

**Cognitive Interviewing Evaluation of the
2007 Complementary and Alternative Medicine Module for the
National Health Interview Survey, Round 2:**

Results of interviews conducted May 1 – May 12, 2006

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1. Introduction

This report documents result of a second round of cognitive testing on the 2007 Complementary and Alternative Medicine (CAM) supplement of the National Health Interview Survey (NHIS). The first round of testing took place between February 13 and March 1, 2006. Detailed findings from that round can be found in the final report.

Because the CAM supplement is lengthy (precluding the ability to effectively test the entire questionnaire at once), a second round of testing was initiated as a follow-up to evaluate primarily three sections of the instrument, the herb, perceptions, and child sections. The first goal was to evaluate changes made to the supplement based on the recommendations in the first final report. With the exception of exploring a few of the changes made in other sections, emphasis was placed on the herbal supplement section and the perceptions section, both of which created an inordinate amount of response error and, in fact, prompted the second round of testing. The third section we tested was one new to the second round and dealt with respondents' use of CAM for their children.

The majority of this report is dedicated to presenting a question-by-question analysis of the CAM supplement. Comments are included for most questions; however, emphasis is placed on items that have the potential to generate response error, that is, they may not capture the information they were designed to measure. The discussion of these questions includes descriptions of how respondents interpreted question intent, explanations of why and how questions presented problems for respondents and, where appropriate, recommendations for question improvement. It is important to note that, due the length of the instrument and the complexity of the topic, not all questions were able to be thoroughly evaluated. The extent to which this affected any recommendations is indicated in the analysis.

The next section briefly describes the methodology of cognitive interviewing, outlines the interviewing procedures, and discusses how respondents were chosen to participate. The third section of the report presents a summary of general findings along with a question-by-question analysis, including recommendations for questionnaire modification.

2. Method

Respondent narrative and intensive follow-up verbal probing were the primary cognitive interviewing methods used for the project. With these techniques, interviewers administer the survey question, obtain a response, then retrospectively probe the respondent for other information relevant to the question. Respondent narrative yields rich and detailed information on how respondents answered the question, what they were thinking when answering, and how they interpreted the meaning of the question. Shedding light on the question-response process, this information allows the analyst to determine whether the survey language is too complex in general, whether one word in particular is not understood by respondents, or whether respondents have the ability to recall the requested information. The appropriateness of response categories can also be evaluated with this procedure, as can the ability of respondents to draw upon their own experiences and knowledge to answer the questions effectively. Because the intensive interviewing method provides extensive detail on the question-response process, not only does it allow the interviewer to identify *which* questions and/or response categories are problematic, it also shows *why and how* questions are problematic, leading to possible strategies for improving question design.

Procedures

Interviewing took place in the National Center for Health Statistics (NCHS) Questionnaire Design Research Laboratory (QDRL). Because the second round included a focus on people using CAM for their children, we recruited only respondents with children. Among those respondents, however, was variation in whether or not and the extent to which they used CAM for their children.

A newspaper advertisement in the Express, a free commuter newspaper, did a good job of identifying the respondents we needed and all respondents were recruited this way.

Prior to participation, respondents were screened over the telephone in order to identify key demographics such as age, educational attainment, and income level, as well as the extent of the caller's use of CAM for both themselves and their children. Once chosen, respondents filled out paperwork whereby they agreed to the interview being video- and audio-taped. The interviewer then explained the purpose of NCHS, described the survey, and told respondents the manner in which the interview would be conducted. After these introductory remarks, interviewers began by administering the survey questions. Upon recording an answer, the interviewer probed respondents' interpretation of key terms, the ease with which they chose a response category, and their experiences with alternative therapies. Through respondent narrative interviewers were able to ascertain whether or not a response error had occurred, and determine how respondents interpreted the intent of each question. Like the first round, interviews were designed to last 70 minutes (10 minutes of which were devoted to paperwork), and a \$50 token of appreciation was given to respondents.

In total, five versions of the instrument were tested in order to arrive at the best question design possible. The last three versions were tested on only one respondent each because of time constraints.

Respondents

We conducted a total of 13 interviews in the second round. Fifteen interviews were planned and scheduled, but two cancellations were unable to be backfilled. Respondents were selected with a purposive sample in mind. Because we were testing the child section for the first time, all respondents had at least one child under the age of 18. However, within that group we sought variation in the ages of children as well as the degree of CAM use for children. Some parents used nothing for their children, while others used multiple alternative therapies. Testing the questions on different groups of users allowed us to better determine any possible patterns in response error or interpretation difficulties among parents.

Demographic diversity among respondents was also sought. The breakdown of respondent characteristics appears in Table 1.

Table 1: Demographic summary of respondents in total and for each instrument version

	<u>Version 1</u> (n=3)	<u>Version 2</u> (n=7)	<u>Versions 3-5</u> (n=1 each)	<u>Total (%)</u> (N=13)
<u>Age</u>				
Under 35	1	0	1	2 (15%)
35 & Over	2	7	2	11 (85%)
<u>Gender</u>				
Female	3	3	1	7 (54%)
Male	0	4	2	6 (46%)
<u>Race/Ethnicity</u>				
NH-White	0	2	2	4 (31%)
NH-Black	3	5	0	8 (61%)
Asian	0	0	1	1 (08%)
<u>Education</u>				
HS or less	1	0	0	1 (08%)
More than HS	2	7	3	12(92%)

Income

Under 20,000	2	1	0	3 (23%)
20,000 & Over	1	6	3	10(77%)

3. Results

Summary of Findings

Herbal supplements: The principle problem with this section is that there exists in our cultural lexicon no agreed-upon definition of an herbal supplement. This is why, even though the architecture of this section is similar to the vitamin section, by comparison it produces considerable confusion and little comparability among answers.

The goal was to help define the section for respondents. The challenge is that it's very difficult to make respondents use an externally imposed definition over their own, experience-based understanding. Therefore, we feel that rather than trying to craft a useable definition of herbal supplements (perhaps an exercise in futility), the best approach would be to simply ask respondents about specific supplements. This would make the task of answering survey questions more concrete and less reliant on shared meanings. To that end, questions should be limited to herbs specifically listed on the hand card, and NOT left open to other supplements. Although information would be lost for supplements excluded from the card, the trade off will be less variation in interpretation and a reduction in the "noise" that ultimately occurs in data generated by multiple interpretations. In short, construct validity would be greatly improved.

Perceptions: The hypothetical nature of the original questions, along with combining all therapies at once (or using the expression "alternative therapies" which most people couldn't relate to) was the focus of solutions in the first round. Rather than trying to have respondents think globally about ALL alternative therapies or to even consensually understand the term, for the second round of testing we asked about only five specific therapies (each representing a core modality) and also deleted the more abstract attitude questions.

Unfortunately the section continued to produce error. It was administratively tedious to go through the same few questions for each therapy and we found little response variation between therapies. Also, responses weren't genuine because the categories weren't inductively generated. Instead, respondents made a choice on the basis of how *likely* it was to have happened. It was clear that most answers were not based on actual memories. More technically, respondents could not recall how they heard of a therapy, evaluate and match it to a category on the hand card, and then produce a meaningful response. Somewhere along the line the cognitive process for answering a survey question failed – either in recall, judgment, or response. We tried to narrow down the response options based, in part, on the qualitative answers respondents provided. Additionally, respondents paid little attention to the long list of reasons initially included on the hand card, so some obvious categories were collapsed (e.g., media categories). The shorter list of response options seemed to work well, however, the problem of repetition remained. We

suggest eliminating the perceptions section altogether in favor of embedding PER.1 within each separate modality. This is discussed in more detail in the question-by-question analysis.

Child Section: Problems apparent in the respondent section of the questionnaire were also evident here, but these are related more to the topic of the section than they are to parents' ability to answer for their children. Only a few minor issues specific to this section arose.

The first issue is related to the use of a general practitioner. This was a problem for both the child and adult sections specifically for folk medicine and Native American healing/traditional Latino medicine. Respondents do not think of these therapies as practitioner-based. This problem was compounded in the child section as parents did not know whether to consider themselves the practitioner.

The second issue relates to the age of a respondent's child. Some parents don't know what their older children are doing, but answered the questions anyway (the important thing is that they at least *think* they know more than they probably do and can, therefore, answer the questions). It was actually more of an issue asking the parent who isn't the primary caregiver, usually the father. This was most problematic in the prayer section.

On the other end of the age spectrum, some therapies seem obviously inappropriate for babies and toddlers to some respondents. However, they didn't seem particularly rebuffed by these questions and *did* provide answers.

Question-By-Question Analysis

This section is dedicated to an individual review of findings for each question tested. Each item contains an analysis of the response process followed by recommendations for question improvement.

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

CONDITIONS

CON.1 DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [child's name] had ... [READ LIST]

- ... Cancer
- ... Depression
- ... Gum disease
- ... Influenza or pneumonia
- ... Lung or breathing problems, other than asthma
- ... Phobia or fears
- ... Neurological problems
- ... Sinusitis
- ... Strep throat or tonsillitis
- ... Urinary problems including urinary tract infection

CON.2 DURING THE PAST 12 MONTHS, Has [child's name] had ...

- ... Abdominal pain
- ... Acne
- ... Allergies to pollen, including Hay Fever, pet dander, or dust mites
- ... Other Allergies
- ... Anxiety or Stress
- ... Back or neck pain
- ... Chicken Pox
- ... Constipation
- ... Chronic pain
- ... Fever
- ... Fatigue or lack of energy
- ... Head or chest cold
- ... Incontinence, including bed wetting
- ... Insomnia or trouble sleeping
- ... Menstrual problems
- ... Problems with being overweight
- ... Problems with Acid reflux or heartburn
- ... Recurring headache, other than migraine
- ... Nausea and/or vomiting
- ... Skin problems other than eczema, acne, or warts
- ... Sore throat other than strep or tonsillitis
- ... Warts
- ... Other gastrointestinal disorder
- ... Other infectious disease
- ... Other mental health condition
- ... Other musculoskeletal problems

Comments: Two issues were evident for the conditions list. First, because conditions that are seen as very serious appear next to more minor conditions, parents were sometimes confused by how to answer. Menstrual problems, acne, phobia and constipation are good examples. Parents would say their child has stress “in school sometimes” has constipation “from time-to-time” or “she’s kind of claustrophobic.” Others saw menstrual problems as simply meaning menstrual cramps and answered yes – even when they defined the cramps as normal.

Second, the last three “other” categories didn’t capture anything. The list is extensive enough that respondents didn’t feel the need to mention anything else by the time they heard the last three options. Moreover, it’s unlikely that many respondents understand what terms like “other musculoskeletal problems” or “other infectious disease” mean.

Recommendation: Depending on the goal of these questions, consider grouping less serious conditions and more serious conditions separately and indicate as much to the respondent so they understand the intent of the questions. Defining a condition as doctor diagnosed would also communicate the level of seriousness the respondent should consider, however, it’s likely that the respondent would lose track of this fact and include conditions that have not been diagnosed. Finally, drop the last three categories, perhaps in favor of a generic “other” option.

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) Folk Medicine	yes	no
(8) Hypnosis	yes	no
(9) Massage	yes	no
(10) Naturopathy	yes	no
(11) Native American Healing or Traditional Latino Medicines,	yes	no
(12) Movement Therapies	yes	no

Comment: Due to the number of therapies, along with concerns that less-literate respondents would find it difficult to use the card, we changed this question to have the interviewer read each item along with providing a hand card to help the respondent to follow along. This seemed to work well without adding much administration time.

However, there is a fundamental problem (in both the child and respondent sections) with the categories of folk medicine and Native American Healing/Latino Medicines. Neither are understood as practitioner-based for respondents who answered yes to the question. This is especially problematic for folk medicine, which also suffered from definitional problems. Definitions of this modality ranged from home remedies (e.g., drinking tea for a cold or upset stomach) to homeopathy or anything defined as “natural”. In this section, additional confusion arose over whether or not the parent qualifies as a practitioner.

Recommendation: Folk medicine and Native American healing/traditional Latino medicines should be dropped from this list. Because many people do not link these therapies to practitioners, the section will capture many false positives and render the follow-up practitioner questions illogical.

PRT.2 How old was [child's name] when he/she first saw a practitioner for [modality]?

