

AGORAPHOBIA SECTION (AG)

| INTERVIEWER INSTRUCTION: AFTER EACH "YES" RESPONSE, ASK R TO CHECK CORRESPONDING SITUATION IN BOOKLET. | | | | | |
|--|--------------------|-------------------|--------------------|-------------------|-------------------|
| *AG1. (RB, PG 16) Earlier you mentioned having a strong fear of things like crowds, public places, and traveling away from home. The next questions are about <u>which</u> of these things you feared. Looking at page 16 in your booklet, did you ever strongly fear any of the following situations: | | | | | |
| | YES (1) | NO (5) | N/A (7) | DK (8) | RF (9) |
| *AG1a. Being home alone? (KEY PHRASE: being home alone) | 1 | 5 | 7 | 8 | 9 |
| *AG1b. Being in crowds? (KEY PHRASE: being in crowds) | 1 | 5 | 7 | 8 | 9 |
| *AG1c. Traveling away from home? (KEY PHRASE: traveling away from home) | 1 | 5 | 7 | 8 | 9 |
| *AG1d. Traveling alone or being alone away from home? (KEY PHRASE: traveling alone) | 1 | 5 | 7 | 8 | 9 |
| *AG1e. Using public transportation? (KEY PHRASE: using public transportation) | 1 | 5 | 7 | 8 | 9 |
| *AG1f. Driving a car? (KEY PHRASE: driving a car) | 1 | 5 | 7 | 8 | 9 |
| *AG1g. Standing in a line in a public place? (KEY PHRASE: standing in a line) | 1 | 5 | 7 | 8 | 9 |
| *AG1h. Being in a department store, shopping mall, or supermarket? (KEY PHRASE: being in stores or malls) | 1 | 5 | 7 | 8 | 9 |
| *AG1i. Being in a movie theater, auditorium, lecture hall, or church? (KEY PHRASE: being in large auditoriums) | 1 | 5 | 7 | 8 | 9 |
| *AG1j. Being in a restaurant or any other public place? (KEY PHRASE: being in restaurants) | 1 | 5 | 7 | 8 | 9 |
| *AG1k. Being in a wide, open field or street? (KEY PHRASE: being in open places) | 1 | 5 | 7 | 8 | 9 |

*AG2. INTERVIEWER CHECKPOINT: (SEE *AG1a - *AG1k SERIES)

ZERO - ONE RESPONSES CODED '1' 1 **GO TO *AG39**
 TWO - THREE RESPONSES CODED '1' 2 **GO TO *AG3 INTRO 1**

FOUR OR MORE RESPONSES CODED '1'3 **GO TO *AG3 INTRO 2**

| *AG3. INTRO 1 | *AG3. INTRO 2 |
|--|--|
| <p>You had a fear of (KEY PHRASE OF ALL “YES” RESPONSES IN *AG1 SERIES). Can you remember your <u>exact</u> age the <u>very first</u> time you had a fear of one of these situations?</p> <p>YES 1 NO 5 GO TO *AG3b DON'T KNOW 8 GO TO *AG3b REFUSED 9 GO TO *AG3b</p> | <p>You had a fear of a number of the situations on the list. Can you remember your <u>exact</u> age the <u>very first</u> time you had a fear of one of these situations?</p> <p>YES 1 NO 5 GO TO *AG3b DON'T KNOW 8 GO TO *AG3b REFUSED 9 GO TO *AG3b</p> |

