

Section 6a - SPECIFIC ANXIETY

Statement P

Now I'd like to ask you about some specific situations which may have made you nervous at some time in your life. N6ASTP

<p>1a. Some people have such a strong fear of SPECIFIC SITUATIONS that they become extremely anxious or frightened in such situations or they try to avoid them.</p> <p>Were you EVER very anxious or frightened in any of the following SITUATIONS? (Repeat phrase frequently)</p> <p>Being in stores?</p>	<p>1 <input type="checkbox"/> Yes N6AQ1A 2 <input type="checkbox"/> No</p>
<p>b. Being at a movie or in another kind of theater?</p>	<p>1 <input type="checkbox"/> Yes N6AQ1B 2 <input type="checkbox"/> No</p>
<p>c. Being outside your home alone?</p>	<p>1 <input type="checkbox"/> Yes N6AQ1C 2 <input type="checkbox"/> No</p>
<p>d. Being around crowds?</p>	<p>1 <input type="checkbox"/> Yes N6AQ1D 2 <input type="checkbox"/> No</p>
<p>e. Standing in lines?</p>	<p>1 <input type="checkbox"/> Yes N6AQ1E 2 <input type="checkbox"/> No</p>
<p>f. Being in wide open places, like a field, parking lot, or mall?</p>	<p>1 <input type="checkbox"/> Yes N6AQ1F 2 <input type="checkbox"/> No</p>
<p>g. Traveling on a train?</p>	<p>1 <input type="checkbox"/> Yes N6AQ1G 2 <input type="checkbox"/> No</p>
<p>h. Traveling on a bus?</p>	<p>1 <input type="checkbox"/> Yes N6AQ1H 2 <input type="checkbox"/> No</p>
<p>i. Traveling on a ship?</p>	<p>1 <input type="checkbox"/> Yes N6AQ1I 2 <input type="checkbox"/> No</p>
<p>j. Traveling on a plane?</p>	<p>1 <input type="checkbox"/> Yes N6AQ1J 2 <input type="checkbox"/> No</p>
<p>k. Being in any other place or situation because you might feel extremely anxious or frightened?</p>	<p>1 <input type="checkbox"/> Yes Specify _____ 2 <input type="checkbox"/> No N6AQ1K, N6AQ1KSPECIFY</p>
<p>CHECK ITEM 6.20 Are at least 2 items marked "Yes" in 1a - k?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Section 7</i> N6ACK620</p>
<p>2a. When you found yourself in any of these situations, did you ALMOST ALWAYS become very anxious or frightened?</p>	<p>1 <input type="checkbox"/> Yes N6AQ2A 2 <input type="checkbox"/> No</p>
<p>b. When you were in any of these situations because you had to be there, were you very anxious or frightened the whole time?</p>	<p>1 <input type="checkbox"/> Yes N6AQ2B 2 <input type="checkbox"/> No</p>
<p>3. When you had to be in any of these situations, did you need to bring someone along with you because you were so anxious or frightened?</p>	<p>1 <input type="checkbox"/> Yes N6AQ3 2 <input type="checkbox"/> No</p>
<p>4a. Did you EVER avoid any of these situations because of your anxiety or strong fear of them?</p>	<p>1 <input type="checkbox"/> Yes N6AQ4A 2 <input type="checkbox"/> No</p>
<p>b. Did you EVER feel that your fear, anxiety or avoidance of any of these situations was out of proportion in relation to the actual danger of the situation?</p>	<p>1 <input type="checkbox"/> Yes N6AQ4B 2 <input type="checkbox"/> No</p>
<p>c. Did you EVER feel that your fear, anxiety or avoidance of any of these situations was excessive or unrealistic, that is, in excess of the actual danger of the situation?</p>	<p>1 <input type="checkbox"/> Yes N6AQ4C 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 6.20A Is Item 7, Section 6 marked "Yes" or is Item 31, Section 6 marked "Yes"?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 6.20B</i> N6ACK620A</p>
<p>5a. When you were in any of these situations, did you EVER have a panic attack?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 5c</i> N6AQ5A 2 <input type="checkbox"/> No - <i>SKIP to 5b</i></p>

