

(O1)
PAN3RA/E
PAN4A
AGPAN3RA
AGPAN4A1

PN1 Have you ever had a spell or attack when all of a sudden you felt frightened, anxious, or panicky in situations when most people would not be afraid or anxious; that is, during times when you were not in danger, or were not making a speech, or something like that?

PN1x
NO.....(SKIP TO AG1).....1
YES.....5

PNp1. Did you tell a doctor about these feelings?

PNp1
NO1
YES(SKIP TO D).....5

A1. Did you tell any other health professional about these feelings?

PNp1a1
NO1
YES(SKIP TO D).....5

B. Were these feelings ever the result of physical illness or injury?

PNp1b
NO1
YES(SKIP TO H).....5

C. Were these feelings ever the result of medication, drugs, or alcohol?

PNp1c
NO(SKIP TO A3).....1
YES(SKIP TO J).....5

D. When you told the (doctor/health professional), what was the diagnosis? (What did the doctor/ health professional say was causing these feelings?)

PNp1d
STRESS, PSYCH...(SKIP TO PN2)...1
MEDS, A/D.....(SKIP TO J).....2
ILLNESS/INJ.....(SKIP TO H).....3
NO DX, DK.....(SKIP TO G).....4

G. Did the (doctor/health professional) find anything abnormal by an exam, test, or x-ray?

PNp1g
NO(SKIP TO PN2).....1
YES5

H. Were these feelings always the result of physical illness or injury?

PNp1h
NO(SKIP TO I)1
YES5

**BOX PNp1H IF (D=3 OR 4) AND (H=5), SKIP TO AG1.
OTHERS SKIP TO A3.**

I. When these feelings were not due to physical illness or injury, were they always the result of medication, drugs, or alcohol?

PNp1i
NO1
YES5

**BOX PNp1I IF (D=3 OR 4) AND (I=1), SKIP TO PN2.
IF (D=3 OR 4) AND (I=5), SKIP TO AG1.
OTHERS SKIP TO A3.**

J. Were these feelings always the result of medication, drugs, or alcohol?

PNp1j
NO1
YES5

**BOX PNp1J IF D=2 AND J=1, GO TO F.
IF D=2 AND J=5, SKIP TO AG1.
OTHERS SKIP TO A3.**

F. When these feelings were not due to medication, drugs, or alcohol, were they always the result of physical illness or injury?

PNp1f
NO(SKIP TO PN2).....1
YES(SKIP TO AG1).....5

A3. Did these feelings or behaviors interfere with your life or activities a lot?

PNp1a3

NO(SKIP TO AG1).....1
YES5

BOX PNp1A3 IF (H=5) OR (I=5) OR (J=5), SKIP TO AG1. OTHERS CONTINUE.

**BOX PN1 PROBE—FOR ANALYSTS ONLY
VALUES ASSIGNED BY BLAISE:**

PN1PROBE=2
IF A3=1

PN1PROBE=3
IF F=5
OR [(A3=5) AND (J=5 OR I=5)]
OR [(PNp1=5 OR A1=5) AND (J=5 OR I=5)]

PN1PROBE=4
IF (H=5) AND [(A3=5) OR (PNp1=5 OR A1=5)]

PN1PROBE=5
IF D=1
OR F=1
OR G=1
OR [(PNp1=5 OR A1=5) AND (I=1)]
OR [(A3=5) AND (C=1 OR J=1 OR I=1)]

(02)
PAN3RB
AGPAN3RA

PN2	Have you ever had...	<u>NO</u>	<u>YES</u>	
A.	3 attacks within a three-week period?.....	1	5	PN2a
B.	4 attacks within a four-week period?.....	1	5	PN2b

(O3)
PAN3RB
PAN4A2A
AGPAN3RA
AGPAN4A2A

PN3 After having an attack, did you ever have a month or more when you worried a lot about having an attack or you were afraid that you might have another attack?

PN3

NO 1
YES..... 5

A. Did you think that having attacks like this must mean that you had a serious illness or that you were going crazy?

PN3a

NO (SKIP TO B) 1
YES..... 5

PAN4A2B
AGPAN4A2B

1. Did you think that for a month or longer?

PN3a1

NO 1
YES..... 5

B. Did having an attack like this cause you to stop doing anything that you used to do or stop going places you used to go?

PN3b

NO (SKIP TO C) 1
YES..... 5

PAN4A2C
AGPAN4A2C

1. Did you stop doing things or going places for a month or longer?

PN3b1

NO 1
YES..... 5

C. After having an attack like this, did you begin to need someone to go with you?

PN3c

NO (SKIP TO PN4)..... 1
YES..... 5

PAN4A2C
AGPAN4A2C

1. Did that last for a month or longer?

PN3c1

NO 1
YES..... 5

(O4)
PAN3RC
PAN4A1
AGPAN3RA
AGPAN4A1

PN4 During one of your worst attacks, did you have...

