DHEA
>VITTAK02< Calcium
>VITTAK03< Coenzyme Q-10
>VITTAK04< Multivitamins
>VITTAK05< Selenium
>VITTAK06< Vitamin B complex
>VITTAK07< Vitamin C
>VITTAK08< Vitamin E
>VITTAK09< Vitamins A and/or D
>VITTAK10< Zinc

ALT.274 Did you use high dose or megavitamin therapy to treat a specific health problem or condition?

- >VIT_TRET< (1) Yes (ALT.276)
(2) No (ALT.284)
(7) Refused (ALT.284)
(9) Don't know (ALT.284)

ALT.276

For what health problems or conditions did you use high dose or megavitamin therapy?

FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.

(1) Yes

(7) Refused

(2) No

(9) Don't know

- >VITCON01< (01) Allergic reaction to food
- >VITCON02< (02) Allergic reaction to medication
- >VITCON03< (03) Angina
- >VITCON04< (04) Anxiety/depression
- >VITCON05< (05) Arthritis, gout, lupus, or fibromyalgia
- >VITCON06< (06) Asthma
- >VITCON07< (07) Benign tumors, cysts
- >VITCON08< (08) Birth defect
- >VITCON09< (09) Bowel problems or constipation
- >VITCON10< (10) Cancer
- >VITCON11< (11) Cataracts
- >VITCON12< (12) Cholesterol
- >VITCON13< (13) Chronic bronchitis
- >VITCON14< (14) Recurring pain
- >VITCON15< (15) Circulation problems (other than in the legs)
- >VITCON16< (16) Congestive heart failure
- >VITCON17< (17) Coronary heart disease
- >VITCON18< (18) Diabetes
- >VITCON19< (19) Diabetic retinopathy
- >VITCON20< (20) Emphysema
- >VITCON21< (21) Excessive sleepiness during the day
- >VITCON22< (22) Jaw pain
- >VITCON23< (23) Fracture, bone/joint injury
- >VITCON24< (24) Glaucoma
- >VITCON25< (25) Gynecologic problems
- >VITCON26< (26) Hay fever
- >VITCON27< (27) Hearing problem
- >VITCON28< (28) Heart attack
- >VITCON29< (29) Heart condition or disease
- >VITCON30< (30) Hernia
- >VITCON31< (31) Hypertension
- >VITCON32< (32) Irregular heartbeat
- >VITCON33< (33) Knee problems (not arthritis, not joint injury)
- >VITCON34< (34) Lung/breathing problem (not already listed)
- >VITCON35< (35) Macular degeneration
- >VITCON36< (36) Menopause
- >VITCON37< (37) Menstrual problems
- >VITCON38< (38) Mental retardation
- >VITCON39< (39) Joint pain or stiffness
- >VITCON40< (40) Missing limbs (fingers, toes, or digits), amputee
- >VITCON41< (41) Multiple sclerosis
- >VITCON42< (42) Neuropathy
- >VITCON43< (43) Osteoporosis, tendinitis
- >VITCON44< (44) Other developmental problem
- >VITCON45< (45) Other injury

- >VITCON46< (46) Other nerve damage, including carpal tunnel syndrome
- >VITCON47< (47) Parkinson's
- >VITCON48< (48) Polio (myelitis), paralysis, para/quadruplegia
- >VITCON49< (49) Poor circulation in your legs
- >VITCON50< (50) Insomnia or trouble sleeping
- >VITCON51< (51) Liver problem
- >VITCON52< (52) Dental pain
- >VITCON53< (53) Prostate trouble or impotence
- >VITCON54< (54) Seizures
- >VITCON55< (55) Senility
- >VITCON56< (56) Sinusitis
- >VITCON57< (57) Skin problems
- >VITCON58< (58) Sprain or strain
- >VITCON59< (59) Stroke
- >VITCON60< (60) Text of first other specify
- >VITCON61< (61) Text of second other specify
- >VITCON62< (62) Thyroid problem
- >VITCON63< (63) Ulcer
- >VITCON64< (64) Urinary problem
- >VITCON65< (65) Varicose veins, hemorrhoids
- >VITCON66< (66) Vision problems (not already listed)
- >VITCON67< (67) Weak or failing kidneys
- >VITCON68< (68) Weight problems
- >VITCON69< (69) Back pain or problem
- >VITCON70< (70) Head or chest cold
- >VITCON71< (71) Neck pain or problem
- >VITCON72< (72) Severe headache or migraine
- >VITCON73< (73) Stomach or intestinal illness
- >VITCON74< (74) Other, specify

