

Any anxiety disorder

CIDI-SF 12 month DSM-IV version, sections B-F

Section B. Generalised Anxiety Disorder

"I will next ask a series of questions on whether you have felt worry, tension, nervousness or anxiety".

B1. During the past 12 months, did you ever have a period lasting one month or longer --when most of the time you felt worried, tense, or anxious?

1. Yes
5. No

B1a. People differ a lot in how they worry things. Did you have a time in the past 12 months when you worried a lot more than most people would in your situation?

1. Yes
5. No - **GO TO SECTION C**

B2. Has that period ended or is it still going on?

1. Ended - **GO TO B2A**
2. Still going on - **GO TO B2B**

B2a. How many months or years did go on before it ended?

_____Months or

_____Years or

89. "All my life" or "As long as I can remember"

B2b. How many months or years has it been going on?

_____Months or_____Years or

89. "All my life" or "As long as I can remember"

B3. INTERVIEWER CHECKPOINT:

1. B2a/B2b IS 6 MONTHS OR LONGER, "ALL MY LIFE", "AS LONG AS I CAN REMEMBER" - **GO TO B4**
2. B2a/B2b IS LESS THAN 6 MONTHS - **GO TO SECTION C**

B4. During that period, was your/is your worry stronger than in other people?

1. Yes
5. No

B5. Did/do you worry most days?

1. Yes
5. No

B6. Did/Do you usually worry about one particular thing, such as your job security or the failing heart of a loved one, or more than one thing?

1. One thing
2. More than one thing

B7. Did/Do you find it difficult to stop worrying?

1. Yes
5. No

B8. Did/Do you ever have different worries on your mind at the same time?

1. Yes
5. No

B9. How often was/is your worry so strong that you couldn't/can't put it out of your mind no matter how hard you tried/try – often, sometimes, rarely or never?

1. Often
2. Sometimes
3. Rarely
4. Never

B10. How often did/do you find it difficult to control your worry – often, sometimes, rarely, or never?

1. Often
2. Sometimes
3. Rarely
4. Never

B11. What sort of things did/do you mainly worry about (PROBE: Any other main worries?) (open ended question)

B12. When you were/are worried or anxious, were/are you also.....

	Yes (1)	No (5)
B12a. Restless?		
B12b. Were/are you keyed up or on edge?		
B12c. Were/are you easily tired?		
B12d. Did/Do you have difficulty keeping your mind on what you were doing?		
B12e. Were/Are you more irritable than usual?		
B12f. Did/Do you have tense, sore or aching muscles?		
B12g. Do/Did you have trouble falling asleep or staying asleep?		

B13. INTERVIEWER CHECKPOINT:

1. 0-1 YES RESPONSES IN THE B12 SERIES - **GO TO SECTION C**
2. ALL OTHERS - **GO TO B14**

B14. Did you tell a doctor about the problems it was causing? (By doctor I mean either a medical doctor or osteopath, or a student in training to be either a medical doctor or osteopath.)

1. Yes
5. No

B15. Did you tell any other professional (such as psychologist, social worker, counsellor, nurse, clergy, or other helping professional)?

1. Yes
5. No

B16. Did you take medication or use drugs or alcohol more than once for the worry or the problems it was causing?

1. Yes
5. No

B17. How much did/does the worry or anxiety interfere with your life or activities – a lot, some, a little, or not at all.

1. A lot
2. Some
3. A little
4. Not at all

Section C. Specific Phobia

C1. The next questions are about things that make some people so afraid that they avoid them, even when there is no real danger. Do you have an unreasonably strong fear or avoid any of the following things... (Do you have an unreasonably strong fear or avoid...)

C1a. First, heights, storms, thunder, lightning, or being in still water, like a swimming pool or lake? (Do you have an unreasonably strong fear or avoid any of these things?)

1. Yes
5. No

C1b. (How about) being in a closed space like a cave, tunnel, elevator, or airplane? (Do you have an unreasonably strong fear or avoid any of these things?)

