

**Section 7 - SOCIAL SITUATIONS**



The next few questions are about SOCIAL SITUATIONS which may have made you EXTREMELY frightened or anxious at some time in your life. N7STQ

<p><b>1a.</b> Some people have such a strong fear of social situations, like doing things in front of other people, interacting with people or being the center of attention, that they become EXTREMELY frightened or anxious or they try to avoid them.</p> <p>Have you EVER had a strong fear, anxiety or avoidance of . . . (Repeat phrase frequently)</p> <p><b>Speaking or talking in front of other people?</b></p>	<p>1 <input type="checkbox"/> Yes N7Q1A 2 <input type="checkbox"/> No</p>
<p><b>b.</b> Having conversations with people you don't know well?</p>	<p>1 <input type="checkbox"/> Yes N7Q1B 2 <input type="checkbox"/> No</p>
<p><b>c.</b> Going to parties or other social gatherings?</p>	<p>1 <input type="checkbox"/> Yes N7Q1C 2 <input type="checkbox"/> No</p>
<p><b>d.</b> Eating or drinking in public?</p>	<p>1 <input type="checkbox"/> Yes N7Q1D 2 <input type="checkbox"/> No</p>
<p><b>e.</b> Writing while someone else was watching?</p>	<p>1 <input type="checkbox"/> Yes N7Q1E 2 <input type="checkbox"/> No</p>
<p><b>f.</b> Dating?</p>	<p>1 <input type="checkbox"/> Yes N7Q1F 2 <input type="checkbox"/> No</p>
<p><b>g.</b> Being in a small group situation?</p>	<p>1 <input type="checkbox"/> Yes N7Q1G 2 <input type="checkbox"/> No</p>
<p><b>h.</b> Taking part or speaking in a class?</p>	<p>1 <input type="checkbox"/> Yes N7Q1H 2 <input type="checkbox"/> No</p>
<p><b>i.</b> Being interviewed, like for a job?</p>	<p>1 <input type="checkbox"/> Yes N7Q1I 2 <input type="checkbox"/> No</p>
<p><b>j.</b> Taking part in or speaking at a meeting?</p>	<p>1 <input type="checkbox"/> Yes N7Q1J 2 <input type="checkbox"/> No</p>
<p><b>k.</b> Performing in front of other people?</p>	<p>1 <input type="checkbox"/> Yes N7Q1K 2 <input type="checkbox"/> No</p>
<p><b>l.</b> Taking an important exam?</p>	<p>1 <input type="checkbox"/> Yes N7Q1L 2 <input type="checkbox"/> No</p>
<p><b>m.</b> Speaking to an authority figure - like a teacher or a boss?</p>	<p>1 <input type="checkbox"/> Yes N7Q1M 2 <input type="checkbox"/> No</p>
<p><b>n.</b> Meeting new people?</p>	<p>1 <input type="checkbox"/> Yes N7Q1N 2 <input type="checkbox"/> No</p>
<p><b>o.</b> Talking to people at social gatherings?</p>	<p>1 <input type="checkbox"/> Yes N7Q1O 2 <input type="checkbox"/> No</p>
<p><b>p.</b> Have you EVER had a strong fear, anxiety or avoidance of any other SOCIAL situation?</p>	<p>1 <input type="checkbox"/> Yes Specify N7Q1P _____ 2 <input type="checkbox"/> No N7Q1PSPECIFY</p>
<p><b>CHECK ITEM 7.0</b> Is any item 1a – p marked yes?</p>	<p>1 <input type="checkbox"/> Yes N7CK70 2 <input type="checkbox"/> No - SKIP to Section 8</p>
<p><b>2.</b> Did you have a STRONG FEAR, anxiety or avoidance of any social situation because you were afraid of being embarrassed or humiliated by what you might say or do around other people?</p>	<p>1 <input type="checkbox"/> Yes N7Q2 2 <input type="checkbox"/> No</p>
<p><b>3.</b> Did you have a STRONG FEAR, anxiety or avoidance of any social situation because you were afraid you would become speechless, have nothing to say or you might show how anxious you were?</p>	<p>1 <input type="checkbox"/> Yes N7Q3 2 <input type="checkbox"/> No</p>

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<p><b>4.</b> Did you have a <b>STRONG FEAR</b>, anxiety or avoidance of any social situation because you were afraid of being rejected by other people because of what you might say or do?</p>	<p>1 <input type="checkbox"/> Yes <b>N7Q4</b> 2 <input type="checkbox"/> No</p>
<p><b>5.</b> Did you have a <b>STRONG FEAR</b>, anxiety or avoidance of any social situation because you were afraid you might offend people by what you might say or do?</p>	<p>1 <input type="checkbox"/> Yes <b>N7Q5</b> 2 <input type="checkbox"/> No</p>
<p><b>6.</b> When you found yourself in any of these social situations, were you <b>ALMOST ALWAYS</b> very anxious or frightened?</p>	<p>1 <input type="checkbox"/> Yes <b>N7Q6</b> 2 <input type="checkbox"/> No</p>
