

Section 6 – ANXIETY

Statement O

Now I'd like to ask you about feelings of nervousness that you might have experienced at some time in your life. N6STO

<p>1. Have you EVER had a panic attack, when ALL OF A SUDDEN you felt extremely frightened or uncomfortable, overwhelmed or nervous, almost as if you were in great danger, but really weren't?</p>	<p>1 <input type="checkbox"/> Yes - SKIP to Check Item 6.1 N6Q1 2 <input type="checkbox"/> No</p>
<p>3. Did you EVER think you were having a heart attack, but the doctor said it was just nerves or you were having a panic attack?</p>	<p>1 <input type="checkbox"/> Yes N6Q3 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 6.1 Is at least 1 item marked "Yes" in 1 - 3?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 29 N6CK61</p>
<p>4. Did you have at least 2 panic attacks that happened out-of-the-blue, for no real reason?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 29 N6Q4</p>
<p>6a. Now I'd like you to think about the time when you were having your worst panic attacks that happened OUT-OF-THE-BLUE or suddenly without warning. By worst panic attacks, I mean the ones that made you the most frightened, uncomfortable, nervous, or overwhelmed.</p>	
<p>During your worst panic attacks did you . . . <i>(Repeat phrase frequently)</i></p> <p>Have trouble catching your breath, feel short of breath, or feel like you were smothering?</p>	<p>1 <input type="checkbox"/> Yes N6Q6A 2 <input type="checkbox"/> No</p>
<p>b. Feel your heart racing, pounding or skipping?</p>	<p>1 <input type="checkbox"/> Yes N6Q6B 2 <input type="checkbox"/> No</p>
<p>c. Tremble or shake?</p>	<p>1 <input type="checkbox"/> Yes N6Q6C 2 <input type="checkbox"/> No</p>
<p>d. Perspire or sweat?</p>	<p>1 <input type="checkbox"/> Yes N6Q6D 2 <input type="checkbox"/> No</p>
<p>e. Feel as if you were choking?</p>	<p>1 <input type="checkbox"/> Yes N6Q6E 2 <input type="checkbox"/> No</p>
<p>f. Feel dizzy, lightheaded, unsteady or as if you might faint?</p>	<p>1 <input type="checkbox"/> Yes N6Q6F 2 <input type="checkbox"/> No</p>
<p>g. Feel that things around you seemed unreal?</p>	<p>1 <input type="checkbox"/> Yes N6Q6G 2 <input type="checkbox"/> No</p>
<p>h. Feel that you were detached from the things around you?</p>	<p>1 <input type="checkbox"/> Yes N6Q6H 2 <input type="checkbox"/> No</p>
<p>i. Have tingling or numbness in any part of your body?</p>	<p>1 <input type="checkbox"/> Yes N6Q6I 2 <input type="checkbox"/> No</p>
<p>j. Have chills or feel hot?</p>	<p>1 <input type="checkbox"/> Yes N6Q6J 2 <input type="checkbox"/> No</p>
<p>k. Feel nauseous, have an upset stomach, or feel you might vomit or have diarrhea?</p>	<p>1 <input type="checkbox"/> Yes N6Q6K 2 <input type="checkbox"/> No</p>
<p>l. Have pain or pressure in your chest?</p>	<p>1 <input type="checkbox"/> Yes N6Q6L 2 <input type="checkbox"/> No</p>
<p>m. Feel like you might go crazy or lose control?</p>	<p>1 <input type="checkbox"/> Yes N6Q6M 2 <input type="checkbox"/> No</p>
<p>n. Feel like you might die?</p>	<p>1 <input type="checkbox"/> Yes N6Q6N 2 <input type="checkbox"/> No</p>

