

**START NEW CARD  
DUP COL 1 - 10**

MOD.       A     4   [11 - 12]

CARD NO.   0     1   [13 - 14]  
                                    b       [15]

**PAN**

Now I want to ask you if you have ever had a sudden attack of feeling very afraid.

In the kind of attack I mean, someone becomes very afraid even though there is nothing around them to frighten them. Sometimes they feel they can't breathe ... sometimes their heart beats very fast. The attacks come on very suddenly and then go away, but they get afraid that the attacks might come back.

- |                                                                                                                                                                             |   |    |    |   |      |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----|----|---|------|------|
| 1. In the last year – that is, since [[NAME EVENT]/[NAME CURRENT MONTH] of last year] – have you had an attack when <u>all of a sudden</u> you felt very afraid or strange? | 0 | 2  | 7  | 9 | [16] |      |
| <b>IF YES,</b> A. Have you had an attack like that more than once?                                                                                                          | 0 | 2  | 7  | 9 | [17] |      |
| <b>IF NO, GO TO Q 2, P. 29</b>                                                                                                                                              |   |    |    |   |      |      |
| B. Did you only have an attack of feeling very afraid or strange when you saw or heard something that scared you?                                                           | 0 | 2  | 7  | 9 | [18] |      |
| <b>IF YES,</b> C. Did you ever have an attack like that when something <u>hadn't</u> scared you?                                                                            | 0 | 2  | 7  | 9 | [19] |      |
| <b>IF NO, GO TO Q 2, P. 29</b>                                                                                                                                              |   |    |    |   |      |      |
| D. During an attack, did you feel that it was hard to breathe?                                                                                                              | 0 | 1* | 2* | 7 | 9    | [20] |
| E. Did you get dizzy or light-headed and feel you might pass out?                                                                                                           | 0 | 1* | 2* | 7 | 9    | [21] |
| F. Did your heart pound or beat too fast?                                                                                                                                   | 0 | 1* | 2* | 7 | 9    | [22] |
| G. During an attack, did you tremble or shake?                                                                                                                              | 0 | 1* | 2* | 7 | 9    | [23] |
| H. During an attack, did you sweat?                                                                                                                                         | 0 | 1* | 2* | 7 | 9    | [24] |
| I. Did you feel like you were choking?                                                                                                                                      | 0 | 1* | 2* | 7 | 9    | [25] |
| J. Did your mouth feel dry during an attack?                                                                                                                                | 0 | 1* | 2* | 7 | 9    | [26] |
| K. During an attack, did you have a stomach ache, or feel like you were going to throw up or like you had to go to the bathroom?                                            | 0 | 1* | 2* | 7 | 9    | [27] |
| L. Did your hands or feet tingle or feel numb?                                                                                                                              | 0 | 1* | 2* | 7 | 9    | [28] |
| M. When you had an attack of feeling very afraid or strange, did you feel very hot ... or very cold?                                                                        | 0 | 1* | 2* | 7 | 9    | [29] |
| N. During an attack, did you have pain in your chest, or did your chest feel tight?                                                                                         | 0 | 1* | 2* | 7 | 9    | [30] |
| O. When you had an attack of feeling very afraid or strange, were you afraid that you were going crazy or losing control?                                                   | 0 | 1* | 2* | 7 | 9    | [31] |

P. Did you think that you were going to die during an attack? 0 1\* 2\* 7 9 [32]

Q. Sometimes when people have attacks like this, they feel as if they are not real ... or that their body doesn't belong to them ... or that they are not part of the real world.

Did you feel like that when you had an attack? 0 1\* 2\* 7 9 [33]

R. Sometimes when people have attacks like this, they feel the world around them is unreal, like it is on the other side of a glass window, or that the people around them are like puppets or actors in a movie.

