

CIDI-SF 12 MONTH DSM-IV VERSION - v1.0 NOV98
SECTION B: GENERALIZED ANXIETY DISORDER

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

0. NO

B1a. People differ a lot in how much they worry about 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

0. NO

THANK YOU!
THE END

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

0. ENDED

1. STILL GOING ON

B2a. How long did it go on before it ended?

B2b. How long has it been going on?

0. Less than 1 year

1. More than 1 year

2. All my life or as long as I can remember

How many months; _____

How many years _____

Minimum value: 1;
 Maximum value: 12;
 Data type: integer
 Decimal place: 1 (only allow 0.5 for half month)

Minimum value: 1;
 Minimum value: warning if entry >=50 year
 Data type: integer
 Decimal place: 1 (only allow 0.5 for half year)

INTERVIEWER CHECKPOINT

1. B2a/B2b IS SIX MONTHS OR LONGER, OR R VOLUNTEERED:
 "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER"

2. B2a/B2b IS LESS THAN SIX MONTHS

THANK YOU (THE END)

B3. (During that period, was your/is your) worry stronger than in other people?

1. YES

0. NO

B4. (Did/Do) you worry most days?

1. YES

0. NO

B5. (Did/Do) you usually worry about one particular thing, such as your job security or the failing health of a loved one, or more than one thing?

0. ONE THING

1. MORE THAN ONE THING

B6. (Did/Do) you find it difficult to stop worrying?

1. YES

0. NO

B7. (Did/Do) you ever have different worries on your mind at the same time?

1. YES

0. NO

B8. 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?

0. OFTEN

1. SOMETIMES

2. RARELY

3. NEVER

B9. How often (did/do) you find it difficult to control your worry -- often, sometimes, rarely, or never?

0. OFTEN

1. SOMETIMES

2. RARELY

3. NEVER

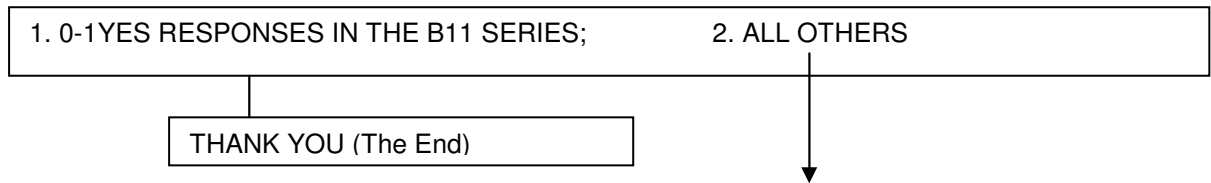
B10. What sort of things (did/do) you mainly worry about?(Display 4 questions at one time)

	YES (1)	NO (0)
1. Relationship (spouse, partner, ex-spouse)?		
2. Other family members (including members of spouse family)?		
3. Own children (including step-children, grown up children) or parents (including step-parents)?		
4. Job (course study)?		
5. Social and/or interpersonal relationships?	YES (1)	NO (0)
6. Housing/economic situation		
7. Problems other than specified above?		
8. Some terrible things will happen (but nothing has happened yet)		

B11. When you (are/were) worried or anxious, (are/were) you also...(Display 3-4 questions at one time)

	YES (1)	NO (0)
1. Restless?		
2. keyed up or on edge?		
3. easily tired?		
4. have difficulty keeping your mind on what you were doing?		
5. more irritable than usual?	YES (1)	NO (0)
6. have tense, sore or aching muscles		
7. have trouble falling asleep or staying asleep?		

CHECKPOINT



B12. Did you tell a doctor in hospital about these problems? (By "doctor" I mean either a medical doctor or osteopath, or a student in training to be either a medical doctor or osteopath, i.e., medical staff working in a hospital.)

1. YES	0. NO
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B13. Did you tell any other professional (such as a psychologist, social worker, counsellor, nurse, Clergy, or other helping professional working in non-hospital environment)?

1. YES	0. NO
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B14. Did you tell your family members or close friends or relatives about these problems?

1. YES	0. NO
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B15. Did you take medication or use drugs or alcohol more than once for these problems?

1. YES	0. NO
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B16. Did you take any treatments for your condition?

Treatments	YES (1)	NO (2)
Psychiatric		
Herbal medicine		
Vitamin or other health products		

B17. How much did these problems interfere with your life or activities -- a lot, some, a little, or not at all

0. A LOT	1. SOME	2. A LITTLE	3. NOT AT ALL
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THANK YOU!
(The end)