

Section 9 - GENERAL ANXIETY

Statement S

Now I'd like to ask you about times in your life when you may have been extremely worried or anxious. N9STS

1a. Have you EVER had a time lasting at least 3 months when you felt extremely worried or anxious about many different things?	1 <input type="checkbox"/> Yes - <i>SKIP to 2a</i> N9Q1A 2 <input type="checkbox"/> No
b. Have you EVER had a time lasting at least 3 months when most of the time you felt extremely worried or anxious about many different things, like your family, school or work, finances or health?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Section 10</i> N9Q1B
2a. Now I'd like you to think of a time in your life when you were the most worried or anxious for at least 3 months. During that worst period, did you OFTEN . . . <i>(Repeat entire phrase frequently)</i> Get tired easily?	1 <input type="checkbox"/> Yes N9Q2A 2 <input type="checkbox"/> No
b. Have tense, aching muscles?	1 <input type="checkbox"/> Yes N9Q2B 2 <input type="checkbox"/> No
c. Become so restless that you fidgeted, paced, or couldn't sit still?	1 <input type="checkbox"/> Yes N9Q2C 2 <input type="checkbox"/> No
d. Feel keyed up or on edge?	1 <input type="checkbox"/> Yes N9Q2D 2 <input type="checkbox"/> No
e. Have trouble concentrating or keeping your mind on things?	1 <input type="checkbox"/> Yes N9Q2E 2 <input type="checkbox"/> No
f. Feel irritable or easily annoyed?	1 <input type="checkbox"/> Yes N9Q2F 2 <input type="checkbox"/> No
g. Have trouble falling asleep or staying asleep?	1 <input type="checkbox"/> Yes N9Q2G 2 <input type="checkbox"/> No
h. Have such restless sleep that you woke up tired?	1 <input type="checkbox"/> Yes N9Q2H 2 <input type="checkbox"/> No
i. Have times when you forgot what you were talking about or your mind went blank?	1 <input type="checkbox"/> Yes N9Q2I 2 <input type="checkbox"/> No
CHECK ITEM 9.3 Is at least 1 item marked "Yes" in 2a-2i?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Section 10</i> N9CK93
3a. During your worst period of feeling worried or anxious for at least 3 months, did you EVER . . . Put off doing things or making decisions because of your worry or anxiety?	1 <input type="checkbox"/> Yes N9Q3A 2 <input type="checkbox"/> No
b. Often seek reassurance from others because of your worry or anxiety?	1 <input type="checkbox"/> Yes N9Q3B 2 <input type="checkbox"/> No
c. Avoid events or activities that could have possible negative consequences?	1 <input type="checkbox"/> Yes N9Q3C 2 <input type="checkbox"/> No
d. Find it difficult to stop being worried or anxious?	1 <input type="checkbox"/> Yes N9Q3D 2 <input type="checkbox"/> No
e. Think that your worrying was excessive?	1 <input type="checkbox"/> Yes N9Q3E 2 <input type="checkbox"/> No
f. Spend a lot of time and effort preparing for events or activities that could have possible negative consequences?	1 <input type="checkbox"/> Yes N9Q3F 2 <input type="checkbox"/> No
g. Worry about what other people might do or what would happen to them?	1 <input type="checkbox"/> Yes N9Q3G 2 <input type="checkbox"/> No
CHECK ITEM 9.3A Is Item 7, Section 6 marked "Yes" or is Item 31, Section 6 marked "Yes"?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 9.3B</i> N9CK93A
4a. During any of the times that you were very worried or anxious for at least 3 months, did you EVER have a panic attack?	1 <input type="checkbox"/> Yes - <i>SKIP to 5a</i> N9Q4A 2 <input type="checkbox"/> No - <i>SKIP to 4b</i>

