

GENERALIZED ANXIETY DISORDER SECTION (G)

<p>*G1 INTRO 1. (RB, PG 18-19) Earlier you mentioned having a time in your life when you were "a worrier". The next questions are about that time. Looking at pages 18-19 in your booklet, what sorts of things were you worried or nervous or anxious about during that time?</p>	<p>*G1 INTRO 2. (RB, PG 18-19) Earlier you mentioned having a time in your life when you were much more nervous or anxious than most other people. The next questions are about that time. Looking at pages 18-19 in your booklet, what sorts of things were you nervous or anxious about during that time?</p>	<p>*G1 INTRO 3. (RB, PG 18-19) Earlier you mentioned having a period lasting one month or longer when you were anxious or worried most days. The next questions are about that time. Looking at pages 18-19 in your booklet, what sorts of things were you anxious or worried about during that time?</p>
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PROBE FOR UP TO THREE EXAMPLES: Anything else [that made you (worried or anxious/nervous or anxious/anxious or worried)]?

CIRCLE ALL MENTIONS.

DIFFUSE WORRIES

G101 EVERYTHING1
 G102 NOTHING IN PARTICULAR2

PERSONAL PROBLEMS

G103 FINANCES3
 G104 SUCCESS AT SCHOOL OR WORK4
 G105 SOCIAL LIFE5
 G106 LOVE LIFE6
 G107 RELATIONSHIPS AT SCHOOL OR WORK7
 G108 RELATIONSHIPS WITH FAMILY8
 G109 PHYSICAL APPEARANCE9
 G110 PHYSICAL HEALTH10
 G111 MENTAL HEALTH11
 G112 SUBSTANCE USE12
 G113 OTHER PERSONAL PROBLEMS (SPECIFY)13

PHOBIC AND OBSSIVE-COMPULSIVE SITUATIONS

G114 SOCIAL PHOBIAS (E.G., MEETING PEOPLE AFTER MOVING TO A NEW TOWN)14
 G115 AGORAPHOBIA (E.G., LEAVING HOME ALONE AFTER A DIVORCE)15
 G116 SPECIFIC PHOBIAS (E.G., FEARS OF BUGS, HEIGHTS, OR CLOSED SPACES)16
 G117 OBSESSIONS (E.G., WORRY ABOUT GERMS)17
 G118 COMPULSIONS (E.G., REPETITIVE HANDWASHING)18

NETWORK PROBLEMS

G119 BEING AWAY FROM HOME OR APART FROM LOVED ONES19
 G120 THE HEALTH OR WELFARE OF LOVED ONES - FIRST MENTION20
 G121 THE HEALTH OR WELFARE OF LOVED ONES - SECOND MENTION21
 G122 THE HEALTH OR WELFARE OF LOVED ONES - THIRD MENTION22
 G123 OTHER NETWORK PROBLEMS (SPECIFY)23

SOCIETAL PROBLEMS

G124 CRIME / VIOLENCE24
 G125 THE ECONOMY25
 G126 THE ENVIRONMENT (E.G., GLOBAL WARMING, POLLUTION)26
 G127 MORAL DECLINE OF SOCIETY (E.G., COMMERCIALISM, DECLINE OF THE FAMILY)27
 G128 WAR / REVOLUTION28
 G129 OTHER SOCIETAL PROBLEMS (SPECIFY)29

OTHER PROBLEMS (SPECIFY)

G130 FIRST (SPECIFY)30

 G131 SECOND (SPECIFY)31

 G132 THIRD (SPECIFY)32

***G2.** INTERVIEWER CHECKPOINT: (SEE *G1)

WORRIED EXCLUSIVELY ABOUT ONE SPECIFIC THING 1 **GO TO *IED1, NEXT SECTION**
MULTIPLE WORRIES 2

G3

***G3.** Do you think your (worry or anxiety/nervousness or anxiety/anxiety or worry) was ever excessive or unreasonable or a lot stronger than it should have been?

