

SOCIAL PHOBIA SECTION (SO)

INTERVIEWER INSTRUCTION: AFTER EACH “YES” RESPONSE, ASK R TO CIRCLE CORRESPONDING SITUATION IN BOOKLET.					
*SO1. (RB, PG 15) Earlier you mentioned having a strong fear of certain social or performance situations. Looking at page 15 in your booklet, did you ever strongly fear any of the following situations?					
	YES (1)	NO (5)	N/A (7)	DK (8)	RF (9)
*SO1a. Meeting new people?	1	5	7	8	9
*SO1b. Talking to people in authority?	1	5	7	8	9
*SO1c. Speaking up in a meeting or class? (KEY PHRASE: speaking up at a meeting)	1	5	7	8	9
*SO1d. Going to parties or other social gatherings? (KEY PHRASE: going to parties)	1	5	7	8	9
*SO1e. Acting, performing, or giving a talk in front of an audience? (KEY PHRASE: performing in front of an audience)	1	5	7	8	9
*SO1f. Taking an important exam or interviewing for a job, even though you were well prepared? (KEY PHRASE: taking an important exam)	1	5	7	8	9
*SO1g. Working while someone watches?	1	5	7	8	9
*SO1h. Entering a room when others were already present?	1	5	7	8	9
*SO1i. Talking with people you didn’t know very well?	1	5	7	8	9
*SO1j. Expressing disagreement to people you didn’t know very well? (KEY PHRASE: disagreeing with people)	1	5	7	8	9
*SO1k. Writing or eating or drinking while someone watches?	1	5	7	8	9
*SO1l. Urinating in a public bathroom or using a bathroom away from home? (KEY PHRASE: using a public bathroom)	1	5	7	8	9
*SO1m. Being in a dating situation? (KEY PHRASE: dating)	1	5	7	8	9
*SO1n. Any <u>other</u> social or performance situation where you could be the center of attention or where something <u>embarrassing</u> might happen?	1	5	7	8	9

*SO2. INTERVIEWER CHECKPOINT: (SEE *SO1a - *SO1n)

ZERO RESPONSES CODED ‘1’	1	GO TO *SO40
ONE - THREE RESPONSES CODED ‘1’	2	GO TO *SO3 INTRO1
FOUR OR MORE RESPONSES CODED ‘1’	3	GO TO *SO3 INTRO2

*SO3. INTRO1	*SO3. INTRO2
<p>You had a fear of (KEY PHRASE OF ALL “YES” RESPONSES IN *SO1 SERIES). Can you remember your <u>exact</u> age the <u>very first</u> time you had a fear of (this/any of these) situation(s)?</p> <p>YES 1</p> <p>NO 5 GO TO *SO3b</p> <p>DON'T KNOW 8 GO TO *SO3b</p> <p>REFUSED 9 GO TO *SO3b</p>	<p>You had a fear of a number of social or performance situations on the list. Can you remember your <u>exact</u> age the <u>very first</u> time you had a fear of any of these situations?</p> <p>YES 1</p> <p>NO 5 GO TO *SO3b</p> <p>DON'T KNOW 8 GO TO *SO3b</p> <p>REFUSED 9 GO TO *SO3b</p>

*SO3a. (IF NEC: How old were you?)

_____ YEARS OLD **GO TO *SO4**

DON'T KNOW 998

REFUSED 999

*SO3b. 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

*SO4. Do you think the fear was ever excessive, or unreasonable, or much stronger than it should have been?

YES 1

NO 5 **GO TO *SO40**

DON'T KNOW 8

REFUSED 9

*SO5. Was there ever a time when you almost always became very upset or anxious whenever you were faced with (SITUATION / any of the social or performance situations)?