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CHECK ITEM 6.2	Is at least 1 item marked "Yes" in 6a - n?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 29</i> N6CK62
CHECK ITEM 6.3	Are at least 4 items marked "Yes" in 6a - 6n?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 29</i> N6CK63
7. During the time you were having your worst panic attacks, did at least 4 of the experiences you mentioned begin suddenly and become very intense within minutes?	1 <input type="checkbox"/> Yes N6Q7 2 <input type="checkbox"/> No - <i>SKIP to 8b</i>	
8a. During that worst time, did you have at least two separate panic attacks when at least 4 of these experiences became very intense within minutes after they started?	1 <input type="checkbox"/> Yes N6Q8A 2 <input type="checkbox"/> No	
8b. After your worst panic attacks did you worry for at least 1 month that you might have another one?	1 <input type="checkbox"/> Yes N6Q8B 2 <input type="checkbox"/> No	
9. After having your worst panic attacks, did you worry a lot for at least 1 month about what might happen if you DID have another panic attack, like losing control, having a heart attack or going crazy, or having some of the other experiences related to having a panic attack?	1 <input type="checkbox"/> Yes N6Q9 2 <input type="checkbox"/> No	
10. Did you make any major changes in your everyday life, usual activities, or future plans for at least 1 month after you had your worst panic attacks, like changing your behavior to avoid or reduce the likelihood you would have another attack?	1 <input type="checkbox"/> Yes N6Q10 2 <input type="checkbox"/> No	
11a. Now I'd like to ask you about some other things that may have happened to you after you had your worst panic attacks. After those worst panic attacks. . . Were you very upset by your panic attacks or by any of these other experiences?	1 <input type="checkbox"/> Yes N6Q11A 2 <input type="checkbox"/> No	
b. Did you have any serious problems getting along with other people - like arguing with them or avoiding them more than usual?	1 <input type="checkbox"/> Yes N6Q11B 2 <input type="checkbox"/> No	
c. Did you have any serious problems doing things you were supposed to do - like working, doing your schoolwork, or taking care of your home or family?	1 <input type="checkbox"/> Yes N6Q11C 2 <input type="checkbox"/> No	
d. Did you restrict your usual activities in any way because of your panic attacks?	1 <input type="checkbox"/> Yes N6Q11D 2 <input type="checkbox"/> No	
e. Was there anything you were unable to do because of your panic attacks?	1 <input type="checkbox"/> Yes N6Q11E 2 <input type="checkbox"/> No	
12a. About how old were you the FIRST time you BEGAN to have panic attacks along with some of the other experiences you told me about? <i>Refer to experiences marked "Yes" in 6(a) - (n) and 7 - 11e, if necessary.</i>	_____ Age N6Q12A	
CHECK ITEM 6.4	Is respondent's age in 12a within 1 year of his/her present age or is present age or 12a unknown?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 12c</i> N6CK64
12b. Did this FIRST time when you were having panic attacks BEGIN to happen during the last 12 months?	1 <input type="checkbox"/> Yes N6Q12B 2 <input type="checkbox"/> No	
c. After your first attacks, did you worry a lot about having another one for at least 1 month (<i>PAUSE</i>) or make a change in your everyday life or future plans as the result of having a panic attack?	1 <input type="checkbox"/> Yes N6Q12C 2 <input type="checkbox"/> No	
13. In your ENTIRE LIFE, about how many SEPARATE times were there when you were having panic attacks along with some of those other experiences you mentioned? By separate times, I mean times separated by at least 2 months when you DIDN'T have any panic attacks.	_____ Number N6Q13	

