

SEPARATION ANXIETY (SA)

***SA1.** Earlier in the interview you mentioned having a time after the age of five when you got very upset by separation from your mother or the person you were closest to emotionally. These next questions are about that period. Think of the period lasting one month or longer, after the age of five, when these difficulties were most severe and frequent. During that period, which of the following problems did you have:

IF R MAKES GENDER OF PERSON KNOWN, USE GENDER-SPECIFIC TERMS "HIM/ HE" OR "HER/ SHE."

	YES (1)	NO (5)	DK (8)	RF (9)
*SA1a. Did you get very sad, worried, or upset whenever you had to be apart from (PERSON/this person)?	1	5	8	9
*SA1b. Did you often fear that (PERSON/this person) might be seriously injured in an <u>accident</u> or that some other terrible thing might happen to them?	1	5	8	9
*SA1c. Did you often worry that something bad was going to happen to <u>you</u> , like getting lost or kidnapped, that would separate you from (PERSON/this person)?	1 GO TO *SA1e	5	8	9
*SA1d. Did you often worry that something else might happen to keep you from ever seeing (PERSON/this person) again?	1	5	8	9
*SA1e. Did you often want to stay home from school or not go other places so that you could stay near (PERSON/this person)?	1 GO TO *SA1g	5	8	9
*SA1e.1. INTERVIEWER CHECKPOINT: (SEE *SA1a - *SA1e) ZERO RESPONSES CODED '1'1 GO TO *SA3 ALL OTHERS2				
*SA1f. Did going places without (PERSON/this person) bother you so much that you would often refuse to go?	1	5	8	9
*SA1g. Did you sometimes plead with (PERSON/this person) to stay with you or to take you along with them when they needed to leave you for even a short period of time?	1	5	8	9
*SA1h. Did you often get sick to your stomach or have headaches when you heard (PERSON/this person) was going out or that you would have to be away from them?	1	5	8	9
*SA1i. After the age of five, was there a month or longer when you did not want to go to sleep at night unless (PERSON/this person) was near you?	1 GO TO *SA1k	5	8	9
*SA1j. Did you refuse to sleep away from home?	1	5	8	9
*SA1k. Did you often have bad dreams about (PERSON/this person) being harmed or about something happening that would separate you from one another?	1	5	8	9

***SA2.** INTERVIEWER CHECKPOINT: (SEE *SA1 SERIES)

ZERO TO TWO "YES" RESPONSES IN *SA1 SERIES 1
ALL OTHERS 2 **GO TO *SA4**

*SA3. INTERVIEWER CHECKPOINT: (SEE *SC35)

- “YES” RESPONSE IN *SC35 1 **GO TO *SA11 INTRO 2**
ALL OTHERS 5 **GO TO *SA48**
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*SA4. You mentioned several separation difficulties. Think of times lasting one month or longer during your childhood or adolescence when these difficulties were most frequent and severe. During those times, did you have concerns about separation just about every day, most days, about half the days, or less than half the days?

- JUST ABOUT EVERY DAY 1
MOST DAYS 2
ABOUT HALF THE DAYS 3
LESS THAN HALF 4
DON'T KNOW 8
REFUSED 9
-

*SA5. How severe was the emotional distress created by these concerns -- mild, moderate, severe, or very severe?

- MILD 1
MODERATE 2
SEVERE 3
VERY SEVERE 4
DON'T KNOW 8
REFUSED 9
-

*SA6. How often was this emotional distress about separation from (PERSON/this person) so severe that nothing could cheer you up or calm you down -- often, sometimes, rarely, or never?

- OFTEN 1
SOMETIMES 2
RARELY 3
NEVER 4
DON'T KNOW 8
REFUSED 9
-

*SA7. How much did your concerns about separation from (PERSON/this person) ever interfere either with your school, work, social life, or personal relationships – not at all, a little, some, a lot, or extremely?

- NOT AT ALL 1 **GO TO *SA7a.1**
A LITTLE 2
SOME 3
A LOT 4
EXTREMELY 5
DON'T KNOW 8
REFUSED 9

*SA7a. How often was your emotional distress so severe that you could not carry out your daily activities -- often, sometimes, rarely, or never?