Have you felt like that when you were having an attack? 0 1\* 2\* 7 9 [34]

a: **IF 2 OR MORE \* RESPONSES WERE CODED IN D - R, CONTINUE**

**ALL OTHERS, GO TO AG, P. 39**

S. You said that during an attack of feeling very afraid or strange you [NAME \* SYMPTOMS IN Q 1D - R]. Did most of these feelings happen shortly after the attack started? 0 2 7 9 [35]

T. Have you only had these attacks of feeling very afraid or strange after you have drunk a lot of soft drinks or sodas, or coffee, or after you have taken medication? 0 2 7 9 [36]

**IF YES, U.** Did you ever have an attack when you hadn't drunk soda or coffee or taken medication? 0 2 7 9 [37]

**IF NO, GO TO AG, P. 39**

V. Have you only had these attacks of feeling very afraid or strange after you have smoked cigarettes or drunk alcohol or taken drugs? 0 2 7 9 [38]

**IF YES, W.** Did you ever feel this way when you hadn't smoked or taken drugs or alcohol? 0 2 7 9 [39]

**IF NO, GO TO AG, P. 39**

X. Now, what about the last four weeks? Since [[NAME EVENT]/the beginning of/the middle of/the end of [LAST MONTH]], have you had an attack when you felt very afraid or strange? 0 2 7 9 [40]

**GO TO Q 4, P. 33**

2.	In the last year, have you had a time when you suddenly felt that you were suffocating or you couldn't breathe?	0	2	7	9	[41]
<b>IF YES,</b>	A. Was there some good reason for you to feel like that ... like you were having an asthma attack or because you were choking on something?	0	2	7	9	[42]
<b>IF YES,</b>	B. Did you ever feel this way when there <u>wasn't</u> a good reason?	0	2	7	9	[43]
<b>IF NO, GO TO Q 3, P. 31</b>						
C.	Have you felt this way more than once?	0	2	7	9	[44]
<b>IF NO, GO TO Q 3, P. 31</b>						
D.	You said that you had a time when you suddenly felt that you couldn't breathe. When that happened, did you also have an attack of feeling very afraid or strange?	0	2	7	9	[45]
<b>IF NO, GO TO Q 3, P. 31</b>						
<b>IF YES,</b>	E. During an attack, did you get dizzy or light-headed and feel you might pass out?	0	<b>1*</b>	<b>2*</b>	7	9 [46]
	F. Did your heart pound or beat too fast?	0	<b>1*</b>	<b>2*</b>	7	9 [47]
	G. During an attack, did you tremble or shake?	0	<b>1*</b>	<b>2*</b>	7	9 [48]
	H. During an attack, did you sweat?	0	<b>1*</b>	<b>2*</b>	7	9 [49]
	I. Did you feel like you were choking?	0	<b>1*</b>	<b>2*</b>	7	9 [50]
	J. Did your mouth feel dry?	0	<b>1*</b>	<b>2*</b>	7	9 [51]
	K. During an attack, did you have a stomach ache, or feel like you were going to throw up or like you had to go to the bathroom?	0	<b>1*</b>	<b>2*</b>	7	9 [52]
	L. Did your hands or feet tingle or feel numb?	0	<b>1*</b>	<b>2*</b>	7	9 [53]
	M. When you couldn't breathe and you had an attack of feeling very afraid or strange, did you feel very hot ... or very cold?	0	<b>1*</b>	<b>2*</b>	7	9 [54]
	N. During an attack, did you have pain in your chest, or did your chest feel tight?	0	<b>1*</b>	<b>2*</b>	7	9 [55]
	O. When you couldn't breathe and you had an attack of feeling very afraid or strange, were you afraid that you were going crazy or losing control?	0	<b>1*</b>	<b>2*</b>	7	9 [56]
	P. Did you think that you were going to die during an attack?	0	<b>1*</b>	<b>2*</b>	7	9 [57]
	Q. Sometimes when people have attacks like this, they may feel as if they are not real ... or that their body doesn't belong to them ... or that they are not part of the real world.					
	Did you feel like that when you had an attack?	0	<b>1*</b>	<b>2*</b>	7	9 [58]

R. Sometimes when people have attacks like this, they feel the world around them is unreal like it is on the other side of a glass window, or that the people around them are like puppets or actors in a movie.

Have you felt like that when you were having an attack? 0 1\* 2\* 7 9 [59]

**b: IF 1 OR MORE \* RESPONSES WERE CODED IN E - R, CONTINUE**

**ALL OTHERS, GO TO AG, P. 39**

S. You said that during a time when you couldn't breathe and you had an attack of feeling very afraid or strange you [NAME \* SYMPTOMS IN Q 2E - R]. Did most of these feelings happen shortly after the attack started? 0 2 7 9 [60]

T. Have you only had these times when you couldn't breathe and you had an attack of feeling very afraid or strange after you have drunk a lot of soft drinks or sodas, or coffee, or after you have taken medication? 0 2 7 9 [61]

