Dear Professor

Respectfully, questionnaire "Complementary and Alternative Medicine Usage for Coughing Children in Somalia" is presented to check the validity of form and content. This questionnaire is related to my project under the title "Prevalence and Determinants of Complementary and Alternative Medicine Usage for Coughing Children in Somalia".

Therefore, in order to determine the content validity ratio (CVR), please specify the necessity of each sentence by choosing an option in the table below. Also, in order to determine the content validity index (CVI), determine your opinion about the relevance, clarity and simplicity of the items in the second table.

I thank you in advance for your kind attention and assistance.

Hassan Ahmed Dirie (Researcher) **Prof. Dr. Candan OZTURK (Advisor)**

Content validity criteria / **Questionnaire**	**CVI**												**CVR**		
	Being relevant				**Simplicity**				**Clarity**				**Necessity**		
	Completely relevant	Relevant	Almost relevant	Irrelevant	Completely simple	Simple	Almost complicated	Complicated	Completely clearly	Clear	Almost Clear	Unclear	Necessary	Useful but unnecessary	Unnecessary
1. What is the frequency of cough recurrence in your child? A) Rarely (once a month or less) B) Occasionally (2-3 times a month) C) Frequently (once a week) D) Very frequently (several times a week)															

Content validity criteria / Questionnaire	CVI												CVR		
	Being relevant				Simplicity				Clarity				Necessity		
	Completely relevant	Relevant	Almost relevant	Irrelevant	Completely simple	Simple	Almost complicated	Complicated	Completely clearly	Clear	Almost Clear	Unclear	Necessary	Useful but unnecessary	Unnecessary
2. What is the duration of your child's coughing? A) One week B) Several weeks C) One month E) More than one month															
3. Has the child had a similar cough condition? A) Yes B) No 4. **Has the child received any complementary and alternative medicine therapies?** A) Yes B) No															
5. Have you given the child any complementary and alternative medicine for coughing in the past two weeks? A) Yes B) No															

Content validity criteria / Questionnaire	CVI												CVR		
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	Completely relevant	Relevant	Almost relevant	Irrelevant	Completely simple	Simple	Almost complicated	Complicated	Completely clearly	Clear	Almost Clear	Unclear	Necessary	Useful but unnecessary	Unnecessary
6. What are the main Complementary and Alternative Medicine therapies you have utilized for the coughing child? A) Herbal remedies B) Honey C) Black seed oil D) Camel milk boiled with black pepper E) A and B F) B and C G) C and D H) All of them I) I have never used J) Others (please specify) _____															
7. Have you utilized complementary and alternative medicine (CAM) for any of the following purposes: A) preventing illness B) treating illness C) promoting health D) A and B E) All of them F) I have never used CAM G) Other_____															

Content validity criteria / Questionnaire	CVI												CVR		
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8. What are the reasons for using complementary and alternative medicine therapies in coughing children? A) Cultural/traditional beliefs. B) Lack of access to conventional medical facilities. C) Dissatisfaction with conventional treatment outcomes. D) Complementary and Alternative Medicine is perceived to be safer. E) Less expensive F) A and B G) C and D H) A and E I) All of them J) I have never used CAM K) Others (please specify). _____															
9. How did you acquire that complementary and alternative medicine therapies are useful for coughing children? A) Family or friends. B) Local healer C) Medical person.															

D) Internet source E) A and B F) C and D A) all of them G) I don't know G) *Others (please specify.* _____															
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10. How satisfied are you with the results of the Complementary and Alternative Medicine therapies used for the coughing child? A) very satisfied. B) Satisfied C) Dissatisfied D) Very dissatisfied															
11. Have you had any problems with using complementary and alternative medicine on the coughing child? **A) Yes** **B) No**															

Please add your additional comments.