

## D - Mood - Anxiety Disorder

Record ID \_\_\_\_\_

### 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).

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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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### 3. Anxiety History

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

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### 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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