YES 1

NO 5

DON'T KNOW 8

REFUSED 9

***SO6.** Did you ever avoid (this situation / any of these situations) whenever you could because of your fear?

- YES 1
- NO 5 **GO TO *SO7**
- DON'T KNOW 8 **GO TO *SO7**
- REFUSED 9 **GO TO *SO7**

***SO6a.** How old were you when you first started this avoidance?

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

***SO7.** INTERVIEWER CHECKPOINT: (SEE *SO5 AND *SO6)

- *SO5 OR *SO6 CODED '1'** 1
- ALL OTHERS 5 **GO TO *SO40**

<p>*SO8. Think of the time in your life when your fear (and avoidance) was most severe. When you were faced with (this situation/ these situations), or thought you would have to be, did you ever have any of the following experiences?</p>				
GO TO *SO9 AFTER ONE "YES" IN *SO8a-*SO8c	YES (1)	NO (5)	DK (8)	RF (9)
*SO8a. Did you ever blush or shake?	1	5	8	9
*SO8b. Did you ever fear that you might lose control of your bowels or bladder?	1	5	8	9
*SO8c. Did you ever fear that you might vomit?	1	5	8	9

***SO9.** (RB, PG 14) When you were faced with (SITUATION/this situation/these situations), did you ever have two or more of the reactions on Page 14?

READ LIST BELOW STARTING WITH ***SO9a** ONLY IF R PREFERS TO HAVE QUESTIONS READ

YES 1 **GO TO *SO10**
 NO 5 **GO TO *SO10**
 READ LIST..... 7
 DON'T KNOW 8 **GO TO *SO10**
 REFUSED 9 **GO TO *SO10**

GO TO *SO10 AFTER TWO "YES" RESPONSES

	YES (1)	NO (5)	DK (8)	RF (9)
*SO9a. Did your heart ever pound or race?	1	5	8	9
*SO9b. Did you sweat?	1	5	8	9
*SO9c. Did you tremble?	1	5	8	9
*SO9d. Did you feel sick to your stomach?	1	5	8	9
*SO9e. Did you have a dry mouth?	1	5	8	9
*SO9f. Did you have chills or hot flushes?	1	5	8	9
*SO9g. Did you feel numbness or have tingling sensations?	1	5	8	9
*SO9h. Did you have trouble breathing normally?	1	5	8	9
*SO9i. Did you feel like you were choking?	1	5	8	9
*SO9j. Did you have pain or discomfort in your chest?	1	5	8	9
*SO9k. Did you feel dizzy or faint?	1	5	8	9
*SO9l. Were you afraid that you might die?	1	5	8	9
*SO9m. Did you ever fear that you might lose control, go crazy, or pass out?	1	5	8	9
*SO9n. Did you feel like you were distant from the situation or "not really there"?	1	5	8	9
	GO TO *SO10			
*SO9o. Did you feel that things around you were unreal?	1	5	8	9

***SO10.** When you were in (this situation/ these situations), were you ever afraid that you might have a panic attack?

YES 1
NO 5 **GO TO *SO11**
DON'T KNOW 8 **GO TO *SO11**
REFUSED 9 **GO TO *SO11**

*SO10a. Did you ever have a panic attack in (this situation / one of these situations)?

YES 1
NO 5
DON'T KNOW 8
REFUSED 9

***SO11.** Were you afraid that you might be trapped or unable to escape?

YES 1
NO 5
DON'T KNOW 8
REFUSED 9

***SO12.** When you were in (SITUATION/this situation/ these situations) were you afraid you might do something embarrassing or humiliating?

YES 1 **GO TO *SO15**
NO 5
DON'T KNOW 8
REFUSED 9

*SO12a. Were you afraid that you might embarrass other people?

YES 1 **GO TO *SO15**
NO 5
DON'T KNOW 8
REFUSED 9

***SO13.** Were you afraid that people might look at you, talk about you, or think negative things about you?

YES 1 **GO TO *SO15**
NO 5
DON'T KNOW 8
REFUSED 9

***SO14.** Were you afraid that you might be the focus of attention?

YES 1 **GO TO *SO15**
NO 5
DON'T KNOW 8
REFUSED 9

*SO14a. What was it you feared most about (SITUATION/this situation/ these situations)?