Check Item VIT_CCII: If more than three conditions are X'ed in VIT_COND, go to VIT_BOTH and display all conditions checked. If VIT_COND eq <R> or VIT_COND eq <D>, go to VIT_NOHP; else go to if VIT_HELP.

ALT.278 Which three of these are the most bothersome?

FR: ENTER THREE CONDITIONS. PROMPT IF NECESSARY.

- >VITBOT1< [if VITCON01 eq <X>, display]
- >VITBOT2< [if VITCON02 eq <X>, display]
- >VITBOT3< [if VITCON03 eq <X>, display]
- .
- .
- .
- [if VITCON72 eq <X>, display]
- [if VITCON73 eq <X>, display]
- [if VITCON74 eq <X>, display]

ALT.280 How much do you think high dose or megavitamin therapy helped your (display for each condition)?
Would you say a great deal, some, only a little, or not at all?

- >VITHELP1< (1) A great deal
- >VITHELP2< (2) Some
- >VITHELP3< (3) Only a little
- (4) Not at all
- (7) Refused
- (9) Don't know

ALT.282 Did you choose high dose or megavitamin therapy for any of the following reasons? Please say yes or no to each one.

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

- >VIT_NOHP< Conventional medical treatments would not help you
- >VIT_EXPS< Conventional medical treatments were too expensive
- >VIT_COMB< High dose or megavitamin therapy combined with conventional medical treatments would help you
- >VIT_SUGG< A conventional medical professional suggested you try high dose or megavitamin therapy
- >VIT_INTS< You thought it would be interesting to try high dose or megavitamin therapy

ALT.284 DURING THE PAST 12 MONTHS, how important was your use of high dose or megavitamin therapy in maintaining your health and well-being? Would you say very important, somewhat important, slightly important, or not at all important?

- >VIT_IMPT< (1) Very important
- (2) Somewhat important
- (3) Slightly important
- (4) Not at all important
- (7) Refused
- (9) Don't know

ALT.285 Have you EVER seen a practitioner for high dose or megavitamin therapy?

- >VIT_PRACT< (1) Yes (ALT.286)
- (2) No (ALT.288)
- (7) Refused (ALT.288)
- (9) Don't know (ALT.288)

ALT.286 DURING THE PAST 12 MONTHS, did you see a practitioner for high dose or megavitamin therapy?

- >VIT_YR< (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

ALT.288 DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of high dose or megavitamin therapy?

FR: SHOW FLASHCARD A16

- >VIT_DISC<
- (1) Yes (ALT.290)
 - (2) No (ALT.292)
 - (3) Did not go/talk to any of these (ALT.292)
 - (7) Refused (ALT.292)
 - (9) Don't know (ALT.292)

ALT.290 Which ones?

FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.

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

- >VITPROF1< Medical Doctor (M.D.) (including specialists)
- >VITPROF2< Nurse Practitioner/Physician Assistant
- >VITPROF3< Psychiatrist
- >VITPROF4< Dentist (including specialists)

YOGA/TAI CHI/QI CHONG

ALT.292 Have you EVER practiced any of the following types of exercise for your own health or treatment?
Please say yes or no to each one.

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

>YTQE_YOG< Yoga
>YTQE_TAI< Tai Chi
>YTQE_QIG< Qi Chong

ALT.294 DURING THE PAST 12 MONTHS, did you practice...

