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**

EVERYTHING .................................................................................................................................1
NOTHING IN PARTICULAR ..................................................................................................................2

**PERSONAL PROBLEMS**

FINANCES ........................................................................................................................................3
SUCCESS AT SCHOOL OR WORK .......................................................................................................4
SOCIAL LIFE .........................................................................................................................................5
LOVE LIFE ..........................................................................................................................................6
RELATIONSHIPS AT SCHOOL OR WORK ........................................................................................7
RELATIONSHIPS WITH FAMILY .........................................................................................................8
PHYSICAL APPEARANCE ....................................................................................................................9
PHYSICAL HEALTH ..........................................................................................................................10
MENTAL HEALTH ............................................................................................................................11
SUBSTANCE USE .................................................................................................................................12
OTHER PERSONAL PROBLEMS (SPECIFY) ......................................................................................13

**PHOBIC AND OBSESSIVE-COMPELLUSIVE SITUATIONS**

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

**NETWORK PROBLEMS**

BEING AWAY FROM HOME OR APART FROM LOVED ONES ............................................................19
THE HEALTH OR WELFARE OF LOVED ONES - FIRST MENTION ..................................................20
THE HEALTH OR WELFARE OF LOVED ONES - SECOND MENTION ....................................................21
THE HEALTH OR WELFARE OF LOVED ONES - THIRD MENTION ......................................................22
OTHER NETWORK PROBLEMS (SPECIFY) ..........................................................................................23

**SOCIETAL PROBLEMS**

CRIME / VIOLENCE ............................................................................................................................24
THE ECONOMY ......................................................................................................................................25
THE ENVIRONMENT (E.G., GLOBAL WARMING, POLLUTION) ............................................................26
MORAL DECLINE OF SOCIETY (E.G., COMMERCIALISM, DECLINE OF THE FAMILY) .................27
WAR / REVOLUTION ............................................................................................................................28
OTHER SOCIETAL PROBLEMS (SPECIFY) ..........................................................................................29

**OTHER PROBLEMS (SPECIFY)**

FIRST (SPECIFY) .................................................................................................................................30
SECOND (SPECIFY) ...............................................................................................................................31
THIRD (SPECIFY) .................................................................................................................................32
**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 KNOW ..............8
REFUSED .................9

**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?

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

**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*)

<table>
<thead>
<tr>
<th>INTERVAL</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>LESS THAN 1 MONTH</td>
<td>GO TO *IED1, NEXT SECTION</td>
</tr>
<tr>
<td>1 TO 5 MONTHS</td>
<td>GO TO *G7</td>
</tr>
<tr>
<td>ALL OTHERS</td>
<td>GO TO *G8</td>
</tr>
</tbody>
</table>

**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:

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*G9a. Did you often feel restless, keyed up, or on edge?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*G9b. Did you often get tired easily?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*G9c. Were you often more irritable than usual?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*G9d. Did you often have difficulty concentrating or keeping your mind on what you were doing?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*G9e. Did you often have tense, sore, or aching muscles?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*G9f. Did you often have trouble falling or staying asleep?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**G10.**

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*G10a. Did your heart often pound or race?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*G10b. Did you often sweat?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*G10c. Did you often tremble or shake?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*G10d. Did you often have a dry mouth?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*G10e. Were you sad or depressed most of the time?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**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 _________ | YES (1) | NO (5) | DK (8) | RF (9) |
| CODED ‘1’ IN *G10 SERIES IS _________ |          |        |        |        |

GO TO *G15 AS SOON AS FIVE RESPONSES CODED ‘1’ IN *G9, *G10, *G13 SERIES

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>*G13a. Did you often feel dizzy or lightheaded?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*G13b. Were you often short of breath?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*G13c. Did you often feel like you were choking?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*G13d. Did you often have pain or discomfort in your chest?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*G13e. Did you often have pain or discomfort in your stomach?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*G13f. Did you often have nausea?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*G13g. Did you often feel that you were unreal?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*G13h. Did you often feel that things around you were unreal?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*G13i. Were you often afraid that you might lose control or go crazy?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*G13j. Were you often afraid that you might pass out?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*G13k. Were you often afraid that you might die?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*G13l. Did you often have hot flashes or chills?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*G13m. Did you often have numbness or tingling sensations?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*G13n. Did you often feel like you had a lump in your throat?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*G13o. Were you easily startled?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>
**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
| MILD | 2
| MODERATE | 3
| SEVERE | 4
| VERY SEVERE | 5
| DON’T KNOW | 8
| REFUSED | 9

**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
| SOME | 3
| A LOT | 4
| EXTREMELY | 5
| DON’T KNOW | 8
| REFUSED | 9

**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?

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

**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
DON’T KNOW.................................8
REFUSED .........................................9

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

__________ AGE  GO TO *G26c

REFUSED .....................999  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 TEENAGER..........................12
NOT BEFORE TEENAGER...................13
WHOLE LIFE OR DON’T KNOW..........998
REFUSED .........................................999

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

BROUGHT ON BY STRESS .....................1
OUT OF THE BLUE.............................2
DON’T REMEMBER .........................5
DON’T KNOW ...................................8
REFUSED .........................................9
*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 KNOW..................8   GO TO *G27c  
   REFUSED..........................9   GO TO *G27c

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

   PAST MONTH..............................1  
   2-6 MONTHS AGO..........................2  
   MORE THAN 6 MONTHS...................3  
   DON’T KNOW.............................8  
   REFUSED..................................9

*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 OTHERS ..............................................................................2   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 OTHERS ..............................................................................2   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/hervousness 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 KNOW .........................98  GO TO *G35
  REFUSED .............................99  GO TO *G35

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

  __________ NUMBER

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

  DON’T KNOW .........................98
  REFUSED .............................99

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

  __________ NUMBER

  DON’T KNOW ..............................998
  REFUSED .....................................999

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

  __________ YEARS

  DON’T KNOW ..............................998
  REFUSED .....................................999

*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 KNOW ..............................998
  REFUSED .....................................999
### *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?

<table>
<thead>
<tr>
<th>(IF NEC: often, sometimes, occasionally, or never?)</th>
<th>OFTEN</th>
<th>SOME</th>
<th>OCCASIONALLY</th>
<th>NEVER</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>G36a. How often did you feel tense and wound up – often, sometimes, occasionally, or never?</em></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><em>G36b. How often during that period did you get a sort of frightened feeling like butterflies in the stomach?</em></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><em>G36c. How often did you feel restless as if you had to be on the move?</em></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><em>G36d. How often did you get sudden feelings of panic?</em></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><em>G36e. How often did you have worrying thoughts go through your mind?</em></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><em>G36f. How often could you sit at ease and feel relaxed?</em></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><em>G36g. How often did you get a frightened feeling as if something awful was about to happen?</em></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

**GO TO *G38**

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

<table>
<thead>
<tr>
<th>BADLY</th>
<th>NOT BADLY</th>
<th>NOT AT ALL</th>
<th>DON’T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>
*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 KNOW ......... 998
REFUSED ................. 999
*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