

SP1 Some people have a strong and persistent fear of doing certain things in front of people like speaking, eating, or writing because they think they might embarrass themselves. These fears are stronger than the feelings that most people have.

Have you ever had a strong and persistent fear of:

NO YES

- | | | | |
|---|---|---|-------|
| 1. starting or keeping up conversations or talking to people you don't know well? | 1 | 5 | SP1_1 |
| 2. speaking to your teachers, boss or other people in authority? | 1 | 5 | SP1_2 |
| 3. speaking in public or answering questions in a meeting or a class? | 1 | 5 | SP1_3 |
| 4. eating or drinking in public? | 1 | 5 | SP1_4 |
| 5. writing while someone watches? | 1 | 5 | SP1_5 |
| 6. using public restrooms? (inability to perform, not fear of germs) | 1 | 5 | SP1_6 |

IF SP1.1-6 ARE ALL CODED 1, SKIP TO PN1.

SPp1. Did you tell a doctor about these feelings?

SPp1

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

A1. Did you tell any other health professional about these feelings or behaviors (SX CODED 5 IN SP1.1-6)?

SPp1a1

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

B. Were these feelings or behaviors (SX CODED 5 IN SP1.1-6) ever the result of physical illness or injury?

SPp1b

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

C. Were these feelings or behaviors (SX CODED 5 IN SP1.1-6) ever the result of medication, drugs, or alcohol?

SPp1c

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 (SX CODED 5 IN SP1.1-6)?)

SPp1d

STRESS, PSYCH...(SKIP TO SP2).....1
MEDS, A/D.....(SKIP TO J).....2
ILLNESS/INJ.....(SKIP TO H).....3
NO DX, DK.....4

IF CODED 4:

Code silently: Did physical disability/condition make the act difficult?

SP1a

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

Code silently: Did R fear revealing a psychiatric disorder? OR: Were SX due to a psychiatric disorder?

SP1b

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

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

SPp1g

NO.....(SKIP TO SP2).....1
YES.....5

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

SPp1h

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

**BOX SPp1H IF (D=3 OR 4) AND (H=5), SKIP TO PN1.
OTHERS SKIP TO A3.**

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

SPp1i

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

**BOX SPp1I IF (D=3 OR 4) AND (I=1), SKIP TO SP2.
IF (D=3 OR 4) AND (I=5), SKIP TO PN1.
OTHERS SKIP TO A3.**

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

SPp1j

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

**BOX SPp1J IF D=2 AND J=1, GO TO F.
IF D=2 AND J=5, SKIP TO PN1.
OTHERS SKIP TO A3.**

- F. When these feelings or behaviors (SX CODED 5 IN SP1.1-6) were not due to medication, drugs, or alcohol were they always the result of physical illness or injury?

SPp1f

NO.....(SKIP TO SP2).....1
YES.....(SKIP TO PN1).....5

- A3. Did these feelings or behaviors (SX CODED 5 IN SP1.1-6) interfere with your life or activities a lot?

SPp1a3

NO.....(SKIP TO PN1).....1
YES.....5

**BOX SPp1A3 IF (H=5) OR (I=5) OR (J=5), SKIP TO PN1.
OTHERS CONTINUE.**

**BOX SP1 PROBE—FOR ANALYSTS ONLY
VALUES ASSIGNED BY BLAISE:**

SP1PROBE=2

IF A3=1

SP1PROBE=3

IF F=5

OR [(A3=5) AND (J=5 OR I=5)]

OR [(SPp1=5 OR A1=5) AND (J=5 OR I=5)]

SP1PROBE=4

IF (H=5) AND [(A3=5) OR (SPp1=5 OR A1=5)]

SP1PROBE=5

IF D=1

OR F=1

OR G=1

OR [(SPp1=5 OR A1=5) AND (I=1)]

OR [(A3=5) AND (C=1 OR J=1 OR I=1)]

(P8) SP3RC SP4B	SP2	Did being in (this/these) situation(s) almost always make you extremely nervous <u>right away</u> when you were not using alcohol or drugs?	SP2 NO (SKIP TO PN1).....1 YES5
(P10) SP3RD SP4D	A.	Did you almost always avoid that situation?	SP2a NO1 YES (SKIP TO SP3)5
(P10A) SP4D	B.	When you had to be in that situation, did you almost always feel extremely nervous or panicky?	SP2b NO (SKIP TO PN1).....1 YES5
(P12) SP3RF SP4C	SP3	Did you ever think that your fear was excessive or unreasonable?	SP3 NO (SKIP TO PN1).....1 YES5
(P11) SP3RE SP4E	SP4	Did this fear or avoiding the situation ever interfere with your job, school, social functioning, or normal routine?	SP4 NO1 YES5
SP3RE SP4E	A.	Have you been <u>very</u> upset with yourself for having any of these fears?	SP4a NO1 YES5
BOX SP5 IF SP4 AND SP4A ARE BOTH CODED 1, SKIP TO PN1. OTHERS CONTINUE.			
	SP6	About how long did your fear make you upset with yourself?	MONTHS: ____ ____ ____ SP6
	SP7	How old were you the (first/last) time (this fear/any of these fears) made you upset with yourself? (REVIEW SX ENDORSED IN SP1.1-6) 1. IF DK ONSET, ASK: Did (this fear/these fears) first make you upset with yourself... BEGINNING WITH “BEFORE YOU WERE 10 YEARS OLD,” READ OPTIONS UNTIL R RESPONDS AFFIRMATIVELY.	AGE ONS: ____/____ t SP_ao7 ONS: 1 5 SP_o7 AGE REC: ____/____ t SP_ar7 REC: 1 5 SP_r7 SP_ao7DK 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
IF AL1a=1, SKIP TO SP8.2			
	SP8.1	Did you ever begin to drink alcohol or increase the amount of the alcohol you were using because of (this fear/these fears)?	SP8_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 these fears?	SP8_2 NO1 YES5

IF YES, SPECIFY:

1. _____ SP8Specify1
2. _____ SP8Specify2
3. _____ SP8Specify3

CODE: ____ ____ ____ SP8Cd1

CODE: ____ ____ ____ SP8Cd2

CODE: ____ ____ ____ SP8Cd3

**BOX SP8 IF SP8.1=5 OR SP8.2=5, CONTINUE.
OTHERS SKIP TO BOX SP9.**

A. Did (drinking / using drugs) help?

SP8a

NO.....1

YES.....5

**BOX SP9 IF SP1.4 = 5 AND EITHER ED5B OR ED11 = 5,
CONTINUE.
OTHERS SKIP TO BOX SP11.**

(P14)
SP3RB
SP4H

SP10 Did any of these fears occur because you were afraid
people would notice you had an eating problem?

SP10

NO1

YES5

**BOX SP11 IF AL1a=1 AND MJ1=1 AND ALL DR1=1,
SKIP TO PN1.
OTHERS CONTINUE.**

SP11 Did these fears ever begin after (drinking heavily/
using marijuana more than usual/using drugs more
than usual)?

SP11

NO.....1

YES.....5

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

SP11a

NO.....1

YES.....5