

D - Mood - Depression Or Major Depressive Disorder

Record ID

1. Gold Standard Diagnosis

Have you been diagnosed with a depressive disorder?

- ☐ Yes
☐ No

Major Depressive Disorder

- ☐ 6B43 Adjustment disorder
☐ 6B20 OCD
☐ 6A70 Single episode depressive disorder
☐ 6A71 Recurrent depressive disorder
☐ 6A72 Dysthymic disorder
☐ 6A73 Mixed depressive and anxiety disorder
☐ GA34.41 Premenstrual dysphoric disorder
☐ 6A7Y Other specified depressive disorders
☐ 6A7Z Depressive disorders, unspecified

Diagnosis

(Legacy)

- ☐ Clinical depression (major depressive disorder)
☐ Persistent depressive disorder (PDD)
☐ Disruptive mood dysregulation disorder (DMDD)
☐ Premenstrual dysphoric disorder (PMDD)
☐ Depressive disorder due to another medical condition

Clinical depression (major depressive disorder)
Subcategory

(Legacy)

- ☐ Seasonal affective disorder (seasonal depression)
☐ Prenatal depression and postpartum depression
☐ Atypical depression

Was a structured clinical interview done?

(Legacy)

- ☐ Yes
☐ No

Was an objective questionnaire used?

(Legacy)

- ☐ Yes
☐ No

Which objective questionnaire was used?

(Legacy)

- ☐ Patient Health Questionnaire (PHQ-9)
☐ HAM-D
☐ Beck Depression Inventory (BDI)
☐ Other

Please specify

(Legacy)

2. Medical and Psychiatric comorbidities

Please select any active psychiatric problems and medical problems (select all that apply).

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- ☐ ADHD
- ☐ Anxiety
- ☐ OCD
- ☐ Stroke
- ☐ Epilepsy
- ☐ Laryngeal cancer
- ☐ Seasonal allergies
- ☐ Other

Please specify

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Please select any historical psychiatric problems and medical problems (select all that apply).

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- ☐ ADHD
- ☐ Anxiety
- ☐ OCD
- ☐ Stroke
- ☐ Epilepsy
- ☐ Laryngeal cancer
- ☐ Seasonal allergies
- ☐ Other

Please specify

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Enter list of active problems

(Legacy)

Enter any history of problems

(Legacy)

3. Depression History

When was your last depressive episode (feeling depressed more days than not over two weeks)?

Approximately how many depressive episodes have you had in your life (feeling down and depressed more days than not over two weeks)?

- ☐ None
- ☐ More than two
- ☐ More than five
- ☐ Not sure

3. Disease Subtype

(Legacy)

Disease Subtype

(Legacy)

- ☐ Active
- ☐ Recurrent

Psychotic Symptoms

(Legacy)

- ☐ With
- ☐ Without

4. Etiology**(Legacy)**

Describe life events that may relate to the diagnosis

(Legacy)

5. Disease Severity**(Legacy)**

Disease Severity

(Legacy)

- ☐ Mild
☐ Moderate
☐ Severe

4. Treatment obtained

Have you ever been prescribed medication for mental or emotional problems (e.g., antidepressants, anxiolytics, antipsychotics, mood stabilizers, etc.)?

- ☐ Yes
☐ No

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Please list any current psychiatric medications (to the best of your recollection), including medication names, dosage, and how many times per day.

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Please list any previous psychiatric medications (to the best of your recollection), including medication names, approximate dates you were taking them, and why they were discontinued.

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Have you ever seen a mental health professional for talk therapy (could include social workers, psychiatrists, etc.)?

- ☐ Yes
☐ No

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Please briefly describe your psychotherapy history (e.g., dates, reasons for seeking therapy, etc.).

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List any current medications/therapies

(Legacy)

List any former medications/therapies

(Legacy)