

**Section 15A - FAMILY HISTORY - V**

Now I would like to ask about whether any of your relatives, regardless of whether or not they are now living, have EVER had a period of feeling anxious or nervous.

(SHOW FLASHCARD 55)

By anxious or nervous I mean times when they were tense, nervous or anxious for at least three months (PAUSE), had panic attacks (PAUSE), were very frightened of objects or situations or avoided them (PAUSE), or had bad reactions to a traumatic or stressful event.

**Statement BB** 

(REFER TO FLASHCARD FREQUENTLY.) **N15ASTBB**

<p><b>1.</b> Was your blood or natural father anxious, nervous or frightened at ANY time in his life?</p>	<p>1 <input type="checkbox"/> Yes <b>N15AQ1</b>                  2 <input type="checkbox"/> No</p>
<p><b>2.</b> Was your blood or natural mother anxious, nervous or frightened at ANY time in her life?</p>	<p>1 <input type="checkbox"/> Yes <b>N15AQ2</b>                  2 <input type="checkbox"/> No</p>
<p><b>3.</b> (Was your full brother/How many of your full brothers were/Were any of your full brothers) anxious, nervous or frightened at ANY time in (his life/their lives)?</p>	<p>1 <input type="checkbox"/> Yes <b>N15AQ3A</b>                  2 <input type="checkbox"/> No <b>N15AQ3B</b>                  OR                  _____ Number <b>N15AQ3C</b>                  0 <input type="checkbox"/> None</p>
<p><b>4.</b> (Was your full sister/How many of your full sisters were/Were any of your full sisters) anxious, nervous or frightened at ANY time in (her life/their lives)?</p>	<p>1 <input type="checkbox"/> Yes <b>N15AQ4A</b>                  2 <input type="checkbox"/> No <b>N15AQ4B</b>                  OR                  _____ Number <b>N15AQ4C</b>                  0 <input type="checkbox"/> None</p>
<p><b>5.</b> (Was your natural son/How many of your natural sons were/Were any of your natural sons) anxious, nervous or frightened at ANY time in (his life/their lives)?</p>	<p>1 <input type="checkbox"/> Yes <b>N15AQ5A</b>                  2 <input type="checkbox"/> No <b>N15AQ5B</b>                  OR                  _____ Number <b>N15AQ5C</b>                  0 <input type="checkbox"/> None</p>
<p><b>6.</b> (Was your natural daughter/How many of your natural daughters were/Were any of your natural daughters) anxious, nervous or frightened at ANY time in (her life/their lives)?</p>	<p>1 <input type="checkbox"/> Yes <b>N15AQ6A</b>                  2 <input type="checkbox"/> No <b>N15AQ6B</b>                  OR                  _____ Number <b>N15AQ6C</b>                  0 <input type="checkbox"/> None</p>
<p><b>7.</b> (Was your natural father's full brother/How many of your natural father's full brothers were/Were any of your natural father's full brothers) anxious, nervous or frightened at ANY time in (his life/their lives)?</p>	<p>1 <input type="checkbox"/> Yes <b>N15AQ7A</b>                  2 <input type="checkbox"/> No <b>N15AQ7B</b>                  OR                  _____ Number <b>N15AQ7C</b>                  0 <input type="checkbox"/> None</p>
<p><b>8.</b> (Was your natural father's full sister/How many of your natural father's full sisters were/Were any of your natural father's full sisters) anxious, nervous or frightened at ANY time in (her life/their lives)?</p>	<p>1 <input type="checkbox"/> Yes <b>N15AQ8A</b>                  2 <input type="checkbox"/> No <b>N15AQ8B</b>                  OR                  _____ Number <b>N15AQ8C</b>                  0 <input type="checkbox"/> None</p>
<p><b>9.</b> (Was your natural mother's full brother/How many of your natural mother's full brothers were/Were any of your natural mother's full brothers) anxious, nervous or frightened at ANY time in (his life/their lives)?</p>	<p>1 <input type="checkbox"/> Yes <b>N15AQ9A</b>                  2 <input type="checkbox"/> No <b>N15AQ9B</b>                  OR                  _____ Number <b>N15AQ9C</b>                  0 <input type="checkbox"/> None</p>
<p><b>10.</b> (Was your natural mother's full sister/How many of your natural mother's full sisters were/Were any of your natural mother's full sisters) anxious, nervous or frightened at ANY time in (her life/their lives)?</p>	<p>1 <input type="checkbox"/> Yes <b>N15AQ10A</b>                  2 <input type="checkbox"/> No <b>N15AQ10B</b>                  OR                  _____ Number <b>N15AQ10C</b>                  0 <input type="checkbox"/> None</p>
<p><b>11.</b> Was your natural grandfather on your father's side anxious, nervous or frightened at ANY time in his life?</p>	<p>1 <input type="checkbox"/> Yes <b>N15AQ11</b>                  2 <input type="checkbox"/> No</p>
<p><b>12.</b> Was your natural grandmother on your father's side anxious, nervous or frightened at ANY time in her life?</p>	<p>1 <input type="checkbox"/> Yes <b>N15AQ12</b>                  2 <input type="checkbox"/> No</p>
<p><b>13.</b> Was your natural grandfather on your mother's side anxious, nervous or frightened at ANY time in his life?</p>	<p>1 <input type="checkbox"/> Yes <b>N15AQ13</b>                  2 <input type="checkbox"/> No</p>
<p><b>14.</b> Was your natural grandmother on your mother's side anxious, nervous or frightened at ANY time in her life?</p>	<p>1 <input type="checkbox"/> Yes } <i>Go to Section 13</i> <b>N15AQ14</b>                  2 <input type="checkbox"/> No }</p>