

AGP3RA AGP4A	AG1	Some people have a fear of being in certain places or situations where they feel it would be difficult to leave easily. They are worried that they could not escape or get help if they suddenly became panicky. Some situations like this include being alone away from home; being in a crowd; being in a place where there was a long distance between exits, like in a tunnel or on a bridge; traveling in a bus, car, or train; or being in an elevator. Have you ever had a period of time when you had a fear like that (that you might become panicky and wouldn't be able to leave easily if that happened)?	<b>AG1</b> NO.....(SKIP TO HE1).....1 YES.....5	
AGP3RA	AG2	Did you feel this way about:	<b>NO</b>	<b>YES</b>
		1. going outside of the house alone? .....	1	5 <b>AG2_1</b>
		2. being in a crowd or standing in a line?.....	1	5 <b>AG2_2</b>
		3. being on a bridge or in a tunnel? .....	1	5 <b>AG2_3</b>
		4. traveling in a bus, train, or car? .....	1	5 <b>AG2_4</b>
		5. being in an elevator?.....	1	5 <b>AG2_5</b>
		<b>IF ALL ARE CODED 1, CONTINUE. OTHERS SKIP TO AGp2.</b>		
	A.	What situations did you have in mind when you said some situations made you unreasonably afraid?	<b>AG2a</b> NONE.....(SKIP TO HE1).....1 ANY.....(SPECIFY).....5	
		EXAMPLE: _____ <b>AG2aSpecify</b>		
	B.	Did more than one situation make you feel this way?	<b>AG2b</b> NO.....1 YES.....5	
	AGp2.	Did you tell a doctor about these feelings?	<b>AGp2</b> NO .....1 YES .....(SKIP TO D).....5	
	A1.	Did you tell any other health professional about these feelings?	<b>AGp2a1</b> NO .....1 YES .....(SKIP TO D).....5	
	B.	Were these feelings ever the result of physical illness or injury?	<b>AGp2b</b> NO .....1 YES .....(SKIP TO H).....5	
	C.	Were these feelings ever the result of medication, drugs, or alcohol?	<b>AGp2c</b> 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?)	<b>AGp2d</b> STRESS, PSYCH...(SKIP TO AG3)...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?	<b>AGp2g</b> NO .....(SKIP TO AG3).....1 YES .....5	

H. Were these feelings always the result of physical illness or injury?	<a href="#">AGp2h</a>
	NO .....(SKIP TO I) .....1
	YES .....5

**BOX AGp2H IF (D=3 OR 4) AND (H=5), SKIP TO HE1.  
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?	<a href="#">AGp2i</a>
	NO .....1
	YES .....5

**BOX AGp2I IF (D=3 OR 4) AND (I=1), SKIP TO AG3.  
IF (D=3 OR 4) AND (I=5), SKIP TO HE1.  
OTHERS SKIP TO A3.**

J. Were these feelings always the result of medication, drugs, or alcohol?	<a href="#">AGp2j</a>
	NO .....1
	YES .....5

**BOX AGp2J IF D=2 AND J=1, GO TO F.  
IF D=2 AND J=5, SKIP TO HE1.  
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?	<a href="#">AGp2f</a>
	NO .....(SKIP TO AG3).....1
	YES .....(SKIP TO HE1).....5

A3. Did these feelings or behaviors interfere with your life or activities a lot?	<a href="#">AGp2a3</a>
	NO .....(SKIP TO HE1).....1
	YES .....5

**BOX AGp2A3 IF (H=5) OR (I=5) OR (J=5), SKIP TO HE1.  
OTHERS CONTINUE.**

**BOX AG2 PROBE—FOR ANALYSTS ONLY  
VALUES ASSIGNED BY BLAISE:**

[AG2PROBE=2](#)  
IF A3=1

[AG2PROBE=3](#)  
IF F=5  
OR [(A3=5) AND (J=5 OR I=5)]  
OR [(AGp2=5 OR A1=5) AND (J=5 OR I=5)]

[AG2PROBE=4](#)  
IF (H=5) AND [(A3=5) OR (AGp2=5 OR A1=5)]