**IF YES, U.** Did you ever have an attack when you hadn't drunk soda or coffee or taken medication? 0 2 7 9 [62]

**IF NO, GO TO AG, P. 39**

V. Have you only had these times when you couldn't breathe and you had attacks of feeling very afraid or strange after you have smoked cigarettes or drunk alcohol or taken drugs? 0 2 7 9 [63]

**IF YES, W.** Did you ever have an attack of feeling very afraid or strange like this when you hadn't smoked or taken drugs or alcohol? 0 2 7 9 [64]

**IF NO, GO TO AG, P. 39**

X. Now, what about the last four weeks? Since [[NAME EVENT]//the beginning of/the middle of/the end of [LAST MONTH]], have you had a time when all of a sudden you felt like you couldn't breathe? 0 2 7 9 [65]

**GO TO Q 4, P. 33**

3. In the last year, have you had a time when your heart suddenly started to beat very fast? 0 2 7 9 [66]

**IF NO, GO TO AG, P. 39**

**IF YES,** A. Was there a good reason for your heart to beat so fast, like you'd just been running or exercising? 0 2† 7 9 [67]

B. Was your heart beating fast because you were angry with someone or because you felt embarrassed or shy? 0 2† 7 9 [68]

**c: IF A † RESPONSE WAS CODED IN A OR B, CONTINUE**  
**ALL OTHERS, GO TO D**

C. Did your heart suddenly start to beat fast when you didn't have a good reason ... that is [you hadn't been running or exercising/you weren't angry or embarrassed]? 0 2 7 9 [69]

**IF NO, GO TO AG, P. 39**

D. Has your heart suddenly started to beat very fast more than once? 0 2 7 9 [70]

**IF NO, GO TO AG, P. 39**

E. Did you have a medical problem that made your heart beat that way? 0 2 7 9 [71]

**IF YES,** F. What was that?

\_\_\_\_\_ |\_\_\_\_\_| [72-73]  
\_\_\_\_\_

G. You said that you had a time when your heart started to beat very fast. When that happened, did you also have an attack of feeling very afraid or strange? 0 2 7 9 [74]

**IF NO, GO TO AG, P. 39**

**START NEW CARD  
DUP COL 1 - 12**  
CARD NO. 0 2 [13 - 14]  
                  b [15]

**IF YES,** H. During an attack, did you feel that it was hard to breathe? 0 1\* 2\* 7 9 [16]

I. Did you get dizzy or light-headed and feel you might pass out? 0 1\* 2\* 7 9 [17]

J. During an attack, did you tremble or shake? 0 1\* 2\* 7 9 [18]

K. During an attack, did you sweat? 0 1\* 2\* 7 9 [19]

L. Did you feel like you were choking? 0 1\* 2\* 7 9 [20]

M. Did your mouth feel dry? 0 1\* 2\* 7 9 [21]

- N. During an attack, did you have a stomach ache, or feel like you were going to throw up or like you had to go to the bathroom? 0 1\* 2\* 7 9 [22]
- O. Did your hands or feet tingle or feel numb? 0 1\* 2\* 7 9 [23]
- P. When your heart beat fast and you had an attack of feeling very afraid or strange like this, did you feel very hot ... or very cold? 0 1\* 2\* 7 9 [24]
- Q. During an attack, did you have pain in your chest, or did your chest feel tight? 0 1\* 2\* 7 9 [25]
- R. When your heart beat fast and you had an attack of feeling very afraid or strange like this, were you afraid that you were going crazy or losing control? 0 1\* 2\* 7 9 [26]
- S. Did you think that you were going to die during an attack? 0 1\* 2\* 7 9 [27]
- T. Sometimes when people have attacks like this, they feel as if they are not real ... or that their body doesn't belong to them ... or that they are not part of the real world.  
Did you feel like that when you had an attack? 0 1\* 2\* 7 9 [28]
- U. Sometimes when people have attacks like this, they feel the world around them is unreal, like it is on the other side of a glass window, or that the people around them are like puppets or actors in a movie.  
Have you felt like that when you were having an attack? 0 1\* 2\* 7 9 [29]