***AG3a.** (IF NEC: How old were you?)

_____ YEARS OLD **GO TO *AG4**

DON'T KNOW998

REFUSED999

***AG3b.** About how old were you?

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

| *AG4. People with fears like this differ in <u>what</u> it is they fear about the situations. Which of the following fears did you experience: | YES | NO | DK | RF |
|--|-----|-----|-----|-----|
| | (1) | (5) | (8) | (9) |
| *AG4a. Fear of being alone or of being separated from your loved ones? | 1 | 5 | 8 | 9 |
| *AG4b. Fear that there was some real danger, like that you might be robbed or assaulted? | 1 | 5 | 8 | 9 |
| *AG4c. Fear that you might get sick to your stomach or have diarrhea? | 1 | 5 | 8 | 9 |
| *AG4d. Fear that you might have a panic attack? | 1 | 5 | 8 | 9 |
| *AG4e. Fear that you might have a heart attack or some other emergency? | 1 | 5 | 8 | 9 |
| *AG4f. Fear that you might become physically ill and be unable to get help? | 1 | 5 | 8 | 9 |
| *AG4g. Fear that it might be difficult or embarrassing to escape? | 1 | 5 | 8 | 9 |
| *AG4h. Fear that some other terrible thing might happen? | 1 | 5 | 8 | 9 |
| *AG4i. Fear that help might not be available if you needed it? | 1 | 5 | 8 | 9 |

***AG6. INTERVIEWER CHECKPOINT: (SEE *SC30.2)**

*SC30.2 EQUALS '1'1
 ALL OTHERS2 **GO TO *AG8**

*AG6a. Earlier in the interview, you mentioned having times when you avoid these situations because of your fears. How old were you when you first avoided 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..... 4
- BEFORE TEENAGER..... 12
- NOT BEFORE TEENAGER 13
- DON'T KNOW 998
- REFUSED 999

***AG8.** Was there a particular incident or event that caused your fear of these situations to start the very first time?

- YES 1
- NO 5 **GO TO *AG9**
- DON'T KNOW 8 **GO TO *AG9**
- REFUSED 9 **GO TO *AG9**

***AG8a.** Did you have a panic attack as a result of that incident or event?

- YES 1
- NO 5
- DON'T KNOW 8
- REFUSED 9

| *AG9. Think of the time in your life when your fear (and avoidance) was most <u>severe and frequent</u> . When you were faced with these situations, or thought you would have to be, did you ever have any of the following experiences? | | | | |
|---|--------------------|-------------------|-------------------|-------------------|
| | YES (1) | NO (5) | DK (8) | RF (9) |
| *AG9a. Did your heart ever pound or race? | 1 | 5 | 8 | 9 |
| *AG9b. Did you ever sweat? | 1 | 5 | 8 | 9 |
| *AG9c. Did you tremble or shake? | 1 | 5 | 8 | 9 |
| *AG9d. Did you have a dry mouth? | 1 | 5 | 8 | 9 |

***AG10.** INTERVIEWER INSTRUCTION: (SEE *AG9a-d)

- ZERO RESPONSES CODED '1' 1 **GO TO *AG12a**
- ONE RESPONSE CODED '1' 2 **GO TO *AG11**
- ALL OTHERS 3 **GO TO *AG12a**

*AG11. (RB, PG 17) When you were faced with these situations, or thought you would have to be, did you ever have one or more of these reactions on Page 17?

READ LIST BELOW STARTING WITH AG11a ONLY IF R PREFERS TO HAVE QUESTIONS READ

YES 1
 NO 5
 DON'T KNOW 8
 REFUSED 9

GO TO *AG12a

| GO TO *AG12a AFTER <u>ONE</u> "YES" RESPONSE | YES (1) | NO (5) | DK (8) | RF (9) |
|--|--------------------|-------------------|-------------------|-------------------|
| *AG11a. Did you have trouble breathing normally? | 1 | 5 | 8 | 9 |
| *AG11b. Did you feel like you were choking? | 1 | 5 | 8 | 9 |
| *AG11c. Did you have pain or discomfort in your chest? | 1 | 5 | 8 | 9 |
| *AG11d. Did you feel sick to your stomach? | 1 | 5 | 8 | 9 |
| *AG11e. Did you feel dizzy or faint? | 1 | 5 | 8 | 9 |
| *AG11f. Did you ever fear that you might lose control, go crazy, or pass out? | 1 | 5 | 8 | 9 |
| *AG11g. Were you afraid that you might die? | 1 | 5 | 8 | 9 |
| *AG11h. Did you have chills or hot flashes? | 1 | 5 | 8 | 9 |
| *AG11i. Did you feel numbness or have tingling sensations? | 1 | 5 | 8 | 9 |
| *AG11j. Did you feel like you were "not really there", like you were watching a movie of yourself? | 1 | 5 | 8 | 9 |
| *AG11k. Did you feel that things around you were not real or like a dream? | 1 | 5 | 8 | 9 |

*AG12a. Fearful reactions of this kind sometimes occur as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. Do you think any of your fearful reactions (or your avoidance of fearful situations) ever occurred as the result of such physical causes?

