

<p><b>*G1 INTRO 1.</b> ( Showcard 9-10)                  Earlier you mentioned having a time in your life when you were "a worrier". The next questions are about that time. Looking at showcards 9-10, what sorts of things were you worried or nervous or anxious about during that time?</p>	<p><b>*G1 INTRO 2.</b> ( Showcard 9-10)                  Earlier you mentioned having a time in your life when you were much more nervous or anxious than most other people. The next questions are about that time. Looking at showcards 9-10 , what sorts of things were you nervous or anxious about during that time?</p>	<p><b>*G1 INTRO 3.</b> ( Showcard 9-10)                  Earlier you mentioned having a time lasting one month or longer when you were anxious or worried most days. The next questions are about that time. Looking at showcards 9-10 , what sorts of things were you anxious or worried about during that time?</p>
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PROBE FOR UP TO THREE EXAMPLES: Anything else [that made you (worried or anxious/nervous or anxious/anxious or worried)]?

. ENTER ALL MENTIONS – KEY IN A HYPHEN BETWEEN EACH NUMBER ENTERED

**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  
 ALCOHOL OR DRUG USE.....12  
 OTHER PERSONAL PROBLEMS (SPECIFY).....13

**FEARS, OBSESSIONS AND COMPULSIONS**

SOCIAL FEARS(E.G., MEETING PEOPLE AFTER MOVING TO A NEW TOWN) .....14  
 FEAR OF CROWDS, PUBLIC PLACES, OR TRAVELLING AWAY FROM HOME).....15  
 SPECIFIC FEARS (E.G., FEARS OF INSECTS, 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

**SOCIAL 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 SOCIAL PROBLEMS (SPECIFY) .....29

**OTHER PROBLEMS (SPECIFY)**

FIRST MENTION (SPECIFY)\*\* .....30  


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 SECOND MENTION (SPECIFY).....31  


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 THIRD MENTION (SPECIFY).....32  


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**\*G1a. SPECIFY OTHER PERSONAL PROBLEMS**

You indicated you were anxious or worried about other personal problems – Could you tell me quickly what sort of problems you were thinking of?

**\*G1b. SPECIFY OTHER NETWORK PROBLEMS**

You indicated you were anxious or worried about other network problems – Could you tell me quickly what sort of problems you were thinking of?

**\*G1c. SPECIFY OTHER SOCIETAL PROBLEMS**

You indicated you were anxious or worried about other societal problems – Could you tell me quickly what sort of problems you were thinking of?

**\*G1d. SPECIFY OTHER PROBLEM FIRST MENTION**

You indicated you were anxious or worried about an ‘other problem’ (number 30 on the showcard) – Could you tell me quickly what sort of problem you were thinking of?

**\*G1e. SPECIFY OTHER PROBLEM SECOND MENTION**

You indicated you were anxious or worried about a second ‘other problem’ (number 31 on the showcard) – Could you tell me quickly what sort of problem you were thinking of?

**\*G1f. SPECIFY OTHER PROBLEM THIRD MENTION**

You indicated you were anxious or worried about a third ‘other problem’ (number 31 on the showcard) – Could you tell me quickly what sort of problem you were thinking of?

**\*G2. INTERVIEWER CHECKPOINT: (SEE \*G1)**

WORRIED EXCLUSIVELY ABOUT ONE SPECIFIC THING .... 1 GO TO \* SD1, NEXT SECTION  
NOT WORRIED ABOUT ANYTHING ..... 1 GO TO \* SD1, 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, only rarely, or never?**

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

**\*G4a. How often were you so nervous, worried or anxious that you could not think about anything else, no matter how hard you tried -- often, sometimes, only rarely, or never?**

OFTEN ..... 1  
SOMETIMES ..... 2  
ONLY RARELY ..... 3  
NEVER ..... 4  
DON'T KNOW ..... 8

**\*G4b.** INTERVIEWER CHECKPOINT: (SEE \*G4, \*G4a)

\*G4 EQUALS '1' OR '2' OR \*G4a EQUALS '1' OR '2' ..... 1  
 ALL OTHERS..... 2 **GO TO \*SD1, 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 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

DON'T KNOW .....998

REFUSED .....999

**\*G6.** INTERVIEWER CHECKPOINT: (SEE \*G5 and G5\_1 and G5\_2)

DON'T KNOW / REFUSED.....1        **GO TO \*SD1, NEXT SECTION**  
 LESS THAN 1 MONTH .....1        **GO TO \*SD1, NEXT SECTION**  
 1 TO 5 MONTHS.....2        **GO TO \*G7**  
 ALL OTHERS (IE. 6 MONTHS OR MORE) .....3        **GO TO \*G8**