[AG2PROBE=5](#)  
IF D=1  
OR F=1  
OR G=1  
OR [(AGp2=5 OR A1=5) AND (I=1)]  
OR [(A3=5) AND (C=1 OR J=1 OR I=1)]

AGP3RA AGP4B	AG3 A.	When you were in those situations, did you <u>usually</u> :	NO	YES	
		1. get sweaty?.....	1	5	AG3A_1
		2. tremble?.....	1	5	AG3A_2
		3. have a dry mouth?.....	1	5	AG3A_3
		4. feel dizzy?.....	1	5	AG3A_4
		5. feel your heart pound?.....	1	5	AG3A_5
		6. get nauseated or vomit?.....	1	5	AG3A_6
		7. feel like you couldn't control your bodily functions?.....	1	5	AG3A_7
		8. feel tightness or pain in your chest or stomach?.....	1	5	AG3A_8
		9. feel that you, or things around you, seemed unreal?.....	1	5	AG3A_9
			AG3b		
AGP4A	B.	When you were in situations like (SITUATIONS IN AG2), were you <u>afraid</u> that any of these things might happen?	NO .....	1	
			YES .....	5	
			AG4		
AGP3RA AGP4B	AG4	Did you almost always avoid this/these situation(s) or stop going places because of your fear that you would feel sick or do something embarrassing?	NO .....	1	
			YES .....	5	
			AG4a		
AGP3RA AGP4B	A.	Has your fear kept you from going somewhere you wanted to go 3 or more times?	NO .....	1	
			YES .....	5	
			AG4b		
AGP3RA AGP4B	B.	When you had to be in one of these situations, did it almost always make you extremely nervous or panicky?	NO .....	1	
			YES .....	5	
			AG4c		
AGP3RA AGP4B	C.	When you had to be in one of these situations, did you begin to need someone to be with you?	NO .....	1	
			YES .....	5	
<div style="border: 1px solid black; padding: 10px; text-align: center;"> <b>BOX AG4 IF AG4, AG4A, AG4B, AND AG4C ARE ALL CODED 1, SKIP TO HE1.</b>   <b>OTHERS CONTINUE.</b> </div>					
	AG5	How old were you the (first/last) time you had this fear and had some other problems like (SX ENDORSED IN AG3 AND AG4) at the same time?	AGE ONS: ____/____	t	AG_ao5
			ONS: 1 5		AG_o5
			AGE REC: ____/____	t	AG_ar5
			REC: 1 5		AG_R5
	1.	<b>IF DK ONSET, ASK:</b> Did you have this fear or others like it...	AG_ao5DK		
			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		
		<b>BEGINNING WITH “BEFORE YOU WERE 10 YEARS OLD,” READ OPTIONS UNTIL R RESPONDS AFFIRMATIVELY.</b>			

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**IF AL1a=1, SKIP TO AG6.2**

AG6.1 Did you ever begin to drink alcohol or increase the amount of the alcohol you were using because of this fear?

AG6\_1

NO ..... 1  
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 this fear?

AG6\_2

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

**SPECIFY:**

1. \_\_\_\_\_ AG6Specify1

CODE: \_\_\_\_ \_\_\_\_ AG6Cd1

2. \_\_\_\_\_ AG6Specify2

CODE: \_\_\_\_ \_\_\_\_ AG6Cd2

3. \_\_\_\_\_ AG6Specify3

CODE: \_\_\_\_ \_\_\_\_ AG6Cd3

**BOX AG6 IF AG6.1=5 OR AG6.2=5, CONTINUE.  
OTHERS SKIP TO BOX AG7.**

- A. Did (taking alcohol/using medicine/using drugs) help?

AG6a

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

**BOX AG7 IF AL1a=1 AND MJ1=1 AND ALL DR1=1,  
SKIP TO HE1.  
OTHERS CONTINUE.**

AG7 Did these fears ever begin after (drinking heavily/using marijuana more than usual/using drugs more than usual)?

AG7

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

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

AG7a

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