

**SPECIFIC PHOBIA SECTION (SP)**

<b>SP1. INTERVIEWER: (SEE REFERENCE CARD, SCREENING SECTION, *SC27a-*SC27f) CIRCLE # IF GROUP WAS ENDORSED</b>	
<b>Group 1: ANIMALS</b>	1
<b>Group 2: STILL WATER OR WEATHER EVENTS</b>	2
<b>Group 3: BLOOD, INJURIES, OR MEDICAL EXPERIENCES</b>	3
<b>Group 4: CLOSED SPACES</b>	4
<b>Group 5: HIGH PLACES</b>	5
<b>Group 6: FLYING</b>	6

**\*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**

<b>GROUP 1</b> <b>[KEY PHRASE = ANIMALS]</b>	
<p><b>*SP3.</b> Earlier you mentioned having a strong fear of (TYPE OF ANIMAL/ bugs, snakes or other animals). How old were you the <u>very first</u> time you had a fear of (TYPE OF ANIMAL/ some type of animal)?</p> <p>IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” PROBE: Was it before you first started school?</p> <p>IF NOT YES, PROBE: Was it before you were a teenager?</p>	<p>_____ YEARS OLD</p> <p>BEFORE STARTED SCHOOL.....4</p> <p>BEFORE TEENAGER... 12</p> <p>NOT BEFORE TEENAGER..... 13</p> <p>DON'T KNOW..... 998</p> <p>REFUSED ..... 999</p>
<p><b>*SP3a.</b> Was there ever a time when you almost always became very <u>upset</u> or <u>anxious</u> whenever you were faced with the (TYPE OF ANIMAL/ type of animal that scared you most)?</p>	<p>YES ..... 1</p> <p>NO ..... 5</p> <p>DON'T KNOW..... 8</p> <p>REFUSED ..... 9</p>
<p><b>*SP3b.</b> Did you ever <u>avoid</u> this (TYPE OF ANIMAL/ type of animal) whenever you could because of your fear?</p>	<p>YES ..... 1</p> <p>NO ..... 5 <b>GO TO *SP3d</b></p> <p>DON'T KNOW... 8 <b>GO TO *SP3d</b></p> <p>REFUSED ..... 9 <b>GO TO *SP3d</b></p>
<p><b>*SP3c.</b> How old were you when you first avoided (TYPE OF ANIMAL/ animals)?</p> <p>IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” PROBE: Was it before you first started school?</p> <p>IF NOT YES, PROBE: Was it before you were a teenager?</p>	<p>_____ YEARS OLD</p> <p>BEFORE STARTED SCHOOL.....4</p> <p>BEFORE TEENAGER... 12</p> <p>NOT BEFORE TEENAGER..... 13</p> <p>DON'T KNOW..... 998</p> <p>REFUSED ..... 999</p>
<p><b>*SP3d.</b> INTERVIEWER QUERY: DID R ANSWER “YES” TO *SP3a OR *SP3b OR BOTH?</p> <p>YES ..... 1</p> <p>NO ..... 5 <b>GO TO *SP4</b></p>	
<p><b>*SP3e.</b> Do you think this fear was <u>ever</u> excessive, or unreasonable, or much stronger than it should have been?</p> <p>YES ..... 1 <b>CIRCLE GROUP 1 “ANIMALS” ON REFERENCE CARD</b></p> <p>NO ..... 5 <b>SPECIFIC PHOBIA GROUPS, THEN CONTINUE TO *SP4</b></p> <p>DON'T KNOW ..... 8</p> <p>REFUSED ..... 9</p>	

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

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

- 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**
- ALL OTHERS ..... 7 **GO TO \*SP14**