**d: IF 1 OR MORE \* RESPONSES  
WERE CODED IN H - U, CONTINUE**  
  
**ALL OTHERS, GO TO AG, P. 39**

- V. You said that during a time when your heart beat fast and you had an attack of feeling very afraid or strange, you [NAME \* SYMPTOMS IN Q 3H - U]. Did most of these feelings happen shortly after the attack started? 0 2 7 9 [30]
- W. Have you only had these times when your heart beat very fast and you had an attack of feeling very afraid or strange after you have drunk a lot of soft drinks or sodas, or coffee, or after you have taken medication? 0 2 7 9 [31]
- IF YES,** X. Did you ever have these times when you had an attack of feeling very afraid or strange when you hadn't drunk soft drinks or soda, or coffee or taken medication? 0 2 7 9 [32]

**IF NO, GO TO AG, P. 39**

- Y. Have you only had these times when your heart beat very fast and you had an attack of feeling very afraid or strange after you have smoked cigarettes or drunk alcohol or taken drugs? 0 2 7 9 [33]

**IF YES, Z.** Did you ever suddenly feel very afraid or strange like this when you hadn't smoked or taken drugs or alcohol? 0 2 7 9 [34]

**IF NO, GO TO AG, P. 39**

AA. Now, what about the last four weeks? 0 2 7 9 [35]  
 Since [[NAME EVENT]]//the beginning of/the middle of/the end of [LAST MONTH]], have you had a time when all of a sudden your heart started to beat very fast and you felt very afraid or strange?

4. In the last year – that is, since [NAME CURRENT MONTH] of last year – have you had three or more of these attacks of feeling very afraid or strange? 0 2 7 9 [36]

**IF YES, A.** How many of these attacks have you had in the last year?

**CODE NUMBER OF ATTACKS** -----> [ ] [37-38]  
 (66 = 66 OR MORE ATTACKS)

**e: IF FEWER THAN 4 ATTACKS, GO TO C**  
**IF 4 OR MORE ATTACKS, CONTINUE**

B. In the last year, was there a time when you had four attacks of feeling very afraid or strange like this within a four week period? 0 2 7 9 [39]

C. How many of these attacks of feeling very afraid or strange have you had in the last four weeks?

**CODE NUMBER OF ATTACKS** -----> [ ] [40-41]  
 (66 = 66 OR MORE ATTACKS)

5. In the last year (*that is, since [NAME CURRENT MONTH] of last year*), after you had an attack of feeling very afraid or strange, were you worried that you might have another attack? 0 1 2 7 9 [42]

**IF YES, A.** Did you go on worrying nearly every day about having another attack for at least four weeks? 0 2\* 7 9 [43]

**IF YES, B.** Now, what about the last four weeks? 0 2 7 9 [44]  
 (*Since [the beginning of/the middle of/the end of [LAST MONTH]]*), have you worried about having another attack?

**f: IF 5B WAS ASKED, READ THE INTRO (BELOW) BEFORE Q 6**  
*Now I want you to think about the whole last year again.*  
**ALL OTHERS, CONTINUE WITHOUT INTRO**

6. Did having these attacks of feeling very afraid or strange make you think there was something wrong with your heart or with some other part of your body? 0 1 2 7 9 [45]  
**IF YES, A.** Did you worry about that for at least four weeks? 0 2\* 7 9 [46]  
**IF YES, B.** Have you worried about something being wrong with your body in the last four weeks? 0 2 7 9 [47]
7. In the last year (*that is, since [NAME CURRENT MONTH] of last year*), did you worry that you were going crazy because you were having these attacks? 0 1 2 7 9 [48]  
**IF YES, A.** Did you worry about that for at least four weeks? 0 2\* 7 9 [49]  
**IF YES, B.** In the last four weeks, have you worried that these attacks meant you were going crazy? 0 2 7 9 [50]
8. In the last year – that is, since [NAME CURRENT MONTH] of last year – have you stopped going places because you thought you might have an attack? 0 2 7 9 [51]  
**IF YES, A.** Would you go to these places if someone was with you? 0 1 2 7 9 [52]  
**B.** Now, what about the last four weeks? 0 2 7 9 [53]  
*(Since [the beginning of/the middle of/the end of [LAST MONTH]]), have you not gone places because you thought you might have an attack there?*  
**IF YES, C.** Would you go to these places if someone was with you? 0 1 2 7 9 [54]