- OFTEN 1
SOMETIMES 2
RARELY 3
NEVER 4
DON'T KNOW 8
REFUSED 9

*SA7a.1. INTERVIEWER CHECKPOINT: (SEE *SA5 - *SA7a)

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(40b)

*SA5 IS CODED "2"-“4” OR *SA6 IS CODED “1”-“3” OR	
*SA7 IS CODED “3”-“5” OR *SA7a IS CODED “1”, “2”, OR “3”	1
ALL OTHERS	2 GO TO *SA10

*SA8. Can you remember your exact age the very first time in your life you had a period lasting one month or longer when you had frequent concerns about separation from (PERSON/this person)?

YES.....	1	
NO.....	5	GO TO *SA8b
DON'T KNOW.....	8	GO TO *SA8b
REFUSED	9	GO TO *SA8b

*SA8a. (IF NEC: How old were you?)

_____ YEARS OLD GO TO *SA9

DON'T KNOW	998	GO TO *SA9
REFUSED	999	GO TO *SA9

*SA8b. About how old were you (the first time you had a period of this sort)?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” PROBE: Was it before you first started school?

IF NOT YES, PROBE: Was it before you were a teenager?

_____ YEARS OLD

BEFORE STARTED SCHOOL	4
BEFORE TEENAGER.....	12
NOT BEFORE TEENAGER.....	13
DON'T KNOW	998
REFUSED	999

*SA9. How many different years did you have concerns of this sort for a month or longer?

_____ YEARS

DON'T KNOW	998
REFUSED	999

*SA10. INTERVIEWER CHECKPOINT: (SEE *SC35)

“YES” RESPONSE IN *SC35.....	1	GO TO *SA11 INTRO 1
ALL OTHERS.....	2	GO TO *SA29

<p>*SA11 INTRO 1.</p> <p>In addition to your childhood separation difficulties, you also mentioned earlier in the interview that at another time in your life you had a period of difficulties with separation from a family member, romantic partner, or close friend. Think of the time lasting one month or longer when these difficulties were most severe and frequent. During that time, which of the following problems did you have:</p>	<p>*SA11 INTRO 2.</p> <p>Earlier in the interview you mentioned a period when you had difficulties with separation from a family member, romantic partner, or close friend. The next questions are about that period. Think of a time lasting one month or longer when these difficulties were most severe and frequent. During that time, which of the following problems did you have:</p>
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IF R MAKES GENDER OF PERSON KNOWN, USE GENDER-SPECIFIC TERMS "HIM/ HE" OR "HER/ SHE."

	YES (1)	NO (5)	DK (8)	RF (9)
*SA11a. Did you get very sad, worried, or upset whenever you had to be apart from (PERSON/this person)?	1 GO TO *SA11c	5	8	9
*SA11b. When you had to be away from (PERSON/this person), did you feel like you couldn't care about <u>anything</u> because you were apart?	1	5	8	9
*SA11c. Did you often fear that (PERSON/this person) might be seriously injured in an <u>accident</u> or die or that some other terrible thing might happen to them?	1 GO TO *SA11e	5	8	9
*SA11d. Did you ever worry a lot that they might leave you if you quarreled, or that something else might happen that would make (PERSON/this person) leave?	1	5	8	9
*SA11e. Did you often worry that something bad was going to happen to <u>you</u> that would separate you from (PERSON/this person)?	1 GO TO *SA11g	5	8	9
<p>*SA11e.1. INTERVIEWER CHECKPOINT: (SEE *SA11a - *SA11e)</p> <p>ZERO RESPONSES CODED '1'1 GO TO *SA13</p> <p>ALL OTHERS2</p>				
*SA11f. Did you worry that something else might happen to prevent you from ever seeing (PERSON/this person) again?	1	5	8	9
*SA11g. Did you often want to stay home or not go places so that you could stay near (PERSON/this person)?	1 GO TO *SA11i	5	8	9
*SA11h. Did going places without (PERSON/this person) bother you so much that you would often decide not to go?	1	5	8	9
*SA11i. Did you sometimes plead with (PERSON/this person) to stay with you or to take you along with them when they needed to leave you for even a short period of time?	1 GO TO *SA11k	5	8	9
*SA11j. Did you sometimes worry that (PERSON/this person) thought you were "clingy" or too dependent?	1	5	8	9