<b>GROUP 2</b> <b>[KEY PHRASE = STORMS OR STILL WATER]</b>	
<p><b>*SP5.</b> (Earlier you/ You also) mentioned having a strong fear of either being in storms or in still water. How old were you the <u>very first</u> time you had this fear?</p> <p>IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” PROBE: Was it before you first started school?</p> <p>IF NOT YES, PROBE: Was it before you were a teenager?</p>	<p>_____ YEARS OLD</p> <p>BEFORE STARTED SCHOOL ...4</p> <p>BEFORE TEENAGER .. 12</p> <p>NOT BEFORE TEENAGER ..... 13</p> <p>DON'T KNOW ..... 998</p> <p>REFUSED..... 999</p>
<p><b>*SP5a.</b> 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?</p>	<p>YES.....1</p> <p>NO .....5</p> <p>DON'T KNOW .....8</p> <p>REFUSED.....9</p>
<p><b>*SP5b.</b> Did you ever <u>avoid</u> storms or still water whenever you could because of your fear?</p>	<p>YES.....1</p> <p>NO .....5 <b>GO TO *SP5d</b></p> <p>DON'T KNOW ...8 <b>GO TO *SP5d</b></p> <p>REFUSED.....9 <b>GO TO *SP5d</b></p>
<p><b>*SP5c.</b> How old were you when you first started avoiding storms or still water?</p> <p>IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” PROBE: Was it before you first started school?</p> <p>IF NOT YES, PROBE: Was it before you were a teenager?</p>	<p>_____ YEARS OLD</p> <p>BEFORE STARTED SCHOOL ...4</p> <p>BEFORE TEENAGER .. 12</p> <p>NOT BEFORE TEENAGER ..... 13</p> <p>DON'T KNOW ..... 998</p> <p>REFUSED..... 999</p>
<p><b>*SP5d.</b> INTERVIEWER QUERY: DID R ANSWER “YES” TO *SP5a OR *SP5b OR BOTH?</p> <p>YES ..... 1</p> <p>NO ..... 5 <b>GO TO *SP6</b></p>	
<p><b>*SP5e.</b> Do you think this fear was <u>ever</u> excessive, or unreasonable, or much stronger than it should have been?</p> <p>YES ..... 1 <b>CIRCLE GROUP 2 “STORMS OR STILL WATER” ON REFERENCE CARD SPECIFIC PHOBIA GROUPS, THEN CONTINUE TO *SP6</b></p> <p>NO ..... 5</p> <p>DON'T KNOW..... 8</p> <p>REFUSED ..... 9</p>	

- \*SP6.** INTERVIEWER CHECKPOINT: (SEE \*SP1)  
GO TO NEXT CIRCLED GROUP ON GRID \*SP1 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**

<b>GROUP 3</b> <b>[KEY PHRASE = BLOOD, INJURIES, OR MEDICAL EXPERIENCES]</b>	
<p><b>*SP7.</b> (Earlier you/ You also) mentioned having a strong fear 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 <u>very first</u> time you had this fear?</p> <p>IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” PROBE: Was it before you first started school?</p> <p>IF NOT YES, PROBE: Was it before you were a teenager?</p>	<p>_____ YEARS OLD</p> <p>BEFORE STARTED SCHOOL... 4</p> <p>BEFORE TEENAGER... 12</p> <p>NOT BEFORE TEENAGER..... 13</p> <p>DON'T KNOW..... 998</p> <p>REFUSED ..... 999</p>
<p><b>*SP7a.</b> 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?</p>	<p>YES ..... 1</p> <p>NO ..... 5</p> <p>DON'T KNOW..... 8</p> <p>REFUSED ..... 9</p>
<p><b>*SP7b.</b> Did you ever <u>avoid</u> any of these things whenever you could because of your fear?</p>	<p>YES ..... 1</p> <p>NO ..... 5 <b>GO TO *SP7d</b></p> <p>DON'T KNOW.... 8 <b>GO TO *SP7d</b></p> <p>REFUSED ..... 9 <b>GO TO *SP7d</b></p>
<p><b>*SP7c.</b> How old were you when you first avoided any of these situations?</p> <p>IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” PROBE: Was it before you first started school?</p> <p>IF NOT YES, PROBE: Was it before you were a teenager?</p>	<p>_____ YEARS OLD</p> <p>BEFORE STARTED SCHOOL... 4</p> <p>BEFORE TEENAGER... 12</p> <p>NOT BEFORE TEENAGER..... 13</p> <p>DON'T KNOW..... 998</p> <p>REFUSED ..... 999</p>
<p><b>*SP7d.</b> INTERVIEWER QUERY: DID R ANSWER “YES” TO <b>*SP7a</b> OR <b>*SP7b</b> OR BOTH?</p> <p>YES ..... 1</p> <p>NO ..... 5 <b>GO TO *SP8</b></p>	
<p><b>*SP7e.</b> Do you think this fear was <u>ever</u> excessive, or unreasonable, or much stronger than it should have been?</p> <p>YES ..... 1 <b>CIRCLE GROUP 3 “BLOOD, INJURIES, OR MEDICAL EXPERIENCES” ON REFERENCE CARD SPECIFIC PHOBIA GROUPS THEN CONTINUE TO *SP7f</b></p> <p>NO..... 5</p> <p>DON'T KNOW ..... 8</p> <p>REFUSED ..... 9</p>	