YES.....1
NO.....5
DON'T KNOW8
REFUSED9

G4

***G4.** How often did you find it difficult to control your (worry or anxiety/nerves or anxiety/anxiety or worry) -- often, sometimes, rarely, or never?

OFTEN1
SOMETIMES2
RARELY3
NEVER.....4
DON'T KNOW8
REFUSED9

G4a

***G4a.** How often were you so nervous or worried that you could not think about anything else, no matter how hard you tried -- often, sometimes, rarely, or never?

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

***G4b.** INTERVIEWER CHECKPOINT: (SEE *G4, *G4a)

*G4 EQUALS '1' OR '2' OR *G4a EQUALS '1' OR '2' 1
ALL OTHERS..... 2 **GO TO *IED1, NEXT SECTION**

G5

***G5.** What is the longest period of months or years in a row you ever had when you were (worried or anxious/nervous or anxious/anxious or worried) most days?

IF VOL "WHOLE LIFE" OR "AS LONG AS I CAN REMEMBER," **CODE 995 YEARS**

PROBE DK: Did you ever have a period that lasted 6 months or longer? (IF NOT) Did you ever have a period that lasted 1 month or longer?

_____ NUMBER

G5a

CIRCLE UNIT OF TIME: DAYS...1 WEEKS...2 MONTHS...3 YEARS...4

***G6.** INTERVIEWER CHECKPOINT: (SEE *G5)

LESS THAN 1 MONTH	1	GO TO *IED1, NEXT SECTION
1 TO 5 MONTHS.....	2	GO TO *G7
ALL OTHERS.....	3	GO TO *G8

***G7.** INTERVIEWER INSTRUCTION: ASK ABOUT “PERIODS LASTING ONE MONTH OR LONGER” FOR THE REMAINDER OF THE SECTION **GO TO *G9**

***G8.** INTERVIEWER INSTRUCTION: ASK ABOUT “PERIODS LASTING SIX MONTHS OR LONGER” FOR THE REMAINDER OF THE SECTION **GO TO *G9**

*G9. Think of your worst period lasting (one month / six months) or longer when you were (worried or anxious/nervous or anxious/anxious or worried): During that episode, did you often have any of the following associated problems:	YES (1)	NO (5)	DK (8)	RF (9)
<u>G9a</u> *G9a. Did you often feel restless, keyed up, or on edge?	1	5	8	9
<u>G9b</u> *G9b. Did you often get tired easily?	1	5	8	9
<u>G9c</u> *G9c. Were you often more irritable than usual?	1	5	8	9
<u>G9d</u> *G9d. Did you often have difficulty concentrating or keeping your mind on what you were doing?	1	5	8	9
<u>G9e</u> *G9e. Did you often have tense, sore, or aching muscles?	1	5	8	9
<u>G9f</u> *G9f. Did you often have trouble falling or staying asleep?	1	5	8	9

*G10.	YES (1)	NO (5)	DK (8)	RF (9)
<u>G10a</u> *G10a. Did your heart often pound or race?	1	5	8	9
<u>G10b</u> *G10b. Did you often sweat?	1	5	8	9
<u>G10c</u> *G10c. Did you often tremble or shake?	1	5	8	9
<u>G10d</u> *G10d. Did you often have a dry mouth?	1	5	8	9
<u>G10e</u> *G10e. Were you sad or depressed most of the time?	1	5	8	9

***G11. INTERVIEWER CHECKPOINT: (SEE *G9, *G10)**

ZERO RESPONSES CODED '1' IN *G9 AND *G10 SERIES.....1 **GO TO *IED1, NEXT SECTION**
 ZERO RESPONSES CODED '1' IN *G10 SERIES.....2 **GO TO *G12**
 FOUR OR MORE RESPONSES CODED '1' IN *G9 AND *G10 SERIES.....3 **GO TO *G15**
 ALL OTHERS.....4 **GO TO *G13**

