

## AGORAPHOBIA SECTION (AG)

| INTERVIEWER INSTRUCTION: AFTER EACH "YES" RESPONSE, ASK R TO CHECK CORRESPONDING SITUATION IN BOOKLET.   |            |           |            |           |           |
|--|------------|-----------|------------|-----------|-----------|
| *AG1. (RB, PG 12) 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 12 in your booklet, did you ever strongly fear any of the following situations: |            |           |            |           |           |
|  | YES<br>(1) | NO<br>(5) | N/A<br>(7) | DK<br>(8) | RF<br>(9) |
| *AG1a. Being home alone?<br>(KEY PHRASE: being home alone)   | 1          | 5         | 7          | 8         | 9         |
| *AG1b. Being in crowds?<br>(KEY PHRASE: being in crowds)   | 1          | 5         | 7          | 8         | 9         |
| *AG1c. Traveling away from home?<br>(KEY PHRASE: traveling away from home)   | 1          | 5         | 7          | 8         | 9         |
| *AG1d. Traveling alone or being alone away from home?<br>(KEY PHRASE: traveling alone)   | 1          | 5         | 7          | 8         | 9         |
| *AG1e. Using public transportation?<br>(KEY PHRASE: using public transportation)   | 1          | 5         | 7          | 8         | 9         |
| *AG1f. Driving a car?<br>(KEY PHRASE: driving a car)   | 1          | 5         | 7          | 8         | 9         |
| *AG1g. Standing in a line in a public place?<br>(KEY PHRASE: standing in a line)   | 1          | 5         | 7          | 8         | 9         |
| *AG1h. Being in a department store, shopping mall, or supermarket?<br>(KEY PHRASE: being in stores or malls)   | 1          | 5         | 7          | 8         | 9         |
| *AG1i. Being in a movie theater, auditorium, lecture hall, or church?<br>(KEY PHRASE: being in large auditoriums)  | 1          | 5         | 7          | 8         | 9         |
| *AG1j. Being in a restaurant or any other public place?<br>(KEY PHRASE: being in restaurants)  | 1          | 5         | 7          | 8         | 9         |
| *AG1k. Being in a wide, open field or street?<br>(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   |
|---|---|
| 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?<br><br>YES ..... 1<br>NO ..... 5 <b>GO TO *AG3b</b><br>DON'T KNOW ..... 8 <b>GO TO *AG3b</b><br>REFUSED ..... 9 <b>GO TO *AG3b</b> | 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?<br><br>YES ..... 1<br>NO ..... 5 <b>GO TO *AG3b</b><br>DON'T KNOW ..... 8 <b>GO TO *AG3b</b><br>REFUSED ..... 9 <b>GO TO *AG3b</b> |

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

\_\_\_\_\_ YEARS OLD **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 | NO  | DK  | RF  |
|--|-----|-----|-----|-----|
|  | (1) | (5) | (8) | (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   |

\*AG6. INTERVIEWER CHECKPOINT: (SEE \*SC30.2)

\*SC30.2 EQUALS '1' .....1  
 ALL OTHERS .....2      **GO TO \*AG8**

\*AG6a. Earlier in the interview, you mentioned having times when you avoid these situations because of your fears. 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

**\*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 in your life 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? |                    |                   |                   |                   |
|---|--------------------|-------------------|-------------------|-------------------|
|   | <b>YES<br/>(1)</b> | <b>NO<br/>(5)</b> | <b>DK<br/>(8)</b> | <b>RF<br/>(9)</b> |
| *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 \*AG13**
- ONE RESPONSE CODED '1' ..... 2 **GO TO \*AG11**
- ALL OTHERS ..... 3 **GO TO \*AG13**

\*AG11. (RB, PG 13) When you were faced with these situations, or thought you would have to be, did you ever have one or more of these reactions on Page 13?

READ LIST BELOW STARTING WITH AG11a ONLY IF R PREFERS TO HAVE QUESTIONS READ

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

**GO TO \*AG13 (IF R READS FROM BOOKLET)**

| <b>GO TO *AG13 AFTER <u>ONE</u> "YES" RESPONSE</b>   | <b>YES<br/>(1)</b> | <b>NO<br/>(5)</b> | <b>DK<br/>(8)</b> | <b>RF<br/>(9)</b> |
|--|--------------------|-------------------|-------------------|-------------------|
| *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                 |

**\*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:        DAYS ....1        WEEKS ....2        MONTHS....3        YEARS ... 4

DON'T KNOW .....998

REFUSED .....999

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**\*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

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**\*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

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**\*AG16.** Was there ever a time in your life when you felt very 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

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\*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?

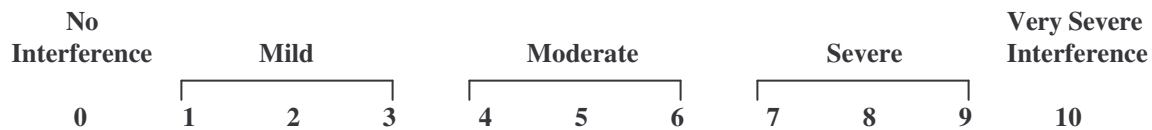
(IF VOL "IT DEPENDS ON WHICH SITUATION," PROBE: What if you were faced with the situation that scares you most: How strong would your fear be – not at all, mild, moderate, severe, or very severe?)