1. Yes
5. No

C1c. (How about) snakes, birds, rats, bugs, or other animals? (Do you have an unreasonably strong fear or avoid any of these things?)

1. Yes
5. No

C1d. (How about) seeing blood, getting a shot or injection, seeing a dentist, or going to a hospital? (Do you have an unreasonably strong fear or avoid any of these things?)

1. Yes
5. No

C2. INTERVIEWER CHECKPOINT — SEE C1a-C1d

1. ONE OR MORE "YES" RESPONSES IN C1a-C1d
2. ALL OTHERS - **GO TO D1**

C3. Thinking only of the situation(s) that we just reviewed that cause(s) you unreasonably strong fears, do you get very upset every time you are in (this/these) situation(s), most of the time, only some of the time, or never?

1. Every time
2. Most of the time
3. Some of the time - **GO TO D1**
4. Never - **GO TO D1**
7. (If volunteered) Only one or two times ever - **GO TO D1**

C4. How long have you had (this/these) fear(s) — less than 1 year, between 1 and 5 years, or more than 5 years?

1. Less than 1 year
2. Between 1 and 5 years - **GO TO C5**
3. More than 5 years - **GO TO C5**

C4a. About how many months?

_____ # of months

C5. During the past 12 months, how much did (this/these) fear(s) interfere with your life or activities — a lot, some, a little, or not at all?

1. A lot
2. Some
3. A little
4. Not at all

C6. During the past 12 months were you ever very upset with yourself for having (this/these) fear(s)?

1. Yes
5. No

C7. Is your fear unreasonable — that is, much stronger than it should be?

1. Yes
5. No

C8. Is your fear much stronger than in other people?

1. Yes
5. No

Section D. Social Phobia

D1. Here's another list of situations that can cause unreasonably strong fears. They involve doing things in front of other people or being the center of attention. Do you have an unreasonably strong fear or avoid any of the following situations... (Do you have an unreasonably strong fear or avoid...)

D1a. First, giving a speech or speaking in public? (Do you have an unreasonably strong fear or avoid these things?)

1. Yes
5. No

D1b. (How about) eating or drinking where someone could watch you? (Do you have an unreasonably strong fear or avoid these things?)

1. Yes
5. No

D1c. (How about) talking to people because you might have nothing to say or might sound foolish? (Do you have an unreasonably strong fear or avoid this type of situation?)

1. Yes
5. No

D1d. (How about) writing while someone watches? (Do you have an unreasonably strong fear or avoid this situation?)

1. Yes
5. No

D1e. (How about) taking part or speaking in a meeting or class? (Do you have an unreasonably strong fear or avoid this type of situation?)

1. Yes
5. No

D1f. (How about) going to a party or other social outing? (Do you have an unreasonably strong fear or avoid this type of situation?)

2. Yes
5. No

D2. INTERVIEWER CHECKPOINT —SEE D1a-D1f

1. ONE OR MORE 'YES' RESPONSES IN **D1a-D1f**
2. ALL OTHERS - **GO TO E1**

D3. Thinking only of the situation(s) that we just reviewed that cause(s) you unreasonably strong fears, do you get very upset every time you are in (this/these) situation(s), most of the time, only some of the time, or never?

1. Every time
2. Most of the time
3. Some of the time - **GO TO E1**
4. Never - **GO TO E1**
7. (If volunteered) Only one or two times ever - **GO TO E1**

D4. How long have you had (this/these) fear(s) — less than 1 year, between 1 and 5 years, or more than 5 years?

1. Less than 1 year
2. Between 1 and 5 years - **GO TO D5**
3. More than 5 years - **GO TO D5**

D4a. About how many months?

_____ # of months

D5. During the past 12 months, how much did (this/these) fear(s) interfere with your life or activities — a lot, some, a little, or not at all?

1. A lot
2. Some
3. A little
4. Not at all

D6. During the past 12 months were you ever very upset with yourself for having (this/these) fear(s)?

1. Yes
5. No

D7. Is your fear unreasonable — that is, much stronger than it should be?

