Draft Visualizations for Semester Project

# Loading the Data and Necessary Packages

knitr::opts\_chunk$set(comment = NA)  
library(dplyr)  
library(tidyr)  
library(ggplot2)  
library(grid)  
library(gridExtra)  
library(knitr)  
health <- read.csv("mentalsurvey\_clean.csv")

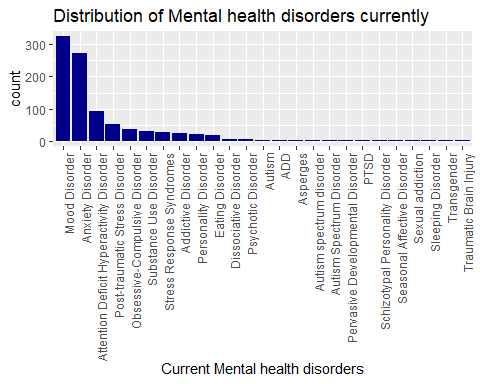
# Section 1: Distribution of mental health disorders based on different demographics

### Distribution of Mental health disorders

#since some people have multiple disorders, we have to split them   
tmp = health %>% separate(mhd,   
 sep = '\\|',  
 c('mhd\_1', 'mhd\_2', 'mhd\_3', 'mhd\_4', 'mhd\_5',  
 'mhd\_6', 'mhd\_7', 'mhd\_8', 'mhd\_9'),  
 fill = 'right')  
  
  
chk = tmp %>% select(matches('mhd\_[1-9]'))  
  
comb = as.vector(t(chk))  
comb1 = comb[comb != ""&!is.na(comb)]  
  
#Shortening the factor levels by splitting  
disorders=sapply(strsplit(comb1, split = " \\("), `[`, 1)  
dataf <- as.data.frame(matrix(disorders))  
colnames(dataf)<- "Disorder"  
#Removing inconsistent response  
subdataf <- subset(dataf, disorders != "I haven\'t been formally diagnosed, so I felt uncomfortable answering, but Social Anxiety and Depression.")  
count\_disorder <-data.frame(count(subdataf, Disorder, sort = TRUE))  
kable(count\_disorder)

|  |  |
| --- | --- |
| Disorder | n |
| Mood Disorder | 325 |
| Anxiety Disorder | 272 |
| Attention Deficit Hyperactivity Disorder | 93 |
| Post-traumatic Stress Disorder | 51 |
| Obsessive-Compulsive Disorder | 36 |
| Substance Use Disorder | 31 |
| Stress Response Syndromes | 28 |
| Addictive Disorder | 24 |
| Personality Disorder | 22 |
| Eating Disorder | 19 |
| Dissociative Disorder | 5 |
| Psychotic Disorder | 4 |
| Autism | 2 |
| ADD | 1 |
| Asperges | 1 |
| Autism spectrum disorder | 1 |
| Autism Spectrum Disorder | 1 |
| Pervasive Developmental Disorder | 1 |
| PTSD | 1 |
| Schizotypal Personality Disorder | 1 |
| Seasonal Affective Disorder | 1 |
| Sexual addiction | 1 |
| Sleeping Disorder | 1 |
| Transgender | 1 |
| Traumatic Brain Injury | 1 |

reorder\_size <- function(x) {  
 factor(x, levels = names(sort(table(x), decreasing = TRUE)))  
}  
#Plot to see the distribution of current mental health illness  
p <- ggplot(data=subdataf, aes(x = reorder\_size(Disorder)))+  
 geom\_bar(fill='dark blue')+  
 theme(axis.text.x = element\_text(angle = 90, hjust = 1))  
  
p+xlab("Current Mental health disorders")+ggtitle("Distribution of Mental health disorders currently")



#### Interpretation of Results

The most common mental health disorder appears to be mood disorder with a count of 325, followed by anxiety disorder with a count of 272.

### Distribution of mental health status among gender

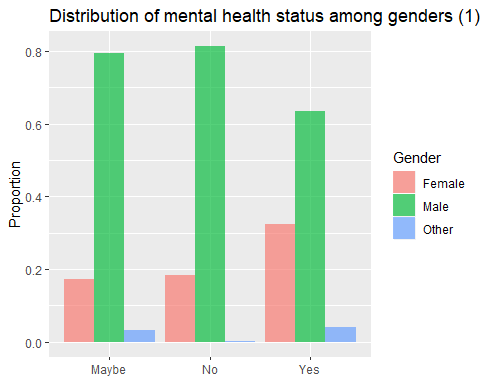
gender\_disorder <- table(health$Do.you.currently.have.a.mental.health.disorder., health$gender)  
gender\_disorder