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CHECK ITEM 6.20B	Is Check Item 6.2, Section 6, marked "Yes" or is Check Item 6.17, Section 6 marked "Yes"?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 5c</i> N6ACK620B
5b. When you were in any of these situations, did you EVER experience ANY of the symptoms of a panic attack?	1 <input type="checkbox"/> Yes N6AQ5B 2 <input type="checkbox"/> No	
c. Were you EVER very anxious or frightened of any of these situations because you were afraid of losing control or having a panic attack or panic symptoms?	1 <input type="checkbox"/> Yes N6AQ5C 2 <input type="checkbox"/> No	
d. Were you EVER very anxious or frightened of any of these situations because you might not be able to find help if you lost control or had a panic attack or panic symptoms?	1 <input type="checkbox"/> Yes N6AQ5D 2 <input type="checkbox"/> No	
6a. Were you EVER very anxious or frightened of any of these situations because you might not be able to get away if you lost control or had a panic attack or panic symptoms?	1 <input type="checkbox"/> Yes N6AQ6A 2 <input type="checkbox"/> No	
b. Did you EVER avoid any of these situations because you were afraid of losing control or having a panic attack or panic symptoms?	1 <input type="checkbox"/> Yes N6AQ6B 2 <input type="checkbox"/> No	
7a. Did your fear, anxiety or avoidance of these situations EVER . . . <i>(Repeat phrase frequently)</i> Make you feel very upset?	1 <input type="checkbox"/> Yes N6AQ7A 2 <input type="checkbox"/> No	
b. Interfere with your relationships with other people - like arguing with them or avoiding them?	1 <input type="checkbox"/> Yes N6AQ7B 2 <input type="checkbox"/> No	
c. Make you avoid seeing or talking with people because you didn't want to be around them as much as usual?	1 <input type="checkbox"/> Yes N6AQ7C 2 <input type="checkbox"/> No	
d. Interfere with 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 N6AQ7D 2 <input type="checkbox"/> No	
e. Restrict your usual activities in any way or keep you from doing something you wanted to do?	1 <input type="checkbox"/> Yes N6AQ7E 2 <input type="checkbox"/> No	
f. Make you depend on others to take care of your everyday responsibilities or to give you lots of attention or comfort?	1 <input type="checkbox"/> Yes N6AQ7F 2 <input type="checkbox"/> No	
8a. About how old were you the FIRST time you BEGAN to experience a strong fear, anxiety or avoidance of any of these situations?	_____ Age N6AQ8A	
CHECK ITEM 6.21	Is respondent's age in 8a within 1 year of his/her present age or is present age or age in 8a unknown?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8c</i> N6ACK621
8b. Did this FIRST time BEGIN to happen during the last 12 months?	1 <input type="checkbox"/> Yes N6AQ8B 2 <input type="checkbox"/> No	
c. In your ENTIRE LIFE , how many SEPARATE times were there when you had a strong fear, anxiety or avoidance of any of these situations? By separate times, I mean times separated by at least 2 months when you WEREN'T afraid or anxious of any of these situations and you DIDN'T try to avoid them. <i>If respondent says "All my life" or "There was never a time when I didn't fear or avoid situation", code 1.</i>	_____ Number N6AQ8C	
CHECK ITEM 6.22	Is number entered in 8c, 2 or more or unknown?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 11a</i> N6ACK622
9a. How old were you the MOST RECENT time you BEGAN to experience a strong fear, anxiety or avoidance of any of these situations?	_____ Age N6AQ9A	