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

>YTQU_YOG< Yoga
>YTQU_TAI< Tai Chi
>YTQU_QIG< Qi Chong

ALT.296 Did you use (fill from ALT.294) to treat a specific health problem or condition?

>YTQ_TRET< (1) Yes (ALT.298)
(2) No (ALT.306)
(7) Refused (ALT.306)
(9) Don't know (ALT.306)

ALT.298 For what health problems or conditions did you use (fill from ALT.294)?

FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.

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

>YTQCON01< (01) Allergic reaction to food
>YTQCON02< (02) Allergic reaction to medication
>YTQCON03< (03) Angina
>YTQCON04< (04) Anxiety/depression
>YTQCON05< (05) Arthritis, gout, lupus, or fibromyalgia
>YTQCON06< (06) Asthma
>YTQCON07< (07) Benign tumors, cysts
>YTQCON08< (08) Birth defect
>YTQCON09< (09) Bowel problems or constipation
>YTQCON10< (10) Cancer
>YTQCON11< (11) Cataracts
>YTQCON12< (12) Cholesterol
>YTQCON13< (13) Chronic bronchitis
>YTQCON14< (14) Recurring pain
>YTQCON15< (15) Circulation problems (other than in the legs)
>YTQCON16< (16) Congestive heart failure
>YTQCON17< (17) Coronary heart disease
>YTQCON18< (18) Diabetes
>YTQCON19< (19) Diabetic retinopathy

- >YTQCON20< (20) Emphysema
- >YTQCON21< (21) Excessive sleepiness during the day
- >YTQCON22< (22) Jaw pain
- >YTQCON23< (23) Fracture, bone/joint injury
- >YTQCON24< (24) Glaucoma
- >YTQCON25< (25) Gynecologic problems
- >YTQCON26< (26) Hay fever
- >YTQCON27< (27) Hearing problem
- >YTQCON28< (28) Heart attack
- >YTQCON29< (29) Heart condition or disease
- >YTQCON30< (30) Hernia
- >YTQCON31< (31) Hypertension
- >YTQCON32< (32) Irregular heartbeat
- >YTQCON33< (33) Knee problems (not arthritis, not joint injury)
- >YTQCON34< (34) Lung/breathing problem (not already listed)
- >YTQCON35< (35) Macular degeneration
- >YTQCON36< (36) Menopause
- >YTQCON37< (37) Menstrual problems
- >YTQCON38< (38) Mental retardation
- >YTQCON39< (39) Joint pain or stiffness
- >YTQCON40< (40) Missing limbs (fingers, toes, or digits), amputee
- >YTQCON41< (41) Multiple sclerosis
- >YTQCON42< (42) Neuropathy
- >YTQCON43< (43) Osteoporosis, tendinitis
- >YTQCON44< (44) Other developmental problem
- >YTQCON45< (45) Other injury
- >YTQCON46< (46) Other nerve damage, including carpal tunnel syndrome
- >YTQCON47< (47) Parkinson's
- >YTQCON48< (48) Polio (myelitis), paralysis, para/quadruplegia
- >YTQCON49< (49) Poor circulation in your legs
- >YTQCON50< (50) Insomnia or trouble sleeping
- >YTQCON51< (51) Liver problem
- >YTQCON52< (52) Dental pain
- >YTQCON53< (53) Prostate trouble or impotence
- >YTQCON54< (54) Seizures
- >YTQCON55< (55) Senility
- >YTQCON56< (56) Sinusitis
- >YTQCON57< (57) Skin problems
- >YTQCON58< (58) Sprain or strain
- >YTQCON59< (59) Stroke
- >YTQCON60< (60) Text of first other specify
- >YTQCON61< (61) Text of second other specify
- >YTQCON62< (62) Thyroid problem
- >YTQCON63< (63) Ulcer
- >YTQCON64< (64) Urinary problem
- >YTQCON65< (65) Varicose veins, hemorrhoids
- >YTQCON66< (66) Vision problems (not already listed)
- >YTQCON67< (67) Weak or failing kidneys
- >YTQCON68< (68) Weight problems
- >YTQCON69< (69) Back pain or problem
- >YTQCON70< (70) Head or chest cold
- >YTQCON71< (71) Neck pain or problem
- >YTQCON72< (72) Severe headache or migraine
- >YTQCON73< (73) Stomach or intestinal illness

