#### SPECIFIC PHOBIA SECTION (SP)

| *SP1. INTERVIEWER: (SEE *SC27a-f)<br>CIRCLE # IF GROUP WAS ENDORSED |   |
|---|---|
| Group 1: ANIMALS  | 1 |
| Group 2: STILL WATER OR WEATHER EVENTS                              | 2 |
| Group 3: BLOOD, INJURIES, OR MEDICAL EXPERIENCES                    | 3 |
| Group 4: CLOSED SPACES  | 4 |
| Group 5: HIGH PLACES  | 5 |
| Group 6: FLYING   | 6 |

## \*SP1a. INTERVIEWER CHECKPOINT: (SEE \*SC27a-\*SC27f)

| EXACTLY ONE CATEGORY CODED '1' IN *SC27a-*SC27f1   |
|--|
| MORE THAN ONE CATEGORY CODED '1' IN *SC27a-*SC27f2 |

### \*SP2. INTERVIEWER CHECKPOINT: (SEE \*SP1)

GO TO FIRST CIRCLED GROUP ON GRID \*SP1 AND FOLLOW SKIP

| GROUP 1 1 | GO TO *SP3  |
|-----------|-------------|
| GROUP 2 2 | GO TO *SP5  |
| GROUP 3 3 | GO TO *SP7  |
| GROUP 4 4 | GO TO *SP9  |
| GROUP 5 5 | GO TO *SP11 |
| GROUP 6 6 | GO TO *SP13 |

|         | GROUP 1   |  |
|---------|---|--|
|         | [KEY PHRASE = ANIMALS   | ]  |
| *SP3.   | Earlier you mentioned being a lot more afraid than most people of bugs, snakes or other animals. How old were you the <u>very first</u> time you had a fear of some type of animal? | YEARS OLD BEFORE STARTED SCHOOL 4        |
|         | 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?                              | BEFORE TEENAGER                          |
|         | Tritorial Estate Service for were a technique.  | REFUSED                                  |
| *SP3.1. | INTERVIEWER CHECKPOINT: (SEE *SP1a, *SC27.2, *SC27.3)   |  |
|         | *SP1a EQUALS '2' AND *SC27.2 EQUALS '1'1  *SP1a EQUALS '2' AND *SC27.3 EQUALS '1'2 GO TO *SP3b  *SC27.3 EQUALS '1'  |  |
| *SP3a.  | Was there ever a time when you almost always became very <u>upset</u> or <u>anxious</u> whenever you were faced with (ANIMAL/the type of animal that scared you most)?              | YES                                      |
| *SP3a.1 | INTERVIEWER CHECKPOINT: (SEE *SC27.3)   |  |
|         | *SC27.3 EQUALS '1'1 ALL OTHERS  |  |
|         | Did you ever <u>avoid</u> situations where you might have even a small chance of seeing (ANIMAL/this type of animal) whenever you could because of your fear?                       | YES                                      |
| *SP3c.  | How old were you when you first avoided situations where you might see (ANIMAL/animals)?  | YEARS OLD                                |
|         | IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before you first started school?   | BEFORE STARTED SCHOOL4 BEFORE TEENAGER12 |
|         | IF NOT YES, PROBE: Was it before you were a teenager?   | NOT BEFORE TEENAGER                      |
|         |   | REFUSED999                               |

## \*SP4. INTERVIEWER CHECKPOINT: (SEE \*SP1)

GO TO NEXT CIRCLED GROUP ON GRID \*SP1, PAGE 69 AND FOLLOW SKIP

| GROUP 22    | GO TO *SP5  |
|-------------|-------------|
| GROUP 3 3   | GO TO *SP7  |
| GROUP 4 4   | GO TO *SP9  |
| GROUP 5 5   | GO TO *SP11 |
| GROUP 6 6   | GO TO *SP13 |
| ALL OTHERS7 | GO TO *SP14 |