1. Yes
5. No

D8. Is your fear much stronger than in other people?

1. Yes
5. No

Section E. Agoraphobia

E1. Here's a final list of situations that cause unreasonably strong fears. Do you have an unreasonably strong fear or avoid any of the following... (Do you have an unreasonably strong fear or avoid...)

E1a. First, being in a crowd or standing in line? (Do you have an unreasonably strong fear or avoid either of these situations?)

1. Yes
5. No

E1b. (How about) being away from home alone? (Do you have an unreasonably strong fear or avoid this situation?)

1. Yes
5. No

E1c. (How about) traveling alone? (Do you have an unreasonably strong fear or avoid this situation?)

1. Yes
5. No

E1d. (How about) traveling in a bus, train, or car? (Do you have an unreasonably strong fear or avoid any of these situations?)

1. Yes
5. No

E1e. (How about) being in a public place like a department store? (Do you have an unreasonably strong fear or avoid this type of situation?)

1. Yes
5. No

E2. INTERVIEWER CHECKPOINT —SEE E1a-E1e

1. ONE OR MORE "YES" RESPONSES IN **E1a-E1e**
2. ALL OTHERS - **GO TO F1**

E3. Thinking only of the situation(s) that we just reviewed that cause(s) you unreasonably strong fears, do you get very upset every time you are in (this/these) situation(s), most of the time, only some of the time, or never?

1. Every time
2. Most of the time
3. Some of the time - **GO TO F1**
4. Never - **GO TO F1**
7. (If volunteered) Only one or two times ever - **GO TO F1**

E4. How long have you had (this/these) fear(s) — less than 1 year, between 1 and 5 years, or more than 5 years?

1. Less than 1 year
2. Between 1 and 5 years - **GO TO E5**
3. More than 5 years - **GO TO E5**

E4a. About how many months?

_____NUMBER OF MONTHS

E5. When you are in (this/these) situation(s), are you afraid that you might faint, lose control, or embarrass yourself in other ways?

1. Yes
5. No

E6. When you are in (this/these) situation(s), do you worry that you might be trapped without any way to escape?

1. Yes
5. No

E7. When you are in (this/these) situation(s), do you worry that help might not be available if you needed it?

1. Yes
5. No

E8. During the past 12 months, how much did (this/these) fear(s) interfere with your life or activities — a lot, some, a little, or not at all?

1. A lot
2. Some
3. A little
4. Not at all

Section F. Panic attack

F1. During the past 12 months, did you ever have a spell or an attack when all of a sudden you felt frightened, anxious, or very uneasy?

1. Yes
5. No - **GO TO G1**

F1a. Did any of these attacks occur when you were in a life-threatening situation?

1. Yes
5. No - **GO TO F2**
8. (If volunteered) DK - **GO TO F2**

F1b. Did any of these attacks occur when you were not in a life-threatening situation?

1. Yes
5. No - **GO TO G1**

F2. About how many attacks did you have in the past 12 months?

_____ # of attacks

F3. How long ago did you have the most recent (one/attack)?

_____ # of months in the past

F4. Did (this attack/all of these attacks) happen in a situation when you were not in danger or not the center of attention?

1. Yes
5. No - **GO TO G1**

F5. A moment ago, we discussed situations that cause unreasonably strong fears. When you have attacks of the sort you just described, do they usually occur in situations that cause you unreasonably strong fear?

1. Yes
5. No - **GO TO F6**

F5a. Did you ever have an attack in the past 12 months when you were not in a situation that usually causes you to have unreasonably strong fears?

1. Yes
5. No - **GO TO G1**

F6. When you have attacks, ...

F6a. ...does your heart pound or race?

1. Yes
5. No

F6b. ...do you have tightness, pain, or discomfort in your chest or stomach?

1. Yes
5. No

F6c. ...do you sweat?

1. Yes
5. No

F6d. ...do you tremble or shake?

1. Yes
5. No

F6e. ...do you have hot flashes or chills?

1. Yes
5. No

F6F. ...do you, or things around you, seem unreal?

1. Yes
5. No