***G12. INTERVIEWER CHECKPOINT: (SEE *G9a-g)**

TWO OR MORE RESPONSES CODED '1' IN *G9 SERIES.....1 **GO TO *G15**
 ALL OTHERS.....2 **GO TO *IED1, NEXT SECTION**

*G13. INTERVIEWER QUERY: TOTAL NUMBER RESPONSES CODED '1' IN *G9 SERIES IS _____ CODED '1' IN *G10 SERIES IS _____ GO TO *G15 AS SOON AS FIVE RESPONSES CODED '1' IN *G9, G10, G13 SERIES	YES (1)	NO (5)	DK (8)	RF (9)
<u>G13a</u> *G13a. Did you often feel dizzy or lightheaded?	1	5	8	9
<u>G13b</u> *G13b. Were you often short of breath?	1	5	8	9
<u>G13c</u> *G13c. Did you often feel like you were choking?	1	5	8	9
<u>G13d</u> *G13d. Did you often have pain or discomfort in your chest?	1	5	8	9
<u>G13e</u> *G13e. Did you often have pain or discomfort in your stomach?	1 GO TO *G13g	5	8	9
<u>G13f</u> *G13f. Did you often have nausea?	1	5	8	9
<u>G13g</u> *G13g. Did you often feel that you were unreal?	1 GO TO *G13i.	5	8	9
<u>G13h</u> *G13h. Did you often feel that things around you were unreal?	1	5	8	9
<u>G13i</u> *G13i. Were you often afraid that you might lose control or go crazy?	1 GO TO *G13k	5	8	9
<u>G13j</u> *G13j. Were you often afraid that you might pass out?	1	5	8	9
<u>G13k</u> *G13k. Were you often afraid that you might die?	1	5	8	9
<u>G13l</u> *G13l. Did you often have hot flushes or chills?	1	5	8	9

<u>G13m</u> *G13m. Did you often have numbness or tingling sensations?	1	5	8	9
<u>G13n</u> *G13n. Did you often feel like you had a lump in your throat?	1	5	8	9
<u>G13o</u> *G13o. Were you easily startled?	1	5	8	9

*G14. INTERVIEWER CHECKPOINT: (SEE *G9, *G10, *G13)

TWO OR MORE RESPONSES CODED '1' IN *G9 SERIES.....1
THREE OR MORE RESPONSES CODED '1' IN *G9, 10,13 SERIES.....2
ALL OTHERS3 **GO TO *IED1, NEXT SECTION**

G15

*G15. How much emotional distress did you ever experience because of your (worry or anxiety/nervousness or anxiety/anxiety or worry) – no distress, mild distress, moderate distress, severe distress, or very severe distress?

NO.....1
MILD2
MODERATE.....3
SEVERE4
VERY SEVERE.....5
DON'T KNOW8
REFUSED9

G17

*G17. How much did your (worry or anxiety/nervousness or anxiety/anxiety or worry) 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 *G17.1**
A LITTLE.....2
SOME3
A LOT.....4
EXTREMELY5
DON'T KNOW8
REFUSED9

G17a

*G17a. How often were you unable to carry out your daily activities because of your (worry or anxiety/nervousness or anxiety/anxiety or worry) -- often, sometimes, rarely, or never?

OFTEN1
SOMETIMES2
RARELY3
NEVER.....4
DON'T KNOW8
REFUSED9

*G17.1. INTERVIEWER CHECKPOINT: (SEE *G15, *G17)

*G15 EQUALS '3', '4', OR '5' OR *G17 EQUALS '3', '4', OR '5' 1
ALL OTHERS.....2 **GO TO *IED1, NEXT SECTION**

G18a

*G18a. (Worry and anxiety/Nervousness and anxiety/Anxiety and worry) 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 your (worry or anxiety/nervousness or anxiety/anxiety or worry) ever occurred as the result of such physical causes?

- YES 1
- NO 5 **GO TO *G26**
- DON'T KNOW 8 **GO TO *G26**
- REFUSED 9 **GO TO *G26**

G18b

*G18b. Do you think your (worry and anxiety/nervousness and anxiety/anxiety and worry) were always the result of physical causes?

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

G26

*G26. Think of the very first time in your life you had an episode lasting (one month / six months) or longer when (you were worried or anxious most days/you were nervous or anxious most days/you were anxious or worried most days) and also had some of the other problems we just reviewed. Can you remember your exact age?