|         | GROUP 2   |   |  |  |  |
|---------|---|---|--|--|--|
|         | [KEY PHRASE = STORMS OR STILL V   | WATER]  |  |  |  |
| *SP5.   | (Earlier you/ You also) mentioned being a lot more afraid than most people of either being in storms or in still water. How old were you the very first time you had this fear?  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 SCHOOL4 BEFORE TEENAGER |  |  |  |
|         | INTERVIEWER CHECKPOINT: (SEE *SP1a, *SC27.2, *SC27.3)  *SP1a EQUALS '2' AND *SC27.2 EQUALS '1' 1  *SP1a EQUALS '2' AND *SC27.3 EQUALS '1' 2 GO TO *SP5b  *SC27.3 EQUALS '1' 3 GO TO *SP5c  ALL OTHERS   |   |  |  |  |
| *SP5a.  | Was there ever a time when you almost always became very <u>upset</u> or <u>anxious</u> whenever you were faced with the situation like this that scared you most?  | YES   |  |  |  |
| *SP5a.1 | INTERVIEWER CHECKPOINT: (SEE *SC27.3)  *SC27.3 EQUALS '1' 1  ALL OTHERS 2 GO TO *SP6  |   |  |  |  |
| *SP5b.  | Did you ever <u>avoid</u> situations where you could be in a storm or still water whenever you could because of your fear?  | YES   |  |  |  |
| *SP5c.  | How old were you when you first started avoiding these situations?  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                   |  |  |  |

\*SP6. INTERVIEWER CHECKPOINT: (SEE \*SP1)
GO TO NEXT CIRCLED GROUP ON GRID \*SP1, PAGE 69 AND FOLLOW SKIP

| GROUP 3 3    | GO TO *SP7  |
|--------------|-------------|
| GROUP 4 4    | GO TO *SP9  |
| GROUP 5 5    | GO TO *SP11 |
| GROUP 6 6    | GO TO *SP13 |
| ALL OTHERS 7 | GO TO *SP14 |

|         | GROUP 3   |                                  |  |  |  |
|---------|---|----------------------------------|--|--|--|
|         | [KEY PHRASE = BLOOD, INJURIES, OR MEDICAL EXPERIENCES]  |                                  |  |  |  |
| *SP7.   | (Earlier you/ You also) mentioned being a lot more afraid than most people of going to a doctor or a dentist or a hospital, getting a shot or injection, or seeing blood or injury. How old were you the very first time you had this fear?  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 |  |  |  |
| *SP7.1. | INTERVIEWER CHECKPOINT: (SEE *SP1a, *SC27.2, *SC27.3)  *SP1a EQUALS '2' AND *SC27.2 EQUALS '1' 1  *SP1a EQUALS '2' AND *SC27.3 EQUALS '1' 2 GO TO *SP7b  *SC27.3 EQUALS '1' 3 GO TO *SP7c  ALL OTHERS 4 GO TO *SP7f   |                                  |  |  |  |
| *SP7a.  | Was there ever a time when you almost always became very <u>upset</u> or <u>anxious</u> whenever you were faced with the thing in this group that scared you most?  | YES                              |  |  |  |
| *SP7a.1 | INTERVIEWER CHECKPOINT: (SEE *SC27.3)  *SC27.3 EQUALS '1' 1 ALL OTHERS 2 GO TO *SP7f  |                                  |  |  |  |
| *SP7b.  | Did you ever <u>avoid</u> any of these things whenever you could because of your fear?  | YES                              |  |  |  |
| *SP7c.  | How old were you when you first avoided any of these situations?  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 |  |  |  |

| *SP7f. | How often did you faint when you saw blood – all of the time, most of the time, sometimes, rarely, or never? |
|--------|--|
|        | ALL OF THE TIME1 MOST OF THE TIME2   |
|        | SOMETIMES3   |
|        | RARELY4  |
|        | NEVER5   |
|        | DON'T KNOW8  |
|        | REFUSED9   |