<p><b>7.</b> When you were in any of these social situations because you had to be there, were you very frightened or anxious the whole time?</p>	<p>1 <input type="checkbox"/> Yes <b>N7Q7</b> 2 <input type="checkbox"/> No</p>
<p><b>8.</b> Did you <b>EVER</b> avoid any of these social situations because of your anxiety or strong fear of them?</p>	<p>1 <input type="checkbox"/> Yes <b>N7Q8</b> 2 <input type="checkbox"/> No</p>
<p><b>9.</b> Did you <b>EVER</b> feel that your fear, anxiety or avoidance of any of these social situations was out of proportion in relation to the actual danger of the social situation?</p>	<p>1 <input type="checkbox"/> Yes <b>N7Q9</b> 2 <input type="checkbox"/> No</p>
<p><b>10.</b> Did you <b>EVER</b> feel that your fear, anxiety or avoidance of any of these social situations was excessive or unrealistic, that is, in excess of the actual danger of the social situation?</p>	<p>1 <input type="checkbox"/> Yes <b>N7Q10</b> 2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM 7.1</b> Is "Yes" marked in Item 7, Section 6 OR Item 31, Section 6?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 7.1B</i> <b>N7CK71</b></p>
<p><b>11.</b> When you were in any of these social situations that made you frightened and anxious, did you <b>EVER</b> have a panic attack?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 13</i> <b>N7Q11</b> 2 <input type="checkbox"/> No - <i>SKIP to 12</i></p>
<p><b>CHECK ITEM 7.1B</b> Is Check Item 6.2, Section 6, marked "Yes" OR is Check Item 6.17, Section 6, marked "Yes"?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 13</i> <b>N7CK71B</b></p>
<p><b>12.</b> When you were in any of these social situations, did you <b>EVER</b> experience some of the symptoms of a panic attack?</p>	<p>1 <input type="checkbox"/> Yes <b>N7Q12</b> 2 <input type="checkbox"/> No</p>
<p><b>13.</b> Were you <b>EVER</b> very anxious or frightened of any of these social situations because you were afraid of having a panic attack or panic symptoms?</p>	<p>1 <input type="checkbox"/> Yes <b>N7Q13</b> 2 <input type="checkbox"/> No</p>
<p><b>14.</b> Did you <b>EVER</b> avoid any of these social situations because you were afraid of having a panic attack or panic symptoms?</p>	<p>1 <input type="checkbox"/> Yes <b>N7Q14</b> 2 <input type="checkbox"/> No</p>
<p><b>15a.</b> Did your fear, anxiety or avoidance of any of these social situations <b>EVER</b> . . . <i>(Repeat phrase frequently)</i> Make you feel very upset?</p>	<p>1 <input type="checkbox"/> Yes <b>N7Q15A</b> 2 <input type="checkbox"/> No</p>
<p><b>b.</b> Interfere with your relationships with other people - like arguing with them or avoiding them?</p>	<p>1 <input type="checkbox"/> Yes <b>N7Q15B</b> 2 <input type="checkbox"/> No</p>
<p><b>c.</b> Interfere with doing things you were supposed to do - like working, doing your schoolwork, or taking care of your home or family?</p>	<p>1 <input type="checkbox"/> Yes <b>N7Q15C</b> 2 <input type="checkbox"/> No</p>
<p><b>d.</b> Restrict your usual activities in any way?</p>	<p>1 <input type="checkbox"/> Yes <b>N7Q15D</b> 2 <input type="checkbox"/> No</p>
<p><b>e.</b> Keep you from doing something you wanted to do?</p>	<p>1 <input type="checkbox"/> Yes <b>N7Q15E</b> 2 <input type="checkbox"/> No</p>
<p><b>16.</b> About how old were you the <b>FIRST</b> time you <b>BEGAN</b> to experience a strong fear, anxiety or avoidance of any social situation?</p>	<p>_____ Age <b>N7Q16</b></p>
<p><b>CHECK ITEM 7.2A</b> Is respondent's age in 16 within 1 year of his/her present age or is present or age in 16 unknown?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 17b</i> <b>N7CK72A</b></p>

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<b>17a.</b> Did this <b>FIRST</b> time <b>BEGIN</b> to happen during the last 12 months?	1 <input type="checkbox"/> Yes N7Q17A 2 <input type="checkbox"/> No
<b>b.</b> In your <b>ENTIRE LIFE</b> how many <b>SEPARATE</b> times were there when you had a strong fear, anxiety or avoidance of any social situation?  By separate times, I mean times separated by at least 2 months when you <b>WEREN'T</b> anxious or afraid of social situations and you <b>DIDN'T</b> try to avoid them.  <i>If respondent says "All my life" or "There was never a time when I didn't fear or avoid situation", code 1.</i>	_____ Number N7Q17B