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<p>CHECK ITEM 6.23</p>	<p>Is respondent's age in 9a within 1 year of his/her present age or is present age or age in 9a unknown?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 10a</i> N6ACK623</p>
	<p>9b. Did this MOST RECENT time when you were very anxious or frightened of any of these situations or you avoided them BEGIN to happen during the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes N6AQ9B 2 <input type="checkbox"/> No</p>
	<p>10a. How long did (this/your) MOST RECENT time last when you were very anxious or frightened of any of these situations or tried to avoid them?</p>	<p>_____ Week(s) N6AQ10AUNIT, N6AQ10ACONT OR _____ Month(s) OR _____ Year(s)</p>
	<p>b. Since the MOST RECENT time BEGAN, have there been at least 2 months when you WEREN'T anxious or frightened of any of these situations and you DIDN'T try to avoid them?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 10d</i> N6AQ10B</p>
<p>CHECK ITEM 6.24</p>	<p>Is 9b marked "Yes"?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 10d</i> N6ACK624 2 <input type="checkbox"/> No</p>
	<p>10c. Did this MOST RECENT time when you WEREN'T anxious or frightened of any of these situations and you DIDN'T try to avoid them BEGIN to happen during the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes N6AQ10C 2 <input type="checkbox"/> No</p>
	<p>d. In your ENTIRE LIFE, what was the LONGEST period you had when you were anxious or frightened of any of these situations or you tried to avoid them?</p>	<p>_____ Week(s) } N6AQ10DUNIT, N6AQ10DCONT OR _____ Month(s) } <i>SKIP to Check Item 6.26</i> OR _____ Year(s) }</p>
	<p>11a. How long did that period last when you were anxious or frightened of any of these situations or you tried to avoid them?</p>	<p>_____ Week(s) N6AQ11AUNIT, N6AQ11ACONT OR _____ Month(s) OR _____ Year(s)</p>
	<p>b. Since that time BEGAN, have there been at least 2 months when you WEREN'T anxious or frightened of any of these situations and you DIDN'T try to avoid them?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 6.26</i> N6AQ11B</p>
<p>CHECK ITEM 6.25</p>	<p>Is 8b marked "Yes"?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 6.26</i> N6ACK625 2 <input type="checkbox"/> No</p>
	<p>11c. Did that time when you WEREN'T anxious or frightened of any of these situations and you DIDN'T try to avoid them BEGIN to happen during the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes N6AQ11C 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 6.26</p>	<p><i>Refer to Check Item 2.1, Section 2A.</i> Is respondent a lifetime abstainer of alcohol?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 14</i> N6ACK626 2 <input type="checkbox"/> No</p>
	<p>12. Did (that time/ANY of those times) when you had a strong fear, anxiety or avoidance of these situations BEGIN to happen DURING or within 1 month AFTER drinking heavily or a lot more than usual?</p>	<p>1 <input type="checkbox"/> Yes N6AQ12 2 <input type="checkbox"/> No</p>
	<p>13. Did (that time/ANY of those times) when you had a strong fear, anxiety or avoidance of these situations BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of drinking?</p>	<p>1 <input type="checkbox"/> Yes N6AQ13 2 <input type="checkbox"/> No</p>
	<p>14. Did (that time/ANY of those times) when you had a strong fear, anxiety or avoidance of these situations BEGIN to happen DURING or within 1 month AFTER using a medicine or drug?</p>	<p>1 <input type="checkbox"/> Yes N6AQ14 2 <input type="checkbox"/> No</p>
	<p>15. Did (that time/ANY of those times) when you had a strong fear, anxiety or avoidance of these situations 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 N6AQ15 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 6.27</p>	<p>Is at least 1 item marked "Yes" in 12, 13, 14 OR 15?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 17a</i> N6ACK627</p>
<p>CHECK ITEM 6.28</p>	<p>Is Check Item 6.22 marked "No"?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 6.29</i> N6ACK628</p>