_____ [AGE]

Comments: Parents could generally answer this question. They would sometimes give a range of a couple years, but generally the question did not present highly difficult recall problems. The only issue was when the child had not seen a practitioner – in which case the question was double-barreled (this only occurred for the folk medicine modality – see PRT.1).

Recommendation: None.

PRT.3 During the past 12 months, did [child] use (modality) for a specific health problem or condition?

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

Comment: An issue with this question relates to the phrase “specific health problem or condition.” For example, for some respondents “stress” is defined as a health condition while for others it’s not. Other examples included nightmares and emotional problems. This problem is not unique to this question, but was evident in any question using this phrase. The outcome is that the data are not comparable – some people say yes when using a modality for any specific reason, while others have a more literal interpretation of health problem/condition and include only things that meet that more narrow definition.

Recommendation: Without specifying exact conditions – or without knowing analysts’ intent – it might be best to open the question up by allowing respondents to include any reason, not just health reasons. The question could become, “During the past 12 months, did [CHILD] use (modality) for a specific problem?” Otherwise, if it’s important to capture only health problems, analysts should know that false positives are likely to be elicited due to the vagueness of the terms.

PRT.4 During the past 12 months, for what health problems or conditions did [child] use [modality]?

_____	_____
_____	_____

knowledge of what their child takes (particularly if the child was older or if the other parent was the one who gives herbs to the child) but were still able to answer the questions relatively easily.

Recommendation: None. (But see herb section introduction and HRB.3a)

HRB.2 How old was [child] when he/she first began taking herbal supplements?

Comment: While giving a range of about 2 years, most parents could answer this question. However, the question implies that a pattern of use has been established, which was not the case for many respondents who use herbs for their children on a more irregular basis. This did not create error for these respondents, but could for others. (See HRB.2 in the final report from the first round of CAM testing for more on this issue.)

Recommendation: Change the wording to shift emphasis away from an implied regularity of use. One suggestion: “How old was [CHILD] when he/she first took an herbal supplement?”

HRB.3 DURING THE PAST 30 DAYS did [child] take any herbal supplements?

- (1) Yes
- (2) No (**GO TO NEXT MODALITY**)

Comments: None. (But see HRB3.a for general problems with definition of herbals.)

Recommendations: None.

HRB.3a 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**]

_____	_____
_____	_____
_____	_____

Comments: Only a couple respondents received this question, and those who did ended up including items *not* on the card (e.g., aroma therapy tea and boiled ginger root). In fact, one respondent, who initially commented that the introduction stating not to include herbal tea was
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helpful, ended up including drinking tea in her answer here. This is evidence of how difficult it is for people to use a definition they don't subscribe to. The fundamental problem is that there simply does not exist in mainstream vernacular any sort of commonly understood definition of herbal supplements. As a result, the term is open to many interpretations. Attempts to prompt respondents to think differently in the survey context about their experience and understanding of herbs ultimately failed.

Recommendation: Rather than trying to arrive at a definition of herbal supplement that most people can relate to and use (which is highly improbable), it might be more productive to limit these questions to those supplements explicitly listed on the card. The disadvantage of not knowing about patterns of use for any excluded supplements would be off-set by the increase in respondents' understanding of exactly what to consider when answering these questions. It becomes an easier task when respondents need only consider the herbs specifically listed on a card. The new question could be:

“Please tell me which supplements listed on this card [child] took in the past 30 days. If he/she took more than one herb in a single supplement, select ‘combination herb pill.’”

[IF NONE GO TO NEXT MODALITY - VITAMINS; IF MORE THAN 3 ASK HRB.4, OTHERWISE GOTO HRB.5 - ASK REST OF SECTION FOR EACH HERB]

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

Comment: This section became a bit tedious at best, and repetitious at worst for respondents who use more than one herb – especially if they use different herbs for the same reason (a common scenario). For example, one respondent's child takes fiber, ginseng, and garlic pills for constipation. In this case the next two questions elicit the same answers three times in a row. Additionally, one respondent could not give three herbs. She gave only one that her child uses the most. All other herbs were used to the same degree.

Recommendation: Ask the follow-up questions for only one herb.

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

- (1) Yes (next question)
- (2) No (HRB.7)

Comment: See PRT.3.

Recommendation: Try “Did [child] take [herb] for a specific problem?”

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

Comment: Because of the vagueness of the term “health problem or condition” some respondents won’t include reasons they don’t define as health related while others will (see PRT.4)

Recommendation: Consider changing to “For what specific problem did...?”

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

- (1) Yes
- (2) No (next herb or next modality)

Comment: No additional problems in this question.

Recommendation: None.

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

Comment: Not tested.

Recommendation: None.

Comments: The initial hand card had several multi-pill choices (Multiple Mineral combination, Multivitamins, and Multivitamin/mineral combination). Respondents did not discern the difference between these choices and response error resulted.

Recommendation: We collapsed the three choices into one, “multivitamin and/or mineral combination.” This seemed to work well.

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

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

Comment: This question and the two follow-up questions share the same issue with HRB.4, that is, it becomes repetitious for many respondents.

Recommendation: We suggest asking about only one vitamin.

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

- (1) Yes (next question)
- (2) No (next vitamin or VIT.7)

Comments: The problem of vagueness with the phrase “health problem or condition” surfaced again here (see PRT.3). Some respondents didn’t know what to include as a health problem – one said yes because she gives her child vitamins for being “fidgety.”

Recommendation: This could be fixed with the recommendation made for PRT.3.

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

Comment: Because of the vagueness of the term “health problem or condition” some respondents won’t include reasons they don’t define as health related while others will (see PRT.4).

Recommendation: Consider changing to “For what specific problem did...?”

[next vitamin or VIT.7]

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

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

Comments: None – this seemed to work okay.

Recommendations: None.

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

Comments: None.

Recommendations: None.

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**)

Comments: No one used this modality for their children, so it wasn't extensively tested.

Recommendation: None.

HOM.2 How old was [child's name] when he/she first began using homeopathic treatment?

_____ [AGE]

Comments: See HRB.2.

Recommendation: Could make changes similar to those for HRB.2.

HOM.3 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)

Comment: Because of the vagueness of the term "health problem or condition" some respondents won't include reasons they don't define as health related while other will (see PRT.3).

Recommendation: Consider changing to "...did [CHILD] use homeopathic treatment for a specific problem?"

HOM.4 During the past 12 months, for what health problems or conditions did [child] use homeopathic treatment?

Comment: Because of the vagueness of the term “health problem or condition” some respondents won’t include reasons they don’t define as health related while others will (see PRT.4).

Recommendation: Consider changing to “...for what problem did [CHILD] use...?”

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

Comments: No response error was detected, but note that *all* respondents viewed this as a weight loss question.

Recommendation: Because people associate the word diet almost exclusively with losing weight, we suggest moving DIT.3 to immediately follow DIT.1 in order to quickly screen out the “dieters.”

DIT.2 How old was [child’s name] when he/she first began using [*diets mentioned in DIT.1*]?

_____ [AGE]

Comments: This question implies regularity of use (see HRB.2).

Recommendation: Could make changes similar to HRB.2.

DIT.3 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)

Comments: See PRT.3.

Recommendation: Change to "...for a specific problem other than weight control or weight loss?"

DIT.4 During the past 12 months, for what health problems or conditions did [child] use [*diets mentioned in DIT.1*]?

_____	_____
_____	_____

Comment: Because of the vagueness of the term "health problem or condition" some respondents won't include reasons they don't define as health related while others will (see PRT.4).

Recommendation: Consider changing to "...for what specific problem did...?"

YOGA/TAI CHI/QI GONG

YOG.1 DURING THE PAST 12 MONTHS did [child's name] practice any of the following types of exercises? 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 |

Comments: For the most part this section didn't pose any significant problems. However, at least one respondent had no clear idea what yoga was and assumed that because her daughter is a cheerleader and does "bending and stretching" to stay in shape, she must be doing yoga ("they do it and don't realize it's yoga"). When asked how her daughter knows how to do yoga the 2007 NHIS Alternative Health Supplement - 18 -

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 |

Comment: This question elicits false positives to the extent that most respondents have no clear understanding of these techniques. With most survey questions, respondents will answer “no” when they’re unfamiliar with the topic being asked about – they figure if they don’t know it, it must not apply to them. However, in this section an interesting and opposite phenomenon occurred. Respondents tended to answer “yes” even when they had little-to-no knowledge of the relaxation technique in question. Instead, they would think about their (or their children’s) experience and attempt to fit it into the term.

One respondent said her child does meditation because after chores and homework her daughter will “relax” in her room. She also will “pause and relax...regroup” so the respondent said yes to deep breathing exercises. Another participant said yes to deep breathing exercises because she will tell her daughter to calm down and take some deep breaths when she’s in a stressful situation. Still another person said yes to deep breathing, thinking of a time when her daughter was exercising and fell short of breath, and another mother said yes because her daughter exercises to a Cindy Crawford tape. One respondent said yes to support group meetings because in her daughter’s yoga class “they all talk and support each other in general.” Finally, some respondents answered yes to several of these technique, stating that they didn’t really see any difference between them.

Recommendation: Have simple, but clear definitions of these terms – many respondents will need them. Even so, analysts should know that this section will produce many false positives, or at the very least produce “noisy” estimates as understandings of these techniques are quite varied.

REL.2 How old was [child] when he/she first began using [*relaxation techniques mentioned in REL.1*]?
_____ [AGE]

Comments: Parents generally didn’t have much recall trouble with this question. However, at least one person gave different ages for different techniques.

Recommendation: To take emphasis away from a regular pattern of use, as well as minimize difficulties for parents whose children use more than one technique, try: “How old was [CHILD] when he/she first used any of these relaxation techniques.”

REL.3 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)

Comments: The problem of vagueness with the phrase “health problem or condition” surfaced again here (see PRT.3). Some respondents didn’t know what to include as a health problem and different interpretations were evident. For example, one respondent did not think of anger management as a health problem. Rather than not include this (because this is why her son goes to a stress management class), she reinterpreted the question to mean “health problem or non-health condition.” Another person did not include trouble sleeping and “growing pains” because she defined those as a normal part of growing up.

Recommendation: The suggestion made for PRT.3 is pertinent here as well. It might be beneficial to change the wording to include more than health conditions. Respondents aren’t sure what qualifies as a health problem, so the question captures all kinds of problems, not just those related to health. Other respondents are inclined to *exclude* reasons not judged to be health related. We suggest the wording, “During the past 12 months, did [CHILD] use [*relaxation techniques mentioned in REL.1*] for a specific problem?”

REL.4 During the past 12 months, for what health problems or conditions did [child] use [*relaxation techniques mentioned in REL.1*]?

Comment: Because of the vagueness of the term “health problem or condition” some respondents won’t include reasons they don’t define as health related while others will (see REL.3).

Recommendation: Consider changing to “...for what specific problem did...?”

PRAYER FOR YOUR OWN HEALTH

Now I am going to ask you about [child's name's] use of prayer for his/her own health.

PRY.1 DURING THE PAST 12 MONTHS, did [child] pray specifically for the purpose of his/her OWN health?

- (1) Yes
- (2) No

Comments: This is a question that asks respondents about something they have no way of knowing for sure (“I don’t know”; “I don’t think so”; “I’m guessing no”; “not that I’m aware of”). Those with small children can make a better assessment because prayers are sometimes said out loud together, say at bed time. But those with older children usually have to guess. Some made this assessment on the basis of what they *do* know about their children; that is, if they judge the child to be healthy, they answer “no,” reasoning that the child would have no cause to pray for his/her own health.

Recommendation: Consider dropping this question. It essentially asks parents about something they don’t know.

PRY.2 DURING THE PAST 12 MONTHS, did [child] ask or have others pray for his/her OWN health?

- (1) Yes
- (2) No

Comments: Parents don’t know for sure if their children ask others to pray for them, but they at least know if the child asks *them* to pray for the child’s health. In this question, some parents wondered if the question differentiated between asking whether other people *do* pray vs. asking other people *to* pray. (“I guess when you go to church they pray for you...but having a specific person?...no.”; “Do others pray for her?” yes, but she has never asked anyone to pray for her.)

Recommendation: Consider dropping both prayer questions. They didn’t test well and don’t seem to be concepts that can be easily measured by proxy.

The next questions are about any health conditions YOU may have.

