

D - Mood - Anxiety Disorder

Please complete the survey below.

Thank you!

1. Gold Standard Diagnosis

Have you been diagnosed with an anxiety disorder?

- ☐ Yes
☐ No

Anxiety Disorder

- ☐ 6B80 Anorexia nervosa
☐ 6B81 Bulimia nervosa
☐ 6B82 Binge eating disorder
☐ 6B83 Avoidant-restrictive food intake disorder
☐ 6B84 Pica
☐ 6B85 Rumination-regurgitation disorder
☐ 6B8Y Other specified feeding or eating disorders
☐ 6B8Z Feeding or eating disorders, unspecified
☐ 6B00 Generalized Anxiety Disorder
☐ 6B01 Panic Disorder
☐ 6B02 Agoraphobia
☐ 6B04 Social Anxiety Disorder
☐ 6B05 Separation Anxiety Disorder
☐ 6B06 Selective Mutism
☐ 6B0Y Other Specified Anxiety or Fear-Related Disorders
☐ 6B0Z Anxiety or fear-related disorders, unspecified

2. Medical and Psychiatric comorbidities

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

Please specify

MOVED IT TO "Q - Mood - Participant History"

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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3. Anxiety History

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

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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