

D - Mood - Depression Or Major Depressive Disorder

Please complete the survey below.

Thank you!

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

2. 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

Deprecated Fields

[DEPRECATED]
Diagnosis

☐ 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

[DEPRECATED]
Clinical depression (major depressive disorder)
Subcategory

☐ Seasonal affective disorder (seasonal depression)

☐ Prenatal depression and postpartum depression

☐ Atypical depression

[DEPRECATED]
Was a structured clinical interview done?

☐ Yes

☐ No

[DEPRECATED]
Was an objective questionnaire used?

☐ Yes

☐ No

[DEPRECATED]
Which objective questionnaire was used?

☐ Patient Health Questionnaire (PHQ-9)

☐ HAM-D

☐ Beck Depression Inventory (BDI)

☐ Other

[DEPRECATED]
Please specify

[DEPRECATED]

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

MOVED IT TO "Q - Mood - Participant History"

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

[DEPRECATED]

Please specify

MOVED IT TO "Q - Mood - Participant History"

[DEPRECATED]

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

MOVED IT TO "Q - Mood - Participant History"

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

[DEPRECATED]

Please specify

MOVED IT TO "Q - Mood - Participant History"

[DEPRECATED]

Enter list of active problems

[DEPRECATED]

Enter any history of problems

[DEPRECATED]

Disease Subtype

- ☐ Active
- ☐ Recurrent

[DEPRECATED]

Psychotic Symptoms

- ☐ With
- ☐ Without

[DEPRECATED]

Describe life events that may relate to the diagnosis

[DEPRECATED]

Disease Severity

- ☐ Mild
- ☐ Moderate
- ☐ Severe

[DEPRECATED]

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

- ☐ Yes
- ☐ No

MOVED IT TO "Q - Mood - Participant History"

[DEPRECATED]

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

MOVED IT TO "Q - Mood - Participant History"

[DEPRECATED]

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.

MOVED IT TO "Q - Mood - Participant History"

[DEPRECATED]

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

☐ Yes
☐ No

MOVED IT TO "Q - Mood - Participant History"

[DEPRECATED]

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

MOVED IT TO "Q - Mood - Participant History"

[DEPRECATED]

List any current medications/therapies

[DEPRECATED]

List any former medications/therapies