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CHECK ITEM 9.3B	Is Check Item 6.2, Section 6, marked "Yes" or is Check Item 6.17, Section 6 marked "Yes"?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 5a</i> N9CK93B
4b.	During any of those times when you were very worried or anxious for at least 3 months, did you EVER experience some of the symptoms of a panic attack?	1 <input type="checkbox"/> Yes N9Q4B 2 <input type="checkbox"/> No
5a.	Now I'd like to ask you about some things that might have happened to you during your worst period when you felt worried or anxious most of the time for at least 3 months and had some of the other experiences you just mentioned at the same time. During that worst period, did you... <i>(Repeat phrase frequently)</i> Feel very upset?	1 <input type="checkbox"/> Yes N9Q5A 2 <input type="checkbox"/> No
b.	Have arguments or friction with family, friends, people at work or anyone else?	1 <input type="checkbox"/> Yes N9Q5B 2 <input type="checkbox"/> No
c.	Have difficulty doing things you were supposed to do - like working, doing your schoolwork, or taking care of your home or family?	1 <input type="checkbox"/> Yes N9Q5C 2 <input type="checkbox"/> No
d.	Restrict your usual activities in any way?	1 <input type="checkbox"/> Yes N9Q5D 2 <input type="checkbox"/> No
e.	Find that you were unable to do something you wanted to do?	1 <input type="checkbox"/> Yes N9Q5E 2 <input type="checkbox"/> No
f.	Depend on others to take care of your everyday responsibilities?	1 <input type="checkbox"/> Yes N9Q5F 2 <input type="checkbox"/> No
g.	Depend on others to give you a lot of assurance and comfort?	1 <input type="checkbox"/> Yes N9Q5G 2 <input type="checkbox"/> No
h.	Avoid seeing or talking to people because you didn't want to be around them as much as usual?	1 <input type="checkbox"/> Yes N9Q5H 2 <input type="checkbox"/> No
6a.	About how old were you the FIRST time you BEGAN to feel worried or anxious for at least 3 months and also had SOME of the other experiences you mentioned?	_____ Age N9Q6A
CHECK ITEM 9.4	Is respondent's age in 6a within 1 year of his/her present age or is present age or age in 6a unknown?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 7</i> N9CK94
6b.	Did this FIRST time BEGIN to happen during the last 12 months?	1 <input type="checkbox"/> Yes N9Q6B 2 <input type="checkbox"/> No
7.	In your ENTIRE LIFE, how many SEPARATE times lasting at least 3 months were there when you felt worried or anxious and had SOME of the other experiences you mentioned? By separate times, I mean times separated by at least 2 months when you DIDN'T feel nervous or worried AND you DIDN'T have ANY of these OTHER experiences.	_____ Number N9Q7
CHECK ITEM 9.5	Is number entered in 7, 2 or more or unknown?	1 <input type="checkbox"/> Yes N9CK95 2 <input type="checkbox"/> No - <i>SKIP to 9e</i>
8a.	How old were you the MOST RECENT time you BEGAN to feel worried or anxious most of the time for at least 3 months and also had SOME of those other experiences?	_____ Age N9Q8A
CHECK ITEM 9.6	Is respondent's age in 8a within 1 year of his/her present age or is present age or age in 8a unknown?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 9a</i> N9CK96
8b.	Did this MOST RECENT time when you felt worried or anxious BEGIN to happen in the last 12 months?	1 <input type="checkbox"/> Yes N9Q8B 2 <input type="checkbox"/> No
9a.	How long did (this/your) MOST RECENT period last when you felt worried or anxious? <i>(Must be at least 3 months.)</i>	_____ Month(s) N9Q9ACONT, N9Q9AUNIT OR _____ Year(s)
b.	Since this MOST RECENT time BEGAN, have there been at least 2 months when you DIDN'T feel worried or anxious AND DIDN'T have ANY of the OTHER experiences you mentioned?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 9d</i> N9Q9B