	YES (1)	NO (5)	DK (8)	RF (9)
*SA11k. Did you often get sick to your stomach, have headaches, or have other physical symptoms when you had to be apart from (PERSON/this person)?	1	5	8	9
*SA11l. Did you feel like you could not go to sleep at night unless they were near you?	1 GO TO *SA11n	5	8	9
*SA11m. Did you refuse to sleep away from (PERSON/this person)?	1	5	8	9
*SA11n. Did you have repeated nightmares about (PERSON/this person) being harmed or about something happening that would separate you from one another?	1	5	8	9

***SA12.** INTERVIEWER CHECKPOINT: (SEE ***SA11 SERIES**)

ZERO TO TWO “YES” RESPONSES IN ***SA11 SERIES**..... 1
 ALL OTHERS2 **GO TO *SA14**

***SA13.** INTERVIEWER CHECKPOINT: (SEE ***SA2**)

RESPONSE CODED “2” IN ***SA2**1 **GO TO *SA29**
 ALL OTHERS2 **GO TO *SA48**

***SA14.** You mentioned several separation difficulties. Think of the period lasting one month or longer when these difficulties were most severe and frequent. During that time did you have concerns about separation from (PERSON/this person) just about every day, most days, about half the days, or less than half the days?

JUST ABOUT EVERY DAY 1
 MOST DAY 2
 ABOUT HALF THE DAYS 3
 LESS THAN HALF THE DAYS 4
 DON’T KNOW 8
 REFUSED 9

***SA15.** How severe was the emotional distress created by these concerns – mild, moderate, severe, or very severe?

MILD 1
 MODERATE 2
 SEVERE 3
 VERY SEVERE 4
 DON’T KNOW 8
 REFUSED 9

*SA16. How often was this emotional distress about separation from (PERSON/this person) so severe that nothing could cheer you up or calm you down—often, sometimes, rarely, or never?

- OFTEN1
- SOMETIMES2
- RARELY3
- NEVER.....4
- DON'T KNOW.....8
- REFUSED.....9

*SA17. How much did your concerns about separation from (PERSON/this person) ever interfere with either your school, work, social life, or personal relationships—not at all, a little, some, a lot, or extremely?

- NOT AT ALL1 **GO TO *SA18.5**
- A LITTLE2
- SOME3
- A LOT4
- EXTREMELY5
- DON'T KNOW.....8
- REFUSED.....9

*SA18. How often was your emotional distress so severe that you could not carry out your daily activities—often, sometimes, rarely, or never?

- OFTEN1
- SOMETIMES2
- RARELY3
- NEVER.....4
- DON'T KNOW.....8
- REFUSED.....9

*SA18.5. INTERVIEWER CHECKPOINT: (SEE *SA15 - *SA18)

- *SA15 IS CODED “2”-“4” OR *SA16 IS CODED “1”-“3” OR
- *SA17 IS CODED “3”-“5” OR *SA18 IS CODED “1”, “2”, OR “3”1
- ALL OTHERS2 **GO TO *SA48**

** (40c)

*SA19. Can you remember your exact age the very first time in your life you had a period lasting one month or longer when you had frequent concerns about separation from a family member, romantic partner, or close friend?

YES..... 1
NO..... 5 **GO TO *SA19b**
DON'T KNOW... 8 **GO TO *SA19b**
REFUSED 9 **GO TO *SA19b**

*SA19a. (IF NEC: How old were you?)

_____ YEARS OLD **GO TO *SA20**

DON'T KNOW 998 **GO TO *SA20**
REFUSED 999 **GO TO *SA20**

*SA19b. About how old were you (the first time you had a period of this sort)?

IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before you first started school?

IF NOT YES, PROBE: Was it before you were a teenager?

_____ YEARS OLD

BEFORE STARTED SCHOOL 4
BEFORE TEENAGER..... 12
NOT BEFORE TEENAGER..... 13
DON'T KNOW 998
REFUSED 999

*SA20. Did you have concerns about separation from (PERSON/this person) for one month or longer in the past 12 months?

YES..... 1
NO 5 **GO TO *SA20c**
DON'T KNOW..... 8 **GO TO *SA20c**
REFUSED..... 9 **GO TO *SA20c**

*SA20a. How recently – in the past month, two to six months ago, or more than six months ago?

PAST MONTH..... 1
2-6 MONTHS AGO 2
MORE THAN 6 MONTHS AGO.. 3
DON'T KNOW 8
REFUSED 9

*SA20b. How many weeks in the past 12 months did you have any of these concerns?

_____ WEEKS **GO TO *SA21**

DON'T KNOW 998 **GO TO *SA21**
REFUSED..... 999 **GO TO *SA21**

*SA20c. How old were you the last time you had a period lasting one month or longer when you had these concerns?

_____ YEARS OLD

DON'T KNOW 998
REFUSED..... 999

*SA21. How many different years in your life did you have concerns of this sort for a month or longer?

_____ YEARS

DON'T KNOW 998

REFUSED 999

*SA22. INTERVIEWER CHECKPOINT: (SEE *SA21)

RESPONSE IN *SA21 EQUAL TO ONE YEAR OR LESS1 **GO TO *SA24**

ALL OTHERS.....2

*SA23. What is the longest continuous number of years in a row when you had concerns of this sort for a month or longer?

_____ YEARS

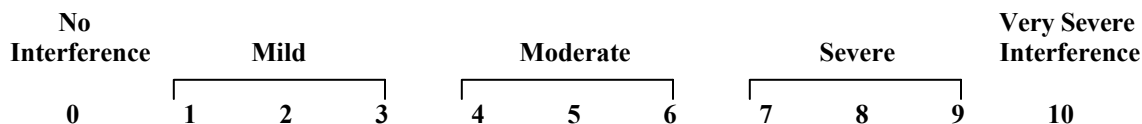
DON'T KNOW 998

REFUSED 999

*SA24. INTERVIEWER CHECKPOINT: (SEE *SA20)

“YES” RESPONSE IN *SA20..... 1

ALL OTHERS.....2 **GO TO *SA28**



*SA25. (RB, PG 64) Think about the month or longer in the past 12 when your frequent concerns about separation from (PERSON/this person) were most severe. Using a 0 to 10 scale on page 64 of your booklet, where 0 means no interference and 10 means very severe interference, what number describes how much your frequent concerns about separation from (PERSON/this person) interfered with each of the following activities during that time?

(IF NEC: How much did your concerns about separation from (PERSON/this person) interfere with (ACTIVITY) during that time?)

(IF NEC: You can use any number between 0 and 10 to answer.)

NUMBER (0-10)

*SA25a. Your home management, like cleaning, shopping, and taking care of the (house/ apartment)? _____

DOES NOT APPLY 97
DON'T KNOW 98
REFUSED 99

*SA25b. Your ability to work? _____

DOES NOT APPLY 97
DON'T KNOW 98
REFUSED 99

*SA25c. Your ability to form and maintain close relationships with other people? _____

DOES NOT APPLY 97
DON'T KNOW 98
REFUSED 99

*SA25d. Your social life? _____

DOES NOT APPLY 97
DON'T KNOW 98
REFUSED 99

*SA26. INTERVIEWER CHECKPOINT: (SEE *SA25a - *SA25d)

ALL FOUR RESPONSES TO *SA25a - *SA25d SERIES EQUAL '0' OR '97' 1 **GO TO *SA28**
ALL OTHERS 2

*SA27. About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of your concerns about separation from (PERSON/this person)?

(IF NEC: You can use any number between 0 and 365 to answer.)