## \*SP8. INTERVIEWER CHECKPOINT: (SEE \*SP1)

GO TO NEXT CIRCLED GROUP ON GRID \*SP1, PAGE 69 AND FOLLOW SKIP

| GROUP 44     | GO TO *SP9  |
|--------------|-------------|
| GROUP 5 5    | GO TO *SP11 |
| GROUP 6 6    | GO TO *SP13 |
| ALL OTHERS 7 | GO TO *SP14 |

|         | GROUP 4<br>[KEY PHRASE = CLOSED SPACI   | FSI  |
|---------|---|--|
| *SP9.   | (Earlier you/ You also) mentioned being a lot more afraid than most people of closed spaces, like caves, tunnels, closets, or elevators. How old were you the very first time you had this fear?  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 SCHOOL4 BEFORE TEENAGER12 NOT BEFORE TEENAGER13 DON'T KNOW998 REFUSED999 |
|         | INTERVIEWER CHECKPOINT: (SEE *SP1a, *SC27.2, *SC27.3)  *SP1a EQUALS '2' AND *SC27.2 EQUALS '1' 1  *SP1a EQUALS '2' AND *SC27.3 EQUALS '1' 2 GO TO *SP9b  *SC27.3 EQUALS '1' 3 GO TO *SP9c  ALL OTHERS 4 GO TO *SP9d   |  |
| *SP9a.  | Was there ever a time when you almost always became very <u>upset</u> or <u>anxious</u> whenever you were faced with closed spaces?  (IF VOL: "IT DEPENDS WHICH CLOSED SPACE," PROBE: What if you were faced with the closed space that you feared <u>most</u> – in <u>that</u> case, did you almost always become very <u>upset</u> or <u>anxious</u> ?) | YES  |
| *SP9a.1 | *SC27.3 EQUALS '1' 1 ALL OTHERS ALL OTHERS 2 GO TO *SP9d  |  |
| *SP9b.  | Did you ever <u>avoid</u> any of these closed spaces whenever you could because of your fear?   | YES  |
| *SP9c.  | How old were you when you first avoided closed spaces?  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   |
| *SP9d.  | INTERVIEWER CHECKPOINT: (SEE *SP9.1, *SP9a, *SP9b)  *SP9.1 EQUALS '2' OR *SP9.1 EQUALS '3' 1  *SP9a EQUALS '1' OR *SP9b EQUALS '1' 2  ALL OTHERS  |  |

|        | f the following things did you strongly fear about closed spaces:  : Were you afraid)                        | YES (1) | NO<br>(5) | DK (8) | RF<br>(9) |
|--------|--|---------|-----------|--------|-----------|
| *SP9f. | That you might be trapped and unable to escape?  | 1       | 5         | 8      | 9         |
| *SP9g. | That you might have a panic attack and be unable to get help?  | 1       | 5         | 8      | 9         |
| *SP9h. | That you might become physically ill and be unable to get help?  | 1       | 5         | 8      | 9         |
| *SP9i. | That you might not be able to breathe?   | 1       | 5         | 8      | 9         |
| *SP9j. | [INTERVIEWER CHECKPOINT: (SEE *SP9f-*SP9i SERIES)]  AT LEAST ONE RESPONSE CODED '1'1 GO TO *SP10  ALL OTHERS |         |           |        |           |
| *SP9k. | What was it, then, that you feared most about closed spaces?  DON'T KNOW                                     |         |           |        | _         |

# **SP10.** INTERVIEWER CHECKPOINT: (SEE \*SP1)

GO TO NEXT CIRCLED GROUP ON GRID \*SP1, PAGE 69 AND FOLLOW SKIP

| GROUP 5 5    | GO TO *SP11 |
|--------------|-------------|
| GROUP 6 6    | GO TO *SP13 |
| ALL OTHERS 7 | GO TO *SP14 |