<b>CHECK ITEM 7.2B</b> Is number entered in 17b, 2 or more or unknown?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 20a</i> N7CK72B
<b>18a.</b> How old were you the <b>MOST RECENT</b> time you <b>BEGAN</b> to experience a strong fear, anxiety or avoidance of any social situation?	_____ Age N7Q18A
<b>CHECK ITEM 7.3A</b> Is respondent's age in 18a within 1 year of his/her present age or is present age or 18a unknown?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 19a</i> N7CK73A
<b>18b.</b> Did this <b>MOST RECENT</b> time when you were afraid or anxious or avoided any social situation <b>BEGIN</b> to happen during the last 12 months?	1 <input type="checkbox"/> Yes N7Q18B 2 <input type="checkbox"/> No
<b>19a.</b> How long did (this/your) <b>MOST RECENT</b> time last when you were afraid, anxious or avoided any social situation? <i>(If less than 1 week enter 1 week.)</i>	_____ Week(s) N7Q19AUNIT, N7Q19ACONT OR _____ Month(s) OR _____ Year(s)
<b>b.</b> Since this <b>MOST RECENT</b> time <b>BEGAN</b> , have there been at least 2 months when you <b>WEREN'T</b> anxious or afraid of any social situation and you <b>DIDN'T</b> try to avoid them?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 19d</i> N7Q19B
<b>CHECK ITEM 7.3B</b> Is 18b marked "Yes"?	1 <input type="checkbox"/> Yes - <i>SKIP to 19d</i> N7CK73B 2 <input type="checkbox"/> No
<b>19c.</b> Did this <b>MOST RECENT</b> time when you <b>WEREN'T</b> anxious or afraid of any social situation and <b>DIDN'T</b> try to avoid them <b>BEGIN</b> to happen in the last 12 months?	1 <input type="checkbox"/> Yes N7Q19C 2 <input type="checkbox"/> No
<b>d.</b> In your <b>ENTIRE LIFE</b> , what was the <b>LONGEST</b> period you had when you were afraid, anxious or avoided any social situation? <i>(If less than 1 week enter 1 week.)</i>	_____ Week(s) } N7Q19DUNIT, N7Q19DCONT OR } _____ Month(s) } <i>SKIP to Check Item 7.4</i> OR } _____ Year(s) }
<b>20a.</b> How long did that period last when you were afraid, anxious or avoided any social situation? <i>(If less than 1 week enter 1 week.)</i>	_____ Week(s) N7Q20AUNIT, N7Q20ACONT OR _____ Month(s) OR _____ Year(s)
<b>b.</b> Since that time <b>BEGAN</b> , have there been at least 2 months when you <b>WEREN'T</b> anxious or afraid of any social situation and you <b>DIDN'T</b> try to avoid them?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 7.4</i> N7Q20B
<b>CHECK ITEM 7.3C</b> Is 17a marked "Yes"?	1 <input type="checkbox"/> Yes - <i>SKIP to Check item 7.4</i> N7CK73C 2 <input type="checkbox"/> No
<b>20c.</b> Did that time when you <b>WEREN'T</b> anxious or afraid of social situations and <b>DIDN'T</b> try to avoid them <b>BEGIN</b> to happen in the last 12 months?	1 <input type="checkbox"/> Yes N7Q20C 2 <input type="checkbox"/> No
<b>CHECK ITEM 7.4</b> Refer to Check Item 2.1, Section 2A.  Is the respondent a lifetime abstainer of alcohol?	1 <input type="checkbox"/> Yes - <i>SKIP to 23</i> N7CK74 2 <input type="checkbox"/> No

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<p><b>21.</b> Did (that time/ANY of those times) when you had a strong fear, anxiety or avoidance of social situations BEGIN to happen DURING or within 1 month AFTER drinking heavily or a lot more than usual?</p>	<p>1 <input type="checkbox"/> Yes    <b>N7Q21</b> 2 <input type="checkbox"/> No</p>
<p><b>22.</b> Did (that time/ANY of those times) when you had a strong fear, anxiety or avoidance of social situations BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of drinking?</p>	<p>1 <input type="checkbox"/> Yes    <b>N7Q22</b> 2 <input type="checkbox"/> No</p>
<p><b>23.</b> Did (that time/ANY of those times) when you had a strong fear, anxiety or avoidance of social situations BEGIN to happen DURING or within 1 month AFTER using a medicine or drug?</p>	<p>1 <input type="checkbox"/> Yes    <b>N7Q23</b> 2 <input type="checkbox"/> No</p>