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<p>16a. 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 17a</i> N6AQ16A</p>
<p>b. Did you CONTINUE to have a strong fear or avoidance of any of these situations 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 17a</i> N6AQ16B</p>
<p>CHECK ITEM 6.29 Is 8b marked "Yes" or 9b marked "Yes"?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 16g</i> N6ACK629</p>
<p>16c. Did ALL of the times when you had a strong fear, anxiety or avoidance of these situations 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 6.30</i> N6AQ16C</p>
<p>d. During ANY of those times in the last 12 months when you had a strong fear, anxiety or avoidance of these situations 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 6.30</i> N6AQ16D</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 N6AQ16E 2 <input type="checkbox"/> No</p>
<p>f. Did you CONTINUE to have a strong fear, anxiety or avoidance of any of these situations 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 N6AQ16F 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 6.30 Is 8b marked "Yes"?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 17a</i> N6ACK630 2 <input type="checkbox"/> No</p>
<p>16g. Did ALL of the times when you had a strong fear, anxiety or avoidance of these situations 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 17a</i> N6AQ16G</p>
<p>h. During ANY of those times BEFORE 12 months ago when you had a strong fear, anxiety or avoidance of these situations 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 17a</i> N6AQ16H</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 N6AQ16I 2 <input type="checkbox"/> No</p>
<p>j. Did you CONTINUE to have a strong fear, anxiety or avoidance of any of these situations 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 N6AQ16J 2 <input type="checkbox"/> No</p>
<p>17a. 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 your fear, anxiety or avoidance of any of these situations?</p>	<p>1 <input type="checkbox"/> Yes N6AQ17A 2 <input type="checkbox"/> No</p>
<p>b. Did you EVER go to a self-help or support group, use a hotline, or visit an internet chat room to get help for your fear, anxiety or avoidance of any of these situations?</p>	<p>1 <input type="checkbox"/> Yes N6AQ17B 2 <input type="checkbox"/> No</p>
<p>18a. Did you EVER go to an emergency room to get help for your fear, anxiety or avoidance of any of these situations?</p>	<p>1 <input type="checkbox"/> Yes N6AQ18A 2 <input type="checkbox"/> No</p>

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<p>18b. Were you EVER a patient in any kind of hospital overnight or longer because of your fear, anxiety or avoidance of any of these situations?</p>	<p>1 <input type="checkbox"/> Yes N6AQ18B 2 <input type="checkbox"/> No</p>
<p>19. Did a doctor EVER prescribe any medicines or drugs for your fear, anxiety or avoidance of any of these situations?</p>	<p>1 <input type="checkbox"/> Yes N6AQ19 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 6.31 Is at least 1 item marked "Yes" in 17a - 19? Did respondent ever seek help for his/her fear or avoidance of a situation?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 6.33</i> N6ACK631</p>
<p>20. About how old were you the FIRST time you went anywhere or talked to anyone to get help for your fear, anxiety or avoidance of any of these situations?</p>	<p>_____ Age N6AQ20</p>
<p>CHECK ITEM 6.32 Is age in 20 equal to respondent's current age?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 6.33</i> N6ACK632 2 <input type="checkbox"/> No</p>
<p>21. 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 6.33</i> N6AQ21</p>
<p>CHECK ITEM 6.32A Is age in 20 at least 2 years less than respondent's current age?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 6.33</i> N6ACK632A 2 <input type="checkbox"/> No</p>
<p>22. 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 N6AQ22 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 6.33 Is Check Item 6.22 marked "No"?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 6.34</i> N6ACK633</p>
<p>23a. Did your fear, anxiety or avoidance of these situations BEGIN to happen during a time 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 Section 7</i> N6AQ23A</p>
<p>b. Did a doctor or other health professional tell you that your fear or anxiety of these situations was related to your physical illness or medical condition?</p>	<p>1 <input type="checkbox"/> Yes } <i>SKIP to Section 7</i> N6AQ23B 2 <input type="checkbox"/> No }</p>
<p>CHECK ITEM 6.34 Is 8b marked "Yes" or 9b marked "Yes"?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 24c</i> N6ACK634</p>
<p>24a. Did ALL of those times when you were frightened, anxious or avoided these situations 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>Check Item 6.35</i> N6AQ24A</p>
<p>b. Did a doctor or other health professional tell you that ALL of the times like this were related to your physical illness or medical condition?</p>	<p>1 <input type="checkbox"/> Yes N6AQ24B 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 6.35 Is 8b marked "Yes"?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Section 7</i> N6ACK635 2 <input type="checkbox"/> No</p>
<p>24c. Did ALL of those times when you were frightened, anxious or avoided these situations BEFORE 12 months ago 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 Section 7</i> N6AQ24C</p>
<p>d. Did a doctor or other health professional tell you that ALL of the times like this were related to your physical illness or medical condition?</p>	<p>1 <input type="checkbox"/> Yes } <i>Go to Section 7</i> N6AQ24D 2 <input type="checkbox"/> No }</p>