>YTQCON74< (74) Other, specify

Check Item YTQ_CCI3: If more than three conditions are X'ed in YTQ_COND, go to YTQ_BOTH and display all conditions checked. If YTQ_COND eq <R> or YTQ_COND eq <D>, go to YTQ_NOHP; else go to if YTQ_HELP.

ALT.300 Which three of these are the most bothersome?

FR: ENTER THREE CONDITIONS. PROMPT IF NECESSARY.

>YTQBOT1< [if YTQCON01 eq <X>, display]

>YTQBOT2< [if YTQCON02 eq <X>, display]

>YTQBOT3< [if YTQCON03 eq <X>, display]

.
. .
.

[if YTQCON72 eq <X>, display]

[if YTQCON73 eq <X>, display]

[if YTQCON74 eq <X>, display]

ALT.302 How much do you think (fill from ALT.294) helped your (display for each condition)? Would you say a great deal, some, only a little, or not at all?

>YTQHELP1< (1) A great deal

>YTQHELP2< (2) Some

>YTQHELP3< (3) Only a little

(4) Not at all

(7) Refused

(9) Don't know

ALT.304 Did you choose (fill from ALT.294) for any of the following reasons? Please say yes or no to each one.

(1) Yes

(7) Refused

(2) No

(9) Don't know

>YTQ_NOHP< Conventional medical treatments would not help you

>YTQ_EXPS< Conventional medical treatments were too expensive

>YTQ_COMB< (fill from ALT.294) combined with conventional medical treatments would help you

>YTQ_SUGG< A conventional medical professional suggested you try (fill from ALT.294)

>YTQ_INTS< You thought it would be interesting to try (fill from ALT.294)

ALT.306 DURING THE PAST 12 MONTHS, how important was your use of (fill from ALT.294) in maintaining your health and well-being? Would you say very important, somewhat important, slightly important, or not at all important?

>YTQ_IMPT< (1) Very important

(2) Somewhat important

(3) Slightly important

(4) Not at all important

(7) Refused

(9) Don't know

ALT.308 DURING THE PAST 12 MONTHS, did you take a (fill from ALT.294) class? (Attending one session does not count)

- >YTQ_CLAS< (1) Yes
(2) No
(7) Refused
(9) Don't know

ALT.310 DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of (fill from ALT.294)?

FR: SHOW FLASHCARD A16

- >YQT_DISC< (1) Yes (ALT.312)
(2) No (ALT.314)
(3) Did not go/talk to any of these (ALT.314)
(7) Refused (ALT.314)
(9) Don't know (ALT.314)

ALT.312 Which ones?

FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.

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

- >YTQPROF1< Medical Doctor (M.D.) (including specialists)
>YTQPROF2< Nurse Practitioner/Physician Assistant
>YTQPROF3< Psychiatrist
>YTQPROF4< Dentist (including specialists)

RELAXATION TECHNIQUES

ALT.314 Have you EVER used any of the following relaxation techniques for your own health or treatment?
Please say yes or no to each one.

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

>RELE_MED< Meditation
>RELE_GIM< Guided imagery
>RELE_PRO< Progressive relaxation
>RELE_DBE< Deep breathing exercises

ALT.316 DURING THE PAST 12 MONTHS, did you use...

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

>RELU_MED< Meditation
>RELU_GIM< Guided imagery
>RELU_PRO< Progressive relaxation
>RELU_DBE< Deep breathing exercises

ALT.318 Did you use (this/these) relaxation technique(s) to treat a specific health problem or condition?