<p><b>24.</b> Did (that time/ANY of those times) when you had a strong fear, anxiety or avoidance of social situations BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of a medicine or drug?</p>	<p>1 <input type="checkbox"/> Yes    <b>N7Q24</b> 2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM 7.5</b>    Is at least 1 item marked “Yes” in 21, 22, 23 or 24?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 26a</i>    <b>N7CK75</b></p>
<p><b>CHECK ITEM 7.6A</b>    Is Check Item 7.2B marked “No”?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 7.6B</i>    <b>N7CK76A</b></p>
<p><b>25a.</b> During that time, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 26a</i>    <b>N7Q25A</b></p>
<p><b>b.</b> Did you CONTINUE to have a strong fear, anxiety or avoidance of any social situation for at least 1 month AFTER you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?</p>	<p>1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No }    <i>SKIP to 26a</i>    <b>N7Q25B</b></p>
<p><b>CHECK ITEM 7.6B</b>    Is 17a marked “Yes” or 18b marked “Yes”?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 25g</i>    <b>N7CK76B</b></p>
<p><b>25c.</b> Did ALL of the times when you had a strong fear, anxiety or avoidance of social situations in the last 12 months ONLY BEGIN to happen during or within 1 month after (drinking heavily/using any medicines or drugs/ experiencing the bad aftereffects of drinking/medicines or drugs)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 7.6C</i>    <b>N7Q25C</b></p>
<p><b>d.</b> During ANY of those times in the last 12 months when you had a strong fear, anxiety or avoidance of social situations after (drinking heavily/using any medicines or drugs), did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 7.6C</i>    <b>N7Q25D</b></p>
<p><b>e.</b> During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?</p>	<p>1 <input type="checkbox"/> Yes    <b>N7Q25E</b> 2 <input type="checkbox"/> No</p>
<p><b>f.</b> Did you CONTINUE to have a strong fear, anxiety or avoidance of any social situation for at least 1 month AFTER ANY of those times in the last 12 months when you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?</p>	<p>1 <input type="checkbox"/> Yes    <b>N7Q25F</b> 2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM 7.6C</b>    Is 17a marked “Yes”?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 26a</i>    <b>N7CK76C</b> 2 <input type="checkbox"/> No</p>
<p><b>25g.</b> Did ALL of the times when you had a strong fear, anxiety or avoidance of social situations BEFORE 12 months ago ONLY BEGIN to happen during or within 1 month after (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 26a</i>    <b>N7Q25G</b></p>

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<p><b>25h.</b> During ANY of those times BEFORE 12 months ago when you had a strong fear, anxiety or avoidance of social situations after (drinking heavily/using any medicines or drugs), did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - <i>SKIP to 26a</i>    <b>N7Q25H</b></p>
<p><b>i.</b> During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?</p>	<p>1 <input type="checkbox"/> Yes    <b>N7Q25I</b>                  2 <input type="checkbox"/> No</p>
<p><b>j.</b> Did you CONTINUE to have a strong fear, anxiety or avoidance of any social situation for at least 1 month AFTER ANY of those times BEFORE 12 months ago when you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?</p>	<p>1 <input type="checkbox"/> Yes    <b>N7Q25J</b>                  2 <input type="checkbox"/> No</p>
<p><b>26a.</b> Did you EVER talk to any health professional like a psychiatrist, other medical doctor, psychologist, social worker or any other kind of counselor or therapist to get help for your fear, anxiety or avoidance of social situations?</p>	<p>1 <input type="checkbox"/> Yes    <b>N7Q26A</b>                  2 <input type="checkbox"/> No</p>
<p><b>b.</b> Did you EVER go to a self-help or support group, use a hotline or visit an internet chat room to get help for your fear, anxiety or avoidance of social situations?</p>	<p>1 <input type="checkbox"/> Yes    <b>N7Q26B</b>                  2 <input type="checkbox"/> No</p>