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<p>CHECK ITEM 9.6A</p>	<p>Is 8b marked "Yes"?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 9d</i> N9CK96A 2 <input type="checkbox"/> No</p>
	<p>9c. Did this MOST RECENT time when you DIDN'T feel worried or anxious BEGIN to happen during the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes N9Q9C 2 <input type="checkbox"/> No</p>
	<p>d. In your ENTIRE LIFE, what was the LONGEST period you had when you felt worried or anxious most of the time? <i>(Must be at least 3 months.)</i></p>	<p>____ Months } N9Q9DUNIT, N9Q9DCONT OR } <i>SKIP to Check Item 9.7</i> ____ Year(s) }</p>
	<p>e. How long did that period last when you felt worried or anxious most of the time? <i>(Must be at least 3 months.)</i></p>	<p>____ Month(s) N9Q9EUNIT, N9Q9ECONT OR ____ Year(s)</p>
	<p>f. Since that time BEGAN, have there been at least 2 months when you DIDN'T feel worried or anxious AND DIDN'T have ANY of the OTHER experiences you mentioned?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 9.7</i> N9Q9F</p>
	<p>CHECK ITEM 9.6B</p> <p>Is 6b marked "Yes"?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 9.7</i> N9CK96B 2 <input type="checkbox"/> No</p>
	<p>9g. Did that time when you DIDN'T feel worried or anxious BEGIN to happen during the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes N9Q9G 2 <input type="checkbox"/> No</p>
	<p>CHECK ITEM 9.7</p> <p><i>Refer to Check Item 2.1, Section 2A.</i></p> <p>Is respondent a lifetime abstainer of alcohol?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 12</i> N9CK97 2 <input type="checkbox"/> No</p>
	<p>10. Did (that time/ANY of those times) when you were worried or anxious for at least 3 months BEGIN to happen DURING or within 1 month AFTER drinking heavily or a lot more than usual?</p>	<p>1 <input type="checkbox"/> Yes N9Q10 2 <input type="checkbox"/> No</p>
	<p>11. Did (that time/ANY of those times) when you were worried or anxious for at least 3 months BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of drinking?</p>	<p>1 <input type="checkbox"/> Yes N9Q11 2 <input type="checkbox"/> No</p>
	<p>12. Did (that time/ANY of those times) when you were worried or anxious for at least 3 months BEGIN to happen DURING or within 1 month AFTER using a medicine or drug?</p>	<p>1 <input type="checkbox"/> Yes N9Q12 2 <input type="checkbox"/> No</p>
	<p>13. Did (that time/ANY of those times) when you were worried or anxious for at least 3 months BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of a medicine or drug?</p>	<p>1 <input type="checkbox"/> Yes N9Q13 2 <input type="checkbox"/> No</p>
	<p>CHECK ITEM 9.8</p> <p>Is at least 1 item marked "Yes" in 10, 11, 12 OR 13?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 15a</i> N9CK98</p>
	<p>CHECK ITEM 9.9</p> <p>Is Check Item 9.5 marked "No"?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 9.10</i> N9CK99</p>
	<p>14a. 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?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 15a</i> N9Q14A</p>
	<p>b. Did you CONTINUE to feel worried or anxious for at least 1 month AFTER you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?</p>	<p>1 <input type="checkbox"/> Yes } <i>SKIP to 15a</i> N9Q14B 2 <input type="checkbox"/> No }</p>
	<p>CHECK ITEM 9.10</p> <p>Is 6b marked "Yes" or 8b marked "Yes"?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 14g</i> N9CK910</p>
	<p>14c. Did ALL of those times in the last 12 months when you were worried or anxious for at least 3 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)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 9.10A</i> N9Q14C</p>