>REL_TRET< (1) Yes (ALT.320)
(2) No (ALT.328)
(7) Refused (ALT.328)
(9) Don't know (ALT.328)

ALT.320 For what health problems or conditions did you use (this/these) relaxation technique(s)?

FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.

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

>RELCON01< (01) Allergic reaction to food
>RELCON02< (02) Allergic reaction to medication
>RELCON03< (03) Angina
>RELCON04< (04) Anxiety/depression
>RELCON05< (05) Arthritis, gout, lupus, or fibromyalgia
>RELCON06< (06) Asthma
>RELCON07< (07) Benign tumors, cysts
>RELCON08< (08) Birth defect
>RELCON09< (09) Bowel problems or constipation
>RELCON10< (10) Cancer
>RELCON11< (11) Cataracts
>RELCON12< (12) Cholesterol
>RELCON13< (13) Chronic bronchitis
>RELCON14< (14) Recurring pain
>RELCON15< (15) Circulation problems (other than in the legs)
>RELCON16< (16) Congestive heart failure
>RELCON17< (17) Coronary heart disease

- >RELCON18< (18) Diabetes
- >RELCON19< (19) Diabetic retinopathy
- >RELCON20< (20) Emphysema
- >RELCON21< (21) Excessive sleepiness during the day
- >RELCON22< (22) Jaw pain
- >RELCON23< (23) Fracture, bone/joint injury
- >RELCON24< (24) Glaucoma
- >RELCON25< (25) Gynecologic problems
- >RELCON26< (26) Hay fever
- >RELCON27< (27) Hearing problem
- >RELCON28< (28) Heart attack
- >RELCON29< (29) Heart condition or disease
- >RELCON30< (30) Hernia
- >RELCON31< (31) Hypertension
- >RELCON32< (32) Irregular heartbeat
- >RELCON33< (33) Knee problems (not arthritis, not joint injury)
- >RELCON34< (34) Lung/breathing problem (not already listed)
- >RELCON35< (35) Macular degeneration
- >RELCON36< (36) Menopause
- >RELCON37< (37) Menstrual problems
- >RELCON38< (38) Mental retardation
- >RELCON39< (39) Joint pain or stiffness
- >RELCON40< (40) Missing limbs (fingers, toes, or digits), amputee
- >RELCON41< (41) Multiple sclerosis
- >RELCON42< (42) Neuropathy
- >RELCON43< (43) Osteoporosis, tendinitis
- >RELCON44< (44) Other developmental problem
- >RELCON45< (45) Other injury
- >RELCON46< (46) Other nerve damage, including carpal tunnel syndrome
- >RELCON47< (47) Parkinson's
- >RELCON48< (48) Polio (myelitis), paralysis, para/quadruplegia
- >RELCON49< (49) Poor circulation in your legs
- >RELCON50< (50) Insomnia or trouble sleeping
- >RELCON51< (51) Liver problem
- >RELCON52< (52) Dental pain
- >RELCON53< (53) Prostate trouble or impotence
- >RELCON54< (54) Seizures
- >RELCON55< (55) Senility
- >RELCON56< (56) Sinusitis
- >RELCON57< (57) Skin problems
- >RELCON58< (58) Sprain or strain
- >RELCON59< (59) Stroke
- >RELCON60< (60) Text of first other specify
- >RELCON61< (61) Text of second other specify
- >RELCON62< (62) Thyroid problem
- >RELCON63< (63) Ulcer
- >RELCON64< (64) Urinary problem
- >RELCON65< (65) Varicose veins, hemorrhoids
- >RELCON66< (66) Vision problems (not already listed)
- >RELCON67< (67) Weak or failing kidneys
- >RELCON68< (68) Weight problems
- >RELCON69< (69) Back pain or problem
- >RELCON70< (70) Head or chest cold
- >RELCON71< (71) Neck pain or problem

- >RELCON72< (72) Severe headache or migraine
- >RELCON73< (73) Stomach or intestinal illness
- >RELCON74< (74) Other, specify

Check Item REL_CCI3: If more than three conditions are X'ed in REL_COND, go to REL_BOTH and display all conditions checked. If REL_COND eq <R> or REL_COND eq <D>, go to REL_NOHP; else go to if REL_HELP.