- REAL DANGER (SPECIFY BELOW)..... 1
 - OTHER (SPECIFY BELOW):..... 5
 - DON'T KNOW..... 8
 - REFUSED..... 9
- _____
- _____

*SO15. Was your fear related to embarrassment about having a physical or mental health problem or disability?

- YES 1
- NO 5 **GO TO *SO16**
- DON'T KNOW 8 **GO TO *SO16**
- REFUSED 9 **GO TO *SO16**

*SO15a. Briefly, what was the health problem? INTERVIEWER: CIRCLE ALL THAT APPLY

- MENTAL HEALTH PROBLEM 1
- ALCOHOL OR DRUG PROBLEM..... 2
- SPEECH, VISION, OR HEARING PROBLEM 3
- MOVEMENT OR COORDINATION PROBLEM..... 4
- FACIAL / BODY DISFIGUREMENT OR
WEIGHT / BODY IMAGE PROBLEM 5
- BAD ODOR OR SWEATING..... 6
- PREGNANCY 7
- OTHER PHYSICAL HEALTH PROBLEM..... 8
- DON'T KNOW 9
- REFUSED..... 10

*SO16. How much did your fear (or avoidance) of (this/these) situation(s) 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 *SO17**
- A LITTLE 2 **GO TO *SO17**
- SOME..... 3
- A LOT 4
- EXTREMELY 5
- DON'T KNOW 8 **GO TO *SO17**
- REFUSED..... 9 **GO TO *SO17**

SO16.1. 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 (this/these) situation(s) – often, sometimes, not very often, never?

- OFTEN..... 1
- SOMETIMES 2
- NOT VERY OFTEN 3
- NEVER 4
- DON'T KNOW 8
- REFUSED..... 9

*SO16a. INTERVIEWER CHECKPOINT: (SEE *SO2)

*SO2 CODED '2' OR *SO2 CODED '3'1
ALL OTHERS2 GO TO *SO17

*SO16b. CIRCLE LETTER 'F' IN LONG/SHORT GROUP OF REFERENCE CARD (SIDE TWO). THEN GO TO *SO17.

*SO17. Was there ever a time in your life when you felt emotionally upset, worried, or disappointed with yourself because of your fear (or avoidance) of (SITUATION/this situation/ these situations)?

YES 1
NO 5
DON'T KNOW 8
REFUSED 9

*SO18. When was the last time you either strongly feared or avoided (SITUATION/any of these situations) – within the past month, between two and six months ago, between seven and twelve months ago, or more than twelve months ago?

WITHIN PAST MONTH..... 1 GO TO *SO19
2 AND 6 MONTHS..... 2 GO TO *SO19
7 AND 12 MONTHS 3 GO TO *SO19
MORE THAN 12 MONTHS 4
DON'T KNOW 8
REFUSED 9

*SO18a. How old were you the last time [you either strongly feared or avoided (SITUATION/this situation/ any of these situations)]?

_____ YEARS OLD

DON'T KNOW 998
REFUSED 999

*SO19. What if you were faced with (SITUATION/this situation/ one of these situations) today: How strong would your fear be – not at all, mild, moderate, severe, or very severe?

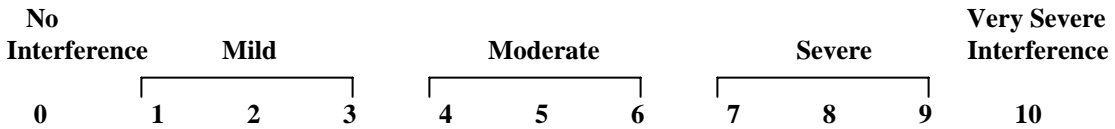
(IF VOLUNTEERED "IT DEPENDS ON WHICH SITUATION," PROBE: What if you were faced with the situation that scares you most: How strong would your fear be – not at all, mild, moderate, severe, or very severe?)