**g: IF Q 8B WAS ASKED, READ THE INTRO (BELOW) BEFORE Q 9**  
  
*Now I want you to think about the whole last year again.*  
  
**ALL OTHERS, CONTINUE WITHOUT INTRO**

9. In the last year, did these attacks of feeling very afraid or strange come on when you were embarrassed because other people were looking at you? 0 1 2 7 9 [55]  
**IF YES, A.** Did you ever have an attack of feeling very afraid or strange when you weren't embarrassed because other people were looking at you? 0 2 7 9 [56]

10. In the last year, did these attacks of feeling very afraid or strange happen at times when you were upset about having to be away from [ATTACHMENT FIGURE]? 0 1 2 7 9 [57]
- IF YES, A.** Have you ever had an attack when you weren't upset about having to be away from [ATTACHMENT FIGURE]? 0 2 7 9 [58]

**h: IF ANY [ ] RESPONSES WERE CODED IN SPPH (see tally sheet), CONTINUE**

**ALL OTHERS, GO TO Q 12**

11. Earlier, you told me that you were very scared of [NAME OBJECT OF SPECIFIC PHOBIA]. Do you only have these attacks of feeling very afraid or strange when you [(are near/are in/are on/see) (NAME OBJECT OF SPECIFIC PHOBIA)]? 0 2 7 9 [59]
- IF YES, A.** Have you ever had an attack of feeling very afraid or strange like this when you [weren't (near/in/on/around) (NAME OBJECT OF SPECIFIC PHOBIA)]? 0 2 7 9 [60]

12. You said that in the last year you had attacks of feeling very afraid or strange.

How old were you the first time you ever felt like that?

**CODE AGE (66 = WHOLE LIFE, ALWAYS) ----->** |\_\_\_| YRS. [61-62]

**IF AGE NOT KNOWN, ASK: What grade were you in?**  
**CODE GRADE (44 = PRE-K, 55 = KINDERGARTEN, 13 = COLLEGE FRESHMAN, 14 = SOPHOMORE, 15 = JUNIOR, 16 = SENIOR, 17 = POST B.A.) ----->** |\_\_\_| GRADE [63-64]

**i: IF [AGE/GRADE] GIVEN WAS CHILD'S CURRENT [AGE/GRADE], GO TO Q 13**

**IF [AGE/GRADE] GIVEN WAS CHILD'S CURRENT [AGE/GRADE] MINUS ONE, GO TO A**

**ALL OTHERS GO TO B**

- A. Was that more than a year ago – that is, before [[NAME EVENT]/[NAME CURRENT MONTH] of last year]? 0 2 7 9 [65]

**IF NO, GO TO Q 13**

- B. Since that first time, was there ever a time when you did not have attacks? 0 2 7 9 [66]

**IF NO, GO TO Q 13**

- C. Did that time when you did not have attacks last for two months or more? 0 2 7 9 [67]

**IF NO, GO TO Q 13**

D. You said that you had attacks of feeling very afraid or strange in the last year.

How old were you when these attacks began this time?

CODE AGE -----> | \_\_\_\_ | YRS. [68-69]  
 (88 = NEVER STARTED AGAIN)

IF AGE NOT KNOWN, ASK: What grade were you in?  
 CODE GRADE (44 = PRE-K, 55 = KINDERGARTEN,  
 13 = COLLEGE FRESHMAN, 14 = SOPHOMORE,  
 15 = JUNIOR, 16 = SENIOR, 17 = POST B.A., 88 = NEVER  
 STARTED AGAIN) ----->

| \_\_\_\_ | GRADE [70-71]

j: IF [AGE/GRADE] GIVEN WAS CHILD'S  
 CURRENT [AGE/GRADE] MINUS ONE, GO TO E  
 ALL OTHERS GO TO Q 13

E. Did you start having attacks again more than a year ago – that is, before [[NAME EVENT]/[NAME CURRENT MONTH] of last year]?

0 2 7 9 [72]

13. You said that in the last year you had attacks of feeling very afraid or strange.

Now, I'd like you to think back to the time in the last year when having these attacks caused the most problems.

**START NEW CARD  
 DUP COL 1 - 12**

CARD NO. 0 3 [13 - 14]  
 b [15]

At that time, did your [CARETAKERS] seem annoyed or upset with you because you were having these attacks?

0 1 2 7 9 [16]

IF YES, A. How often did your [CARETAKERS] seem annoyed or upset with you because of this? Would you say: a lot of the time, some of the time, or hardly ever?