ALT.322 Which three of these are the most bothersome?

FR: ENTER THREE CONDITIONS. PROMPT IF NECESSARY.

- >RELBOT1< [if RELCON01 eq <X>, display]
- >RELBOT2< [if RELCON02 eq <X>, display]
- >RELBOT3< [if RELCON03 eq <X>, display]
- .
- .
- .
- [if RELCON72 eq <X>, display]
- [if RELCON73 eq <X>, display]
- [if RELCON74 eq <X>, display]

ALT.324 How much do you think (this/these) relaxation technique(s) helped your (display for each condition)? Would you say a great deal, some, only a little, or not at all?

- >RELHELP1< (1) A great deal
- >RELHELP2< (2) Some
- >RELHELP3< (3) Only a little
- (4) Not at all
- (7) Refused
- (9) Don't know

ALT.326 Did you choose (this/these) relaxation technique(s) for any of the following reasons? Please say yes or no to each one.

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

- >REL_NOHP< Conventional medical treatments would not help you
- >REL_EXPS< Conventional medical treatments were too expensive
- >REL_COMB< Relaxation techniques combined with conventional medical treatments would help you
- >REL_SUGG< A conventional medical professional suggested you try relaxation techniques
- >REL_INTS< You thought it would be interesting to try relaxation techniques

ALT.328 DURING THE PAST 12 MONTHS, how important was your use of (this/these) relaxation technique(s) in maintaining your health and well-being? Would you say very important, somewhat important, slightly important, or not at all important?

- >REL_IMPT< (1) Very important
- (2) Somewhat important
- (3) Slightly important
- (4) Not at all important
- (7) Refused
- (9) Don't know

ALT.330 Have you EVER seen a practitioner for relaxation techniques?

- >REL_PRAC< (1) Yes (ALT.331)
(2) No (ALT.332)
(7) Refused (ALT.332)
(9) Don't know (ALT.332)

ALT.331 DURING THE PAST 12 MONTHS, did you see a practitioner for relaxation techniques?

- >REL_YR< (1) Yes
(2) No
(7) Refused
(9) Don't know

ALT.332 DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of (this/these) relaxation technique(s)?

FR: SHOW FLASHCARD A16

- >REL_DISC< (1) Yes (ALT.334)
(2) No (ALT.336)
(3) Did not go/talk to any of these (ALT.336)
(7) Refused (ALT.336)
(9) Don't know (ALT.336)

ALT.334 Which ones?

FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.

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

- >RELPROF1< Medical Doctor (M.D.) (including specialists)
>RELPROF2< Nurse Practitioner/Physician Assistant
>RELPROF3< Psychiatrist
>RELPROF4< Dentist (including specialists)

PRAYER FOR YOUR OWN HEALTH

ALT.336 Have you EVER prayed specifically for the purpose of your OWN health?

- >PRA_SLFE< (1) Yes (ALT.338)
(2) No (ALT.340)
(7) Refused (ALT.340)
(9) Don't know (ALT.340)

ALT.338 DURING THE PAST 12 MONTHS, did you pray specifically for the purpose of your OWN health?

- >PRA_SLFM< (1) Yes
(2) No
(7) Refused
(9) Don't know

ALT.340 Have you EVER prayed specifically for the purpose of your OWN health?

- >PRA_OTHE< (1) Yes (ALT.342)
(2) No (Check Item PRA_CCI1)
(7) Refused (Check Item PRA_CCI1)
(9) Don't know (Check Item PRA_CCI1)

ALT.342 DURING THE PAST 12 MONTHS, did you ask or have others pray for your OWN health?

- >PRA_OTHM< (1) Yes
(2) No
(7) Refused
(9) Don't know

Check Item PRA_CCI1: If PRA_SLFE(ALT.336) or PRA_OTHE(ALT.340) eq 1, go to PRA_CHNE(ALT.344); else go to PRA_HELE(ALT.348).