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CHECK ITEM 6.5	Is number in 13, 2 or more or unknown?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 15e</i> N6CK65
14a. How old were you the MOST RECENT time you BEGAN to have panic attacks along with some of the other experiences you mentioned?	_____ Age N6Q14A	
CHECK ITEM 6.6A	Is respondent's age in 14a within 1 year of his/her present age or is present age or 14a unknown?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 14c</i> N6CK66A
14b. Did this MOST RECENT time BEGIN to happen during the last 12 months?	1 <input type="checkbox"/> Yes N6Q14B 2 <input type="checkbox"/> No	
c. After (these/your) MOST RECENT attacks, did you worry about having another one for at least 1 month (<i>PAUSE</i>) or make a change in your everyday life or plans as the result of having the attacks?	1 <input type="checkbox"/> Yes N6Q14C 2 <input type="checkbox"/> No	
15a. How long did (this/your) MOST RECENT time last when you were experiencing panic attacks, that is from the time the most recent period began to the time the attacks completely stopped for at least 2 months?	_____ Day(s) N6Q15AUNIT, N6Q15ACONT OR _____ Week(s) OR _____ Month(s) OR _____ Year(s)	
b. Since this MOST RECENT time when your panic attacks BEGAN , have there been at least 2 months when you DIDN'T have ANY panic attacks?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 15d</i> N6Q15B	
CHECK ITEM 6.6B	Is 14b marked "Yes"?	1 <input type="checkbox"/> Yes - <i>SKIP to 15d</i> N6CK66B 2 <input type="checkbox"/> No
15c. Did this MOST RECENT time you DIDN'T have ANY panic attacks for at least 2 months BEGIN to happen in the last 12 months?	1 <input type="checkbox"/> Yes N6Q15C 2 <input type="checkbox"/> No	
d. In your ENTIRE LIFE , what was the LONGEST period you had when you were having panic attacks, that is, from the time that period began to the time the attacks stopped completely for at least 2 months?	_____ Day(s) } N6Q15DCONT, N6Q15DUNIT OR } _____ Week(s) } <i>SKIP to Check Item 6.7</i> OR } _____ Month(s) } OR } _____ Year(s) }	
e. How long did that time last when you were having panic attacks, that is, from the time the first panic attack happened to the time the attacks stopped completely for at least 2 months?	_____ Day(s) N6Q15ECONT, N6Q15EUNIT OR _____ Week(s) OR _____ Month(s) OR _____ Year(s)	
f. Since that time when your panic attacks BEGAN , have there been at least 2 months when you DIDN'T have ANY panic attacks?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 6.7</i> N6Q15F	
CHECK ITEM 6.6C	Is 12b marked "Yes"?	1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 6.7</i> N6CK66C 2 <input type="checkbox"/> No
15g. Did that time when you DIDN'T have ANY panic attacks for at least 2 months BEGIN to happen in the last 12 months?	1 <input type="checkbox"/> Yes N6Q15G 2 <input type="checkbox"/> No	
CHECK ITEM 6.7	<i>Refer to Check Item 2.1, Section 2A.</i> Is respondent a lifetime abstainer of alcohol?	1 <input type="checkbox"/> Yes - <i>SKIP to 18</i> N6CK67 2 <input type="checkbox"/> No
16. Did (that time/ ANY of those times) when you were having panic attacks BEGIN to happen DURING or within 1 month AFTER drinking heavily or a lot more than usual?	1 <input type="checkbox"/> Yes N6Q16 2 <input type="checkbox"/> No	
17. Did (that time/ ANY of those times) when you were having panic attacks BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of drinking?	1 <input type="checkbox"/> Yes N6Q17 2 <input type="checkbox"/> No	

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<p>18. Did (that time/ANY of those times) when you were having panic attacks BEGIN to happen DURING or within 1 month AFTER using a medicine or drug?</p>	<p>1 <input type="checkbox"/> Yes N6Q18 2 <input type="checkbox"/> No</p>
<p>19. Did (that time/ANY of those times) when you were having panic attacks BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of a medicine or drug?</p>	<p>1 <input type="checkbox"/> Yes N6Q19 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 6.8 Is at least 1 item marked "Yes" in 16, 17, 18 OR 19?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 21a</i> N6CK68</p>
<p>CHECK ITEM 6.9 Is Check Item 6.5 marked "No"?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 6.10</i> N6CK69</p>
<p>20a. During that time did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 21a</i> N6Q20A</p>
<p>b. Did you CONTINUE to have panic attacks for at least 1 month AFTER you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?</p>	<p>1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } <i>SKIP to 21a</i> N6Q20B</p>
<p>CHECK ITEM 6.10 Is 12b marked "Yes" or 14b marked "Yes"?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 20g</i> N6CK610</p>
<p>20c. Did ALL of the times when you were having panic attacks in the last 12 months ONLY BEGIN to happen during or within 1 month after (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 6.10A</i> N6Q20C</p>
<p>d. During ANY of those times in the last 12 months when you were having panic attacks after (drinking heavily/ using any medicines or drugs), did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 6.10A</i> N6Q20D</p>
<p>e. During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?</p>	<p>1 <input type="checkbox"/> Yes N6Q20E 2 <input type="checkbox"/> No</p>
<p>f. Did you CONTINUE to have panic attacks for at least 1 month AFTER ANY of those times in the last 12 months when you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?</p>	<p>1 <input type="checkbox"/> Yes N6Q20F 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 6.10A Is 12b marked "Yes"?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 21a</i> N6CK610A 2 <input type="checkbox"/> No</p>
<p>20g. Did ALL of the times when you were having panic attacks BEFORE 12 months ago ONLY BEGIN to happen during or within 1 month after (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/ medicines or drugs)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 21a</i> N6Q20G</p>
<p>h. During ANY of those times BEFORE 12 months ago when you were having panic attacks after (drinking heavily/using any medicines or drugs), did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 21a</i> N6Q20H</p>
<p>i. During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?</p>	<p>1 <input type="checkbox"/> Yes N6Q20I 2 <input type="checkbox"/> No</p>
<p>j. Did you CONTINUE to have panic attacks for at least 1 month AFTER ANY of those times BEFORE 12 months ago when you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?</p>	<p>1 <input type="checkbox"/> Yes N6Q20J 2 <input type="checkbox"/> No</p>
<p>21a. Did you EVER talk to any health professional like a psychiatrist, other medical doctor, psychologist, social worker or any other kind of counselor or therapist to get help for panic attacks?</p>	<p>1 <input type="checkbox"/> Yes N6Q21A 2 <input type="checkbox"/> No</p>