| GROUP 5   | P.C.I                            |
|---|----------------------------------|
| [KEY PHRASE = HIGH PLAC   | ES                               |
| *SP11. (Earlier you/ You also) mentioned being a lot more afraid than most people of high places. How old were you the very first time you had this fear?  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 |
|   | REFUSED999                       |
| *SP11.1. INTERVIEWER CHECKPOINT: (SEE *SP1a, *SC27.2, *SC27.3)  |                                  |
| *SP1a EQUALS '2' AND *SC27.2 EQUALS '1' 1 *SP1a EQUALS '2' AND *SC27.3 EQUALS '1' 2 GO TO *SP11b *SC27.3 EQUALS '1' 3 GO TO *SP11c ALL OTHERS 4 GO TO *SP11d  |                                  |
| *SP11a. Was there ever a time when you almost always became very <u>upset</u> or <u>anxious</u> whenever you were faced with being in a high place?  (IF VOL: "IT DEPENDS WHICH HIGH PLACE," PROBE: What if you were faced with the high place that you feared <u>most</u> – in <u>that</u> case, did you almost always become very <u>upset</u> or <u>anxious</u> ?) | YES                              |
| *SP11a.1 INTERVIEWER CHECKPOINT: (SEE *SC27.3)  *SC27.3 EQUALS '1' 1  ALL OTHERS 2 GO TO *SP11d   |                                  |
| *SP11b. Did you ever avoid high places whenever you could because of your fear?   | YES                              |
| *SP11c. How old were you when you first avoided high places?  | VEADS OF D                       |
| 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 |
| *SP11d. INTERVIEWER CHECKPOINT: (SEE *SP11.1, *SP11a, *SP11b)   |                                  |
| *SP11.1 EQUALS '2' OR *SP11.1 EQUALS '3' 1 *SP11a EQUALS '1' OR *SP11b EQUALS '1' 2 ALL OTHERS  |                                  |

| Which of the following things did you strongly fear about high places:  (IF NEC: Were you afraid)                   | YES (1) | NO<br>(5) | DK<br>(8) | RF<br>(9) |
|---|---------|-----------|-----------|-----------|
|   |         |           |           |           |
| *SP11f. That you might get dizzy and fall?  | 1       | 5         | 8         | 9         |
| *SP11g. That you might jump?  | 1       | 5         | 8         | 9         |
| *SP11h. That you might have a panic attack and be unable to get help?   | 1       | 5         | 8         | 9         |
| *SP11i. That you might become physically ill and be unable to get help?   | 1       | 5         | 8         | 9         |
| *SP11j. INTERVIEWER CHECKPOINT: (SEE*SP11f -*SP11i SERIES)  AT LEAST ONE RESPONSE CODED '1'1 GO TO *SP12 ALL OTHERS |         |           |           |           |

| SP12. | INTERVIEWER | CHECKPOINT: ( | (SEE *SP1) |
|-------|-------------|---------------|------------|
|       |             |               |            |

GO TO NEXT CIRCLED GROUP ON GRID \*SP1, PAGE 69 AND FOLLOW SKIP

GROUP 6 ...... 6 GO TO \*SP13 ALL OTHERS 7 GO TO \*SP14

| GROUP 6  |  |
|--|--|
| [KEY PHRASE = FLYING]  |  |
| *SP13. (Earlier you/ You also) mentioned being a lot more afraid than most people of flying or airplanes. How old were you the <u>very first</u> time you had this fear? | YEARS OLD BEFORE STARTED               |
| IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before you first started school?  | SCHOOL                                 |
| IF NOT YES, PROBE: Was it before you were a teenager?  | TEENAGER                               |
| *SP13.1. INTERVIEWER CHECKPOINT: (SEE *SP1a, *SC27.2, *SC27.3)   |  |
| *SP1a EQUALS '2' AND *SC27.2 EQUALS '1'1  *SP1a EQUALS '2' AND *SC27.3 EQUALS '1'2 GO TO *SP13b  *SC27.3 EQUALS '1'  |  |
| *SP13a. Was there ever a time when you almost always became very <u>upset</u> or <u>anxious</u> whenever you were faced with flying?                                     | YES                                    |
| *SP13a.1 INTERVIEWER CHECKPOINT: (SEE *SC27.3)   |  |
| *SC27.3 EQUALS '1'   |  |
| *SP13b. Did you ever avoid flying whenever you could because of your fear?   | YES                                    |
| *SP13c. How old were you when you first avoided flying?  | YEARS OLD                              |
| IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before you first started school?  | BEFORE STARTED SCHOOL4                 |
| IF NOT YES, PROBE: Was it before you were a teenager?  | BEFORE TEENAGER 12 NOT BEFORE TEENAGER |
| *SP13d. INTERVIEWER CHECKPOINT: (SEE *SP13.1, *SP13a, *SP13b)  |  |
| *SP13.1 EQUALS '2' OR *SP13.1 EQUALS '3'1 *SP13a EQUALS '1' OR *SP13b EQUALS '1'2 ALL OTHERS   |  |