ALT.344 Have you EVER participated in a prayer chain or prayer group for your OWN health?

- >PRA_CHNE< (1) Yes (ALT.346)
(2) No (ALT.348)
(7) Refused (ALT.348)
(9) Don't know (ALT.348)

ALT.346 DURING THE PAST 12 MONTHS, did you participate in a prayer chain or prayer group for your OWN health?

- >PRA_CHNM< (1) Yes
(2) No
(7) Refused
(9) Don't know

ALT.348 Have you EVER had a healing ritual or sacrament performed for your OWN health or treatment?

- >PRA_HELE< (1) Yes (ALT.350)
(2) No (Check Item PRA_CCI3)
(7) Refused (Check Item PRA_CCI3)
(9) Don't know (Check Item PRA_CCI3)

ALT.350 DURING THE PAST 12 MONTHS, did you have a healing ritual or sacrament performed for your OWN health or treatment?

- >PRA_HELM< (1) Yes (ALT.352)
(2) No (Check Item PRA_CCI3)
(7) Refused (Check Item PRA_CCI3)
(9) Don't know (Check Item PRA_CCI3)

ALT.352 Was this to treat a specific health problem or condition?

- >PRA_TRET< (1) Yes (ALT.354)
(2) No (ALT.362)
(7) Refused (ALT.362)
(9) Don't know (ALT.362)

ALT.354 For what health problems or conditions was this healing ritual or sacrament performed?

FR: MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.

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

- >PRACON01< (01) Allergic reaction to food
>PRACON02< (02) Allergic reaction to medication
>PRACON03< (03) Angina
>PRACON04< (04) Anxiety/depression
>PRACON05< (05) Arthritis, gout, lupus, or fibromyalgia
>PRACON06< (06) Asthma
>PRACON07< (07) Benign tumors, cysts
>PRACON08< (08) Birth defect
>PRACON09< (09) Bowel problems or constipation
>PRACON10< (10) Cancer
>PRACON11< (11) Cataracts
>PRACON12< (12) Cholesterol
>PRACON13< (13) Chronic bronchitis
>PRACON14< (14) Recurring pain
>PRACON15< (15) Circulation problems (other than in the legs)
>PRACON16< (16) Congestive heart failure
>PRACON17< (17) Coronary heart disease
>PRACON18< (18) Diabetes
>PRACON19< (19) Diabetic retinopathy
>PRACON20< (20) Emphysema
>PRACON21< (21) Excessive sleepiness during the day
>PRACON22< (22) Jaw pain
>PRACON23< (23) Fracture, bone/joint injury
>PRACON24< (24) Glaucoma
>PRACON25< (25) Gynecologic problems