CONDITIONS

CON.1 Have you EVER been told by a doctor or other health professional that you had ... [READ LIST]

- ... Attention Deficit Disorder/Hyperactivity?
- ... Autism
- ... Bipolar Disorder
- ... Dementia, including Alzheimer's disease
- ... gum disease
- ... Depression
- ... Fibromyalgia
- ... Irritable bowel syndrome
- ... Influenza or pneumonia
- ... Lupus
- ... Mania or psychosis
- ... Peripheral vascular disease, including Intermittent Claudication (cramping) or poor circulation in your legs
- ... Phobia or fears
- ... Schizophrenia

CON.1a [FOR ANY YES RESPONSE ASK]: During the past 12 months, have you had [*condition mentioned above*]...

CON.2 Have you EVER had ...

- ... Problems with Acid reflux or heartburn
- ... Excessive use of alcohol or tobacco
- ... Regular Headaches
- ... Memory loss or loss of other cognitive functions
- ... Substance abuse, other than alcohol or tobacco

Comments: Not extensively tested.

Recommendations: None.

Complementary and Alternative Medicine Supplement

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

Modalities that Require Practitioner

SHOW HAND CARD (PRACTITIONER MODALITIES)

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

(1) Acupuncture	yes	no
(2) Ayurveda	yes	no
(3) Biofeedback	yes	no
(4) Chelation Therapy	yes	no
(5) Chiropractic or Osteopathic Manipulation	yes	no
(6) Energy Healing Therapy	yes	no
(7) Folk Medicine	yes	no
(8) Hypnosis	yes	no
(9) Massage	yes	no
(10) Naturopathy	yes	no
(11) Native American Healing or Traditional Latino Medicines	yes	no
(12) Movement Therapies	yes	no

Comment: Due to the number of therapies, along with concerns that less-literate respondents would find it difficult to use the card, we changed this question to have the interviewer read each item along with providing a hand card to help the respondent to follow along. This seemed to work well.

However, there is a fundamental problem (in both the child and respondent sections) with the categories of folk medicine and Native American Healing/Latino Medicines. Neither are understood as practitioner-based for respondents who answered yes to the question. This is especially problematic for folk medicine, which also suffered from definitional problems. Definitions of this modality ranged from home remedies (e.g., drinking tea for a cold or upset stomach) to homeopathy or anything defined as a “natural remedy”.

Movement therapies were also a problematic category. One respondent said yes to movement therapies because she practices yoga. Other respondents included physical therapy as a movement therapy. In general, this category will generate an inordinate amount of “noise” in the data, as respondents defined these therapies almost as broadly as they do “deep breathing exercises.”

Recommendation: Folk medicine and Native American healing/traditional Latino medicines should be dropped from this list. Because many people do not link these therapies to practitioners, the section will capture many false positives and render the follow-up practitioner questions illogical.

Second, the original question had "...for you own health" at the end of the sentence. This tended to miss modalities respondents used for conditions not seen as health problems. We changed the end of the sentence to "...for yourself" and this seemed to work.

Third, the term "movement therapies" is too vague and should probably be dropped in favor of listing only one or two specific types of movement therapies. Even though specific examples were listed on the card, respondents rarely paid much attention to it. While it may appear as though information will be lost with this exchange, data obtained from fewer but more discrete therapies will be of much higher quality.

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

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

Comments: This question also originally had "...for you own health" at the end of the sentence. This missed people who did not define their reason for use as medical (for example, using massage to relieve stress). In order to capture those respondents, we dropped the phrase and it seemed to work.

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

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

Comments: No problems detected.

Recommendations: None.

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

\$ _____

Comments: No problems detected; respondents could generally arrive at a figure.

Recommendations: None.

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

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

Comments: To the extent that the phrase “health problem or condition” is vague, this question is likely to produce false negatives. A couple people said no because they use the modality for stress which they did not define as a health problem (see PRT.3 in the child section).

Recommendation: Depending on intent, this question (and others like it) could be opened to include more than just health problems: “Did you use (modality) for a specific problem?”

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

Comment: Because of the vagueness of the term “health problem or condition” some respondents won’t include reasons they don’t define as health related while others will (see PRT.4 in the child section).

Recommendation: Consider changing to “For what specific problem did you...?”

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

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

_____ [CONDITION]

Comments: No problems detected.

Recommendations: None.

PRT.9 During the past 12 months, besides receiving (modality) treatment, did you also receive conventional medical treatment for [*condition for which modality used the most*]?

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

Comments: The definition of conventional medical treatment is vague and a source of possible error. Additionally, one person had used Advil in the past year to manage his neck and back pain but did not include it in his answer because he was not *currently* taking Advil. Because he wasn't currently using it, it didn't cross his mind until he was directly asked.

Recommendation: Drop this question and ask PRT.10 for all respondents. This solves both problems listed above.

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

- | | | |
|----------------------------------|-----|----|
| (1) Prescription Medications | YES | NO |
| (2) Over-the-counter medications | YES | NO |
| (3) Surgery | YES | NO |
| (4) Physical therapy | YES | NO |
| (5) Other | YES | NO |

Comments: The response option “over-the-counter medications” presented problems in other sections. A few respondents struggled with the definition (see HRB.11)

Recommendation: Because this was not tested on many people, it's unclear how to improve the “over-the-counter” category. Perhaps provide a help screen containing a list of examples for interviewers. Also, the “other” category doesn't add anything meaningful and could be dropped.

[NEW]

PRT. 11 Did you receive conventional medical treatment for [*condition for which modality used the most*] before, at about the same time, or after trying (modality)?

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

Comments: See HRB.12.

Recommendations: Consider changes similar to HRB.12.

[NEW]

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

(1) To improve or enhance energy	yes	no
(2) For general wellness or general disease prevention	yes	no
(3) To improve or enhance immune function	yes	no

Comments: Not adequately tested.

Recommendations: None.

PRT.13 DURING THE PAST 12 MONTHS, were any of the costs of using (modality) covered by insurance?

(1) Yes
(2) No

Comments: Not adequately tested.

Recommendations: None.

SHOW HAND CARD (CONVENTIONAL MEDICAL PROFESSIONALS)

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

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

Comments: Not extensively tested, but a couple times respondents said their doctor had told them about the alternative therapy, not the other way around, and wondered if that should count.

Recommendations: None – not sure of question intent.

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

- (1) Medical Doctor (including specialists)
- (2) Nurse Practitioner/Physician Assistant
- (3) Psychiatrist
- (4) Dentist (including specialists)
- (5) Doctor of Osteopathy (D.O.)
- (6) Psychologist/Social Worker

Comments: See comment for PRT.14. Otherwise no problems were detected.

Recommendations: None.

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

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

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

SHOW HAND CARD HRB#1 (HERB LIST)

HRB.1 Thinking of the examples on this card, have you EVER taken any herbal supplements for your self?

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

Comments: Because of the definitional problems surrounding the term "herbal supplement," we revised the section introduction from the first round of testing in order to emphasize that respondents should only consider supplements in pill form, not those in teas or other foods.

We also showed respondents the hand card just prior to reading the question. Even though this encourages them to list all the supplements they've taken – rather than simply say yes or no – the card was necessary as a further definitional aid. By not showing the card, respondents *would* answer yes or no, but were more likely to demonstrate response error. For example, it was revealed in the vitamin section that one respondent takes glucosamine and chondroitin, yet she answered "no" to HRB.1 because she didn't realize these were considered herbs.

Recommendation: Even though it is distracting to the yes/no format, continue showing the hand card prior to HRB.1. It's a critical aid in defining for respondents exactly what is being asked about.

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

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

Comments: This question originally ended with "...for your own health?" Because this phrase missed people with various interpretations of what that means, we changed the phrase to simply say "...for yourself." This seemed to work without any new problem emerging.

HRB.3 About how often do you buy herbal supplements?

_____ times per week/month/year

Comments: This can sometimes be difficult for people to answer, especially those who are irregular in their use or whose patterns change over time (which wasn't uncommon for our respondents). However, affording respondents the opportunity to answer in a unit of time that is comfortable for them reduced their burden.

Recommendation: Sometimes a bit of calculation was required on the part of the interviewer, particularly if respondents responded with "one time every two months" or "whenever I run out...about every 4 months," but this effort didn't seem overly burdensome. An open time unit clearly benefits those users who don't have a steady, regular pattern of use, so we suggest keeping this format.

HRB.4 About how much did you spend the last time you bought herbal supplements?
Would you say... [**READ CATEGORIES**]

Under \$15	\$120-149
\$15-29	\$150-179
\$30-59	\$180-209
\$60-89	Over \$210
\$90-119	

Comments: Respondents could arrive at an answer they thought was reasonably accurate. However, they frequently could not disentangle the money they spent on herbs from the money they spent on vitamins. For many people there is little distinction between these two therapies – they take them at the same time for similar reasons, and buy them at the same place. As a result, response error was common.

Recommendation: Leaving the question as-is will certainly produce inflated estimates. Instead of asking respondents to do something most of them ostensibly can't do, it may be better to simply drop this question from the herb section and ask it in the vitamin section as a combination: "About how much did you spend the last time you bought herbal supplements, vitamins, or both? Would you say..."

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

- (1) yes
- (2) no [GO TO NEXT MODALITY]

Comments: The addition of a herbal combination pill was added to the hand card. It seemed to work well, capturing several people who take one pill with multiple herbs. Moreover, most people were aided by the card, although one person did still included green tea, even though she clearly drinks it from a cup.

Recommendation: Many people see herbal teas as something that should be included in their answers here. Our changes did help reduce this problem, but analysts should be aware that some people will continue to include food items in their answers.

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

_____	_____
_____	_____

Comments: See HRB.5.

Recommendation: None.

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

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

Comments: No problems were detected with this question, although it wasn't tested on many respondents (only 2).

Recommendation: None.

[IF MORE THAN 3 HERBS LISTED IN HRB.5a ASK HRB. 6, OTHERWISE GOTO HRB.7]

HRB.6 Which 3 of these did you take the most in the past 30 days?

Comment: This section is a bit tedious at best, and repetitious at worst for respondents who use more than one herb – especially if they use different herbs for the same reason (a common scenario).

Recommendation: Ask the follow-up questions for only one herb.

SHOW Hand Card HRB#2 (HERB REASONS)

HRB.7 Which of these are the main reasons you took [herb]?
[MARK ALL THAT APPLY]

- | | |
|--|---|
| (1) For general health or wellness | (7) to improve immune system function |
| (2) prescription or over-the-counter drugs are too expensive | (8) to improve sexual performance |
| (3) to treat or cure a specific disease | (9) to improve mental ability or memory |
| (4) to prevent a specific disease | |
| (5) to improve physical performance | |
| (6) to improve sports performance | |

Comments: Overall this question worked. One problem was the word “disease” in options 3 and 4, which people interpreted rather narrowly at the same time wanting to choose one of those options. For example, one respondent said, “3 is the closest” but the word disease wasn’t exactly right – he was trying to prevent more of a health “problem.”

Sometimes the question was difficult to answer. Respondents hear the question, think of why they take the herb, then have to judge which answer most closely matches the reason they’ve identified in their mind. This task is easier for more formally educated respondents and will, therefore, bias results.

Recommendation: Change the word “disease” to “health problem” in response options 3 and 4.

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

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

_____	_____
_____	_____

Comments: This question was difficult for respondents to answer, and sometimes the answer they gave was a symptom (“deterioration of knees”; “joint pain”), not an actual condition. Moreover, because of the vagueness of the term “health problem or condition” some respondents won’t include reasons they don’t define as health related while others will.

Recommendation: Consider changing to “For what specific problem did...?”

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

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

_____ [CONDITION]

Comments: Not tested.

Recommendation: None.

HRB.10 During the past 12 months, besides taking [herb] did you also receive conventional medical treatment for [condition]?

- (1) Yes (next question)
- (2) No (**GO TO HRB.15**)

Comments: The definition of conventional medical treatment is vague and a source of possible error. Additionally, one respondent was confused about “receiving treatment.” She went to see a medical doctor, but he administered no treatment, saying the condition would heal itself. She was unsure whether to answer yes or no.

Recommendation: Drop this question and ask HRB.11 for all respondents. This solves both problems listed above.

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

- | | | |
|----------------------------------|-----|----|
| (1) Prescription Medications | YES | NO |
| (2) Over-the-counter medications | YES | NO |
| (3) Surgery | YES | NO |
| (4) Physical therapy | YES | NO |
| (5) Other | YES | NO |

Comments: The only problem with this question was the response option “over-the-counter medications.” Three of the four respondents tested weren’t sure whether the remedy they used (enema, Aleve, vitamins) qualified as over-the-counter. Two of these (enema and Aleve) were missed. The last respondent decided that vitamins do not count.