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<p>21b. Did you EVER go to a self-help or support group, use a hotline, or visit an internet chat room to get help for panic attacks?</p>	<p>1 <input type="checkbox"/> Yes N6Q21B 2 <input type="checkbox"/> No</p>
<p>22. Did you EVER go to an emergency room to get help for your panic attacks?</p>	<p>1 <input type="checkbox"/> Yes N6Q22 2 <input type="checkbox"/> No</p>
<p>23. Were you EVER a patient in any kind of hospital overnight or longer because of your panic attacks?</p>	<p>1 <input type="checkbox"/> Yes N6Q23 2 <input type="checkbox"/> No</p>
<p>24. Did a doctor EVER prescribe any medicines or drugs for your panic attacks?</p>	<p>1 <input type="checkbox"/> Yes N6Q24 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 6.11 Is at least 1 item marked “Yes” in 21a - 24? Did respondent ever seek help for their panic attacks?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 6.13</i> N6CK611</p>
<p>25. How old were you the FIRST time you went anywhere or talked to anyone to get help for panic attacks?</p>	<p>_____ Age N6Q25</p>
<p>CHECK ITEM 6.12 Is age in 25 equal to respondent’s current age?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 6.13</i> N6CK612 2 <input type="checkbox"/> No</p>
<p>26. Did you go anywhere or talk to anyone in the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 6.13</i> N6Q26</p>
<p>CHECK ITEM 6.12A Is age in 25 at least 2 years less than respondent’s current age?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 6.13</i> N6CK612A 2 <input type="checkbox"/> No</p>
<p>27. Did you go anywhere or talk to anyone before 12 months ago, that is, BEFORE last (<i>Month one year ago</i>)?</p>	<p>1 <input type="checkbox"/> Yes N6Q27 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 6.13 Is Check Item 6.5 marked “No”?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 6.14</i> N6CK613</p>
<p>28a. Did your panic attacks BEGIN to happen DURING a time when you where physically ill or getting over being physically ill?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 29</i> N6Q28A</p>
<p>b. Did a doctor or other health professional tell you that these panic attacks were related to your physical illness or medical condition?</p>	<p>1 <input type="checkbox"/> Yes } <i>SKIP to 29</i> N6Q28B 2 <input type="checkbox"/> No }</p>
<p>CHECK ITEM 6.14 Is 12b marked “Yes” or 14b marked “Yes”?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 28e</i> N6CK614</p>
<p>28c. Did ALL of those panic attacks that you had in the last 12 months ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 6.15</i> N6Q28C</p>
<p>d. Did a doctor or other health professional tell you that ALL of the panic attacks you had like this were related to your physical illness or medical condition?</p>	<p>1 <input type="checkbox"/> Yes N6Q28D 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 6.15 Is 12b marked “Yes”?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 29</i> N6CK615 2 <input type="checkbox"/> No</p>
<p>28e. Did ALL of those panic attacks you had BEFORE 12 months ago ONLY BEGIN to happen DURING times when you were physically ill or getting over being ill?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 29</i> N6Q28E</p>
<p>f. Did a doctor or other health professional tell you that ALL of the panic attacks you had like this were related to your physical illness or medical condition?</p>	<p>1 <input type="checkbox"/> Yes N6Q28F 2 <input type="checkbox"/> No</p>
<p>29. Now I’d like to ask you about other times you may have had panic attacks that did NOT happen out-of-the-blue. That is, did you EVER have a panic attack that you EXPECTED in a specific situation or around certain objects that usually made you feel very frightened, uncomfortable, overwhelmed or nervous?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Section 6a</i> N6Q29</p>