- YES.....1
- NO.....5 **GO TO *G26b**
- DON'T KNOW8 **GO TO *G26b**
- REFUSED9 **GO TO *G26b**

G26a

*G26a. (IF NEC: How old were you?)

- _____ AGE **GO TO *G26c**
- DON'T KNOW998 **GO TO *G26c**
- REFUSED999 **GO TO *G26c**

G26b

*G26b. About how old were you?

AG26b2

IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER,"
PROBE: Was it before you first started school?

AG26b3

IF NOT YES, PROBE: Was it before you were a teenager?

- _____ YEARS OLD
- BEFORE STARTED SCHOOL.....4
- BEFORE TEENAGER12
- NOT BEFORE TEENAGER.....13
- WHOLE LIFE OR DON'T KNOW998
- REFUSED999

G26c

*G26c. Was that episode brought on by some stressful experience? Or did it happen out of the blue?

- BROUGHT ON BY STRESS1
- OUT OF THE BLUE.....2
- DON'T REMEMBER5
- DON'T KNOW8
- REFUSED9

G27

*G27. Did you have an episode of being (worried or anxious/nervous or anxious/anxious or worried), lasting at least one month or longer, in the past 12 months?

- YES.....1
- NO.....5 **GO TO *G27c**
- DON'T KNOW8 **GO TO *G27c**
- REFUSED9 **GO TO *G27c**

G27a

*G27a. How recently – in the past month, two to six months ago, or more than six months ago?

- PAST MONTH1
- 2-6 MONTHS AGO.....2
- MORE THAN 6 MONTHS.....3
- DON'T KNOW8
- REFUSED9

G27a.1

*G27a.1 When I use the word “episode” in the next questions, I mean a time lasting one month or longer when nearly every day you were (worried or anxious/nervous or anxious/anxious or worried) and also had some of the other problems (IF R CAN READ: on pages 4-5/ IF R CANNOT READ: we just reviewed). The episode ends when you no longer have these feelings for a full month. With this definition in mind, how many different episodes did you have in the past 12 months?

_____NUMBER

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

*G27a.2. INTERVIEWER CHECKPOINT: (SEE *G27a.1)

- *G27a.1 EQUALS '1'1 **GO TO *G27a.3**
- ALL OTHERS2 **GO TO *G27a.7**

*G27a.3. In what month did that episode start?

G27a.3 / G27a.3a

_____/_____
MONTH YEAR

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

G27a-4

*G27a.4. How long did that episode last (IF *G27a EQUALS '1' : so far)?

_____NUMBER

G27a-4a

CIRCLE UNIT OF TIME: DAYS 1 WEEKS 2 MONTHS 3 YEARS 4

DON'T KNOW 998

REFUSED 999

*G27a.5. INTERVIEWER CHECKPOINT (SEE *G27a):

*G27a EQUALS '1' 1

ALL OTHERS 2 **GO TO *G28**

G27a 6

*G27a.6. Has this episode ended or is it still going on?

ENDED 1

STILL GOING ON 5

DON'T KNOW 8

REFUSED 9

GO TO *G28

G27a 7a

*G27a.7. How long did the first of these (NUMBER FROM *G27a.1) episodes last?

_____NUMBER

G27a 7

CIRCLE UNIT OF TIME: DAYS 1 WEEKS 2 MONTHS 3 YEARS 4

DON'T KNOW 998

REFUSED 999

*G27a.8. INTERVIEWER CHECKPOINT (SEE *G27a):

*G27a EQUALS '1' 1

ALL OTHERS 2 **GO TO *G27b**

G27a 9

*G27a.9. Has the most recent episode ended or is it still going on?

ENDED 1

STILL GOING ON 5

DON'T KNOW 8

REFUSED 9

G27b

*G27b. How many months in the past 12 months were you in an episode of this sort?

_____ MONTHS

DON'T KNOW98

REFUSED99

GO TO *G28

G27c

*G27c. How old were you the last time you had one of these episodes?