- NOT AT ALL ..... 1     **GO TO \*AG24**
- MILD ..... 2     **GO TO \*AG24**
- MODERATE ..... 3
- SEVERE ..... 4
- VERY SEVERE ..... 5
- DON'T KNOW ..... 8
- REFUSED ..... 9

\*AG19. During the past 12 months, how often did you avoid these feared situations - - all the time, most of the time, sometimes, rarely, or never?

(IF VOL "IT DEPENDS ON WHICH THING," PROBE: How about for the situation that you avoided most: Did you avoid it all the time, most of the time, sometimes, rarely, or never?)

- ALL THE TIME ..... 1
- MOST OF THE TIME ..... 2
- SOMETIMES ..... 3
- RARELY ..... 4
- NEVER ..... 5
- DON'T KNOW ..... 8
- REFUSED ..... 9



\*AG20. (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 fear (or avoidance) was most severe. What number describes how much your fear (or avoidance) interfered with each of the following activities during that month or longer?

(IF NEC: How much did the fear (or avoidance) interfere with (ACTIVITY) during that time?)  
 (IF NEC: You can use any number between 0 and 10 to answer.)

NUMBER (0-10)

\*AG20a. Your home management, like cleaning, shopping, and taking care of the (house/ apartment)?

\_\_\_\_\_

DOES NOT APPLY.....97  
 DON'T KNOW .....98  
 REFUSED.....99

\*AG20b. Your ability to work?

\_\_\_\_\_

DOES NOT APPLY.....97  
 DON'T KNOW .....98  
 REFUSED.....99

\*AG20c. Your ability to form and maintain close relationships with other people?

\_\_\_\_\_

DOES NOT APPLY.....97  
 DON'T KNOW .....98  
 REFUSED.....99

\*AG20d. Your social life?

\_\_\_\_\_

DOES NOT APPLY.....97  
 DON'T KNOW .....98  
 REFUSED.....99

\*AG21. INTERVIEWER CHECKPOINT: (SEE \*AG20a - \*AG20d)

- ALL RESPONSES EQUAL '0' OR '97' ..... 1 GO TO \*AG24
- ALL OTHERS..... 2



\*AG22. About how many days in the past 12 months were you totally unable to work or carry out your normal activities because of your fear (or avoidance)?

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

\_\_\_\_\_ NUMBER OF DAYS

DON'T KNOW .....998

REFUSE .....999

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\*AG24. Did you ever in your life talk to a medical doctor or other professional about your fear (or avoidance) of these situations? (By other professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)

YES ..... 1

NO ..... 5 **GO TO \*AG38.1**

DON'T KNOW ..... 8 **GO TO \*AG38.1**

REFUSED ..... 9 **GO TO \*AG38.1**

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\*AG24.1. (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 fear (or avoidances) of these situations: 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) \_\_\_\_\_

\*AG24a. How old were you the first time (you talked to a professional about your fear)?

\_\_\_\_\_ YEARS OLD

DON'T KNOW .....998

REFUSED .....999

\*AG35. Did you ever get treatment for your fear that you considered helpful or effective?

YES ..... 1

NO ..... 5 **GO TO \*AG35c**

DON'T KNOW ..... 8 **GO TO \*AG35c**

REFUSED ..... 9 **GO TO \*AG35c**

\*AG35a. How old were you the first time (you got helpful treatment for your fear)?

\_\_\_\_\_ YEARS OLD

DON'T KNOW ..... 998

REFUSED ..... 999

\*AG35b. How many professionals did you ever talk to about your fear, up to and including the first time you got helpful treatment?

\_\_\_\_\_ NUMBER OF PROFESSIONALS **GO TO \*AG37**

DON'T KNOW ..... 98 **GO TO \*AG37**

REFUSED ..... 99 **GO TO \*AG37**

\*AG35c. How many professionals did you ever talk to about your fear?

\_\_\_\_\_ NUMBER OF PROFESSIONALS

DON'T KNOW ..... 98

REFUSED ..... 99

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\*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

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\*AG38. Were you ever hospitalized overnight for your fear?

YES..... 1

NO ..... 5 **GO TO \*AG38.1**

DON'T KNOW ..... 8 **GO TO \*AG38.1**

REFUSED ..... 9 **GO TO \*AG38.1**

\*AG38a. How old were you the first time (you were hospitalized overnight because of your fear)?

\_\_\_\_\_ YEARS OLD

DON'T KNOW..... 998

REFUSED..... 999

\*AG38.1 How many of your close relatives -- including your biological parents, brothers and sisters, and children -- ever had a strong fear of being home alone, being in crowds, or being away from home?

\_\_\_\_\_NUMBER

DON'T KNOW ..... 998

REFUSED ..... 999

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\*AG39. INTERVIEWER CHECKPOINT (SEE \*SC26, \*SC26a, \*SC26b, \*SC26c):

FOLLOW SKIP FOR FIRST ENDORSED ITEM.

\*SC26 EQUALS '1' ..... 1 GO TO \*G1 INTRO 1, NEXT SECTION

\*SC26a EQUALS '1' ..... 2 GO TO \*G1 INTRO 2, NEXT SECTION

\*SC26b EQUALS '1' ..... 3 GO TO \*G1 INTRO 3, NEXT SECTION

\*SC26c EQUALS '1' ..... 4 GO TO \*G1 INTRO 4, NEXT SECTION

ALL OTHERS ..... 5 GO TO \*IED1