| Which o | of the following things did you strongly fear about flying:                                       | YES           | NO                     | DK         | RF      |
|---------|---|---------------|------------------------|------------|---------|
| (IF NEC | : Were you afraid of)   | (1)           | (5)                    | (8)        | (9)     |
| *SP13f. | Being high in the air?  | 1             | 5                      | 8          | 9       |
| *SP13g. | Being in a closed space?  | 1             | 5                      | 8          | 9       |
| *SP13h. | That you might have a panic attack and be unable to get help?                                     | 1             | 5                      | 8          | 9       |
| *SP13i. | That you might become physically ill and be unable to get help?                                   | 1             | 5                      | 8          | 9       |
| *SP13j. | That the plane might crash?   | 1             | 5                      | 8          | 9       |
| *SP13k. | INTERVIEWER QUERY: DID R ANSWER "YES" TO AT LEAST O *SP13j SERIES?                                | <u>ne</u> Que | STION I                | N THE      | *SP13f- |
|         | YES   |               |                        |            |         |
| *SP131. | What was it, then, that you feared most about flying?   |               |                        |            |         |
|         |   |               |                        |            | _       |
|         |   |               |                        |            |         |
|         |   |               |                        |            |         |
|         |   |               |                        |            |         |
|         | DON'T KNOW8   |               |                        |            |         |
|         | REFUSED9  |               |                        |            |         |
|         | INTERVIEWER CHECKPOINT: (SEE *SP1a, *SP3a, *SP3b, *SP5a<br>*SP9b, *SP11a, *SP11b, *SP13a, *SP13b) | , *SP5b,      | *SP7a, *               | SP7b, *    | SP9a,   |
|         | *SP1a EQUALS '1' OR *SP3a EQUALS '1' OR *SP3b EQUALS '1'  | OR *SP        | <b>5a</b> EQU <i>A</i> | ALS '1'    | OR      |
|         | *SP5b EQUALS '1' OR *SP7a EQUALS '1' OR *SP7b EQUALS '1'  | OR *SP9       | a EQUA                 | LS '1' (   | OR      |
|         | *SP9b EQUALS '1' OR *SP11a EQUALS '1' OR *SP11b EQUALS '  | 1' OR         |                        |            |         |
|         | * <b>SP13a</b> EQUALS '1' * <b>SP13b</b> EQUALS '1'   |               |                        | 1          |         |
|         | ALL OTHERS  |               |                        | 2 <b>G</b> | O TO *9 |

| *SP16. | much did your fear or avoidance                                       | S LISTED IN *SP1 GRID OF ALL CIRCLED GROUPS IN *SP1). How of these things <u>ever</u> interfere with either your work, your social life, or your a little, some, a lot, or extremely? |
|--------|---|---|
|        | NOT AT ALL  | 1   |
|        | A LITTLE  |   |
|        | SOME  | 3   |
|        | A LOT   | 4   |
|        | EXTREMELY   | 5   |
|        | DON'T KNOW  | 8   |
|        | REFUSED   | 9   |
| *SP17. | Was there ever a time in your life yourself because of your fear or a | when you felt very emotionally upset, worried, or disappointed with voidance of these things?   |
|        | YES   | 1   |
|        | NO  |   |
|        | DON'T KNOW  | 8   |
|        | REFUSED   | 9   |
|        |   |   |

\*SP18. (RB, PG 13) Think of the time in your life when the fear was most severe. When you were faced with these things or thought you would have to be, did you ever have two or more of the problems on Page 9?