Recommendation: Because this was not tested on many people, it’s unclear how to improve the “over-the-counter” category. Perhaps provide a help screen containing a list of examples for interviewers. Also, the “other” category doesn’t add anything meaningful and could be dropped.

HRB.12 Did you receive conventional medical treatment before, at the same time, or after you began taking [herb]?

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

Comments: Of the four tested, one respondent had trouble with this question. He had a difficult time establishing the temporal ordering of various therapies, and didn't consider his over-the-counter medication when answering. Moreover, different conventional and alternative therapies can be used at many different times.

Recommendation: Because the expression "conventional medical treatment" can be vague, consider inserting the therapies they mentioned in HRB.11 instead. For example, if a respondent answers yes to prescription and surgery in HRB.11, the question would be: "Did you receive prescription medications before, at the same time, or after you began taking [herb]?" then "Did you receive surgery before, at the same time, or after you began taking [herb]?"

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

Comment: Because of the vagueness of the term "health problem or condition" some respondents won't include reasons they don't define as health related while other will.

Recommendation: Consider changing to "For what specific problem did...?"

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

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

_____ [CONDITION]

Comments: Not tested.

Recommendations: None.

SHOW HAND CARD (COVENTIONAL MEDICAL PROFESSIONAL)

HRB.15 DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of [herb]?

- (1) Yes
- (2) No (**GO TO NEXT MODALITY - VITAMINS**)
- (3) Did not go/talk to any of these

Comments: Not extensively tested, but a couple times respondents said their doctor had told them about the alternative therapy, not the other way around, and wondered if that should count.

Recommendations: None – not sure of question intent.

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

- (1) Medical Doctor (M.D.) (including specialists)
- (2) Nurse Practitioner/Physician Assistant
- (3) Psychiatrist
- (4) Dentist (including specialists)
- (5) Doctor of Osteopathy (DO)
- (6) Psychologist/Social Worker

Comments: None – See HRB.15

Recommendations: none.

VITAMINS

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

SHOW HAND CARD VIT#1 (VITAMIN LIST)

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

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

Comments: Because “vitamins and minerals” is a more common expression in everyday discourse, people did not have the same difficulties with this section as they did with the herb section, despite the organizational similarities.

Recommendation: None – but show the card before VIT.1 to make a clear distinction between this and the herbal section.

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

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

Comments: None – question seemed fine.

Recommendations: None.

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

_____ times a week/month/year

Comments: Like the herb section, this can sometimes be difficult for people to answer, especially those who are irregular in their use or whose patterns change over time (which wasn't uncommon for our respondents). It can also be difficult when someone else (such as a spouse) is responsible for buying the vitamins. Additionally because vitamins are often seen as a common item, it can be difficult to remember when they're bought. As one respondent commented, “I don't think about it...it's not in my budget...when I run out I go and buy another giant bottle”; “it's like buying toothpaste.” However, affording respondents the opportunity to answer in a unit of time that is comfortable for them reduced their burden.

Recommendation: Sometimes a bit of calculation was required on the part of the interviewer, particularly if respondents responded with “gosh, I get so many...I would say every 2-3 months” An open time unit clearly benefits those users who don’t have a steady, regular pattern of use, so we suggest keeping this format.

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

Under \$15	\$120-149
\$15-29	\$150-179
\$30-59	\$180-209
\$60-89	Over \$210
\$90-119	

Comments: Respondents could arrive at an answer they thought was reasonably accurate. However, they frequently could not disentangle money they spent on herbs from money they spent on vitamins. For many people there is little distinction between these two therapies – they take them at the same time, for similar reasons, and buy them at the same place. As a result response error was common.

Recommendation: If this question is dropped from the herb section the question here could be something like: “About how much did you spend the last time you bought herbal supplements, vitamins, or both? Would you say...”

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

- (1) yes
- (2) no (**GO TO NEXT MODALITY**)

Comments: No response error.

Recommendations: None.

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

_____	_____
_____	_____
_____	_____

Comments: We substantially shorted this question from the first round of testing because the length was confusing not helping respondents. The only initial problem was in the hand card which had several choices for multiple vitamins. Respondents didn't look carefully enough at them to differentiate their meaning. We collapsed them into one category, multivitamin and/or mineral combination, which worked well. Another person wanted to include some herbs that she missed in the herb section. This was a respondent who had not been shown herb hand card prior to HRB.1 and had no clear idea what an herbal supplement was – she thought glucosamine, chondroitin and lecithin might be minerals. Had she been shown the herb hand card we doubt she would have included those answers here.

Recommendations: None.

[IF NONE GO TO NEXT MODALITY; IF MORE THAN 3 ASK VIT. 6, OTHERWISE GOTO VIT.7]

VIT.6 Which 3 of these did you take the most in the past 30 days?

Comment: This section is a bit tedious at best, and repetitious at worst for respondents who use more than one vitamin – especially if they use different vitamins for the same reason (a common scenario). In addition, one respondent could not pick only three because she takes all her vitamins together everyday. We suspect this might be a common situation.

Recommendation: Ask VIT.6 for only one vitamin. If a respondent can't choose, have the computer randomly select a vitamin.

SHOW Hand Card VIT#2 (VIT REASONS)

VIT.7 Which of these are the main reasons you took [vitamin/mineral]?
[MARK ALL THAT APPLY]

- | | |
|--|---|
| (1) for general health or wellness | (5) to improve physical performance |
| (2) prescription or over the counter drugs are too expensive | (6) to improve sports performance |
| (3) to treat or cure a specific disease | (7) to improve immune system function |
| (4) to prevent a specific disease | (8) to improve sexual performance |
| | (9) to improve mental ability or memory |

Comments: Overall this question worked. One problem was the word “disease” in options 3 and 4, which people interpreted rather narrowly at the same time wanting to choose one of those options. For example, one respondent already has a condition (fibroids) that she was trying to prevent from getting worse. She chose answer #4, but didn’t feel like it really reflected her situation.

Sometimes the question was difficult to answer. Respondents hear the question, think of why they take the vitamin, then have to judge which answer most closely matches the reason they’ve identified. This task is easier for more formally educated respondents. For example, one person in his own words said he takes vitamins “for better health,” yet did not specifically choose option #1. He looked at the list and said “all but number 2 and 3.” This answer wasn’t entirely inappropriate, but it does show the difficulty respondents have in matching these categories to their personal reasons.

Recommendation: Change the word “disease” to “health problem” in response options 3 and 4.

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

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

Comment: We found in similar questions that because of the vagueness of the term “health problem or condition” some respondents won’t include reasons they don’t define as health related while others will.

Recommendation: Consider changing to “For what specific problem did...?”

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

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

_____ [CONDITION]

Comments: Not extensively tested, but other questions indicate that confusion may arise over the phrase “health problems or conditions.”

Recommendation: considering changing “health problems or conditions” to “problems.”

VIT.10 During the past 12 months, besides taking [vitamin/mineral] did you also receive medical treatment for [condition]?

- (1) Yes (next question)
- (2) No (**GO TO VIT.15**)

Comments: Not extensively tested. Findings from other questions suggest that the concept of conventional medical treatment is vague and a source of possible error.

Recommendation: Drop this question and ask VIT.11 for all respondents. This is the same recommendation made for HRB.11.

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

- | | | |
|----------------------------------|-----|----|
| (1) Prescription Medications | YES | NO |
| (2) Over-the-counter medications | YES | NO |
| (3) Surgery | YES | NO |
| (4) Physical therapy | YES | NO |
| (5) Other | YES | NO |

Comments: This question was not extensively tested, but will likely suffer from the same problem with the response option “over-the-counter medications” as the herb section did.

Recommendation: Consider changes similar to HRB.11.

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

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

Comments: This question was tested on only one subject. However, we suspect it to have problems similar to its herb counterpart (see HRB.12).

Recommendation: Because the expression “conventional medical treatment” can be vague, consider inserting the therapies they mentioned in VIT.11 instead. For example, if a respondent answers yes to prescription and surgery in VIT.11, this question would be: “Did you receive prescription medications before, at the same time, or after you began taking [vitamin/mineral]?” then “Did you receive surgery before, at the same time, or after you began taking [vitamin/mineral]?”

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

Comment: Because of the vagueness of the term “health problem or condition” some respondents won’t include reasons they don’t define as health related while others will. This was especially problematic for vitamin usage which is commonly associated with prevention – a concept that is difficult for some respondents. For example, one person said, “oh, wow...I never thought about what *specific* condition...” and another, [sigh] “everything...it’s just what you’re supposed to do.” In other words, many people believe vitamins to be helpful in preventing disease, but have no clear notions of what specific diseases vitamins might prevent. Their focus is not on the disease – it’s on *general* prevention and health maintenance. This problem did not surface the same way for other modalities.

Recommendation: Consider slightly different changes to this question from those that were recommended for PRT.6 and others like it. Because of the uniqueness of vitamins,

it might be best to drop the word “specific”. The question could be, “For what problem did you take [vitamin/mineral] to prevent?”

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

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

Comments: Not tested.

Recommendations: None.

SHOW HAND CARD (COVENTIONAL MEDICAL PROFESSIONAL)

VIT.15 DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of [vitamin/mineral]?

- (4) Yes
- (5) No (**GO TO NEXT MODALITY**)
- (6) Did not go/talk to any of these

Comments: Not extensively tested, but in other sections respondents said their doctor had told them about the alternative therapy, not the other way around, and wondered if that should count.

Recommendations: None – not sure of question intent.

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

- (1) Medical Doctor (M.D.) (including specialists)
- (2) Nurse Practitioner/Physician Assistant
- (3) Psychiatrist
- (4) Dentist (including specialists)
- (5) Doctor of Osteopathy (DO)
- (6) Psychologist/Social Worker

Comments: None – see VIT.15.

Recommendation: None.

HOMEOPATHIC TREATMENT

People who use homeopathy to treat health problems take small pills or drops that are placed under the tongue. These pills or drops are often prescribed by practitioners of homeopathy.

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

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

Comments: This section not extensively tested.

Recommendation: None.

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

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

Comments: This section not extensively tested.

Recommendation: None.

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

_____ times a week/month/year

Comments: This section not extensively tested.

Recommendation: None.

HOM.4 And about how much did you spend the last time you bought homeopathic medicine? Would you say... [**READ CATEGORIES**]

Under \$15	\$120-149
\$15-29	\$150-179
\$30-59	\$180-209
\$60-89	Over \$210
\$90-119	

Comments: This section not extensively tested.

Recommendation: None.

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

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

Comments: This section not extensively tested, but the term “specific health problem or condition” is vague and likely to produce error.

Recommendation: Consider changing to “...for a specific problem?” to match the other sections.

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

Comment: Not tested. However, similar questions indicate that because of the vagueness of the term “health problem or condition” some respondents won’t include reasons they don’t define as health related (e.g., stress, to relax) while other will.

Recommendation: Consider changing to “For what specific problem did...?” to match the other sections.

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

[NEW]

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

_____ [CONDITION]

Comments: This section not extensively tested.

Recommendation: None.

HOM.8 Besides receiving homeopathic treatment, did you also receive conventional medical treatment for [*condition for which homeopathic treatment used the most*]?

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

Comments: This section not extensively tested.

Recommendation: Could delete this question to match other sections.

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

- | | | |
|----------------------------------|-----|----|
| (1) Prescription Medications | YES | NO |
| (2) Over-the-counter medications | YES | NO |
| (3) Surgery | YES | NO |
| (4) Physical therapy | YES | NO |
| (5) Other | YES | NO |

Comments: This section not extensively tested.

Recommendation: Could make changes to match HRB.11.

[NEW]

HOM.10 Did you receive conventional medical treatment for [*condition for which homeopathic treatment used the most*] before, at about the same time, or after trying homeopathic treatment?

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

Comments: This section not extensively tested.

Recommendation: Could make changes to match other sections (see HRB.12).

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

- | | | |
|--|-----|----|
| (1) To improve or enhance energy | yes | no |
| (2) For general wellness or general disease prevention | yes | no |
| (3) To improve or enhance immune function | yes | no |

Comments: This section not extensively tested.

Recommendation: None.

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

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

Comments: This section not extensively tested.

