

AGORAPHOBIA SECTION (AG)

INTERVIEWER INSTRUCTION: AFTER EACH "YES" RESPONSE, ASK R TO CHECK CORRESPONDING SITUATION IN BOOKLET.					
*AG1. (RB, PG 9) 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 9 in your booklet, did you ever strongly fear any of the following situations (IF *SC88 EQUALS '1': since you were last interviewed in NCS1 YEAR)?					
	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</p> <p>NO 5 GO TO *AG3b</p> <p>DON'T KNOW 8 GO TO *AG3b</p> <p>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</p> <p>NO 5 GO TO *AG3b</p> <p>DON'T KNOW 8 GO TO *AG3b</p> <p>REFUSED 9 GO TO *AG3b</p>

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

- _____ YEARS OLD **GO TO *AG4**
- DON'T KNOW 998 **GO TO *AG4**
- REFUSED 999 **GO TO *AG4**

*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 (1)	NO (5)	DK (8)	RF (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

*AG5. Was there ever a time when you almost always became very upset or anxious whenever you were faced with one of these situations?

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

*AG6. Did you ever avoid one of these situations whenever you could because of your fear?

- YES 1
- NO 5 **GO TO *AG7**
- DON'T KNOW 8 **GO TO *AG7**
- REFUSED 9 **GO TO *AG7**

*AG6a. 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

***AG7. INTERVIEWER CHECKPOINT: (SEE *AG5 AND *AG6)**

*AG5 OR *AG6 EQUAL '1'1
 ALL OTHERS5 **GO TO *AG39**

***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 (IF *SC76 EQUALS '1': in your life / IF *SC88 EQUALS '1': since NCS1 YEAR) 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 *AG12**
 ONE RESPONSE CODED '1'2 **GO TO *AG11**
 ALL OTHERS3 **GO TO *AG12**

<p>*AG11. (RB, PG 10) When you were faced with these situations, or thought you would have to be, did you ever have <u>one or more</u> of these reactions on Page 10?</p> <p>READ LIST BELOW STARTING WITH AG11a ONLY IF R PREFERS TO HAVE QUESTIONS READ</p> <p>YES 1 NO 5 DON'T KNOW 8 REFUSED 9</p> <p style="text-align: center;">GO TO *AG12</p>				
	YES	NO	DK	RF

GO TO *AG12 AFTER ONE "YES" RESPONSE	(1)	(5)	(8)	(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

*AG12. Did you think the fear was ever excessive, or unreasonable, or much stronger than it should have been?

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

*AG13. Were you ever unable to leave your home for an entire day because of your fear?

- YES 1
- NO 5 **GO TO *AG14**
- DON'T KNOW 8 **GO TO *AG14**
- REFUSED 9 **GO TO *AG14**

*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 KNOW 998

REFUSED 999

*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
- NO 5
- 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
- A LITTLE 2
- SOME..... 3
- A LOT 4
- EXTREMELY 5
- DON'T KNOW 8
- REFUSED..... 9

*AG16. Was there ever a time in your life when you felt 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
- REFUSED 9

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
- MILD 2
- MODERATE 3
- SEVERE 4
- VERY SEVERE 5
- DON'T KNOW 8
- REFUSED 9

***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

***AG39.** INTERVIEWER CHECKPOINT (SEE *SC68, *SC68a, *SC68b, *SC72, *SC72a, *SC72b, *SC84): FOLLOW SKIP FOR FIRST ENDORSED ITEM.

- *SC72 EQUALS '1' 1 **GO TO *G1 INTRO 1**
- *SC72a EQUALS '1' 2 **GO TO *G1 INTRO 2**
- *SC72b EQUALS '1' 3 **GO TO *G1 INTRO 3**
- *SC84 EQUALS '1' 4 **GO TO *G1 INTRO 3**
- *SC68 EQUALS '1' 5 **GO TO *IED1**
- *SC68a EQUALS '1' 6 **GO TO *IED3 INTRO 4**
- *SC68b EQUALS '1' 7 **GO TO *IED3 INTRO 5**
- ALL OTHERS 8 **GO TO *SD1**