### READ LIST BELOW STARTING WITH SP18a ONLY IF R PREFERS TO HAVE QUESTIONS READ

| YES        | . 1 |
|------------|-----|
| NO         | 5   |
| DON'T KNOW | 8   |
| REFUSED    | g   |

#### GO TO \*SP19

| GO TO *SP19 AFTER <u>TWO</u> "YES" RESPONSES  | YES (1)        | NO<br>(5) | DK (8) | RF (9) |
|---|----------------|-----------|--------|--------|
| *SP18a. Did your heart ever pound or race?  | 1              | 5         | 8      | 9      |
| *SP18b. Did you sweat?  | 1              | 5         | 8      | 9      |
| *SP18c. Did you tremble?  | 1              | 5         | 8      | 9      |
| *SP18d. Did you feel sick to your stomach?  | 1              | 5         | 8      | 9      |
| *SP18e. Did you have a dry mouth?   | 1              | 5         | 8      | 9      |
| *SP18f. Did you have chills or hot flushes?   | 1              | 5         | 8      | 9      |
| *SP18g. Did you feel numbness or have tingling sensations?  | 1              | 5         | 8      | 9      |
| *SP18h. Did you have trouble breathing normally?  | 1              | 5         | 8      | 9      |
| *SP18i. Did you feel like you were choking?   | 1              | 5         | 8      | 9      |
| *SP18j. Did you have pain or discomfort in your chest?  | 1              | 5         | 8      | 9      |
| *SP18k. Did you feel dizzy or faint?  | 1              | 5         | 8      | 9      |
| *SP18l. Were you afraid that you might die?   | 1              | 5         | 8      | 9      |
| *SP18m. Did you ever fear that you might lose control, go crazy, or pass out?                     | 1              | 5         | 8      | 9      |
| *SP18n. Did you feel like you were "not really there", like yo were watching a movie of yourself? | u 1            | 5         | 8      | 9      |
|   | GO TO<br>*SP19 |           |        |        |
| *SP18o. Did you feel that things around you were unreal or like a dream?                          | 1              | 5         | 8      | 9      |

| *SP19. | When was the last time you either strongly <u>feared</u> or <u>avoided</u> any of these things - within the past one month, between two and six months ago, between seven and twelve months ago, or more than twelve months ago? |   |  |  |  |  |  |  |
|--------|--|---|--|--|--|--|--|--|
|        | WITHIN PAST MONTH1   | GO TO *SP21                               |  |  |  |  |  |  |
|        | 2 AND 6 MONTHS AGO   | GO TO *SP21                               |  |  |  |  |  |  |
|        | 7 AND 12 MONTHS AGO3   | GO TO *SP21                               |  |  |  |  |  |  |
|        | MORE THAN 12 MONTHS AGO4   |   |  |  |  |  |  |  |
|        | DON'T KNOW8  |   |  |  |  |  |  |  |
|        | REFUSED9   |   |  |  |  |  |  |  |
| *SP20. | . How old were you the <u>last</u> time (you either strongl  | y feared or avoided any of these things)? |  |  |  |  |  |  |
|        | YEARS OLD  |   |  |  |  |  |  |  |
|        | DON'T KNOW 998   |   |  |  |  |  |  |  |
|        | REFUSED999   |   |  |  |  |  |  |  |
| *SP21. | What if you were faced with one of these things <u>today</u> : How strong would your fear be – not at all, mild, moderate, severe, or very severe?   |   |  |  |  |  |  |  |
|        | (IF VOL "IT DEPENDS ON WHICH THING," PROBE: What if you were faced with the thing that scares you <u>most</u> : How strong would your fear be - not at all, mild, moderate, severe, or very severe?)                             |   |  |  |  |  |  |  |
|        | NOT AT ALL 1 <b>GO TO</b>  | *SP27                                     |  |  |  |  |  |  |
|        | MILD 2 GO TO   |   |  |  |  |  |  |  |
|        | MODERATE3  |   |  |  |  |  |  |  |
|        | SEVERE4  |   |  |  |  |  |  |  |
|        | VERY SEVERE5   |   |  |  |  |  |  |  |
|        | DON'T KNOW8  |   |  |  |  |  |  |  |
|        | REFUSED9   |   |  |  |  |  |  |  |
| *SP22. | During the past 12 months, how often did you avoid these feared things all the time, most of the time, sometimes, rarely, or never?  |   |  |  |  |  |  |  |
|        | (IF VOL "IT DEPENDS ON WHICH THING," PROBE: How about for the thing that you avoided <u>most</u> : Did you avoid it all the time, most of the time, sometimes, rarely, or never?)  |   |  |  |  |  |  |  |
|        | ALL THE TIME1  |   |  |  |  |  |  |  |
|        | MOST OF THE TIME2  |   |  |  |  |  |  |  |
|        | SOMETIMES3   |   |  |  |  |  |  |  |
|        | RARELY4  |   |  |  |  |  |  |  |
|        | NEVER5   |   |  |  |  |  |  |  |
|        | DON'T KNOW8  |   |  |  |  |  |  |  |
|        | REFUSED9   |   |  |  |  |  |  |  |
|        |  |   |  |  |  |  |  |  |
|        |  |   |  |  |  |  |  |  |