**\*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 TIME .....1

MOST OF THE TIME .....2

SOMETIMES.....3

RARELY.....4

NEVER .....5

DON'T KNOW .....8

REFUSED.....9

**IF RESPONSE IS CODED '1', '2', OR '3' CIRCLE GROUP 3 "BLOOD, INJURIES, OR MEDICAL EXPERIENCES" ON REFERENCECARD SPECIFIC PHOBIA GROUPS THEN CONTINUE TO \*SP8**

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

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

GROUP 4 ..... 4 **GO TO \*SP9**

GROUP 5 ..... 5 **GO TO \*SP11**

GROUP 6 ..... 6 **GO TO \*SP13**

ALL OTHERS ..... 7 **GO TO \*SP14**

<b>GROUP 4</b> <b>[KEY PHRASE = CLOSED SPACES]</b>	
<p><b>*SP9.</b> (Earlier you/ You also) mentioned having a strong fear of closed spaces, like caves, tunnels, closets, or elevators. How old were you the <u>very first</u> time you had this fear?</p> <p>IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” PROBE: Was it before you first started school?</p> <p>IF NOT YES, PROBE: Was it before you were a teenager?</p>	<p>_____ YEARS OLD</p> <p>BEFORE STARTED SCHOOL..... 4</p> <p>BEFORE TEENAGER... 12</p> <p>NOT BEFORE TEENAGER..... 13</p> <p>DON'T KNOW..... 998</p> <p>REFUSED ..... 999</p>
<p><b>*SP9a.</b> 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?</p> <p>(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>?)</p>	<p>YES ..... 1</p> <p>NO ..... 5</p> <p>DON'T KNOW..... 8</p> <p>REFUSED ..... 9</p>
<p><b>*SP9b.</b> Did you ever <u>avoid</u> any of these closed spaces whenever you could because of your fear?</p>	<p>YES ..... 1</p> <p>NO ..... 5 <b>GO TO *SP9c.1</b></p> <p>DON'T KNOW..... 8 <b>GO TO *SP9c.1</b></p> <p>REFUSED ..... 9 <b>GO TO *SP9c.1</b></p>
<p><b>*SP9c.</b> How old were you when you first avoided closed spaces?</p> <p>IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” PROBE: Was it before you first started school?</p> <p>IF NOT YES, PROBE: Was it before you were a teenager?</p>	<p>_____ YEARS OLD</p> <p>BEFORE STARTED SCHOOL..... 4</p> <p>BEFORE TEENAGER... 12</p> <p>NOT BEFORE TEENAGER..... 13</p> <p>DON'T KNOW..... 998</p> <p>REFUSED ..... 999</p>
<p><b>*SP9c.1. INTERVIEWER QUERY: DID R ANSWER “YES” TO *SP9a OR *SP9b OR BOTH?</b></p> <p>YES ..... 1</p> <p>NO..... 5 <b>GO TO *SP10</b></p>	
<p><b>*SP9d.</b> Do you think this fear was <u>ever</u> excessive, or unreasonable, or much stronger than it should have been?</p> <p>YES ..... 1 <b>CIRCLE GROUP 4 “CLOSED SPACES” ON REFERENCE CARD SPECIFIC PHOBIA GROUPS THEN CONTINUE WITH *SP9f</b></p> <p>NO..... 5 <b>GO TO *SP10</b></p> <p>DON'T KNOW ..... 8 <b>GO TO *SP10</b></p> <p>REFUSED ..... 9 <b>GO TO *SP10</b></p>	

Which of the following things did you strongly fear about closed spaces: (IF NEC: Were you afraid...)	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
*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)  AT LEAST ONE RESPONSE CODED '1' ....1 GO TO *SP10 ALL OTHERS.....5				
*SP9k. What was it, then, that you feared <u>most</u> about closed spaces?  _____ _____ _____  DON'T KNOW ..... 8 REFUSED ..... 9				