YES 1
 NO 5 **GO TO *AG13**
 DON'T KNOW 8 **GO TO *AG13**
 REFUSED 9 **GO TO *AG13**

*AG12b. Do you think all of your fearful reactions (or avoidance of fearful situations) were the result of physical causes?

YES 1
 NO 5 **GO TO *AG13**
 DON'T KNOW 8 **GO TO *AG13**
 REFUSED 9 **GO TO *AG13**

*AG12c. Briefly, what were the physical causes?

***AG13.** Now we want to ask you about how your fear (or avoidance) may have impacted your life. Were you ever unable to leave your home for an entire day because of your fear?

*AG13a. What is the longest period of days, weeks, months or years you were unable to leave your home?

_____ NUMBER

CIRCLE UNIT

OF TIME: DAYS1 WEEKS2 MONTHS....3 YEARS ... 4

DON'T KNOW998

REFUSED999

***AG14.** Some people are unable to go out of their home unless they have someone they know with them, like a family member or friend. Was this ever true for you?

YES 1

NO5

DON'T KNOW 8

REFUSED 9

***AG15.** How much did your fear (or avoidance) of these situations ever interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?

NOT AT ALL 1 **GO TO *AG16**

A LITTLE 2 **GO TO *AG16**

SOME..... 3

A LOT 4

EXTREMELY 5

DON'T KNOW 8

REFUSED..... 9 **GO TO *AG16**

***AG15.1.** How often during that time were you unable to carry out your daily activities or to take care of yourself because of your fear (or avoidance) of these situations – often, sometimes, not very often, never?

OFTEN 1

SOMETIMES..... 2

NOT VERY OFTEN 3

NEVER..... 4

DON'T KNOW 8

REFUSED 9

*AG16. Was there ever a time in your life when you felt very emotionally upset, worried, or disappointed with yourself because of your fear (or avoidance)?

- YES 1
- NO 5
- DON'T KNOW 8
- REFUSED 9

*AG17. Did you either strongly fear or avoid any of these situations at any time in the past 12 months?

- YES 1
- NO 5 **GO TO *AG17b**
- DON'T KNOW 8 **GO TO *AG17b**
- REFUSED..... 9 **GO TO *AG18**

*AG17a. How recently -- in the past month, between two and 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
- REFUSED9

GO TO *AG18

*AG17b. How old were you the last time (you either strongly feared or avoided one of these situations)?

_____ YEARS OLD

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

*AG18. What if you were faced with one of these situations today: How strong would your fear be – not at all, mild, moderate, severe, or very severe?

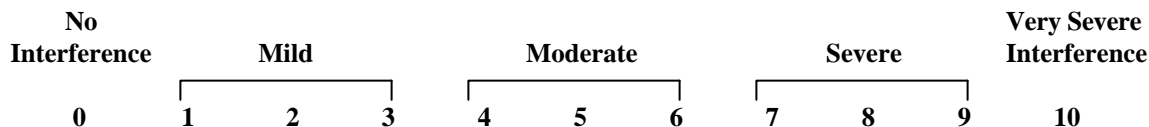
(IF VOL "IT DEPENDS ON WHICH SITUATION," PROBE: What if you were faced with the situation that scares you most: How strong would your fear be – not at all, mild, moderate, severe, or very severe?)

- NOT AT ALL 1 **GO TO *AG24**
- MILD 2 **GO TO *AG24**
- MODERATE 3
- SEVERE 4
- VERY SEVERE 5
- DON'T KNOW 8
- REFUSED 9

*AG19. During the past 12 months, how often did you avoid these feared situations - - all the time, most of the time, sometimes, rarely, or never?

(IF VOL "IT DEPENDS ON WHICH THING," PROBE: How about for the situation that you avoided most: Did you avoid it all the time, most of the time, sometimes, rarely, or never?)