_____ YEARS OLD

DON'T KNOW998

REFUSED999

G28

*G28. How many episodes of (worry or anxiety/nervousness or anxiety/anxiety or worry) lasting one month or longer have you ever had in your life?

_____ NUMBER

DON'T KNOW998

REFUSED999

*G29. INTERVIEWER CHECKPOINT: (SEE *G28)

*G28 EQUALS '1' 1

ALL OTHERS..... 2 **GO TO *G31**

*G30. How long did that episode last?

IF STILL GOING ON: How long did it last so far?

G30

_____ NUMBER **GO TO *G35**

G30a

CIRCLE UNIT OF TIME: MONTHS 1 YEARS.....2

DON'T KNOW98 **GO TO *G35**

REFUSED99 **GO TO *G35**

*G31. How long did the longest of these episodes last?

G31

_____ NUMBER

G31a

CIRCLE UNIT OF TIME: MONTHS 1 YEARS.....2

DON'T KNOW98

REFUSED99

G31_1

*G31.1. How many of these episodes were brought on by some stressful experience?

_____NUMBER

DON'T KNOW998

REFUSED999

G32

*G32. How many different years in your life did you have at least one episode?

_____ YEARS

DON'T KNOW998

REFUSED999

*G33. INTERVIEWER CHECKPOINT: (SEE *G32)

*G32 EQUALS '1'1 **GO TO *G35**

ALL OTHERS.....2

G34

*G34. What is the longest continuous number of years in a row in which you had at least one episode per year?

_____ YEARS

DON'T KNOW998

REFUSED999

*G35. INTERVIEWER CHECKPOINT: (SEE *G27)

*G27 EQUALS '1'1

ALL OTHERS.....2 **GO TO *G44**

*G36. For the next questions, think of the period lasting a month or longer in the past 12 months when your (worry or anxiety/nervousness or anxiety/anxiety or worry) was most severe and frequent. During that period, how often did you have each of the following feelings?

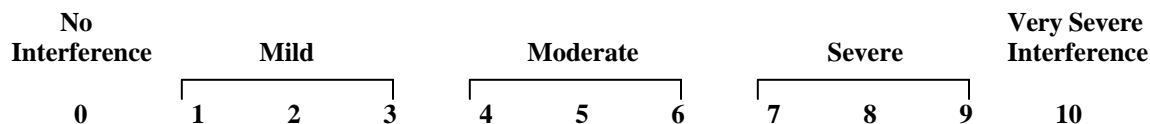
	(IF NEC: often, sometimes, occasionally, or never?)					
	OFTEN (1)	SOME (2)	OCCASION (3)	NEVER (4)	DK (8)	RF (9)
<u>G36a</u> *G36a. How often did you feel tense and wound up – often, sometimes, occasionally, or never?	1	2	3	4	8	9
<u>G36b</u> *G36b. How often during that period did you get a sort of frightened feeling like butterflies in the stomach?	1	2	3	4	8	9

<u>G36c</u> *G36c. How often did you feel restless as if you had to be on the move?	1	2	3	4	8	9
<u>G36d</u> *G36d. How often did you get sudden feelings of panic?	1	2	3	4	8	9
<u>G36e</u> *G36e. How often did you have worrying thoughts go through your mind?	1	2	3	4	8	9
<u>G36f</u> *G36f. How often could you sit at ease and feel relaxed?	1	2	3	4	8	9
<u>G36g</u> *G36g. How often did you get a frightened feeling as if something awful was about to happen?	1	2	3	4 GO TO *G38	8 GO TO *G38	9 GO TO *G38

G37

*G37. Did this frightened feeling worry you badly, not badly, or not at all?

- BADLY1
- NOT BADLY2
- NOT AT ALL.....3
- DON'T KNOW8
- REFUSED9



***G38.** (RB, PG 64) Think about the month or longer in the past 12 when your (worry or anxiety/ nervousness or anxiety/ anxiety or worry) was most severe. Using the 0 to 10 scale on page 64 of your booklet, where 0 means no interference and 10 means very severe interference, what number describes how much your (worry or anxiety/ nervousness or anxiety/ anxiety or worry) interfered with each of the following activities during that time?