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<p>14d. During ANY of those times in the last 12 months when you were worried or anxious for at least 3 months 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?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 9.10A</i> N9Q14D</p>
<p>e. During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?</p>	<p>1 <input type="checkbox"/> Yes N9Q14E 2 <input type="checkbox"/> No</p>
<p>f. Did you CONTINUE to feel worried or anxious 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)?</p>	<p>1 <input type="checkbox"/> Yes N9Q14F 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 9.10A Is 6b marked "Yes"?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 15a</i> N9CK910A 2 <input type="checkbox"/> No</p>
<p>14g. Did ALL of those times BEFORE 12 months ago when you were worried or anxious for at least 3 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)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 15a</i> N9Q14G</p>
<p>h. During ANY of those times BEFORE 12 months ago when you were worried or anxious for at least 3 months 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?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 15a</i> N9Q14H</p>
<p>i. During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?</p>	<p>1 <input type="checkbox"/> Yes N9Q14I 2 <input type="checkbox"/> No</p>
<p>j. Did you CONTINUE to feel worried or anxious 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)?</p>	<p>1 <input type="checkbox"/> Yes N9Q14J 2 <input type="checkbox"/> No</p>
<p>15a. 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 because you were feeling worried or anxious?</p>	<p>1 <input type="checkbox"/> Yes N9Q15A 2 <input type="checkbox"/> No</p>
<p>b. Did you EVER go to a self-help or support group, use a hotline, or visit an internet chat room because you were feeling worried or anxious?</p>	<p>1 <input type="checkbox"/> Yes N9Q15B 2 <input type="checkbox"/> No</p>
<p>16a. Did you EVER go to an emergency room to get help for feeling worried or anxious?</p>	<p>1 <input type="checkbox"/> Yes N9Q16A 2 <input type="checkbox"/> No</p>
<p>b. Were you EVER a patient in any kind of hospital overnight or longer because you were feeling worried or anxious?</p>	<p>1 <input type="checkbox"/> Yes N9Q16B 2 <input type="checkbox"/> No</p>
<p>17. Did a doctor EVER prescribe any medicines or drugs for your worry or anxiety?</p>	<p>1 <input type="checkbox"/> Yes N9Q17 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 9.11 Is at least 1 item marked "Yes" in 15a - 17?</p> <p>Did respondent ever seek help for feeling worried or anxious for at least 3 months?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 9.13</i> N9CK911</p>
<p>18. About how old were you the FIRST time you went anywhere or talked to anyone to get help for feeling worried or anxious?</p>	<p>_____ Age N9Q18</p>
<p>CHECK ITEM 9.12 Is age in 18 equal to respondent's current age?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 9.13</i> N9CK912 2 <input type="checkbox"/> No</p>

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<p>19. Did you go anywhere or talk to anyone in the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 9.13</i> N9Q19</p>
<p>CHECK ITEM 9.12A Is age in 18 at least 2 years less than respondent's current age?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 9.13</i> N9CK912A 2 <input type="checkbox"/> No</p>
<p>20. Did you go anywhere or talk to anyone before 12 months ago, that is, BEFORE last (Month one year ago)?</p>	<p>1 <input type="checkbox"/> Yes N9Q20 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 9.13 Is Check Item 9.5 marked "No"?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 9.14</i> N9CK913</p>
<p>21a. Did that time when you were worried or anxious for at least 3 months BEGIN to happen DURING a time when you were physically ill or getting over being physically ill?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Section 10</i> N9Q21A</p>
<p>b. Did a doctor or other health professional tell you that this time was related to your physical illness or medical condition?</p>	<p>1 <input type="checkbox"/> Yes } <i>SKIP to Section 10</i> N9Q21B 2 <input type="checkbox"/> No }</p>
<p>CHECK ITEM 9.14 Is 6b marked "Yes" or 8b marked "Yes"?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 21e</i> N9CK914</p>
<p>21c. Did ALL of those times when you were worried or anxious in the last 12 months ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 9.15</i> N9Q21C</p>
<p>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?</p>	<p>1 <input type="checkbox"/> Yes N9Q21D 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 9.15 Is 6b marked "Yes"?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Section 10</i> N9CK915 2 <input type="checkbox"/> No</p>
<p>21e. Did ALL of those times BEFORE 12 months ago when you were worried or anxious ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Section 10</i> N9Q21E</p>
<p>f. 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?</p>	<p>1 <input type="checkbox"/> Yes } <i>Go to Section 10</i> N9Q21F 2 <input type="checkbox"/> No }</p>