Section 8 - SPECIFIC SITUATIONS

Statement R **The next few questions are about objects or OTHER situations which may have made you EXTREMELY frightened or anxious at some time in your life. Please don't include social situations we may have already talked about. N8STR**

1a.	**Some people have such a strong fear of SPECIFIC SITUATIONS or OBJECTS that they become EXTREMELY frightened or anxious in such situations or near such objects, or they try to avoid them.** **Have you EVER had a strong fear, anxiety or avoidance of . . .** *(Repeat phrase frequently)* **Insects, snakes, birds or other animals?**	1 ☐ Yes **N8Q1A** 2 ☐ No
b-1.	**Heights - like tall buildings or mountains?**	1 ☐ Yes **N8Q1B1** 2 ☐ No
b-2.	**Being on bridges?**	1 ☐ Yes **N8Q1B2** 2 ☐ No
c.	**Being in storms?**	1 ☐ Yes **N8Q1C** 2 ☐ No
d.	**Being in or on the water - like swimming or boating?**	1 ☐ Yes **N8Q1D** 2 ☐ No
e.	**Flying in airplanes?**	1 ☐ Yes **N8Q1E** 2 ☐ No
f.	**Seeing someone injured?**	1 ☐ Yes **N8Q1F** 2 ☐ No
g.	**Being in closed spaces - like a cave, tunnel or elevator?**	1 ☐ Yes **N8Q1G** 2 ☐ No
h.	**Seeing blood?**	1 ☐ Yes **N8Q1H** 2 ☐ No
i.	**Getting a shot or injection?**	1 ☐ Yes **N8Q1I** 2 ☐ No
j.	**Going to the dentist?**	1 ☐ Yes **N8Q1J** 2 ☐ No
k.	**Visiting or being in a hospital?**	1 ☐ Yes **N8Q1K** 2 ☐ No
l.	**Thunder or lightning?**	1 ☐ Yes **N8Q1L** 2 ☐ No
m.	**Invasive medical procedures?**	1 ☐ Yes **N8Q1M** 2 ☐ No
n.	**Driving a car?**	1 ☐ Yes **N8Q1N** 2 ☐ No
o.	**Choking or vomiting?**	1 ☐ Yes **N8Q1O** 2 ☐ No
p.	**Have you EVER had a strong fear, anxiety or avoidance of any other SPECIFIC object or situation? Do not include any situations we have already talked about.**	1 ☐ Yes Specify _____ 2 ☐ No **N8Q1P, N8Q1PSPECIFY**
CHECK ITEM 8.0	Is at least 1 item marked "Yes" in 1a - p?	1 ☐ Yes 2 ☐ No - *SKIP to Section 9* **N8CK80**
2.	**When you found yourself near any of these objects or in any of these situations, did you ALMOST ALWAYS become very anxious or frightened?**	1 ☐ Yes **N8Q2** 2 ☐ No
3.	**When you were near any of these objects or in any of these situations because you had to be, were you very anxious or frightened the whole time?**	1 ☐ Yes **N8Q3** 2 ☐ No
4.	**Did you EVER avoid any of these objects or situations because of your anxiety or strong fear of them?**	1 ☐ Yes **N8Q4** 2 ☐ No
5.	**Did you EVER feel that your fear, anxiety or avoidance of any of these objects or situations was out of proportion in relation to the actual danger of the object or situation?**	1 ☐ Yes **N8Q5** 2 ☐ No

Section 8 - SPECIFIC SITUATIONS (Continued)