_____ (0-365) DAYS

DON'T KNOW.....998

REFUSED.....999

*SA28. INTERVIEWER CHECKPOINT: (SEE *SA2)

R IS '45' OR OLDER..... 1 **GO TO *SA31**

RESPONSE CODED "2" IN *SA2 2 **GO TO *SA30**

ALL OTHERS 3 **GO TO *SA31**

*SA29. INTERVIEWER INSTRUCTION: FOR REST OF SECTION, USE THE PHRASE: "SEPARATION FROM A PARENT OR FAMILY MEMBER." **GO TO *SA43**

*SA30. INTERVIEWER INSTRUCTION: FOR REST OF SECTION, USE THE PHRASE: "SEPARATION FROM A PARENT, FAMILY MEMBER, ROMANTIC PARTNER, OR CLOSE FRIEND." **GO TO *SA43**

*SA31. INTERVIEWER INSTRUCTION: FOR REST OF SECTION, USE THE PHRASE: "SEPARATION FROM A FAMILY MEMBER, ROMANTIC PARTNER, OR CLOSE FRIEND."

*SA43. Did you ever in your life talk to a medical doctor or other professional about your concerns of separation (from a [parent or family member/ parent, family member, romantic partner, or close friend/ family member, romantic partner, or close friend])? (By professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)

YES.....1

NO.....5 **GO TO *SA48**

DON'T KNOW8 **GO TO *SA48**

REFUSED9 **GO TO *SA48**

*SA43a. How old were you the first time [you talked to a professional about your concerns of separation (from a [parent or family member/ parent, family member, romantic partner, or close friend/ family member, romantic partner, or close friend])?]

_____ YEARS OLD

DON'T KNOW 998

REFUSED..... 999

***SA44.** Did you ever get treatment for your concerns about separation (from a [parent or family member/ parent, family member, romantic partner, or close friend/ family member, romantic partner, or close friend]) that you considered helpful or effective?

YES.....1
NO5 **GO TO *SA44c**
DON'T KNOW.....8 **GO TO *SA44c**
REFUSED.....9 **GO TO *SA44c**

***SA44a.** How old were you the first time (you got helpful treatment for these concerns)?

_____ YEARS OLD

DON'T KNOW..... 998
REFUSED..... 999

***SA44b.** How many professionals did you ever talk to about these concerns, up to and including the first time you got helpful treatment?

_____ NUMBER OF PROFESSIONALS **GO TO *SA46**

DON'T KNOW..... 98 **GO TO *SA46**
REFUSED..... 99 **GO TO *SA46**

***SA44c.** How many professionals did you ever talk to about your concerns about separation [from a (parent or family member/ parent, family member, romantic partner, or close friend/ family member, romantic partner, or close friend)]?

_____ NUMBER OF PROFESSIONALS

DON'T KNOW 98
REFUSED 99

***SA46.** Did you receive professional treatment for your concerns about separation (from a [parent or family member/ parent, family member, romantic partner, or close friend/ family member, romantic partner, or close friend]) at any time in the past 12 months?

YES.....1
NO.....5
DON'T KNOW8
REFUSED9

***SA47.** Were you ever hospitalized overnight for your concerns about separation (from a [parent or family member/ parent, family member, romantic partner, or close friend/ family member, romantic partner, or close friend])?

YES.....1
NO.....5 **GO TO *SA48**
DON'T KNOW8 **GO TO *SA48**
REFUSED9 **GO TO *SA48**

***SA47a.** How old were you the first time (you were hospitalized overnight because of these concerns)?

_____ YEARS OLD

DON'T KNOW 998
REFUSED 999

***SA48. INTERVIEWER CHECKPOINT: (SEE RESPONDENT'S ID NUMBER)**

RANDOM 30% OF RESPONDENTS 1 **GO TO *FB1, NEXT SECTION**
ALL OTHERS 2

***SA49 INTERVIEWER CHECKPOINT: (SEE RESPONDENT'S AGE)**

RANDOM 25% OF RESPONDENTS 1 **GO TO *PP1**
ALL OTHERS 2 **GO TO RESPONDENT CONTACTS**