|        | No<br>Interference                      |                       | Mild                         |           | -          | Moderat            | e                 |                   | Severe                       |            | Very Severe<br>Interference   |
|--------|---|-----------------------|------------------------------|-----------|------------|--------------------|-------------------|-------------------|------------------------------|------------|---|
|        | 0                                       | 1                     | 2                            | 3         | 4          | 5                  | 6                 | 7                 | 8                            | 9          | 10  |
|        |   | 0 to 10 s<br>ce, what | scale on pa<br>number de     | ige 64 of | f your boo | klet, whe          | re 0 mear         | ns <u>no</u> inte | rference a                   | ınd 10 r   | was most severe.<br>neans very <u>severe</u><br>th of the following |
|        |   |                       | uch did the<br>n use any r   |           |            |                    |                   |                   | Y) during                    | g that tii | me?]  |
|        |   |                       |                              |           |            |                    |                   | -                 | NUMBE                        | R (0-10)   | 1   |
|        | *SP23a.                                 |                       | ome manag<br>ng care of      |           |            |                    | ping,             | DO                | DES NOT<br>DN'T KN<br>EFUSED | OW         | 98  |
|        | *SP23b.                                 | Your ab               | oility to wo                 | rk?       |            |                    |                   |                   |                              |            |   |
|        |   |                       |                              |           |            |                    |                   | DO                | DES NOT<br>DN'T KN<br>EFUSED | OW         | 98  |
|        |   |                       | oility to for<br>nips with o |           |            | <u>ose</u>         |                   | DO                | DES NOT<br>DN'T KN<br>EFUSED | OW         | 98  |
|        | *SP23d.                                 | Your so               | cial life                    |           |            |                    |                   |                   |                              |            |   |
|        |   |                       |                              |           |            |                    |                   | DO                | DES NOT<br>DN'T KN<br>EFUSED | OW         | 98  |
| *SP24. | INTERVIEWER (                           | CHECKI                | POINT: (S                    | EE *SP    | 23a - *SI  | P23d)              |                   |                   |                              |            |   |
|        | ALL RESPONSES<br>ALL OTHERS             |                       |                              |           |            | GO TO <sup>,</sup> | SP27              |                   |                              |            |   |
| SP25.  | About how many of activities because of |                       |                              |           |            | s were yo          | ou <u>totally</u> | unable t          | o work or                    | carry o    | out your normal   |
|        | (IF NEC: You can                        | use any               | number b                     | etween (  | 0 and 365  | to answe           | er)               |                   |                              |            |   |
|        | NUN                                     | MBER O                | F DAYS                       |           |            |                    |                   |                   |                              |            |   |
|        | DON'T KNOW<br>REFUSED                   |                       |                              |           |            |                    |                   |                   |                              |            |   |