<p><b>27.</b> Did you EVER go to an emergency room to get help for your fear, anxiety or avoidance of social situations?</p>	<p>1 <input type="checkbox"/> Yes    <b>N7Q27</b>                  2 <input type="checkbox"/> No</p>
<p><b>28.</b> Were you EVER a patient in any kind of hospital overnight or longer because of your fear, anxiety or avoidance of any social situation?</p>	<p>1 <input type="checkbox"/> Yes    <b>N7Q28</b>                  2 <input type="checkbox"/> No</p>
<p><b>29.</b> Did a doctor EVER prescribe any medicines or drugs for your fear, anxiety or avoidance of social situations?</p>	<p>1 <input type="checkbox"/> Yes    <b>N7Q29</b>                  2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM 7.7</b>    Is at least 1 item marked "Yes" in 26a - 29?  Did respondent ever seek help for fear of social situations?</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - <i>SKIP to Check Item 7.9</i>    <b>N7CK77</b></p>
<p><b>30.</b> About how old were you the FIRST time you went anywhere or saw anyone to get help for your fear, anxiety or avoidance of social situations?</p>	<p>_____ Age    <b>N7Q30</b></p>
<p><b>CHECK ITEM 7.8</b>    Is age in 30 equal to respondent's current age?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 7.9</i>    <b>N7CK78</b>                  2 <input type="checkbox"/> No</p>
<p><b>31.</b> Did you go anywhere or talk to anyone in the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - <i>SKIP to Check Item 7.9</i>    <b>N7Q31</b></p>
<p><b>CHECK ITEM 7.8A</b>    Is age in 30 at least 2 years less than respondent's current age?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 7.9</i>    <b>N7CK78A</b>                  2 <input type="checkbox"/> No</p>
<p><b>32.</b> Did you go anywhere or talk to anyone before 12 months ago, that is, BEFORE last (<i>Month one year ago</i>)?</p>	<p>1 <input type="checkbox"/> Yes    <b>N7Q32</b>                  2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM 7.9</b>    Check Item 7.2B marked "No"?</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - <i>SKIP to Check Item 7.10</i>    <b>N7CK79</b></p>
<p><b>33a.</b> Did your fear, anxiety or avoidance of social situations BEGIN to happen during a time when you were physically ill or getting over being physically ill?</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - <i>SKIP to Section 8</i>    <b>N7Q33A</b></p>
<p><b>b.</b> Did a doctor or other health professional tell you that your fear, anxiety or avoidance of social situations was related to your physical illness or medical condition?</p>	<p>1 <input type="checkbox"/> Yes }                  2 <input type="checkbox"/> No } <i>SKIP to Section 8</i>    <b>N7Q33B</b></p>
<p><b>CHECK ITEM 7.10</b>    Is 17a marked "Yes" or 18b marked "Yes"?</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - <i>SKIP to 33e</i>    <b>N7CK710</b></p>

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<p><b>33c.</b> Did ALL of those times when you were afraid, anxious or avoided social situations in the last 12 months ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - <i>SKIP to Check Item 7.11</i>    <b>N7Q33C</b></p>
<p><b>d.</b> Did a doctor or other health professional tell you that ALL of the times like this were related to your physical illness or medical condition?</p>	<p>1 <input type="checkbox"/> Yes    <b>N7Q33D</b>                  2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM 7.11</b>      Is 17a marked "Yes"?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Section 8</i>    <b>N7CK711</b>                  2 <input type="checkbox"/> No</p>
<p><b>33e.</b> Did ALL of those times when you were afraid, anxious or avoided social situations BEFORE 12 months ago ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - <i>SKIP to Section 8</i>    <b>N7Q33E</b></p>
<p><b>f.</b> Did a doctor or other health professional tell you that ALL of the times like this were related to your physical illness or medical condition?</p>	<p>1 <input type="checkbox"/> Yes } <i>Go to Section 8</i>    <b>N7Q33F</b>                  2 <input type="checkbox"/> No }</p>