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CHECK ITEM 6.16	Is Item 7 marked "Yes"?	1 <input type="checkbox"/> Yes - <i>SKIP to Section 6a</i> N6CK616 2 <input type="checkbox"/> No
	<p>30a. Now I'd like you to think about the time when you were having your WORST panic attacks that were ENTIRELY EXPECTED. By worst panic attacks, I mean the ones that made you the most frightened, uncomfortable, nervous, or overwhelmed and that happened when you were in specific situations or around certain objects.</p> <p>During your worst EXPECTED panic attacks did you . . . (Repeat phrase frequently)</p> <p>Have trouble catching your breath, feel short of breath, or feel like you were smothering?</p> <hr/> <p>b. Feel your heart racing, pounding or skipping?</p> <hr/> <p>c. Tremble or shake?</p> <hr/> <p>d. Perspire or sweat?</p> <hr/> <p>e. Feel as if you were choking?</p> <hr/> <p>f. Feel dizzy, lightheaded, unsteady or as if you might faint?</p> <hr/> <p>g. Feel that things around you seemed unreal?</p> <hr/> <p>h. Feel that you were detached from the things around you?</p> <hr/> <p>i. Have tingling or numbness in any part of your body?</p> <hr/> <p>j. Have chills or feel hot?</p> <hr/> <p>k. Feel nauseous, have an upset stomach, or feel you might vomit or have diarrhea?</p> <hr/> <p>l. Have pain or pressure in your chest?</p> <hr/> <p>m. Feel like you might go crazy or lose control?</p> <hr/> <p>n. Feel like you might die?</p>	<p>1 <input type="checkbox"/> Yes N6Q30A 2 <input type="checkbox"/> No</p> <hr/> <p>1 <input type="checkbox"/> Yes N6Q30B 2 <input type="checkbox"/> No</p> <hr/> <p>1 <input type="checkbox"/> Yes N6Q30C 2 <input type="checkbox"/> No</p> <hr/> <p>1 <input type="checkbox"/> Yes N6Q30D 2 <input type="checkbox"/> No</p> <hr/> <p>1 <input type="checkbox"/> Yes N6Q30E 2 <input type="checkbox"/> No</p> <hr/> <p>1 <input type="checkbox"/> Yes N6Q30F 2 <input type="checkbox"/> No</p> <hr/> <p>1 <input type="checkbox"/> Yes N6Q30G 2 <input type="checkbox"/> No</p> <hr/> <p>1 <input type="checkbox"/> Yes N6Q30H 2 <input type="checkbox"/> No</p> <hr/> <p>1 <input type="checkbox"/> Yes N6Q30I 2 <input type="checkbox"/> No</p> <hr/> <p>1 <input type="checkbox"/> Yes N6Q30J 2 <input type="checkbox"/> No</p> <hr/> <p>1 <input type="checkbox"/> Yes N6Q30K 2 <input type="checkbox"/> No</p> <hr/> <p>1 <input type="checkbox"/> Yes N6Q30L 2 <input type="checkbox"/> No</p> <hr/> <p>1 <input type="checkbox"/> Yes N6Q30M 2 <input type="checkbox"/> No</p> <hr/> <p>1 <input type="checkbox"/> Yes N6Q30N 2 <input type="checkbox"/> No</p>
CHECK ITEM 6.17	Is at least 1 item marked "Yes" in 30a - n?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Section 6A</i> N6CK617
CHECK ITEM 6.18	Are at least 4 items marked "Yes" in 30a - n?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Section 6A</i> N6CK618
	31. During the time you were having your worst EXPECTED panic attacks, did at least 4 of the experiences you just mentioned begin suddenly and become very intense within minutes?	1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } <i>Go to Section 6A</i> N6Q31