Recommendation: None.

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

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

Comments: This section not extensively tested.

Recommendation: None.

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

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

Comments: This section not extensively tested.

Recommendation: None.

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

HOM.15 DURING THE PAST 12 MONTHS, were any of the costs of using homeopathy covered by insurance?

- (1) Yes
- (2) No

Comments: This section not extensively tested.

Recommendation: None.

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

\$ _____ [PER VISIT]

Comments: This section not extensively tested.

Recommendation: None.

SHOW HAND CARD (MEDICAL PROFESSIONALS)

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

- (1) Yes (go to next question)
- (2) No (**GO TO NEXT MODALITY - DIETS**)
- (3) Did not go/talk to any of these (**GO TO NEXT MODALITY - DIETS**)

Comments: Not extensively tested, but in other sections respondents said their doctor had told them about the alternative therapy, not the other way around, and wondered if that should count.

Recommendations: None – not sure of question intent.

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

- (1) Medical Doctor (M.D.) (including specialists)
- (2) Nurse Practitioner/Physician Assistant
- (3) Psychiatrist
- (4) Dentist (including specialists)
- (5) Osteopathic Doctor (DO)
- (6) Psychologist/Social Worker

Comments: This section not extensively tested.

Recommendation: None.

SPECIAL DIETS

SHOW HAND CARD (SPECIAL DIETS)

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

- | | | |
|-------------------------------------|-----|----|
| (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 |

Comments: This section not extensively probed. However, note that essentially all respondents understood this as a weight loss question.

Recommendation: Because people associate the word diet almost exclusively with losing weight, we suggest moving DIT.5 to immediately follow DIT.1 in order to quickly screen out the “dieters.”

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

- (1) yes
- (2) no **[GO TO NEXT MODALITY]**

Comments: This section not extensively tested.

Recommendation: None.

[IF ONLY ONE DIET USED, GO TO DIT.5; ELSE ASK DIT.3]

DIT.3 Which diets did you use for two weeks or more?

_____ [DIET]

_____ [DIET]

_____ [DIET]

Comments: This section not extensively tested.

Recommendation: None.

[IF MORE THAN ONE DIET MENTIONED, ASK DIT.4; OTHERWISE GO TO DIT.5]

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

_____ [DIET]

Comments: This section not extensively tested.

Recommendation: None.

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

(1) Yes

(2) No

Comments: This section not extensively tested.

Recommendation: None.

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

(1) Yes (next question)

(2) No (**GO TO DIT.11**)

Comments: This section not extensively tested, but other sections suggest that the term “specific health problem or condition” is vague and likely to produce error.

Recommendation: Consider changing to “Did you use this diet for a specific problem (other than weight control or weight loss)?” to match the other sections.

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

Comment: Not tested. However, similar questions in other sections suggest that because of the vagueness of the term “health problem or condition” some respondents won’t include reasons they don’t define as health related while others will.

Recommendation: Consider changing to “For what specific problem did...?” to match other sections.

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

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

_____ [CONDITION]

Comments: This section not extensively tested.

Recommendation: None.

DIT.9 Besides using a special diet, did you also receive conventional medical treatment for [*condition for which special diet used the most*]?

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

Comments: This section not extensively tested.

Recommendation: Could delete this question to match HRB.10.

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

- | | | |
|----------------------------------|-----|----|
| (1) Prescription Medications | YES | NO |
| (2) Over-the-counter medications | YES | NO |
| (3) Surgery | YES | NO |
| (4) Physical therapy | YES | NO |
| (5) Other | YES | NO |

Comments: This section not extensively tested.

Recommendation: Could make changes to match HRB.11.

DIT.11 Did you receive conventional medical treatment before, at about the same time, or after trying this diet?

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

Comments: This section not extensively tested.

Recommendation: Could make changes to match HRB.12.

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

- | | | |
|--|-----|----|
| (1) To improve or enhance energy | YES | NO |
| (2) For general wellness or general disease prevention | YES | NO |
| (3) To improve or enhance immune function | YES | NO |

Comments: This section not extensively tested.

Recommendation: None.

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

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

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

Comments: This section not extensively tested.

Recommendation: None.

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

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

Comments: This section not extensively tested.

Recommendation: None.

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

- (1) medical doctor (**GO TO DIT.18**)
- (2) nurse (**GO TO DIT.18**)
- (3) dietician (**GO TO DIT.18**)
- (4) alternative provider such as Acupuncturist, Chiropractor, Massage Therapist, Naturopath, etc. (next question)

Comments: This section not extensively tested.

Recommendation: None.

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

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

Comments: This section not extensively tested.

Recommendation: None.

DIT.16 DURING THE PAST 12 MONTHS, were any of the costs of using this diet covered by insurance?

- (3) Yes
- (4) No

Comments: This section not extensively tested.

Recommendation: None.

[NEW]

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

\$ _____ [PER VISIT]

Comments: This section not extensively tested.

Recommendation: None.

SHOW HAND CARD (CONVENTIONAL MEDICAL PROFESSIONALS)

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

- (1) Yes (next question)
- (2) No (**GO TO NEXT MODALITY – YOGA**)
- (3) Did not go/talk to any of these (**GO TO NEXT MODALITY – YOGA**)

Comments: Not extensively tested, but in other sections respondents said their doctor had told them about the alternative therapy, not the other way around, and wondered if that should count.

Recommendations: None – not sure of question intent.

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

- (1) Medical Doctor (M.D.) (including specialists)
- (2) Nurse Practitioner/Physician Assistant
- (3) Psychiatrist
- (4) Dentist (including specialists)
- (5) Osteopathic Doctor (DO)
- (6) Psychologist/Social Worker

Comments: See DIT.18.

Recommendation: none.

YOGA/TAI CHI/QI GONG

YOG.1 Have you EVER practiced any of the following types of exercise for your self?
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 |

Comments: This section not extensively tested.

Recommendation: None.

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

- (1) Yes
- (2) No [**GO TO NEXT MODALITY – RELAXATION**]

Comments: This section not extensively tested.

Recommendation: None.

[IF ONLY ONE EXERCISE MENTIONED, GO TO YOG.5; IF MORE THAN ONE MENTIONED, ASK YOG.3]

YOG.3 Which exercises did you practice for two weeks or more?

- _____ [EXERCISE]
- _____ [EXERCISE]
- _____ [EXERCISE]

Comments: This section not extensively tested.

Recommendation: None.

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

YOG.4 During the past 12 months, which exercise did you practice the *most*?

- _____ [EXERCISE]

Comments: This section not extensively tested.

Recommendation: None.

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

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

Comments: This section not extensively tested, but other sections show that the term “specific health problem or condition” is vague and likely to produce error.

Recommendation: Consider changing to “...for a specific problem?” to match the other sections.

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

Comment: Not tested. But other sections show that because of the vagueness of the term “health problem or condition” some respondents won’t include reasons they don’t define as health related while others will.

Recommendation: Consider changing to “For what specific problem did...?”

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

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

_____ [CONDITION]

Comments: This section not extensively tested.

Recommendation: Could make changes to match other sections.

YOG.8 Besides using (exercise), did you also receive conventional medical treatment for [*condition for which (exercise) used the most*]?

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

Comments: This section not extensively tested.

Recommendation: Could delete this question to match HRB.10.

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

- | | | |
|----------------------------------|-----|----|
| (1) Prescription Medications | YES | NO |
| (2) Over-the-counter medications | YES | NO |
| (3) Surgery | YES | NO |
| (4) Physical therapy | YES | NO |
| (5) Other | YES | NO |

Comments: This section not extensively tested.

Recommendation: Could make changes to match herb section (see HRB.11).

YOG.10 Did you receive conventional medical treatment before, at about the same time, or after trying (exercise)?

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

Comments: This section not extensively tested.

Recommendation: Could make changes to match herb section (see HRB.12).

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

- | | | |
|--|-----|----|
| (1) To improve or enhance energy | YES | NO |
| (2) For general wellness or general disease prevention | YES | NO |
| (3) To improve or enhance immune function | YES | NO |

Comments: This section not extensively tested.

Recommendation: Could make changes to match other sections.

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

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

Comments: This section not extensively tested.

Recommendation: None.

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

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

Comments: This section not extensively tested.

Recommendation: None.

[IF R. does NOT have health insurance, GO TO YOG.16]

YOG.14 DURING THE PAST 12 MONTHS, were any of the costs of using (exercise) covered by insurance?

- (1) Yes
- (2) No

Comments: This section not extensively tested.

Recommendation: None.

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

\$ _____ [PER VISIT]

Comments: This section not extensively tested.

Recommendation: Could make changes to match other sections.

SHOW HAND CARD (CONVENTIONAL MEDICAL PROFESSIONALS)

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

- (1) Yes (next question)
- (2) No [**GO TO NEXT MODALITY – RELAXATION**]
- (3) Did not go/talk to any of these [**GO TO NEXT MODALITY**]

Comments: Not extensively tested, but in other sections respondents said their doctor had told them about the alternative therapy, not the other way around, and wondered if that should count.

Recommendations: None – not sure of question intent.

YOG.17 Which ones? [**MARK ALL THAT APPLY**]

- (1) Medical Doctor (M.D.) (including specialists)
- (2) Nurse Practitioner/Physician Assistant
- (3) Psychiatrist
- (4) Dentist (including specialists)
- (5) Osteopathic Doctor (DO)
- (6) Psychologist/Social Worker

Comments: See YOG.16.

Recommendations: None.

RELAXATION and STRESS MANAGEMENT TECHNIQUES

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

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

Comments: Like it's "sister question" in the child section, this item produced a large number of false positives. Many respondents had very little knowledge of these techniques and essentially guessed at their meaning. It was easy for them to fit their experience into what they thought these techniques mean. Words like "relaxing" and "deep breathing" sound like common activities that respondents can relate to and say they've done.

For example, one respondent said yes to meditation because this was seen as *any* time one is quiet and engaged in deep thinking. Someone else said, "I guess I've meditated." Deep breathing meant the same thing as meditation for some respondents. Others said yes to deep breathing because this is when "you let out of sigh of being home to get your second wind to cook dinner." Another person said yes to progressive relaxation because she will "close the door and lie down...it's just some quiet time. I do it everyday. I guess that's progressive."

Recommendation: Have simple, but clear definitions of these terms – many respondents will need them. Analysts should also recognize that estimates may be inflated and construct validity will be low.

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

- (1) Yes
- (2) No (**GO TO NEXT MODALITY - PRAYER**)

Comments: Remaining section not extensively tested.

Recommendation: None.

REL.3 Which relaxation techniques did you use?

_____ [TECHNIQUE]

_____ [TECHNIQUE]

_____ [TECHNIQUE]

Comments: Remaining section not extensively tested.

Recommendation: None.

REL.4 During the past 12 months, which relaxation techniques did you use the *most*?

_____ [TECHNIQUE]

Comments: Remaining section not extensively tested.

Recommendation: None.

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

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

Comments: This section not extensively tested, but other sections suggest that the term “specific health problem or condition” is vague and likely to produce error.

Recommendation: Consider changing to “...for a specific problem?” to match the other sections.

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

Comment: Not tested. However, other sections suggest that because of the vagueness of the term “health problem or condition,” some respondents won’t include reasons they don’t define as health related while others will.

Recommendation: Consider changing to “For what specific problem did...?”

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

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

_____ [CONDITION]

Comments: This section not extensively tested.

Recommendation: Could make changes to match other sections.

REL.8 Besides using (relaxation technique), did you also receive conventional medical treatment for [*condition for which technique used the most*]?

- (1) Yes (next question)
- (2) No (**GO TO REL.10**)

Comments: This section not extensively tested.

Recommendation: Could delete to match other sections (see HRB.10).

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

- | | | |
|----------------------------------|-----|----|
| (1) Prescription Medications | YES | NO |
| (2) Over-the-counter medications | YES | NO |
| (3) Surgery | YES | NO |
| (4) Physical therapy | YES | NO |
| (5) Other | YES | NO |

Comments: This section not extensively tested.

Recommendation: Could make changes to match other sections (see HRB.11).

REL.10 Did you receive conventional medical treatment before, at about the same time, or after trying (relaxation technique)?

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

(3) After

Comments: This section not extensively tested.

Recommendation: Could make changes to match other sections (see HRB.12).