(IF NEC: How much did your (worry or anxiety/ nervousness or anxiety/ anxiety or worry) interfere with (ACTIVITY) during that time?)

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

NUMBER (0-10)

G38a

*G38a. Your home management, like cleaning, shopping, and taking care of the (house/ apartment)? _____

DOES NOT APPLY 97
DON'T KNOW 98
REFUSED 99

G38b

*G38b. Your ability to work? _____

DOES NOT APPLY 97
DON'T KNOW 98
REFUSED 99

G38c

*G38c. Your ability to form and maintain close relationships with other people? _____

DOES NOT APPLY 97
DON'T KNOW 98
REFUSED 99

G38d

*G38d. Your social life? _____

DOES NOT APPLY 97
DON'T KNOW 98
REFUSED 99

***G39. INTERVIEWER CHECKPOINT: (SEE *G38a - *G38d)**

ALL RESPONSES EQUAL '0' OR '97' 1 **GO TO *G44**
ALL OTHERS 2

G40

*G40. 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 (worry or anxiety/ nervousness or anxiety/ anxiety or worry)?

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

_____ NUMBER OF DAYS

DON'T KNOW.....998

REFUSED.....999

G44

*G44. Did you ever in your life talk to a medical doctor or other professional about your (worry or anxiety/ nervousness or anxiety/ anxiety or worry)? (By professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)

YES.....1

NO.....5 **GO TO *G59.1**

DON'T KNOW8 **GO TO *G59.1**

REFUSED9 **GO TO *G59.1**

G44a

*G44a. How old were you the first time [you talked to a professional about your (worry or anxiety/ nervousness or anxiety/ anxiety or worry)]?

_____ YEARS OLD

DON'T KNOW 998

REFUSED..... 999

G56

G56. Did you ever get treatment for your (worry or anxiety/ nervousness or anxiety/ anxiety or worry) that you considered helpful or effective?

YES.....1

NO5 **GO TO *G56c**

DON'T KNOW.....8 **GO TO *G56c**

REFUSED.....9 **GO TO *G56c**

G56a

*G56a. How old were you the first time [you got helpful treatment for your (worry or anxiety/ nervousness or anxiety/ anxiety or worry)]?

_____ YEARS OLD

DON'T KNOW 998

REFUSED 999

G56b

*G56b. How many professionals did you ever talk to about your (worry or anxiety/ nervousness or anxiety/ anxiety or worry), up to and including the first time you got helpful treatment?

_____ NUMBER OF PROFESSIONALS **GO TO *G58**

DON'T KNOW 98 **GO TO *G58**

REFUSED 99 **GO TO *G58**

G56c

*G56c. How many professionals did you ever talk to about your (worry or anxiety/ nervousness or anxiety/ anxiety or worry)?

_____ NUMBER OF PROFESSIONALS

DON'T KNOW..... 98

REFUSED..... 99

G58

*G58. Did you receive professional treatment for your (worry or anxiety/ nervousness or anxiety/ anxiety or worry) at any time in the past 12 months?

YES.....1

NO5

DON'T KNOW.....8

REFUSED.....9

G59

*G59. Were you ever hospitalized overnight for your (worry or anxiety/ nervousness or anxiety/ anxiety or worry)?

YES.....1

NO5 **GO TO *G59.1**

DON'T KNOW8 **GO TO *G59.1**

REFUSED9 **GO TO *G59.1**

G59a

*G59a. How old were you the first time [you were hospitalized overnight because of your (worry or anxiety/ nervousness or anxiety/ anxiety or worry)]?

_____ YEARS OLD

DON'T KNOW 998

REFUSED 999

G59.1

*G59.1. How many of your close relatives – including your biological parents, brothers and sisters, and children – were very nervous or anxious people?

_____ NUMBER

DON'T KNOW.....998

REFUSED.....999

GO TO *IED1, NEXT SECTION