6. **Did you EVER feel that your fear, anxiety or avoidance of any of these objects or situations was excessive or unrealistic, that is, in excess of actual danger of the object or situation?**	1 ☐ Yes **N8Q6** 2 ☐ No
CHECK ITEM 8.1 Is "Yes" marked in Item 7, Section 6 or Item 31, Section 6?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 8.1A* **N8CK81**
7. **When you were near any of these objects or in any of the situations that made you frightened or anxious, did you EVER have a panic attack?**	1 ☐ Yes – *SKIP to 9* **N8Q7** 2 ☐ No – *SKIP to 8*
CHECK ITEM 8.1A Is Check Item 6.2, Section 6 or is Check Item 6.17, Section 6 marked "Yes"?	1 ☐ Yes 2 ☐ No - *SKIP to 9* **N8CK81A**
8. **When you were near any of these objects or in any of these situations, did you EVER experience some of the symptoms of a panic attack?**	1 ☐ Yes **N8Q8** 2 ☐ No
9. **Were you EVER very anxious or frightened of any of these objects or situations because you were afraid of having a panic attack or panic symptoms?**	1 ☐ Yes **N8Q9** 2 ☐ No
10. **Did you EVER avoid any of these objects or situations because you were afraid of having a panic attack or panic symptoms?**	1 ☐ Yes **N8Q10** 2 ☐ No
13a. **Did your fear, anxiety or avoidance of these objects or situations EVER . . .** *(Repeat phrase frequently)* **Make you feel very upset?**	1 ☐ Yes **N8Q13A** 2 ☐ No
b. **Interfere with your relationships with other people - like arguing with them or avoiding them?**	1 ☐ Yes **N8Q13B** 2 ☐ No
c. **Interfere with doing things you were supposed to do - like working, doing your schoolwork, or taking care of your home or family?**	1 ☐ Yes **N8Q13C** 2 ☐ No
d. **Restrict your usual activities in any way?**	1 ☐ Yes **N8Q13D** 2 ☐ No
e. **Keep you from doing something you wanted to do?**	1 ☐ Yes **N8Q13E** 2 ☐ No
14a. **About how old were you the FIRST time you BEGAN to experience a strong fear, anxiety or avoidance of any of these objects or situations?**	_____ Age **N8Q14A**
CHECK ITEM 8.2 Is respondent's age in 14a within 1 year of his/her present age or is present age or age in 14a unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 14c* **N8CK82**
14b. **Did this FIRST time BEGIN to happen during the last 12 months?**	1 ☐ Yes **N8Q14B** 2 ☐ No
c. **In your ENTIRE LIFE, how many SEPARATE times were there when you had a strong fear, anxiety or avoidance of any of these objects or situations?** **By separate times, I mean times separated by at least 2 months when you WEREN'T afraid of any of these objects or situations and you DIDN'T try to avoid them.** *If respondent says "All my life" or "There was never a time when I didn't fear or avoid object or situation", code 1.*	_____ Number **N8Q14C**
CHECK ITEM 8.2A Is number entered in 14c, 2 or more or unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 17a* **N8CK82A**
15a. **How old were you the MOST RECENT time you BEGAN to experience a strong fear, anxiety or avoidance of any of these objects or situations?**	_____ Age **N8Q15A**
CHECK ITEM 8.3A Is respondent's age in 15a within 1 year of his/her present age or is present age or age in 15a unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 16a* **N8CK83A**

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15b. **Did this MOST RECENT time when you were afraid or anxious or avoided any of these objects or situations BEGIN to happen during the last 12 months?**

1 ☐ Yes **N8Q15B**
2 ☐ No

16a. **How long did (this/your) MOST RECENT time last when you were afraid, anxious or avoided any of these objects or situations?**
(If less than 1 week enter 1 week.)

_____ Week(s) **N8Q16AUNIT, N8Q16ACONT**
OR
_____ Month(s)
OR
_____ Year(s)

b. **Since the MOST RECENT time BEGAN, have there been at least 2 months when you WEREN'T anxious or afraid of any of these objects or situations and you DIDN'T try to avoid them?**

1 ☐ Yes
2 ☐ No - *SKIP to 16d* **N8Q16B**

CHECK ITEM 8.3B Is 15b marked "Yes"?

1 ☐ Yes - *SKIP to 16d* **N8CK83B**
2 ☐ No

16c. **Did this MOST RECENT time when you WEREN'T anxious or afraid of any of these objects or situations and you DIDN'T try to avoid them BEGIN to happen during the last 12 months?**

1 ☐ Yes **N8Q16C**
2 ☐ No

d. **In your ENTIRE LIFE, what was the LONGEST period you had when you were afraid, anxious or avoided any of these objects or situations?**
(If less than 1 week enter 1 week.)

_____ Week(s) **N8Q16DUNIT**
OR **N8Q16DCONT**
_____ Month(s) *SKIP to Check Item 8.4*
OR
_____ Year(s)

17a. **How long did that period last when you were afraid, anxious or avoided any of these objects or situations?**
(If less than 1 week enter 1 week.)