- >PRACON26< (26) Hay fever
- >PRACON27< (27) Hearing problem
- >PRACON28< (28) Heart attack
- >PRACON29< (29) Heart condition or disease
- >PRACON30< (30) Hernia
- >PRACON31< (31) Hypertension
- >PRACON32< (32) Irregular heartbeat
- >PRACON33< (33) Knee problems (not arthritis, not joint injury)
- >PRACON34< (34) Lung/breathing problem (not already listed)
- >PRACON35< (35) Macular degeneration
- >PRACON36< (36) Menopause
- >PRACON37< (37) Menstrual problems
- >PRACON38< (38) Mental retardation
- >PRACON39< (39) Joint pain or stiffness
- >PRACON40< (40) Missing limbs (fingers, toes, or digits), amputee
- >PRACON41< (41) Multiple sclerosis
- >PRACON42< (42) Neuropathy
- >PRACON43< (43) Osteoporosis, tendinitis
- >PRACON44< (44) Other developmental problem
- >PRACON45< (45) Other injury
- >PRACON46< (46) Other nerve damage, including carpal tunnel syndrome
- >PRACON47< (47) Parkinson's
- >PRACON48< (48) Polio (myelitis), paralysis, para/quadruplegia
- >PRACON49< (49) Poor circulation in your legs
- >PRACON50< (50) Insomnia or trouble sleeping
- >PRACON51< (51) Liver problem
- >PRACON52< (52) Dental pain
- >PRACON53< (53) Prostate trouble or impotence
- >PRACON54< (54) Seizures
- >PRACON55< (55) Senility
- >PRACON56< (56) Sinusitis
- >PRACON57< (57) Skin problems
- >PRACON58< (58) Sprain or strain
- >PRACON59< (59) Stroke
- >PRACON60< (60) Text of first other specify
- >PRACON61< (61) Text of second other specify
- >PRACON62< (62) Thyroid problem
- >PRACON63< (63) Ulcer
- >PRACON64< (64) Urinary problem
- >PRACON65< (65) Varicose veins, hemorrhoids
- >PRACON66< (66) Vision problems (not already listed)
- >PRACON67< (67) Weak or failing kidneys
- >PRACON68< (68) Weight problems
- >PRACON69< (69) Back pain or problem
- >PRACON70< (70) Head or chest cold
- >PRACON71< (71) Neck pain or problem
- >PRACON72< (72) Severe headache or migraine
- >PRACON73< (73) Stomach or intestinal illness
- >PRACON74< (74) Other, specify

Check Item PRA_CCI2: If more than three conditions are X'ed in PRA_COND, go to PRA_BOTH and display all conditions checked. If PRA_COND eq <R> or PRA_COND eq <D>, go to PRA_NOHP; else go to if PRA_HELP.

ALT.356 Which three of these are the most bothersome?

FR: ENTER THREE CONDITIONS. PROMPT IF NECESSARY.

>PRABOT1< [if PRACON01 eq <X>, display]

>PRABOT2< [if PRACON02 eq <X>, display]

>PRABOT3< [if PRACON03 eq <X>, display]

.

.

.

[if PRACON72 eq <X>, display]

[if PRACON73 eq <X>, display]

[if PRACON74 eq <X>, display]

ALT.358 How much do you think this healing ritual or sacrament helped your (display for each condition)?
Would you say a great deal, some, only a little, or not at all?

>PRAHELP1< (1) A great deal

>PRAHELP2< (2) Some

>PRAHELP3< (3) Only a little

(4) Not at all

(7) Refused

(9) Don't know

ALT.360 Was this healing ritual or sacrament performed for any of the following reasons? Please say yes or no to each one.

(1) Yes

(7) Refused

(2) No

(9) Don't know

>PRA_NOHP< Conventional medical treatments would not help you

>PRA_EXPS< Conventional medical treatments were too expensive

>PRA_COMB< A healing ritual or sacrament combined with conventional medical treatments would help you

>PRA_SUGG< A conventional medical professional suggested a healing ritual or sacrament

>PRA_INTS< You thought it would be interesting to a healing ritual or sacrament

Check Item PRA_CCI3: If PRA_SLFM(ALT.338), PRA_OTHM(ALT.342), PRA_CHNM(ALT.346), or PRA_HELM(ALT.350) eq 1, go to PRA_IMPT(ALT.362); else go to PSC_USEM(ALT.364).

ALT.362 DURING THE PAST 12 MONTHS, how important was the use of prayer or spiritual healing in maintaining your health and well-being? Would you say very important, somewhat important, slightly important, or not at all important?

>PRA_IMPT< (1) Very important

(2) Somewhat important

(3) Slightly important

(4) Not at all important

(7) Refused

(9) Don't know

ALT.364 DURING THE PAST 12 MONTHS, did you use prescription medications?

- >PSC_USEM<
- (1) Yes
 - (2) No
 - (7) Refused
 - (9) Don't know

ALT.366 DURING THE PAST 12 MONTHS, did you use over-the-counter medications?

- >OTC_USEM<
- (1) Yes
 - (2) No
 - (7) Refused
 - (9) Don't know