NO YES

PAN3RC1
PAN4A1.4

1. shortness of breath or feeling that you were smothering?.....1 5 [PN4_1](#)

PAN3RC3
PAN4A1.1

2. palpitations or a pounding heart?.....1 5 [PN4_2](#)

PAN3RC2
PAN4A1.8

3. dizziness, light-headedness, unsteadiness, or feeling faint? 1 5 [PN4_3](#)

PAN3RC11
PAN4A1.6

4. chest tightness or chest pain?.....1 5 [PN4_4](#)

PAN3RC9
PAN4A1.12

5. numbness or tingling in your face, feet, or fingers?.....1 5 [PN4_5](#)

PAN3RC6
PAN4A1.5

6. a choking sensation?.....1 5 [PN4_6](#)

PAN3RC5
PAN4A1.2

7. sweating?.....1 5 [PN4_7](#)

PAN3RC4
PAN4A1.3

8. shaking or trembling?.....1 5 [PN4_8](#)

PAN3RC10
PAN4A1.13

9. flushing, hot flashes, or chills?.....1 5 [PN4_9](#)

PAN3RC8
PAN4A1.9

10. a feeling that things were unreal?.....1 5 [PN4_10](#)

PAN3RC12
PAN4A1.11

11. a fear that you might die?.....1 5 [PN4_11](#)

PAN3RC13
PAN4A1.10

12. a fear that you were going crazy or losing control?.....1 5 [PN4_12](#)

PAN3RC7
PAN4A1.7

13. nausea or discomfort in your stomach or abdomen?.....1 5 [PN4_13](#)

**BOX PN4 IF 4 OR MORE ARE CODED 5 IN PN4.1-13,
CONTINUE. OTHERS SKIP TO AG1.**

(O5)
PAN3RD
PAN4A1
AGPAN3RA
AGPAN4A1

PN5 You mentioned you had attacks of feeling frightened and some problems like (SX IN PN4.1-13). How many episodes have you had in your lifetime that had 4 or more of these problems?

___ ___ NUMBER [PN5](#)

1. **IF DK, ASK:** Did you have more than one episode like this?

[PN5_1](#)

NO(SKIP TO AG1)..... 1
YES..... 5

**BOX PN5 IF ONLY 1 ATTACK, SKIP TO AG1.
OTHERS CONTINUE.**

(O6)				
PAN3RD				
PAN4A1				
AGPAN3RA				
AGPAN4A1				
	PN6	During at least several of your attacks, did some of these problems such as: (UP TO 4 SX CODED IN PN4) begin suddenly, and get worse in the first 10 minutes of the attacks?	PN6 NO..... 1 YES..... 5	
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PAN4D	PN7	A. IF ANY 5 CODED IN SP1.1-6 (Social Phobia), ASK: Did you have attacks like that when you were in any of the following situations? (SOCPHOB SITUATIONS CODED 5 IN SP1.1-6)? B. OMITTED C. Did being in any (other) particular situations make it likely that you would have an attack like this? D. Have you had these attacks at times when you had no reason to expect one because you were not in any special situation?	PN7a NO..... 1 YES..... 5 PN7c NO..... 1 YES..... 5 PN7d NO..... 1 YES..... 5	
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(O7)	PN8	How old were you the (first/last) time you had one of these sudden attacks of feeling frightened or anxious when you had 4 or more problems like (ALL SX CODED 5 IN PN4.1-13)?	AGE ONS: ____/____ t ONS: 1 5 AGE REC: ____/____ t REC: 1 5	
		1. IF DK ONS ASK: Did you first have one of these sudden attacks... BEGINNING WITH "BEFORE YOU WERE 10 YEARS OLD," READ OPTIONS UNTIL R RESPONDS AFFIRMATIVELY	PN_ao8 PN_o8 PN_ar8 PN_r8 PN_ao8DK BEFORE YOU WERE 10 YEARS OLD? 1 BEFORE YOU WERE 20 YEARS OLD? 2 BEFORE YOU WERE 30 YEARS OLD? 3 BEFORE YOU WERE 40 YEARS OLD? 4 BEFORE YOU WERE 50 YEARS OLD? 5 BEFORE YOU WERE 60 YEARS OLD? 6 BEFORE YOU WERE 70 YEARS OLD? 7 BEFORE YOU WERE 80 YEARS OLD? 8 BEFORE YOU WERE 90 YEARS OLD? 9	
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(O8)	PN9	Have you ever been nervous or anxious much of the time between attacks?	PN9 NO..... 1 YES..... 5	
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(O9)	PN10	Did these attacks ever cause you to have difficulty in getting along with your family or to have problems at work or at school?	PN10 NO..... 1 YES..... 5	
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IF AL1a=1, SKIP TO PN11.2

PN11.1 Did you ever begin to drink alcohol or increase the amount of the alcohol you were using because of these attacks?

PN11_1

NO1
YES.....5

2. Did you ever take medicine on your own (that is, without a prescription, or in greater amounts or more often or longer), begin to use drugs, or increase the amount of drugs that you were using because of these attacks?

PN11_2

NO1
YES5

IF YES, SPECIFY:

1. _____ PN11Specify1

CODE: ____ ____ ____ PN11Cd1

2. _____ PN11Specify2

CODE: ____ ____ ____ PN11Cd2

3. _____ PN11Specify3

CODE: ____ ____ ____ PN11Cd3

**BOX PN11 IF PN11.1=5 OR PN11.2=5, CONTINUE.
OTHERS SKIP TO BOX PN12.**

A. Did (drinking/using drugs) help?

PN11a

NO1
YES5

**BOX PN12 IF AL1a=1 AND MJ1=1 AND ALL DR1=1,
SKIP TO AG1.
OTHERS CONTINUE.**

PN12 Did these attacks ever begin after (drinking heavily/using marijuana more than usual/using drugs more than usual)?

PN12

NO.....1
YES.....5

A. Did these attacks ever begin soon after you stopped (drinking/using marijuana/using drugs)?

PN12a

NO.....1
YES.....5