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

- | | | |
|--|-----|----|
| (4) To improve or enhance energy | YES | NO |
| (5) For general wellness or general disease prevention | YES | NO |
| (6) To improve or enhance immune function | YES | NO |
| (7) To cope with having an illness | YES | NO |

Comments: This section not extensively tested.

Recommendation: None.

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

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

Comments: This section not extensively tested.

Recommendation: None.

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

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

Comments: This section not extensively tested.

Recommendation: None.

REL.14 DURING THE PAST 12 MONTHS, were any of the costs of using (relaxation technique) covered by insurance?

- (1) Yes
- (2) No

Comments: This section not extensively tested.

Recommendation: None.

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

\$ _____ [PER VISIT]

Comments: This section not extensively tested.

Recommendation: None.

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

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

Comments: This section not extensively tested.

Recommendation: None.

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

\$ _____

Comments: This section not extensively tested.

Recommendation: None.

SHOW HAND CARD (CONVENTIONAL MEDICAL PROFESSIONALS)

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

- (1) Yes (next question)
- (2) No [**GO TO NEXT MODALITY – PRAYER**]
- (3) Did not go/talk to any of these [**GO TO NEXT MODALITY – PRAYER**]

Comments: Not extensively tested, but in other sections respondents said their doctor had told them about the alternative therapy, not the other way around, and wondered if that should count.

Recommendations: None – not sure of question intent.

REL.19 Which ones? [**MARK ALL THAT APPLY**]

- (1) Medical Doctor (M.D.) (including specialists)
- (2) Nurse Practitioner/Physician Assistant
- (3) Psychiatrist
- (4) Dentist (including specialists)
- (5) Osteopathic Doctor (DO)
- (6) Psychologist/Social Worker

Comments: See REL.18.

Recommendations: None.

PRAYER FOR YOUR OWN HEALTH

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

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

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

Comments: Section not tested.

Recommendations: None.

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

- (1) Yes
- (2) No

Comments: Section not tested.

Recommendations: None.

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

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

Comments: Section not tested.

Recommendations: None.

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

- (1) Yes
- (2) No

Comments: Section not tested.

Recommendations: None.

Perceptions Section

PER.1 Other than during this survey, please tell me all of the ways you have heard about alternative therapies such as acupuncture, chiropractic manipulation, meditation, herbs, and yoga. **[MARK ALL THAT APPLY]**

1. Never heard of these
2. Family
3. Friends or co-workers
3. Media (magazines, newspapers, TV, or radio)
4. Internet or books
5. Medical doctor/Nurse/Dentist/Pharmacist
6. Other (specify) _____

Comments: This question originally contained 16 different response options and was asked repeatedly for five different modalities. During our testing we found that respondents simply couldn't process that much information on a hand card. The result was that there was not much response variation by therapy. Because many respondents did not have clear memories of where they heard of a particular therapy, they chose answers on the hand card that seemed *likely*. In other words, when asked for a specific example in relation to a response they had chosen (say, TV), most of the time respondents couldn't provide one. Finally, it was administratively tedious to ask the same question five times in a row and respondent motivation clearly waned.

Given that respondents were overwhelmed by all the choices on the original hand card, and seemed to provide similar answers for all therapies, we decided to shorten the list *and* ask the question in relation to all five modalities at once (see the question as written above). Although we tested the question this way on only one respondent, it was clear that this created the same problem we faced in the first round of testing; that is, respondents cannot lump alternative therapies together and arrive at a single answer for all.

Recommendation: We suggest using the shortened response option lists and embedding the question PER.1 in each modality section rather than having a stand-alone perceptions section. This would remedy the tedium of asking the same question repeatedly. It would also aid in recall, as respondents would already be thinking more specifically of the modality in question.

[For respondents who have NEVER used any of these therapies, goto PER.2, For respondents who have used any of these, but not in the past 12 months, goto PER.3, else goto PER.4]

**[Ask each question for each of the following modalities separately:
Acupuncture, chiropractic manipulation, meditation, herbs, yoga]**

PER.2 Please tell me the reasons why you have never used [modality]. **[MARK ALL THAT APPLY]**

1. Never heard of it / don't know much about it
2. Never thought about it / no reason
3. Don't need it
4. Don't believe in it
5. It costs too much
6. It is not safe to use
7. Other (specify) _____

Comments: Questions on why respondents don't use a therapy (PER.2 & PER.3) didn't test well. Respondents had a difficult time answering, often saying things like "I've just never given it any thought" without even referencing the hand card.

Recommendation: We suggest dropping these questions. However, if they are retained they should be embedded in each separate section in a manner similar to PER.1.

[Goto PER.5]

PER.3 Please tell me the reasons why you have not used [modality] in the past 12 months.
[CODE ALL THAT APPLY]

2. Never thought about it / no reason / don't know
3. Don't need it
4. It didn't work
5. It costs too much
6. I had side effects last time (GO TO PER.3a)
7. Other (specify) _____

Comments: See PER.2.

Recommendation: See PER.2.

PER.3a What kinds of side effects did you have?

Comments: Not tested – no respondents chose this answer.

Recommendation: None.

PER.3b Did any of these require medical attention?

Yes

No

Comments: Not tested – no respondents chose this answer.

Recommendation: None.

[Go to PER.5]

PER.4 Please tell me the reasons why you used [modality] in the past 12 months.
[MARK ALL THAT APPLY]

1. For general health and well being
2. It can help my health problem
3. Medical treatments did not help
4. It was recommended by a medical doctor, dentist, or nurse
5. It was recommended by family, friends or co-workers
6. Other (specify) _____

Comments: Although this question asks respondents about something they actually did, they still had difficulty answering and using the hand card. It was a difficult judgment task for respondents to arrive at an answer in their head, study the options on the hand card, and fit their answer into one of those categories in order to provide a response. As a result, many respondents were tempted to ignore the hand card and simply give an answer. This increased administration time and imposed an undue burden on the interviewer who was left to decide which category to mark.

Recommendation: Consider dropping this question along with PER.2 and PER.3.

PER.5. (Would/Do) any of these affect whether or not you use [modality]?

- | | | | |
|---------------------------------------|-----|----|------------|
| (a) Friends or family recommended it? | Yes | no | don't know |
| (b) A medical doctor recommended it? | Yes | no | don't know |
| (c) Insurance paid for it? | Yes | no | don't know |

Comments: For respondents who haven't used the particular therapy, it makes an implicit assumption that they don't *want* to use it and would have to be persuaded by somebody (or something) in order to do so. This is a faulty assumption for respondents who want to use therapy X, but in their words simply "haven't gotten around to it." Because the question makes a faulty assumption, an answer of "no" isn't exactly correct (but is the one respondents gave).

Additionally, the insurance question is awkward when respondents already know whether or not insurance covers the therapy. In other words, it's a hypothetical question that's not actually hypothetical to the respondent – another faulty assumption. In this situation, for example, one respondent's answer was "it doesn't make a difference."

Recommendation: Ideally, this question should be dropped altogether. At the very least, we suggest deleting number (c) on insurance and embedding the question in each separate section along with PER.1.

PER. 6 Please tell me whether you agree or disagree with each statement:

- a. In general, practitioners for alternative therapies pay more attention to their patients than medical doctors?

Agree Disagree

Comments: This question and the next continue to create confusion (see comments from the round 1 testing final report). Many respondents simply cannot relate to them. The most blatant example was one respondent who answered disagree but when probed said she "can't explain" what the question means because it "wasn't clear" and that she was "not really sure" why she said disagree. This was a clear example of satisficing. Many other times respondents had too many caveats ("there are good things and bad things about every doctor"; "I don't go to the doctor enough, and I don't think that I see a doctor for alternative therapies, so I don't know") to be able to answer confidently.

Recommendation: Drop both questions in PER.6. They are too hypothetical and many respondents don't understand the intent or don't know what "alternative therapies" means.

b. In general, alternative therapies give the patient control over their health problems?

Agree

Disagree

Comments: See PER.6a.

Appendix A:

Introduction to CAM2 Supplement

INTRO.1 What is your age? _____ [AGE IN YEARS]

INTRO.2 Are you currently married, separated, divorced, widowed, never married or living with someone in a marriage-like relationship?

Married	Widowed
Separated	Never married
Divorced	Cohab

INTRO.3 Are you of Hispanic or Latino origin?

YES	1
NO	2

INTRO.4 What race or races do you consider yourself to be?

White	Alaska Native
Black/African American	Native Hawaiian
Asian	Pacific Islander
American Indian	

The next few questions are about any health insurance you might have.

INS-1 At this time, do you have any kind of health care coverage?

YES	1 [GO TO INS-2]
NO	2 [GO TO NEXT SECTION]

INS-2 From which of the following do you obtain your health care coverage: directly from an insurance company, through an employer, through the military, or through Medicaid, a government health insurance program for persons with certain income levels and persons with disabilities?

- (1) Directly from an insurance company
- (2) Employer
- (3) Military (including VA)
- (4) Medicaid
- (5) Other, specify _____

CHD.1 Do you have any children under the age of 18?
(1) Yes (2) No [GO TO ADULT SECTION]

CHD.2 What are the names and ages of your children?

NAME	AGE
_____	_____
_____	_____
_____	_____

[CHOOSE ONE CHILD TO DISCUSS, THEN PROCEED WITH INTERVIEW]

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

CONDITIONS

CON.1 DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [child's name] had ... [READ LIST]

- ... Cancer
- ... Depression
- ... Gum disease
- ... Influenza or pneumonia
- ... Lung or breathing problems, other than asthma
- ... Phobia or fears
- ... Neurological problems
- ... Sinusitis
- ... Strep throat or tonsillitis

... Urinary problems including urinary tract infection

CON.2 DURING THE PAST 12 MONTHS, Has [child's name] had ...

... Abdominal pain

... Acne

... Allergies to pollen, including Hay Fever,
pet dander, or dust mites

... Other Allergies

... Anxiety or Stress

... Back or neck pain

... Chicken Pox

... Constipation

... Chronic pain

... Fever

... Fatigue or lack of energy

... Head or chest cold

... Incontinence, including bed wetting

... Insomnia or trouble sleeping

... Menstrual problems

... Problems with being overweight

... Problems with Acid reflux or heartburn

... Recurring headache, other than migraine

... Nausea and/or vomiting

- ... Skin problems other than eczema, acne, or warts
- ... Sore throat other than strep or tonsillitis
- ... Warts
- ... Other gastrointestinal disorder
- ... Other infectious disease
- ... Other mental health condition
- ... Other musculoskeletal problems

Complementary and Alternative Medicine Supplement

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) Folk Medicine | yes | no |
| (8) Hypnosis | yes | no |
| (9) Massage | yes | no |
| (10) Naturopathy | yes | no |
| (11) Native American Healing or Traditional Latino Medicines, | yes | no |
| (12) Movement Therapies | yes | no |

PRT.2 How old was [child's name] when he/she first saw a practitioner for [modality]?

_____ [AGE]

PRT.3 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.4 During the past 12 months, for what health problems or conditions did [child] use [modality]?

_____	_____
_____	_____

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 Thinking of the examples on this card, DURING THE PAST 12 MONTHS, has [child] taken any herbal supplements?

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

HRB.2 How old was [child] when he/she first began taking herbal supplements?

HRB.3 DURING THE PAST 30 DAYS did [child] take any herbal supplements?

- (3) Yes
(4) No (**GO TO NEXT MODALITY**)

HRB.3a 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 3 ASK HRB.4, OTHERWISE GOTO HRB.5 - ASK REST OF SECTION FOR EACH HERB]

HRB.4 Which three 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?

- (3) Yes (next question)
- (4) No (HRB.7)

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

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

- (3) Yes
- (4) No (next herb or next modality)

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

- (5) Yes (next herb or next modality)
- (6) No (next herb or next modality)

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

- (3) Yes (next question)
- (4) No (next vitamin or VIT.7)

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

[next vitamin or VIT.7]

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

- (3) Yes
- (4) No (next modality)

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

Self-Practiced Modalities

HOMEOPATHIC TREATMENT

People who use homeopathy to treat health problems take small pills or drops that are placed under the tongue. These pills or drops are often prescribed by practitioners of homeopathy.

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

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

HOM.2 How old was [child's name] when he/she first began using homeopathic treatment?

_____ [AGE]

HOM.3 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.4 During the past 12 months, for what health problems or conditions did [child] use homeopathic treatment?

