

SOCIAL PHOBIA SECTION (SO)

INTERVIEWER INSTRUCTION: AFTER EACH "YES" RESPONSE, ASK R TO CHECK OFF CORRESPONDING SITUATION IN BOOKLET.					
*SO1. (RB, PG 7) Earlier you mentioned having a time in your life when you felt very shy, afraid, or uncomfortable with other people or in social situations. Looking at page 7 in your booklet, was there ever a time (IF *SC74 EQUALS '1' or *SC74a EQUALS '1': in your life/ IF *SC86 EQUALS '1': since you were interviewed in (NCS1 YEAR) when you felt shy, afraid, or uncomfortable in 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 are already present?	1	5	7	8	9
*SO1i. Talking with people you don'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 - *S01n SERIES)

- ZERO RESPONSES CODED '1'1 **GO TO *SO40**
- ONE RESPONSE CODED '1'2 **GO TO *SO3 INTRO1**
- TWO-THREE RESPONSES CODED '1'3 **GO TO *SO3 INTRO1**
- FOUR OR MORE RESPONSES CODED '1'4 **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 **GO TO *SO4**
- REFUSED 999 **GO TO *SO4**

*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 (IF *SC86 EQUALS '1': since NCS1 YEAR) when you almost always became very shy, upset, or anxious whenever you were faced with (IF *SO2 EQUALS '2': KEY PHRASE/ ALL OTHERS: any of the social or performance situations)?

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

REFUSED..... 9

***SO6.** Did you ever avoid (IF ***SO2** EQUALS '2': this situation / ALL OTHERS: 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** EQUAL '1' 1
- ALL OTHERS 5 **GO TO *SO40**

*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?				
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 8) When you were faced with (IF ***SO2** EQUALS '2': KEY PHRASE/ ALL OTHERS : these situations), did you ever have two or more of the reactions on Page 8?

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

YES 1
 NO 5
 DON'T KNOW 8
 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, "not really there", or like you were watching yourself in a movie?	1	5	8	9
	GO TO *SO10			
*SO9o. Did you feel that things around you were unreal or like a dream?	1	5	8	9

***SO10.** When you were in (IF ***SO2** EQUALS '2': this situation/ ALL OTHERS: 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 (IF ***SO2** EQUALS '2': this situation/ ALL OTHERS: 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 (IF *SO2 EQUALS '2': KEY PHRASE/ ALL OTHERS: 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) 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

*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 (IF *SO2 EQUALS '2': this situation/ ALL OTHERS: 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 (IF *SO2 EQUALS '2': this 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 (IF *SO2 EQUALS '2': this situation/ ALL OTHERS: any of these situations)]?

- _____ YEARS OLD
- DON'T KNOW 998
 - REFUSED 999

*SO19. What if you were faced with (IF *SO2 EQUALS '2': this situation/ ALL OTHERS: 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
- MILD 2
- MODERATE 3
- SEVERE 4
- VERY SEVERE 5
- DON'T KNOW 8
- REFUSED 9

*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

*SO40. INTERVIEWER CHECKPOINT (SEE *SC68, *SC68a, *SC68b, *SC72, *SC72a, *SC72b, *SC76, *SC84, *SC88): FOLLOW SKIP FOR FIRST ENDORSED ITEM.

- *SC76 EQUALS '1' 1 GO TO *AG1
- *SC88 EQUALS '1' 2 GO TO *AG1
- *SC72 EQUALS '1' 3 GO TO *G1 INTRO 1
- *SC72a EQUALS '1' 4 GO TO *G1 INTRO 2
- *SC72b EQUALS '1' 5 GO TO *G1 INTRO 3
- *SC84 EQUALS '1' 6 GO TO *G1 INTRO 3
- *SC68 EQUALS '1' 7 GO TO *IED1
- *SC68a EQUALS '1' 8 GO TO *IED3 INTRO 4
- *SC68b EQUALS '1' 9 GO TO *IED3 INTRO 5

ALL OTHERS 10 **GO TO *SD1**