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

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

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

<b>GROUP 5</b> <b>[KEY PHRASE = HIGH PLACES]</b>	
<p><b>*SP11.</b> (Earlier you/ You also) mentioned having a strong fear of high places. How old were you the <u>very first</u> time you had this fear?</p> <p>IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” PROBE: Was it before you first started school?</p> <p>IF NOT YES, PROBE: Was it before you were a teenager?</p>	<p>_____ YEARS OLD</p> <p>BEFORE STARTED SCHOOL ... 4</p> <p>BEFORE TEENAGER...12</p> <p>NOT BEFORE TEENAGER .....13</p> <p>DON'T KNOW .....998</p> <p>REFUSED .....999</p>
<p><b>*SP11a.</b> 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?</p> <p>(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>?)</p>	<p>YES..... 1</p> <p>NO ..... 5</p> <p>DON'T KNOW ..... 8</p> <p>REFUSED ..... 9</p>
<p><b>*SP11b.</b> Did you ever avoid high places whenever you could because of your fear?</p>	<p>YES..... 1</p> <p>NO ..... 5 <b>GO TO *SP11d</b></p> <p>DON'T KNOW .. 8 <b>GO TO *SP11d</b></p> <p>REFUSED ..... 9 <b>GO TO *SP11d</b></p>
<p><b>*SP11c.</b> How old were you when you first avoided high places?</p> <p>IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” PROBE: Was it before you first started school?</p> <p>IF NOT YES, PROBE: Was it before you were a teenager?</p>	<p>_____ YEARS OLD</p> <p>BEFORE STARTED SCHOOL ... 4</p> <p>BEFORE TEENAGER...12</p> <p>NOT BEFORE TEENAGER .....13</p> <p>DON'T KNOW .....998</p> <p>REFUSED .....999</p>
<p><b>*SP11d.</b> INTERVIEWER QUERY : DID R ANSWER “YES” TO <b>*SP11a</b> OR <b>*SP11b</b> OR BOTH?</p> <p>YES ..... 1</p> <p>NO ..... 5 <b>GO TO *SP12</b></p>	
<p><b>*SP11e.</b> Do you think this fear was <u>ever</u> excessive, or unreasonable, or much stronger than it should have been?</p> <p>YES..... 1 <b>CIRCLE GROUP 5 “HIGH PLACES” ON REFERENCE CARD SPECIFIC PHOBIA GROUPS THEN CONTINUE WITH *SP11f</b></p> <p>NO..... 5 <b>GO TO *SP12</b></p> <p>DON'T KNOW ..... 8 <b>GO TO *SP12</b></p> <p>REFUSED..... 9 <b>GO TO *SP12</b></p>	

Which of the following things did you strongly fear about high places: (IF NEC: Were you afraid...)	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
*SP11f. That you might get dizzy or 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
<b>*SP11j. INTERVIEWER CHECKPOINT: (SEE *SP11f - *SP11i)</b> AT LEAST ONE RESPONSE CODED '1' ....1      GO TO <b>*SP12</b> ALL OTHERS.....5				
*SP11k. What was it, then, that you feared <u>most</u> about high places?  _____  _____  DON'T KNOW ..... 8 REFUSED ..... 9				

**SP12.** INTERVIEWER CHECKPOINT: (SEE \*SP1)

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

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

<b>GROUP 6</b> <b>[KEY PHRASE = FLYING]</b>	
<p><b>*SP13.</b> (Earlier you/ You also) mentioned having a strong fear of flying or airplanes. How old were you the <u>very first</u> time you had this fear?</p> <p>IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” PROBE: Was it before you first started school?</p> <p>IF NOT YES, PROBE: Was it before you were a teenager?</p>	<p>_____ YEARS OLD</p> <p>BEFORE STARTED SCHOOL ... 4</p> <p>BEFORE TEENAGER.. 12</p> <p>NOT BEFORE TEENAGER .....13</p> <p>DON'T KNOW .....998</p> <p>REFUSED .....999</p>
<p><b>*SP13a.</b> Was there ever a time when you almost always became very <u>upset</u> or <u>anxious</u> whenever you were faced with flying?</p>	<p>YES.....1</p> <p>NO .....5</p> <p>DON'T KNOW .....8</p> <p>REFUSED .....9</p>
<p><b>*SP13b.</b> Did you ever avoid flying whenever you could because of your fear?</p>	<p>YES..... 1</p> <p>NO .....5 <b>GO TO *SP13d</b></p> <p>DON'T KNOW ....8 <b>GO TO *SP13d</b></p> <p>REFUSED .....9 <b>GO TO *SP13d</b></p>
<p><b>*SP13c.</b> How old were you when you first avoided flying?</p> <p>IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” PROBE: Was it before you first started school?</p> <p>IF NOT YES, PROBE: Was it before you were a teenager?</p>	<p>_____ YEARS OLD</p> <p>BEFORE STARTED SCHOOL ... 4</p> <p>BEFORE TEENAGER.. 12</p> <p>NOT BEFORE TEENAGER .....13</p> <p>DON'T KNOW .....998</p> <p>REFUSED .....999</p>
<p><b>*SP13d.</b> INTERVIEWER: DID R ANSWER “YES” TO *SP13a OR *SP13b OR BOTH?</p> <p>YES ..... 1</p> <p>NO .....5 <b>GO TO *SP14</b></p>	
<p><b>*SP13e.</b> Do you think this fear was <u>ever</u> excessive, or unreasonable, or much stronger than it should have been?</p> <p>YES ..... 1 <b>CIRCLE GROUP 6 “FLYING” ON REFERENCE CARD SPECIFIC PHOBIA GROUPS THEN CONTINUE WITH *SP13f</b></p> <p>NO ..... 5 <b>GO TO *SP14</b></p> <p>DON'T KNOW ..... 8 <b>GO TO *SP14</b></p> <p>REFUSED ..... 9 <b>GO TO *SP14</b></p>	