SPECIAL DIETS

SHOW HAND CARD (SPECIAL DIETS)

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

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

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

DIT.2 How old was [child’s name] when he/she first began using [*diets mentioned in DIT.1*]?

_____ [AGE]

DIT.3 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.4 During the past 12 months, for what health problems or conditions did [child] use [*diets mentioned in DIT.1*]?

_____	_____
_____	_____

YOGA/TAI CHI/QI GONG

YOG.1 DURING THE PAST 12 MONTHS did [child's name] practice any of the following types of exercises? 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 How old was [child] when he/she first began practicing [*exercises mentioned in YOG.1*]?

_____ [AGE]

YOG.3 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.4 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 How old was [child] when he/she first began using [*relaxation techniques mentioned in REL.1*]?

_____ [AGE]

REL.3 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.4 During the past 12 months, for what health problems or conditions did [child] use [*relaxation techniques mentioned in REL.1*]?

_____	_____
_____	_____

PRAYER FOR YOUR OWN HEALTH

Now I am going to ask you about [child's name's] use of prayer for his/her own health.

PRY.1 DURING THE PAST 12 MONTHS, did [child] pray specifically for the purpose of his/her OWN health?

- (1) Yes
- (2) No

PRY.2 DURING THE PAST 12 MONTHS, did [child] ask or have others pray for his/her OWN health?

- (1) Yes
- (2) No

The next questions are about any health conditions YOU may have.

CONDITIONS

- CON.1 Have you EVER been told by a doctor or other health professional that you had ... [READ LIST]
- ... Attention Deficit Disorder/Hyperactivity?
 - ... Autism
 - ... Bipolar Disorder
 - ... Dementia, including Alzheimer's disease
 - ... gum disease
 - ... Depression
 - ... Fibromyalgia
 - ... Irritable bowel syndrome
 - ... Influenza or pneumonia
 - ... Lupus
 - ... Mania or psychosis
 - ... Peripheral vascular disease, including Intermittent Claudication (cramping) or poor circulation in your legs
 - ... Phobia or fears
 - ... Schizophrenia
- CON.1a [FOR ANY YES RESPONSE ASK]: During the past 12 months, have you had [*condition mentioned above*]...

CON.2 Have you EVER had ...

- ... Problems with Acid reflux or heartburn
- ... Excessive use of alcohol or tobacco
- ... Regular Headaches
- ... Memory loss or loss of other cognitive functions
- ... Substance abuse, other than alcohol or tobacco

Complementary and Alternative Medicine Supplement

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

Modalities that Require Practitioner

SHOW HAND CARD (PRACTITIONER MODALITIES)

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

- | | | |
|--|-----|----|
| (1) Acupuncture | yes | no |
| (2) Ayurveda | yes | no |
| (3) Biofeedback | yes | no |
| (4) Chelation Therapy | yes | no |
| (5) Chiropractic or Osteopathic Manipulation | yes | no |
| (6) Energy Healing Therapy | yes | no |
| (7) Folk Medicine | yes | no |
| (8) Hypnosis | yes | no |
| (9) Massage | yes | no |
| (10) Naturopathy | yes | no |
| (11) Native American Healing or Traditional Latino Medicines | yes | no |
| (12) Movement Therapies | yes | no |

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

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

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

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

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

[NEW]

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

\$ _____

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

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

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

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

[NEW]

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

_____ [CONDITION]

[NEW]

PRT.9 During the past 12 months, besides receiving (modality) treatment, did you also receive conventional medical treatment for [*condition for which modality used the most*]?

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

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

- | | | |
|----------------------------------|-----|----|
| (1) Prescription Medications | YES | NO |
| (2) Over-the-counter medications | YES | NO |
| (3) Surgery | YES | NO |
| (4) Physical therapy | YES | NO |
| (5) Other | YES | NO |

[NEW]

PRT. 11 Did you receive conventional medical treatment for [*condition for which modality used the most*] before, at about the same time, or after trying (modality)?

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

[NEW]

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

- | | | |
|--|-----|----|
| (4) To improve or enhance energy | yes | no |
| (5) For general wellness or general disease prevention | yes | no |
| (6) To improve or enhance immune function | yes | no |

[ASK PRT.13 IF R HAS INSURANCE; ELSE GO TO PRT.14]

PRT.13 DURING THE PAST 12 MONTHS, were any of the costs of using (modality) covered by insurance?

- (1) Yes
- (2) No

SHOW HAND CARD (CONVENTIONAL MEDICAL PROFESSIONALS)

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

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

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

- (7) Medical Doctor (including specialists)
- (8) Nurse Practitioner/Physician Assistant
- (9) Psychiatrist
- (10) Dentist (including specialists)
- (11) Doctor of Osteopathy (D.O.)
- (12) Psychologist/Social Worker

HAND CARD (PRACTITIONER THERAPIES)

- (1) Acupuncture**
- (2) Ayurveda**
- (3) Biofeedback**
- (4) Chelation Therapy**
- (5) Chiropractic or Osteopathic Manipulation**
- (6) Energy Healing Therapy**
(such as Reiki, Therapeutic Touch, or Polarity Therapy)
- (7) Folk Medicine**
- (8) Hypnosis**
- (9) Massage**
(such as Deep Tissue, Swedish, Bowen, Rolfing, or Reflexology)
- (10) Naturopathy**
- (11) Native American Healing or Traditional Latino Medicines**
(such as Botanicas, Curanderismo, Expiritismo, Hierbero, or Santeria)
- (12) Movement Therapies**
(such as Feldenkreis, Alexander Technique, Pilates, or Trager Psychophysical Intergration)

HAND CARD (CONVENTIONAL MEDICAL PROFESSIONALS)

(1)Medical Doctor (M.D.) (including specialists)

(2) Nurse Practitioner/Physician Assistant

(3)Psychiatrist

(4)Dentist (including specialists)

(5)Doctor of Osteopathy (D.O.)

(6)Psychologist/Social Worker

HERBS and Other Non-vitamin/non-mineral Dietary Supplements
Now I am going to ask you about some additional health practices. The first practice I'll ask about is herbal supplements, then later I'll ask about vitamins and minerals.

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

SHOW HAND CARD HRB#1 (HERB LIST)

HRB.1 Thinking of the examples on this card, have you EVER taken any herbal supplements for your self?

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

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

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

HRB.3 About how often do you buy herbal supplements?

_____ times per week/month/year

HRB.4 About how much did you spend the last time you bought herbal supplements? Would you say... [**READ CATEGORIES**]

Under \$15	\$120-149
\$15-29	\$150-179
\$30-59	\$180-209
\$60-89	Over \$210
\$90-119	

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

(3) yes
(4) no [**GO TO NEXT MODALITY**]

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

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

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

[IF MORE THAN 3 HERBS LISTED IN HRB.5a ASK HRB. 6, OTHERWISE GOTO HRB.7]

HRB.6 Which 3 of these did you take the most in the past 30 days?

SHOW Hand Card HRB#2 (HERB REASONS)

HRB.7 Which of these are the main reasons you took [herb]?
[MARK ALL THAT APPLY]

- | | |
|--|---|
| (1) For general health or wellness | (7) to improve immune system function |
| (2) prescription or over-the-counter drugs are too expensive | (8) to improve sexual performance |
| (3) to treat or cure a specific disease | (9) to improve mental ability or memory |
| (4) to prevent a specific disease | |
| (5) to improve physical performance | |
| (6) to improve sports performance | |

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

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

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

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

_____ [CONDITION]

HRB.10 During the past 12 months, besides taking [herb] did you also receive conventional medical treatment for [condition]?

- (1) Yes (next question)
- (2) No (**GO TO HRB.15**)

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

- | | | |
|----------------------------------|-----|----|
| (1) Prescription Medications | YES | NO |
| (2) Over-the-counter medications | YES | NO |
| (3) Surgery | YES | NO |
| (4) Physical therapy | YES | NO |
| (5) Other | YES | NO |

HRB.12 Did you receive conventional medical treatment before, at the same time, or after you began taking [herb]?

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

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

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

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

_____ [CONDITION]

SHOW HAND CARD (COVENTIONAL MEDICAL PROFESSIONAL)

HRB.15 DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of [herb]?

- (7) Yes
- (8) No (**GO TO NEXT MODALITY - VITAMINS**)
- (9) Did not go/talk to any of these

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

- (1) Medical Doctor (M.D.) (including specialists)
- (2) Nurse Practitioner/Physician Assistant
- (3) Psychiatrist
- (4) Dentist (including specialists)
- (5) Doctor of Osteopathy (DO)
- (6) Psychologist/Social Worker

HERBS

Combination Herb pill

Androstenedione

Black cohosh

Carnitine

Chondroitin

Coenzyme Q-10

Conjugated Linolenic Acid (CLA)

Cranberry (pills, gelcaps)

Creatine

DHEA

Echinacea

Ephedra

Evening primrose

Fiber or Psyllium (pills or powder)

Fish oil or omega 3 OR DHA fatty acid supplements

Flaxseed Oil or Pills

Garlic supplements (pills, gelcaps)

Gingko biloba

Ginseng

Glucosamine MSN

Goldenseal

Grape Seed Extract

Green tea pills (not brewed tea)

EGCG (pills)

Horny Goat Weed

Kava kava

Lutein

Lycopene

Milk thistle

Prebiotics or Probiotics

Saw palmetto

Soy supplements or soy isoflavones

St. John's wort

Valerian

Other

HAND CARD HRB#2 (HERB REASONS)

- (1) for general health or wellness**
- (2) prescription or over the counter drugs are too expensive**
- (3) to treat or cure a specific disease**
- (4) to prevent a specific disease**
- (5) to improve physical performance**
- (6) to improve sports performance**
- (7) to improve immune system function**
- (8) to improve sexual performance**
- (9) to improve mental ability or memory**

VITAMINS

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

SHOW HAND CARD VIT#1 (VITAMIN LIST)

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

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

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

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

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

_____ times a week/month/year

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

- | | |
|------------|------------|
| Under \$15 | \$120-149 |
| \$15-29 | \$150-179 |
| \$30-59 | \$180-209 |
| \$60-89 | Over \$210 |
| \$90-119 | |

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

(3) yes
(4) no (**GO TO NEXT MODALITY**)

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

_____	_____
_____	_____
_____	_____

[IF NONE GO TO NEXT MODALITY; IF MORE THAN 3 ASK VIT. 6, OTHERWISE GOTO VIT.7]

VIT.6 Which 3 of these did you take the most in the past 30 days?

SHOW Hand Card VIT#2 (VIT REASONS)

VIT.7 Which of these are the main reasons you took [vitamin/mineral]?
[MARK ALL THAT APPLY]

- | | |
|--|---|
| (1) for general health or wellness | (6) to improve sports performance |
| (2) prescription or over the counter drugs are too expensive | (7) to improve immune system function |
| (3) to treat or cure a specific disease | (8) to improve sexual performance |
| (4) to prevent a specific disease | (9) to improve mental ability or memory |
| (5) to improve physical performance | |

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

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

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

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

_____ [CONDITION]

VIT.10 During the past 12 months, besides taking [vitamin/mineral] did you also receive medical treatment for [condition]?

VIT.11 (1) Yes (next question)
(2) No (**GO TO VIT.15**)
Did you receive any of these conventional medical treatments for [*condition for which modality used the most*]? Please say yes or no to each.

- | | | |
|----------------------------------|-----|----|
| (1) Prescription Medications | YES | NO |
| (2) Over-the-counter medications | YES | NO |
| (3) Surgery | YES | NO |
| (4) Physical therapy | YES | NO |
| (5) Other | YES | NO |

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

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

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

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

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

SHOW HAND CARD (CONVENTIONAL MEDICAL PROFESSIONAL)

VIT.15 DURING THE PAST 12 MONTHS, did you let any of these CONVENTIONAL medical professionals know about your use of [vitamin/mineral]?

