

GENERALIZED ANXIETY DISORDER SECTION (G)

<p>*G1 INTRO 1. (RB, PG 14-15) Earlier you mentioned having a time in your life when you were "a worrier". The next questions are about that time. Looking at pages 14-15 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 14-15) 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 14-15 in your booklet, what sorts of things were you nervous or anxious about during that time?</p>	<p>*G1 INTRO 3. (RB, PG 14-15) Earlier you mentioned having a period of time lasting one month or longer when you were anxious or worried most days. The next questions are about that time. Looking at pages 14-15 in your booklet, what sorts of things were you anxious or worried about during that time?</p>	<p>*G1 INTRO 4. (RB, PG 14-15) Earlier you mentioned having a period lasting several days or longer when you had excessive worries or nervousness, felt on the edge, or worried a lot about different things. The next questions are about that time. Looking at pages 14-15 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

EVERYTHING1
 NOTHING IN PARTICULAR.....2

PERSONAL PROBLEMS

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 SUCCESS AT SCHOOL OR WORK4
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OTHER PROBLEMS (SPECIFY)

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

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

***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.** 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
NEVER4
DON'T KNOW8
REFUSED9

***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.** 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 of time that lasted 6 months or longer? (IF NOT) Did you ever have a period that lasted 1 month or longer?

_____ NUMBER

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

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

LESS THAN 1 MONTH1 **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 of time 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)
*G9a. Did you often feel restless, keyed up, or on edge?	1	5	8	9
*G9b. Did you often get tired easily?	1	5	8	9
*G9c. Were you often more irritable than usual?	1	5	8	9
*G9d. Did you often have difficulty concentrating or keeping your mind on what you were doing?	1	5	8	9
*G9e. Did you often have tense, sore, or aching muscles?	1	5	8	9
*G9f. Did you often have trouble falling or staying asleep?	1	5	8	9

*G10.	YES (1)	NO (5)	DK (8)	RF (9)
*G10a. Did your heart often pound or race?	1	5	8	9
*G10b. Did you often sweat?	1	5	8	9
*G10c. Did you often tremble or shake?	1	5	8	9
*G10d. Did you often have a dry mouth?	1	5	8	9
*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-f)**

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)
*G13a. Did you often feel dizzy or lightheaded?	1	5	8	9
*G13b. Were you often short of breath?	1	5	8	9
*G13c. Did you often feel like you were choking?	1	5	8	9
*G13d. Did you often have pain or discomfort in your chest?	1	5	8	9
*G13e. Did you often have pain or discomfort in your stomach?	1 GO TO *G13g	5	8	9
*G13f. Did you often have nausea?	1	5	8	9
*G13g. Did you often feel that you were unreal?	1 GO TO *G13i	5	8	9
*G13h. Did you often feel that things around you were unreal?	1	5	8	9
*G13i. Were you often afraid that you might lose control or go crazy?	1 GO TO *G13k	5	8	9
*G13j. Were you often afraid that you might pass out?	1	5	8	9
*G13k. Were you often afraid that you might die?	1	5	8	9
*G13l. Did you often have hot flashes or chills?	1	5	8	9
*G13m. Did you often have numbness or tingling sensations?	1	5	8	9
*G13n. Did you often feel like you had a lump in your throat?	1	5	8	9
*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 OTHERS 3 **GO TO *IED1, NEXT SECTION**
-

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

_____ AGE **GO TO *G26c**

REFUSED999 **GO TO *G26c**

*G26b. 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 TEENAGER12
NOT BEFORE TEENAGER.....13
WHOLE LIFE OR DON'T KNOW998
REFUSED999

*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.** 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. 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 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 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
ALL OTHERS2 **GO TO *G27a.7**

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

_____/_____
MONTH YEAR

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

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

_____NUMBER

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 OTHERS2 **GO TO *G28**

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

_____ NUMBER

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

_____ MONTHS

- DON'T KNOW 98
- REFUSED 99

GO TO *G28

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

_____ YEARS OLD

- DON'T KNOW 998
 - REFUSED 999
-

*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 KNOW 998
- REFUSED 999

*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?

_____ NUMBER **GO TO *G35**

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?