**\*G7.** INTERVIEWER INSTRUCTION: ASK ABOUT "TIMES LASTING ONE MONTH OR LONGER" FOR THE REMAINDER OF THE SECTION **GO TO \*G9**

**\*G8.** INTERVIEWER INSTRUCTION: ASK ABOUT "TIMES LASTING SIX MONTHS OR LONGER" FOR THE REMAINDER OF THE SECTION **GO TO \*G9**

<b>*G9.</b> Think of your worst 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:	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<b>*G9a.</b> Did you often feel restless, keyed up, or on edge?	1	5	8	9
<b>*G9b.</b> Did you often get tired easily?	1	5	8	9
<b>*G9c.</b> Were you often more irritable than usual?	1	5	8	9
<b>*G9d.</b> Did you often have difficulty concentrating or keeping your mind on what you were doing?	1	5	8	9
<b>*G9e.</b> Did you often have tense, sore, or aching muscles?	1	5	8	9
<b>*G9f.</b> Did you often have trouble falling or staying asleep?	1	5	8	9

<b>*G10.</b>	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<b>*G10a.</b> Did your heart often pound or race?	1	5	8	9
<b>*G10b.</b> Did you often sweat?	1	5	8	9
<b>*G10c.</b> Did you often tremble or shake?	1	5	8	9
<b>*G10d.</b> Did you often have a dry mouth?	1	5	8	9
<b>*G10e.</b> Were you sad or depressed most of the time?	1	5	8	9

**\*G11. INTERVIEWER CHECKPOINT: (SEE \*G9, \*G10)**

ZERO RESPONSES CODED '1' IN \*G9 AND \*G10 SERIES.....1 **GO TO \* SD1, 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-g)**

TWO OR MORE RESPONSES CODED '1' IN \*G9 SERIES.....1 **GO TO \*G15**  
 ALL OTHERS.....2 **GO TO \*SD1, NEXT SECTION**

<b>*G13.</b>  GO TO *G15 AS SOON AS FIVE RESPONSES CODED '1' IN *G9, G10, G13 SERIES	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
*G13a. Did you often feel dizzy or lightheaded?	1	5	8	9
*G13b. Were you often short of breath?	1	5	8	9
*G13c. Did you often feel as if you were choking?	1	5	8	9
*G13d. Did you often have pain or discomfort in your chest?	1	5	8	9
*G13e. Did you often have pain or discomfort in your stomach?	1 <b>GO TO *G13g</b>	5	8	9
*G13f. Did you often have nausea?	1	5	8	9
*G13g. Did you often feel that you were unreal?	1 <b>GO TO *G13i.</b>	5	8	9
*G13h. Did you often feel that things around you were unreal?	1	5	8	9
*G13i. Were you often afraid that you might lose control or go crazy?	1 <b>GO TO *G13k</b>	5	8	9
*G13j. Were you often afraid that you might pass out?	1	5	8	9
*G13k. Were you often afraid that you might die?	1	5	8	9
*G13l. Did you often have hot flushes or chills?	1	5	8	9
*G13m. Did you often have numbness or tingling sensations?	1	5	8	9
*G13n. Did you often feel as if you had a lump in your throat?	1	5	8	9
*G13o. Were you easily startled?	1	5	8	9

**\*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 \* SD1, NEXT SECTION**

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**\*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

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**\*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	<b>GO TO *G17.1</b>
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, only rarely, or never?**

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

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**\*G17.1. INTERVIEWER CHECKPOINT: (SEE \*G15, \*G17)**

*G15 EQUALS '3', '4', OR '5' <u>OR</u> *G17 EQUALS '3', '4', OR '5' .....	1
ALL OTHERS.....	2

**GO TO \* SD1, 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 **GO TO \*G26**  
DON'T KNOW ..... 8 **GO TO \*G26**  
REFUSED ..... 9 **GO TO \*G26**

\*G18c Briefly what were the physical causes?

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\*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 **GO TO \*G26b**  
DON'T KNOW .....8 **GO TO \*G26b**  
REFUSED .....9 **GO TO \*G26b**

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

\_\_\_\_\_ AGE **GO TO \*G26c**  
DON'T KNOW .....998 **GO TO \*G26b**  
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 for no obvious reason?"

BROUGHT ON BY STRESS .....1  
OUT OF THE BLUE FOR NO OBVIOUS REASON 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?  
Was it:  
during the past month?  
more than a month to six months ago?  
or more than six months ago?