Which of the following things did you strongly fear about flying: (IF NEC: Were you afraid of...)	YES (1)	NO (5)	DK (8)	RF (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 <u>ONE</u> QUESTION IN *SP13f- *SP13j? YES ..... 1 <b>GO TO *SP14</b> NO ..... 5				
*SP13l. What was it, then, that you feared <u>most</u> about flying?  _____ _____ _____ _____  DON'T KNOW.....8 REFUSED .....9				

**\*SP14. INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD, SPECIFIC PHOBIA)**

IS ANY GROUP CIRCLED?

YES ..... 1    **GO TO \*SP16**  
 NO ..... 5    **GO TO \*SP42**

**\*SP16.** You had fears of (**REFERENCE CARD, SPECIFIC PHOBIA CIRCLED KEY PHRASES**) How much did your fear (or avoidance) of these things 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 \*SP17**
- A LITTLE ..... 2    **GO TO \*SP17**
- SOME..... 3
- A LOT ..... 4
- EXTREMELY ..... 5
- DON'T KNOW ..... 8    **GO TO \*SP17**
- REFUSED ..... 9    **GO TO \*SP17**

SP16.1. How often during that time were you unable to carry out your daily activities or to take care of yourself because your fears of (**REFERENCE CARD, SPECIFIC PHOBIA CIRCLED KEY PHRASES**) – often, sometimes, not very often, never?

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

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**\*SP16a. INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD, SPECIFIC PHOBIA)**

- ONE OR MORE GROUPS CIRCLED ..... 1
- NO ..... 5    **GO TO \*SP17**

**\*SP16b. CIRCLE LETTER 'E' IN LONG/SHORT GROUP OF REFERENCE CARD (SIDE TWO). THEN GO TO \*SP17.**

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**\*SP17.** 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 these things?

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

**\*SP17.1.** Was there ever a time in your life when you felt very embarrassed because of your fear (or avoidance) of these things?

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

**\*SP17.2.** How often did you miss out on fun activities because of your fear or avoidance -- often, sometimes, rarely, or never?

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

**\*SP18.** (RB, PG 14) 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 14?

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

- YES ..... 1 **GO TO \*SP19**  
 NO ..... 5 **GO TO \*SP19**  
 READ LIST .....7  
 DON'T KNOW ..... 8 **GO TO \*SP19**  
 REFUSED ..... 9 **GO TO \*SP19**

<b>GO TO *SP19 AFTER <u>TWO</u> "YES" RESPONSES</b>	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
*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 distant from the situation or "not really there"?	1	5	8	9
	<b>GO TO *SP19</b>			
*SP18o. Did you feel that things around you were unreal?	1	5	8	9

**\*SP19.** When was the last time you either strongly feared or avoided 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 MONTH ..... 1    **GO TO \*SP21**
  - 2 AND 6 MONTHS AGO ..... 2    **GO TO \*SP21**
  - 7 AND 12 MONTHS AGO ..... 3    **GO TO \*SP21**
  - MORE THAN 12 MONTHS AGO ..... 4
  - DON'T KNOW ..... 8
  - REFUSED ..... 9
- 

**\*SP20.** How old were you the last time (you either strongly feared or avoided any of these things)?

\_\_\_\_\_ YEARS OLD

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

**\*SP21.** What if you were faced with one of these things today: How strong would your fear be – not at all, mild, moderate, severe, or very severe?