- ALL THE TIME 1
- MOST OF THE TIME 2
- SOMETIMES 3
- RARELY 4
- NEVER 5
- DON'T KNOW 8
- REFUSED 9



*AG20. (RB, PG 9) Think about the month or longer in the past 12 when your fear (or avoidance) was most severe. Using the 0 to 10 scale on page 9 of your booklet, where 0 means no interference and 10 means very severe interference, what number describes how much your fear (or avoidance) interfered with each of the following activities during that time?

(IF NEC: How much did the fear (or avoidance) interfere with (ACTIVITY) during that time?)

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

NUMBER (0-10)

*AG20a. Your home management, like cleaning, shopping, and taking care of the (house/ apartment)?

DOES NOT APPLY.....97
 DON'T KNOW98
 REFUSED.....99

*AG20b. Your ability to work?

DOES NOT APPLY.....97
 DON'T KNOW98
 REFUSED.....99

*AG20c. Your ability to form and maintain close relationships with other people?

DOES NOT APPLY.....97
 DON'T KNOW98
 REFUSED.....99

*AG20d. Your social life?

DOES NOT APPLY.....97
 DON'T KNOW98
 REFUSED.....99

*AG21. INTERVIEWER CHECKPOINT: (SEE *AG20a - *AG20d)

- ALL RESPONSES EQUAL '0' OR '97' 1 **GO TO *AG24**
- ALL OTHERS..... 2

*AG22. About how many days in the past 12 months were you totally unable to work or carry out your normal activities because of your fear (or avoidance)?

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

_____ NUMBER OF DAYS

DON'T KNOW998
REFUSE999

*AG24. Did you ever in your life talk to a medical doctor or other professional about your fear (or avoidance) of these situations? (By other professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)

YES 1
NO 5 **GO TO *AG38.1**
DON'T KNOW 8 **GO TO *AG38.1**
REFUSED 9 **GO TO *AG38.1**

*AG24a. How old were you the first time (you talked to a professional about your fear)?

_____ YEARS OLD

DON'T KNOW998
REFUSED999

*AG35. Did you ever get treatment for your fear that you considered helpful or effective?

YES 1
NO 5 **GO TO *AG35c**
DON'T KNOW 8 **GO TO *AG35c**
REFUSED 9 **GO TO *AG35c**

*AG35a. How old were you the first time (you got helpful treatment for your fear)?

_____ YEARS OLD

DON'T KNOW 998
REFUSED 999

*AG35b. How many professionals did you ever talk to about your fear, up to and including the first time you got helpful treatment?

_____ NUMBER OF PROFESSIONALS **GO TO *AG37**

DON'T KNOW 98 **GO TO *AG37**
REFUSED 99 **GO TO *AG37**

*AG35c. How many professionals did you ever talk to about your fear?

_____ NUMBER OF PROFESSIONALS

DON'T KNOW 98
REFUSED 99

*AG37. Did you receive professional treatment for your fear at any time in the past 12 months?

YES 1
NO 5
DON'T KNOW 8
REFUSED 9

*AG38. Were you ever hospitalized overnight for your fear?

YES..... 1
NO 5 **GO TO *AG38.1**
DON'T KNOW 8 **GO TO *AG38.1**
REFUSED 9 **GO TO *AG38.1**

*AG38a. How old were you the first time (you were hospitalized overnight because of your fear)?

_____ YEARS OLD

DON'T KNOW 998
REFUSED 999

*AG38.1 How many of your close relatives -- including your biological parents, brothers and sisters, and children -- ever had a strong fear of being home alone, being in crowds, or being away from home?

_____ NUMBER

DON'T KNOW 998
REFUSED 999

*AG39. INTERVIEWER CHECKPOINT (SEE *SC26, *SC26a, *SC26b): FOLLOW SKIP FOR FIRST ENDORSED ITEM.

*SC26 EQUALS '1' 1 **GO TO *G1 INTRO 1, NEXT SECTION**
*SC26a EQUALS '1' 2 **GO TO *G1 INTRO 2, NEXT SECTION**
*SC26b EQUALS '1' 3 **GO TO *G1 INTRO 3, NEXT SECTION**
ALL OTHERS 4 **GO TO *IED1**