_____ Week(s) **N8Q17AUNIT, N8Q17ACONT**
OR
_____ Month(s)
OR
_____ Year(s)

b. **Since that time BEGAN, have there been at least 2 months when you WEREN'T anxious or afraid of any of these objects or situations and you DIDN'T try to avoid them?**

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 8.4* **N8Q17B**

CHECK ITEM 8.3C Is 14b marked "Yes"?

1 ☐ Yes - *SKIP to Check Item 8.4* **N8CK83C**
2 ☐ No

17c. **Did that time when you WEREN'T anxious or afraid of any of these objects or situations and you DIDN'T try to avoid them BEGIN to happen during the last 12 months?**

1 ☐ Yes **N8Q17C**
2 ☐ No

CHECK ITEM 8.4 *Refer to Check Item 2.1, Section 2A.*
Is respondent a lifetime abstainer of alcohol?

1 ☐ Yes - *SKIP to 20* **N8CK84**
2 ☐ No

18. **Did (that time/ANY of those times) when you had a strong fear, anxiety or avoidance of these objects or situations BEGIN to happen DURING or within 1 month AFTER drinking heavily or a lot more than usual?**

1 ☐ Yes **N8Q18**
2 ☐ No

19. **Did (that time/ANY of those times) when you had a strong fear, anxiety or avoidance of these objects or situations BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of drinking?**

1 ☐ Yes **N8Q19**
2 ☐ No

20. **Did (that time/ANY of those times) when you had a strong fear, anxiety or avoidance of these objects or situations BEGIN to happen DURING or within 1 month AFTER using a medicine or drug?**

1 ☐ Yes **N8Q20**
2 ☐ No

21. **Did (that time/ANY of those times) when you had a strong fear, anxiety or avoidance of these objects or situations BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of a medicine or drug?**

1 ☐ Yes **N8Q21**
2 ☐ No

CHECK ITEM 8.5 Is at least 1 item marked "Yes" in 18, 19, 20 OR 21?

1 ☐ Yes
2 ☐ No - *SKIP to 23a* **N8CK85**

CHECK ITEM 8.6A Is Check Item 8.2A marked "No"?

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 8.6B* **N8CK86A**

22a. **During that time, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?**

1 ☐ Yes
2 ☐ No - *SKIP to 23a* **N8Q22A**

Section 8 - SPECIFIC SITUATIONS (Continued)

22b. **Did you CONTINUE to have a strong fear, anxiety or avoidance of any of these objects or situations for at least 1 month AFTER you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**

1 ☐ Yes
2 ☐ No } *SKIP to 23a* **N8Q22B**

CHECK ITEM 8.6B Is 14b marked "Yes" or 15b marked "Yes"?

1 ☐ Yes
2 ☐ No - *SKIP to 22g* **N8CK86B**

22c. **Did ALL of the times when you had a strong fear, anxiety or avoidance of these objects or situations in the last 12 months ONLY BEGIN to happen during or within 1 month after (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?**

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 8.6C* **N8Q22C**

d. **During ANY of those times in the last 12 months when you had a strong fear, anxiety or avoidance of these objects or situations after (drinking heavily/using any medicines or drugs), did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?**

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 8.6C* **N8Q22D**

e. **During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**

1 ☐ Yes **N8Q22E**
2 ☐ No

f. **Did you CONTINUE to have a strong fear, anxiety or avoidance of any of these objects or situations for at least 1 month AFTER ANY of those times in the last 12 months when you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**

1 ☐ Yes **N8Q22F**
2 ☐ No

CHECK ITEM 8.6C Is 14b marked "Yes"?