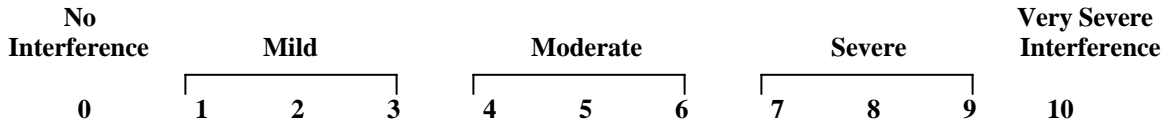
(IF VOL “IT DEPENDS ON WHICH THING,” PROBE: What if you were faced with the thing that scares you most: How strong would your fear be - not at all, mild, moderate, severe, or very severe?)

- NOT AT ALL ..... 1    **GO TO \*SP27**
  - MILD ..... 2    **GO TO \*SP27**
  - MODERATE ..... 3
  - SEVERE ..... 4
  - VERY SEVERE ..... 5
  - DON'T KNOW ..... 8
  - REFUSED ..... 9
- 

**\*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 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



\*SP23. (RB, PG 9) Think about the period lasting one month or longer in the past 12 months 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 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)

\*SP23a. Your home management, like cleaning, shopping, and working around the (house/ apartment) (or yard)?

\_\_\_\_\_

DOES NOT APPLY.....97  
 DON'T KNOW .....98  
 REFUSED.....99

\*SP23b. Your ability to work?

\_\_\_\_\_

DOES NOT APPLY.....97  
 DON'T KNOW .....98  
 REFUSED.....99

\*SP23c. Your ability to form and maintain close relationships with other people?

\_\_\_\_\_

DOES NOT APPLY.....97  
 DON'T KNOW .....98  
 REFUSED.....99

\*SP23d. Your social life?

\_\_\_\_\_

DOES NOT APPLY.....97  
 DON'T KNOW .....98  
 REFUSED.....99

\*SP24. INTERVIEWER CHECKPOINT: (SEE \*SP23a - \*SP23d)

ALL RESPONSES CODED '0' OR '97' ..... 1      **GO TO \*SP27**  
 ALL OTHERS..... 2

\*SP25. 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 fear (or avoidance)?

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

\_\_\_\_\_ NUMBER OF DAYS

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

**\*SP27.** Did you ever 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.)

YES ..... 1  
NO ..... 5 **GO TO \*SP42**  
DON'T KNOW ..... 8 **GO TO \*SP42**  
REFUSED ..... 9 **GO TO \*SP42**

\*SP27a. How old were you the first time (you talked to a professional about your fear)?

\_\_\_\_\_ YEARS OLD

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

---

**\*SP38.** Did you ever get treatment for your fear that you considered helpful or effective?

YES ..... 1  
NO ..... 5 **GO TO \*SP38c**  
DON'T KNOW ..... 8 **GO TO \*SP38c**  
REFUSED ..... 9 **GO TO \*SP38c**

\*SP38a. How old were you the first time (you got helpful treatment for your fear)?

\_\_\_\_\_ YEARS OLD

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

\*SP38b. 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 \*SP40**

DON'T KNOW .....98 **GO TO \*SP40**  
REFUSED .....99 **GO TO \*SP40**

**\*SP38c.** How many professionals did you ever talk to about your fear?

\_\_\_\_\_ NUMBER OF PROFESSIONALS

DON'T KNOW .....98  
REFUSED .....99

**\*SP40.** 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

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**\*SP41.** Were you ever hospitalized overnight for your fear?

- YES ..... 1
- NO ..... 5 **GO TO \*SP42**
- DON'T KNOW ..... 8 **GO TO \*SP42**
- REFUSED..... 9 **GO TO \*SP42**

**\*SP41a.** How old were you the first time (you were hospitalized overnight because of your fear)?

\_\_\_\_\_ YEARS OLD

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

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**\*SP42.** INTERVIEWER CHECKPOINT (SEE **REFERENCE CARD, SCREENING SECTION**): FOLLOW SKIP FOR FIRST ENDORSED ITEM.

- \*SC29 OR \*SC29a IS CHECKED..... 1 GO TO \*SO1, NEXT SECTION**
- \*SC30 IS CHECKED..... 2 GO TO \*AG1, PAGE 96**
- \*SC26 IS CHECKED..... 3 GO TO \*G1 INTRO 1, PAGE 106**
- \*SC26a IS CHECKED..... 4 GO TO \*G1 INTRO 2, PAGE 106**
- \*SC26b IS CHECKED ..... 5 GO TO \*G1 INTRO 3, PAGE 106**
- \*SC20.1 IS CHECKED ..... 6 GO TO \*SP43**
- \*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**

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**\*SP43.** 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**

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