- (10) Yes
(11) No (**GO TO NEXT MODALITY**)
(12) Did not go/talk to any of these

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

- (1) Medical Doctor (M.D.) (including specialists)
- (2) Nurse Practitioner/Physician Assistant
- (3) Psychiatrist
- (4) Dentist (including specialists)
- (5) Doctor of Osteopathy (DO)
- (6) Psychologist/Social Worker

HAND CARD VIT#1 (VITAMIN LIST)

Multivitamin and/or mineral combination

Calcium

Chromium

Coral Calcium

Folic Acid/folate

Iron

Magnesium

Niacin

Potassium

Selenium

Vitamin A

Vitamin B complex

Vitamin B6

Vitamin B12

Vitamin C

Vitamin D

Vitamin E

Vitamin K

Zinc

Vitamin Packet

Others vitamins or minerals [specify]

HAND CARD VIT#2 (VITAMIN REASONS)

- (1) for general health or wellness**
- (2) prescription or over the counter drugs are too expensive**
- (3) to treat or cure a specific disease**
- (4) to prevent a specific disease**
- (5) to improve physical performance**
- (6) to improve sports performance**
- (7) to improve immune system function**
- (8) to improve sexual performance**
- (9) to improve mental ability or memory**

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 Have you EVER used homeopathic treatment for your self?

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

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

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

[NEW]

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

_____ times a week/month/year

HOM.4 And about how much did you spend the last time you bought homeopathic medicine? Would you say... [**READ CATEGORIES**]

Under \$15	\$120-149
\$15-29	\$150-179
\$30-59	\$180-209
\$60-89	Over \$210
\$90-119	

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

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

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

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

[NEW]

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

_____ [CONDITION]

[NEW]

HOM.8 Besides receiving homeopathic treatment, did you also receive conventional medical treatment for [*condition for which homeopathic treatment used the most*]?

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

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

- | | | |
|----------------------------------|-----|----|
| (1) Prescription Medications | YES | NO |
| (2) Over-the-counter medications | YES | NO |
| (3) Surgery | YES | NO |
| (4) Physical therapy | YES | NO |
| (5) Other | YES | NO |

[NEW]

HOM.10 Did you receive conventional medical treatment for [*condition for which homeopathic treatment used the most*] before, at about the same time, or after trying homeopathic treatment?

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

[NEW]

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

- | | | |
|--|-----|----|
| (4) To improve or enhance energy | yes | no |
| (5) For general wellness or general disease prevention | yes | no |

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

- (1) Medical Doctor (M.D.) (including specialists)
- (2) Nurse Practitioner/Physician Assistant
- (3) Psychiatrist
- (4) Dentist (including specialists)
- (5) Osteopathic Doctor (DO)
- (6) Psychologist/Social Worker

SPECIAL DIETS

SHOW HAND CARD (SPECIAL DIETS)

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

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

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

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

- (3) yes
(4) no **[GO TO NEXT MODALITY]**

[IF ONLY ONE DIET USED, GO TO DIT.5; ELSE ASK DIT.3]

DIT.3 Which diets did you use for two weeks or more?

_____ [DIET]

_____ [DIET]

_____ [DIET]

[IF MORE THAN ONE DIET MENTIONED, ASK DIT.4; OTHERWISE GO TO DIT.5]

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

_____ [DIET]

[NEW]

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

- (1) Yes
(2) No

[NEW]

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

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

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

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

[NEW]

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

_____ [CONDITION]

[NEW]

DIT.9 Besides using a special diet, did you also receive conventional medical treatment for [condition for which special diet used the most]?

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

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

- | | | |
|----------------------------------|-----|----|
| (1) Prescription Medications | YES | NO |
| (2) Over-the-counter medications | YES | NO |
| (3) Surgery | YES | NO |
| (4) Physical therapy | YES | NO |
| (5) Other | YES | NO |

[NEW]

DIT.11 Did you receive conventional medical treatment before, at about the same time, or after trying this diet?

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

[NEW]

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

- | | | |
|--|-----|----|
| (4) To improve or enhance energy | YES | NO |
| (5) For general wellness or general disease prevention | YES | NO |
| (6) To improve or enhance immune function | YES | NO |

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

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

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

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

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

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

- (5) medical doctor (**GO TO DIT.18**)
- (6) nurse (**GO TO DIT.18**)
- (7) dietician (**GO TO DIT.18**)
- (8) alternative provider such as Acupuncturist, Chiropractor, Massage Therapist, Naturopath, etc. (next question)

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

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

DIT.16 DURING THE PAST 12 MONTHS, were any of the costs of using this diet covered by insurance?

- (7) Yes
- (8) No

[NEW]

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

\$ _____ [PER VISIT]

SHOW HAND CARD (CONVENTIONAL MEDICAL PROFESSIONALS)

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

- (1) Yes (next question)
- (2) No (**GO TO NEXT MODALITY – YOGA**)
- (3) Did not go/talk to any of these (**GO TO NEXT MODALITY – YOGA**)

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

- (1) Medical Doctor (M.D.) (including specialists)
- (2) Nurse Practitioner/Physician Assistant
- (3) Psychiatrist
- (4) Dentist (including specialists)
- (5) Osteopathic Doctor (DO)
- (6) Psychologist/Social Worker

HAND CARD (SPECIAL DIETS)

- (1) Vegetarian (for health reasons)
- (2) Macrobiotic
- (3) Atkins
- (4) Pritikin
- (5) Ornish
- (6) Zone
- (7) South Beach

YOGA/TAI CHI/QI GONG

YOG.1 Have you EVER practiced any of the following types of exercise for your self?
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 you practice [*methods mentioned in YOG.1*] for two weeks or more for your self?

- (1) Yes
(2) No **[GO TO NEXT MODALITY – RELAXATION]**

[IF ONLY ONE EXERCISE MENTIONED, GO TO YOG.5; IF MORE THAN ONE MENTIONED, ASK YOG.3]

YOG.3 Which exercises did you practice for two weeks or more?

_____ [EXERCISE]

_____ [EXERCISE]

_____ [EXERCISE]

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

YOG.4 During the past 12 months, which exercise did you practice the *most*?

_____ [EXERCISE]

[NEW]

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

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

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

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

[NEW]

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

_____ [CONDITION]

[NEW]

YOG.8 Besides using (exercise), did you also receive conventional medical treatment for [*condition for which (exercise) used the most*]?

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

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

- | | | |
|----------------------------------|-----|----|
| (1) Prescription Medications | YES | NO |
| (2) Over-the-counter medications | YES | NO |
| (3) Surgery | YES | NO |
| (4) Physical therapy | YES | NO |
| (5) Other | YES | NO |

[NEW]

YOG.10 Did you receive conventional medical treatment before, at about the same time, or after trying (exercise)?

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

[NEW]

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

- | | | |
|--|-----|-----|
| (8) To improve or enhance energy | YES | NO |
| (9) For general wellness or general disease prevention | YES | NO |
| (10) To improve or enhance immune function | | YES |

NO

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

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

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

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

[IF R. does NOT have health insurance, GO TO YOG.16]

YOG.14 DURING THE PAST 12 MONTHS, were any of the costs of using (exercise) covered by insurance?

- (3) Yes
- (4) No

[NEW]

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

\$ _____ [PER VISIT]

SHOW HAND CARD (CONVENTIONAL MEDICAL PROFESSIONALS)

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

- (1) Yes (next question)
- (2) No [**GO TO NEXT MODALITY – RELAXATION**]
- (3) Did not go/talk to any of these [**GO TO NEXT MODALITY**]

YOG.17

Which ones? **[MARK ALL THAT APPLY]**

- (1) Medical Doctor (M.D.) (including specialists)
- (2) Nurse Practitioner/Physician Assistant
- (3) Psychiatrist
- (4) Dentist (including specialists)
- (5) Osteopathic Doctor (DO)
- (6) Psychologist/Social Worker

RELAXATION and STRESS MANAGEMENT TECHNIQUES

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

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

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

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

- (1) Yes
- (2) No (**GO TO NEXT MODALITY - PRAYER**)

[IF ONLY ONE TECHNIQUE MENTIONED, GO TO REL.5]

REL.3 Which relaxation techniques did you use?

_____ [TECHNIQUE]

_____ [TECHNIQUE]

_____ [TECHNIQUE]

[IF MORE THAN ONE TECHNIQUE MENTIONED, ASK REL.4; ELSE GO TO REL.5]

REL.4 During the past 12 months, which relaxation techniques did you use the *most*?

_____ [TECHNIQUE]

[NEW]

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

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

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

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

[NEW]

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

_____ [CONDITION]

[NEW]

REL.8 Besides using (relaxation technique), did you also receive conventional medical treatment for [*condition for which technique used the most*]?

- (1) Yes (next question)
- (2) No (**GO TO REL.10**)

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

- | | | |
|----------------------------------|-----|----|
| (1) Prescription Medications | YES | NO |
| (2) Over-the-counter medications | YES | NO |
| (3) Surgery | YES | NO |
| (4) Physical therapy | YES | NO |
| (5) Other | YES | NO |

[NEW]

REL.10 Did you receive conventional medical treatment before, at about the same time, or after trying (relaxation technique)?

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

[NEW]

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

- | | | |
|---|-----|-----|
| (11) To improve or enhance energy | YES | NO |
| (12) For general wellness or general disease prevention | | YES |

- | | | | |
|------|---------------------------------------|-----|-----|
| | NO | | |
| (13) | To improve or enhance immune function | | YES |
| | NO | | |
| (14) | To cope with having an illness | YES | NO |

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

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

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

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

[Only ask this if R. has insurance]

REL.14 DURING THE PAST 12 MONTHS, were any of the costs of using (relaxation technique) covered by insurance?

- (3) Yes
 (4) No

[NEW]

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

\$ _____ [PER VISIT]

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

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

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

\$ _____

SHOW HAND CARD (CONVENTIONAL MEDICAL PROFESSIONALS)

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

- (1) Yes (next question)
- (2) No [**GO TO NEXT MODALITY – PRAYER**]
- (3) Did not go/talk to any of these [**GO TO NEXT MODALITY – PRAYER**]

REL.19 Which ones? [**MARK ALL THAT APPLY**]

- (1) Medical Doctor (M.D.) (including specialists)
- (2) Nurse Practitioner/Physician Assistant
- (3) Psychiatrist
- (4) Dentist (including specialists)
- (5) Osteopathic Doctor (DO)
- (6) Psychologist/Social Worker

PRAYER FOR YOUR OWN HEALTH

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

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

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

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

- (1) Yes
- (2) No

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

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

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

- (1) Yes
- (2) No

Perceptions Section

PER.1 Other than during this survey, please tell me all of the ways you have heard about alternative therapies such as acupuncture, chiropractic manipulation, meditation, herbs, and yoga. **[MARK ALL THAT APPLY]**

1. Never heard of these
2. Family
3. Friends or co-workers
3. Media (magazines, newspapers, TV, or radio)
4. Internet or books
5. Medical doctor/Nurse/Dentist/Pharmacist
6. Other (specify) _____

[For respondents who have NEVER used any of these therapies, go to PER.2, For respondents who have used any of these, but not in the past 12 months, go to PER.3, else go to PER.4]

**[Ask each question for each of the following modalities separately:
Acupuncture, chiropractic manipulation, meditation, herbs, yoga]**

PER.2 Please tell me the reasons why you have never used [modality].
[MARK ALL THAT APPLY]

1. Never heard of it / don't know much about it
2. Never thought about it / no reason
3. Don't need it
4. Don't believe in it
5. It costs too much
6. It is not safe to use
7. Other (specify) _____

[Goto PER.5]

PER.3 Please tell me the reasons why you have not used [modality] in the past 12 months. **[CODE ALL THAT APPLY]**

2. Never thought about it / no reason / don't know
3. Don't need it
4. It didn't work
5. It costs too much
6. I had side effects last time (GO TO PER.3a)
7. Other (specify) _____

PER.3a What kinds of side effects did you have?

PER.3b Did any of these require medical attention?

- Yes
- No

[Goto PER.5]

PER.4 Please tell me the reasons why you used [modality] in the past 12 months. **[CODE ALL THAT APPLY]**

1. For general health and well being
2. It can help my health problem
3. Medical treatments did not help
4. It was recommended by a medical doctor, dentist, or nurse
5. It was recommended by family, friends or co-workers
6. Other (specify) _____

PER.5. (Would/Do) any of these affect whether or not you use [modality]?

- | | | | |
|---------------------------------------|-----|----|------------|
| (a) Friends or family recommended it? | Yes | no | don't know |
| (b) A medical doctor recommended it? | Yes | no | don't know |
| (c) Insurance paid for it? | Yes | no | don't know |

PER. 6 Please tell me whether you agree or disagree with each statement:

a. In general, practitioners for alternative therapies pay more attention to their patients than medical doctors?

Agree Disagree

b. In general, alternative therapies give the patient control over their health problems?

Agree Disagree