_____ NUMBER

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

DON'T KNOW98

REFUSED99

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

_____ NUMBER

DON'T KNOW998

REFUSED999

*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. 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)**

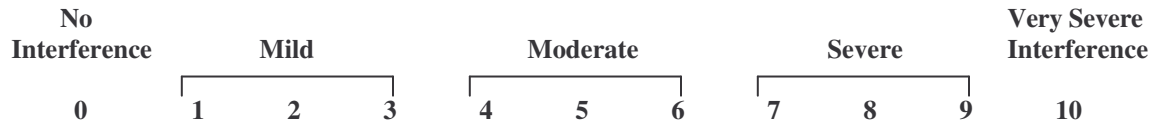
*G27 EQUALS '1'1
 ALL OTHERS.....2 **GO TO *G44**

***G36.** For the next questions, think of the period of time 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 of time, how often did you have each of the following feelings?

	(IF NEC: often, sometimes, occasionally, or never?)					
	OFTEN (1)	SOME (2)	OCCASIONALLY (3)	NEVER (4)	DK (8)	RF (9)
*G36a. How often did you feel tense and wound up – often, sometimes, occasionally, or never?	1	2	3	4	8	9
*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
*G36c. How often did you feel restless as if you had to be on the move?	1	2	3	4	8	9
*G36d. How often did you get sudden feelings of panic?	1	2	3	4	8	9
*G36e. How often did you have worrying thoughts go through your mind?	1	2	3	4	8	9
*G36f. How often could you sit at ease and feel relaxed?	1	2	3	4	8	9
*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.** 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 9) Using a 0 to 10 scale on page 9 of your booklet, where 0 means no interference and 10 means very severe interference, think about the month or longer in the past 12 months when your (worry or anxiety/ nervousness or anxiety/ anxiety or worry) was most severe. What number describes how much your (worry or anxiety/ nervousness or anxiety/ anxiety or worry) interfered with each of the following activities during that month or longer?

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

DOES NOT APPLY 97
DON'T KNOW 98
REFUSED 99

*G38b. Your ability to work? _____

DOES NOT APPLY 97
DON'T KNOW 98
REFUSED 99

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

DOES NOT APPLY 97
DON'T KNOW 98
REFUSED 99

*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. 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. 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 KNOW.....8 **GO TO *G59.1**

REFUSED.....9 **GO TO *G59.1**

*G44.1. (IF SC35_1 = 1, THEN '(RB PG 19) Which ones? Just give me the letter? (PROBE: Any others?)/ ELSE (IF SC35_1 = 2) 'Please tell me of the following professionals which ones you have ever talked to about your (worry or anxiety / nervousness or anxiety / anxiety or worry): a psychiatrist, general practitioner or family doctor, any other medical doctor, psychologist, social worker, counselor, any other mental health professional such as a psychotherapist or mental health nurse, a nurse occupational therapist or health professional, a religious or spiritual advisor like a minister, priest, pastor, rabbi, any other healer, like a herbalist, chiropractor, doctor of oriental medicine or a spiritualist? (PROBE: Any others?')

IF SC35_1 = 1, THEN

1. A
2. B
3. C
4. D
5. E
6. F
7. G
8. H
9. I
10. J
11. M

ELSE (IF SC35_1 = 2), THEN

1. PSYCHIATRIST
2. GENERAL PRACTITIONER OR FAMILY DOCTOR
3. ANY OTHER MEDICAL DOCTOR LIKE A CARDIOLOGIST OR (WOMEN:GYNECOLOGIST/ MEN: UROLOGIST)
4. PSYCHOLOGIST
5. SOCIAL WORKER
6. COUNSELOR
7. ANY OTHER MENTAL HEALTH PROFESSIONAL, SUCH AS A PSYCHOTHERAPIST OR MENTAL HEALTH NURSE
8. A NURSE, OCCUPATIONAL THERAPIST, OR OTHER HEALTH PROFESSIONAL
9. A RELIGIOUS OR SPIRITUAL ADVISOR LIKE A MINISTER, PRIEST, PASTOR, OR RABBI
10. ANY OTHER HEALER, LIKE AN HERBALIST, CHIROPRACTOR, DOCTOR OF ORIENTAL MEDICINE, OR SPIRITUALIST
11. OTHER (SPECIFY) _____

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

YES..... 1

NO 5 **GO TO *G56c**

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

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

*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. 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. 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. 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

NO 5

DON'T KNOW..... 8

REFUSED..... 9

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

YES..... 1

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

DON'T KNOW 8 **GO TO *G59.1**

REFUSED 9 **GO TO *G59.1**

*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 KNOW998

REFUSED999

*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