NOT AT ALL 1 GO TO *SO25
MILD..... 2 GO TO *SO25
MODERATE 3
SEVERE..... 4
VERY SEVERE 5
DON'T KNOW 8
REFUSED 9

*SO20. During the past 12 months, how often did you avoid (SITUATION / this situation / these situations) -- 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 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



*SO21. (RB, PG 9) Think about the period lasting one month or longer in the past 12 months when your fear (or avoidance) of social or performance situations 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) of social or performance situations interfered with each of the following activities during that period?

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

[IF NEC: You can use any number between 0 and 10 to answer.]

NUMBER (0-10)

*SO21a. Your home management, like cleaning, shopping, and working around the (house/ apartment) (or yard)?

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

*SO21b. Your ability to work?

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

*SO21c. Your ability to form and maintain close relationships with other people?

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

*SO21d. Your social life?

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

*SO22. INTERVIEWER CHECKPOINT: (SEE *SO21a - *SO21d)

ALL RESPONSES CODED '0' OR '97' 1 **GO TO *SO25**
ALL OTHERS.....2

*SO23. 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
REFUSED999

*SO25. Did you ever in your life talk to a medical doctor or other professional about your fear (or avoidance) of (SITUATION/ this situation/ these situations)? (By other professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)

YES 1
NO 5 **GO TO *SO39.1**
DON'T KNOW 8 **GO TO *SO39.1**
REFUSED..... 9 **GO TO *SO39.1**

*SO25a. How old were you the first time (you talked to a professional about your fear)?

_____ YEARS OLD

DON'T KNOW 998
REFUSED 999

*SO36. Did you ever get treatment for your fear that you considered helpful or effective?

YES 1
NO 5 **GO TO *SO36c**
DON'T KNOW 8 **GO TO *SO36c**
REFUSED 9 **GO TO *SO36c**

*SO36a. How old were you the first time (you got helpful treatment for your fear)?

_____ YEARS OLD

DON'T KNOW 998
REFUSED 999

*SO36b. 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 *SO38**

DON'T KNOW 98 **GO TO *SO38**

REFUSED 99 **GO TO *SO38**

***SO36c.** How many professionals did you ever talk to about your fear?

_____ NUMBER OF PROFESSIONALS

DON'T KNOW 98
REFUSED 99

***SO38.** 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

***SO39.** Were you ever hospitalized overnight for your fear?

YES 1
NO 5 **GO TO *SO39.1**
DON'T KNOW 8 **GO TO *SO39.1**
REFUSED 9 **GO TO *SO39.1**

***SO39a.** How old were you the first time (you were hospitalized overnight because of your fear)?

_____ YEARS OLD
DON'T KNOW 998
REFUSED 999

***SO39.1.** How many of your close relatives – including your biological parents, brothers and sisters, and children – ever had a strong fear of social or performance situations?

_____ NUMBER
DON'T KNOW 998
REFUSED 999

***SO40.** INTERVIEWER CHECKPOINT (SEE **REFERENCE CARD, SCREENING SECTION**): FOLLOW SKIP FOR FIRST ENDORSED ITEM.

***SC30 IS CHECKED** 1 **GO TO *AG1, NEXT SECTION**
***SC26 IS CHECKED** 2 **GO TO *G1 INTRO 1, PAGE 106**
***SC26a IS CHECKED** 3 **GO TO *G1 INTRO 2, PAGE 106**
***SC26b IS CHECKED** 4 **GO TO *G1 INTRO 3, PAGE 106**
***SC20.1 IS CHECKED** 6 **GO TO *SO41**
***SC20.2 IS CHECKED** 7 **GO TO *IED3 INTRO 4, PAGE 121**

*SC20.3 IS CHECKED	8	GO TO *IED3 INTRO 5, PAGE 121
ALL OTHERS	9	GO TO *SD1, PAGE 130

***SO41. INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD, SCREENING SECTION)**

*SC20.2 IS CHECKED	1	GO TO *IED3 INTRO 1, PAGE 121
*SC20.3 IS CHECKED	2	GO TO *IED3 INTRO 2, PAGE 121
ALL OTHERS	3	GO TO *IED3 INTRO 3, PAGE 121