| *SP27. | Did you <u>ever</u> in your life talk to a medical doctor or other professional about your fear (or avoidance)? (By other professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.) |   |  |  |  |  |  |
|--------|---|---|--|--|--|--|--|
|        | VFS   | 1   |  |  |  |  |  |
|        |   | 5 GO TO *SP41.1   |  |  |  |  |  |
|        |   | KNOW  |  |  |  |  |  |
|        |   | D   |  |  |  |  |  |
|        |   |   |  |  |  |  |  |
|        | *SP27a.   | How old were you the <u>first time</u> (you talked to a professional about your fear)?  |  |  |  |  |  |
|        |   | YEARS OLD   |  |  |  |  |  |
|        |   | DON'T KNOW998<br>REFUSED999   |  |  |  |  |  |
|        |   | REFUSED999  |  |  |  |  |  |
| *SP38. | Did you   | ever get treatment for your fear that you considered <u>helpful</u> or <u>effective</u> ?   |  |  |  |  |  |
|        | YES   | 1   |  |  |  |  |  |
|        |   | 5 GO TO *SP38c  |  |  |  |  |  |
|        |   | KNOW 8 GO TO *SP38c   |  |  |  |  |  |
|        |   | 5D  |  |  |  |  |  |
|        |   |   |  |  |  |  |  |
|        | *SP38a. How old were you the <u>first time</u> (you got <u>helpful</u> treatment for your fear)?  |   |  |  |  |  |  |
|        |   | YEARS OLD   |  |  |  |  |  |
|        |   | DON'T KNOW998   |  |  |  |  |  |
|        |   | REFUSED   |  |  |  |  |  |
|        |   |   |  |  |  |  |  |
|        | *SP38b.   | How many professionals did you <u>ever</u> talk to about your fear, up to and including the first time you got helpful treatment? |  |  |  |  |  |
|        |   | NUMBER OF PROFESSIONALS GO TO *SP40   |  |  |  |  |  |
|        |   | DON'T KNOW  |  |  |  |  |  |
|        | *SP38c.   | How many professionals did you ever talk to about your fear?  |  |  |  |  |  |
|        |   | NUMBER OF PROFESSIONALS   |  |  |  |  |  |
|        |   | DON'T KNOW98  |  |  |  |  |  |
|        |   | REFUSED99   |  |  |  |  |  |
|        |   | 101 0000  |  |  |  |  |  |
|        |   |   |  |  |  |  |  |

| *SP40. | YES  |  |                          |  |  |  |
|--------|--|--|--------------------------|--|--|--|
|        |  |  |                          |  |  |  |
|        |  |  |                          |  |  |  |
|        |  |  |                          |  |  |  |
| *SP41. | Were you ever hospitalized overnight for your fear?  |  |                          |  |  |  |
|        | YES1   |  |                          |  |  |  |
|        | NO   |  |                          |  |  |  |
|        | DON'T KNOW   |  |                          |  |  |  |
|        |  |  |                          |  |  |  |
|        | *SP41a. How old were you the first time (you were hospitalized overnight because of your fear)? YEARS OLD  DON'T KNOW998 |  |                          |  |  |  |
|        |  |  |                          | REFUSED999   |  |  |
|        |  |  |                          |  |  |  |
|        | *SP41.1  | . How many of your close relatives – including | ng your biological       | parents, brothers and sisters, and children – ever had |  |  |
|        | a strong fear of something like animals or cl  |  |                          |  |  |  |
|        | NUMBER   |  |                          |  |  |  |
|        | DON'T KNOW 999   | 8  |                          |  |  |  |
|        | REFUSED  |  |                          |  |  |  |
|        |  |  |                          |  |  |  |
| *SP42. | INTERVIEWER CHECKPOINT (SEE *SC26, *SC26a, *SC26b, *SC29.4, *SC30.4): FOLLOW SKIP FOR FIRST ENDORSED ITEM.               |  |                          |  |  |  |
|        | FIRST ENDORSED ITEM.   |  |                          |  |  |  |
|        | *SC29.4 EQUALS'1'  | 1  | GO TO *SO1, NEXT SECTION |  |  |  |
|        | *SC30.4 EQUALS'1'  | 2  | GO TO *AG1               |  |  |  |
|        | *SC26 EQUALS'1'  | 3  | GO TO *G1 INTRO 1        |  |  |  |
|        | *SC26a EQUALS'1'   | 4  | GO TO *G1 INTRO 2        |  |  |  |
|        | *SC26b EQUALS'1'   | 5  | GO TO *G1 INTRO 3        |  |  |  |
|        | ALL OTHERS   | 6  | GO TO *IED1              |  |  |  |
|        |  |  |                          |  |  |  |