- PAST MONTH .....1
- MORE THAN A MONTH TO SIX MONTHS AGO ..... 2
- MORE THAN SIX MONTHS AGO .....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. INTERVEIWER CHECKPOINT: (SEE \*G27a.1)**

- \*G27a.1** EQUALS '1' ..... 1      **GO TO \*G27a.3**
- 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	<b>GO TO *G28</b>

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\*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**

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\*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

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\*G27a.8. INTERVIEWER CHECKPOINT (SEE \*G27a):

*G27a EQUALS '1' .....	1	
ALL OTHERS .....	2	<b>GO TO *G27b</b>

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\*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

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\*G27b. In the past 12 months, how many 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/nervousness or anxiety/anxiety or worry) lasting one month or longer have you ever had in your life?

\_\_\_\_\_ NUMBER

DON'T KNOW .....998

REFUSED .....999

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**\*G29.** INTERVIEWER CHECKPOINT: (SEE **\*G28**)

**\*G28** EQUALS '1' ..... 1

ALL OTHERS..... 2      **GO TO \*G31**

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**\*G30.** How long did that episode last?

IF STILL GOING ON: How long did it last so far?

\_\_\_\_\_ NUMBER

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

DON'T KNOW .....998

REFUSED .....999

**GO TO \*G35**

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**\*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

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

\_\_\_\_\_ NUMBER

DON'T KNOW .....998

REFUSED .....999

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

\_\_\_\_\_ YEARS

DON'T KNOW .....998

REFUSED .....999

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**\*G33.** INTERVIEWER CHECKPOINT: (SEE **\*G32**)

**\*G32** EQUALS '1' .....1

ALL OTHERS.....2      **GO TO \*G35**

**\*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

**\*G35.** INTERVIEWER CHECKPOINT: (SEE \*G27)

\*G27 EQUALS '1' .....1

ALL OTHERS..... 5 **GO TO \*G44**

**\*G36.** For the next questions, think of the period 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, how often did you have each of the following feelings?

	(IF NEC: often, sometimes, occasionally, or never?)					
	<b>OFTEN (1)</b>	<b>SOME (2)</b>	<b>OCCASION (3)</b>	<b>NEVER (4)</b>	<b>DK (8)</b>	<b>RF (9)</b>
*G36a. How often did you feel tense and wound up – often, sometimes, occasionally, or never?	1	2	3	4	8	9
*G36b. How often during that period did you get a sort of frightened feeling like butterflies in the stomach? (IF NEC: Butterflies in the stomach means a nervous feeling in the stomach.)	1	2	3	4	8	9
*G36c. How often did you feel restless as if you had to be on the move?	1	2	3	4	8	9
*G36d. How often did you get sudden feelings of panic?	1	2	3	4	8	9
*G36e. How often did you have worrying thoughts go through your mind?	1	2	3	4	8	9
*G36f. How often could you sit at ease and feel relaxed?	1	2	3	4	8	9
*G36g. How often did you get a frightened feeling as if something awful was about to happen?	1	2	3	4 <b>GO TO *G38</b>	8 <b>GO TO *G38</b>	9 <b>GO TO *G38</b>

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

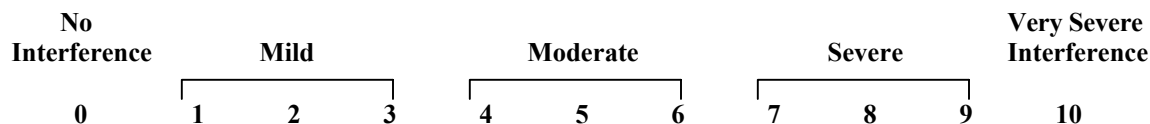
BADLY .....1

NOT BADLY .....2

NOT AT ALL.....3

DON'T KNOW .....8

REFUSED .....9



**\*G38.** ( Showcard 40) Think about the month or longer in the past 12 when your (worry or anxiety/ nervousness or anxiety/ anxiety or worry) was most severe. Using the 0 to 10 scale on your showcard 40, where 0 means no interference and 10 means very severe interference, what number describes how much your (worry or anxiety/ nervousness or anxiety/ anxiety or worry) interfered with each of the following activities during that time?  
Please tell me if any of these things do not apply to you.

(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 responsibilities, like cleaning, shopping, and taking care of the (house/flat/apartment)? \_\_\_\_\_

DOES NOT APPLY ..... 97  
DON'T KNOW ..... 98  
REFUSED ..... 99

\*G38b. Your ability to work or study? \_\_\_\_\_

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. During the past 12 months, about how many days out of those 365 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

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\*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, counsellors, spiritual advisors, herbalists, naturopaths, homeopaths, 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**

\*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

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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

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**\*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

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**\*G59.** Were you ever hospitalised 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 hospitalised overnight because of your (worry or anxiety/ nervousness or anxiety/ anxiety or worry)]?

\_\_\_\_\_ YEARS OLD

DON'T KNOW ..... 998  
REFUSED ..... 999

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**\*G59.1.GO TO \*SD1, NEXT SECTION**