A lot of the time ..... 3 [17]  
 Some of the time ..... 2  
 Hardly ever ..... 1  
 Refuse to answer ..... 7  
 Don't know ..... 9

14. At that time, did these attacks keep you from doing things or going places with your family?

0 1 2 7 9 [18]

IF YES, A. How often did these attacks keep you from doing things or going places with your family? Would you say: a lot of the time, some of the time, or hardly ever?

A lot of the time ..... 3 [19]  
 Some of the time ..... 2  
 Hardly ever ..... 1  
 Refuse to answer ..... 7  
 Don't know ..... 9

15. At that time, did these attacks keep you from doing things or going places with other [children/people your age]? 0 1 2 7 9 [20]

**IF YES, A.** How often did these attacks keep you from doing things or going places with other [children/people your age]? Would you say: a lot of the time, some of the time, or hardly ever?

- A lot of the time ..... 3 [21]
- Some of the time ..... 2
- Hardly ever ..... 1
- Refuse to answer ..... 7
- Don't know ..... 9

**k: IF CHILD DID NOT ATTEND SCHOOL OR WORK IN LAST YEAR, CODE "8" IN Q 16 - 17, THEN GO TO Q 18**

16. When the problems were worst, did having these attacks [make it difficult for you to do your schoolwork or cause problems with your grades/make it difficult for you to do your work]? 0 1 2 7 8 9 [22]

**IF YES, A.** How bad were the problems you had with your [schoolwork/work] because of these attacks? Would you say: very bad, bad, or not too bad?

- Very bad ..... 3 [23]
- Bad ..... 2
- Not too bad ..... 1
- Refuse to answer ..... 7
- Don't know ..... 9

17. At that time, did having these attacks cause your [teachers/boss] to be annoyed or upset with you? 0 1 2 7 8 9 [24]

**IF YES, A.** How often [were/was] your [teachers/boss] annoyed or upset with you because of this? Would you say: a lot of the time, some of the time, or hardly ever?

- A lot of the time ..... 3 [25]
- Some of the time ..... 2
- Hardly ever ..... 1
- Refuse to answer ..... 7
- Don't know ..... 9

18. When the problems were worst, did having these attacks make you feel bad or make you feel upset? 0 1 2 7 9 [26]

**IF YES, A.** How bad did having these attacks make you feel? Would you say: very bad, bad, or not too bad?

- Very bad ..... 3 [27]
- Bad ..... 2
- Not too bad ..... 1
- Refuse to answer ..... 7
- Don't know ..... 9

19. In the last year – that is, since [NAME CURRENT MONTH] of last year – have you been to see someone at a hospital or a clinic or at their office because you had these attacks of feeling very afraid or strange? 0 2 7 9 [28]

**IF YES, GO TO OPTIONAL DETAILS**

IF NO, A. Do you have an appointment set up to see someone because of these attacks? 0 2 7 9 [29]

**IF YES, GO TO OPTIONAL DETAILS**

**OPTIONAL DETAILS:**

20. Who [did you/are you going to] see? (WRITE IN:)

Name: \_\_\_\_\_ [30-31]

Profession: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

A. IF SOMEONE WAS SEEN, ASK:  
What did the person you saw say was the matter?

\_\_\_\_\_ [32-33]

\_\_\_\_\_

**1: IF CHILD IS AGE 7 OR OLDER, CONTINUE**

**ALL OTHERS, GO TO AG**

**Whole Life Screen**

21. You said that in the last year you had attacks of feeling afraid or strange.

Now I want you to think back to before the last year ... since the time you turned five years old up until the last twelve months.  
(INTERVIEWER: point out age five on whole life chart.)

Since you turned five years old, was there ever a time when these attacks of feeling afraid or strange were worse than in the last year? 0 2 7 9 [34]

IF YES, A. How old were you when these attacks were the worst?  
(INTERVIEWER: IF MORE THAN ONE YEAR IS REPORTED, ASK: "During which single year of age were you the worst?" IF MORE THAN ONE YEAR STILL REPORTED, ENTER YOUNGEST AGE.)

CODE AGE -----> \_\_\_\_\_ [35-36]

IF AGE NOT KNOWN, ASK: What grade were you in?  
CODE GRADE (44 = PRE-K, 55 = KINDERGARTEN, 13 = COLLEGE FRESHMAN, 14 = SOPHOMORE, 15 = JUNIOR, 16 = SENIOR, 17 = POST B.A.) -----> \_\_\_\_\_ [37-38]