1 ☐ Yes - *SKIP to 23a* **N8CK86C**
2 ☐ No

22g. **Did ALL of the times when you had a strong fear, anxiety or avoidance of these objects or situations BEFORE 12 months ago ONLY BEGIN to happen during or within 1 month after (drinking heavily/using any medicines or drugs/ experiencing the bad aftereffects of drinking/medicines or drugs)?**

1 ☐ Yes
2 ☐ No - *SKIP to 23a* **N8Q22G**

h. **During ANY of those times BEFORE 12 months ago when you had a strong fear, anxiety or avoidance of these objects or situations after (drinking heavily/using any medicines or drugs) did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?**

1 ☐ Yes
2 ☐ No - *SKIP to 23a* **N8Q22H**

i. **During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**

1 ☐ Yes **N8Q22I**
2 ☐ No

j. **Did you CONTINUE to have a strong fear, anxiety or avoidance of any of these objects or situations for at least 1 month AFTER ANY of those times BEFORE 12 months ago when you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**

1 ☐ Yes **N8Q22J**
2 ☐ No

23a. **Did you EVER talk to any health professional like a psychiatrist, other medical doctor, psychologist, social worker or any other kind of counselor or therapist to get help for your fear, anxiety or avoidance of any of these objects or situations?**

1 ☐ Yes **N8Q23A**
2 ☐ No

b. **Did you EVER go to a self-help or support group, use a hotline, or visit an internet chat room for help for your fear, anxiety or avoidance of any of these objects or situations?**

1 ☐ Yes **N8Q23B**
2 ☐ No

24a. **Did you EVER go to an emergency room to get help for your fear, anxiety or avoidance of any of these objects or situations?**

1 ☐ Yes **N8Q24A**
2 ☐ No

b. **Were you EVER a patient in any kind of hospital overnight or longer because of your fear, anxiety or avoidance of any of these objects or situations?**

1 ☐ Yes **N8Q24B**
2 ☐ No

25. **Did a doctor EVER prescribe any medicines or drugs for your fear, anxiety or avoidance of any of these objects or situations?**

1 ☐ Yes **N8Q25**
2 ☐ No

Section 8 - SPECIFIC SITUATIONS (Continued)

CHECK ITEM 8.7 Is at least 1 item marked "Yes" in 23a - 25?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 8.9* **N8CK87**
26. About how old were you the FIRST time you went anywhere or talked to anyone to get help for your fear, anxiety or avoidance of any of these objects or situations?	_____ Age **N8Q26**
CHECK ITEM 8.8 Is age in 26 equal to respondent's current age?	1 ☐ Yes - *SKIP to Check Item 8.9* **N8CK88** 2 ☐ No
27. Did you go anywhere or talk to anyone in the last 12 months?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 8.9* **N8Q27**
CHECK ITEM 8.8A Is age in 26 at least 2 years less than respondent's current age?	1 ☐ Yes- *SKIP to Check Item 8.9* **N8CK88A** 2 ☐ No
28. Did you go anywhere or talk to anyone before 12 months ago, that is, BEFORE last (*Month one year ago***)?**	1 ☐ Yes **N8Q28** 2 ☐ No
CHECK ITEM 8.9 Is Check Item 8.2A marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 8.10* **N8CK89**
29a. Did your fear, anxiety or avoidance of these objects or situations BEGIN to happen during a time when you were physically ill or getting over being physically ill?	1 ☐ Yes 2 ☐ No - *SKIP to Section 9* **N8Q29A**
b. Did a doctor or other health professional tell you that your fear, anxiety or avoidance of these objects or situations was related to your physical illness or medical condition?	1 ☐ Yes 2 ☐ No } *SKIP to Section 9* **N8Q29B**
CHECK ITEM 8.10 Is 14b marked "Yes" or 15b marked "Yes?	1 ☐ Yes 2 ☐ No - *SKIP to 30c* **N8CK810**
30a. Did ALL of those times when you were afraid, anxious or avoided these objects or situations in the last 12 months ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 8.11* **N8Q30A**
b. Did a doctor or other health professional tell you that ALL of the times like this were related to your physical illness or medical condition?	1 ☐ Yes **N8Q30B** 2 ☐ No
CHECK ITEM 8.11 Is 14b marked "Yes"?	1 ☐ Yes - *SKIP to Section 9* **N8CK811** 2 ☐ No
30c. Did ALL of those times when you feared or avoided these objects or situations BEFORE 12 months ago ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?	1 ☐ Yes 2 ☐ No - *SKIP to Section 9* **N8Q30C**
d. Did a doctor or other health professional tell you that ALL of the times like this were related to your physical illness or medical condition?	1 ☐ Yes 2 ☐ No } *Go to Section 9* **N8Q30D**