Female Male Other  
 Maybe 44 202 8  
 No 81 359 1  
 Yes 146 286 19

#Table: % of who may, don't or have mental disorder among genders  
rowprop <- prop.table(gender\_disorder,1)   
rowprop

Female Male Other  
 Maybe 0.173228346 0.795275591 0.031496063  
 No 0.183673469 0.814058957 0.002267574  
 Yes 0.323725055 0.634146341 0.042128603

dr1 <-as.data.frame(rowprop)  
# Distribution of respondents among gender provided they may/have/donot have a mental diorder   
ggplot(data = dr1, aes(x =Var1 , y = Freq, fill = Var2)) +   
 geom\_bar(stat = 'identity', position = 'dodge', alpha = 2/3) +   
 labs(x = NULL, y = 'Proportion', fill = 'Gender')+ggtitle('Distribution of mental health status among genders (1)')



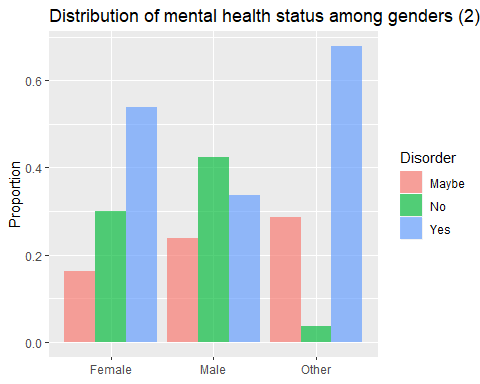
#### Interpretation of results

The table and figure above shows that among the people that said Yes, 32.3% are females, 63.4% are males and 4.2% are otherss. Among the people that said No, 81.4% are males, 18.3% are females and 0.2% are others.Among the people that said Maybe, 79.5% are males, 17.3% are females and 3.1% are others.

#Table : % of each level gender who may, don't or have mental disorder  
colprop <- prop.table(gender\_disorder,2)  
colprop

Female Male Other  
 Maybe 0.16236162 0.23848878 0.28571429  
 No 0.29889299 0.42384888 0.03571429  
 Yes 0.53874539 0.33766234 0.67857143

# Distribution of respondents who may/have/donot have a mental diorder over the gender  
dr2 <-as.data.frame(colprop)  
ggplot(data = dr2, aes(x =Var2 , y = Freq, fill = Var1)) +   
 geom\_bar(stat = 'identity', position = 'dodge', alpha = 2/3) +   
 labs(x = NULL, y = 'Proportion', fill = 'Disorder')+ggtitle('Distribution of mental health status among genders (2)')



#### Interpretation of results

The table and figure above show that the proportion of females who said Yes (0.53) are more than the proportion of females that said no (0.29) amd maybe (0.16). The proportion of males that said No (0.42) are more than the proportion of males who said Yes (0.33) and Maybe (0.23). In the gender Other, the proportion that said Yes (0.67) are more than the proportion that said No (0.03) and Maybe (0.28).

### Distribution of mental health disorder based on age groups

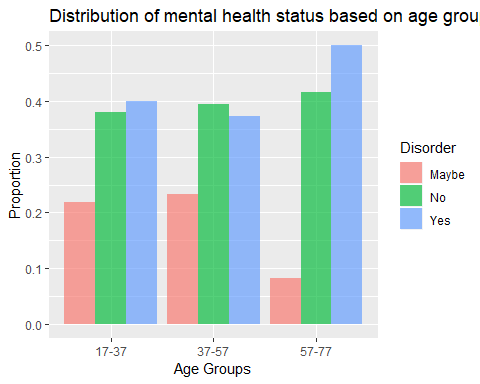
summary(health$age)

Min. 1st Qu. Median Mean 3rd Qu. Max.   
 17.00 28.00 32.00 33.37 38.00 74.00

#Creating labels for age groups  
labs <- c(paste(seq(17, 74, by = 20), seq(37, 80, by = 20),  
 sep = "-"))  
health$AgeGroup <- cut(health$age, breaks = c(seq(17, 74, by = 20), Inf), labels = labs, right = FALSE)  
  
agegr <- table(health$Do.you.currently.have.a.mental.health.disorder.,health$AgeGroup)  
ageprop <- prop.table(agegr,2)  
ageprop

17-37 37-57 57-77  
 Maybe 0.21933086 0.23241590 0.08333333  
 No 0.38042131 0.39449541 0.41666667  
 Yes 0.40024783 0.37308869 0.50000000

dfageprop <- as.data.frame(ageprop)  
  
#Distribution of respondents reporting a mental disorder by age groups  
ggplot(data = dfageprop, aes(x =Var2 , y = Freq, fill = Var1)) +   
 geom\_bar(stat = 'identity', position = 'dodge', alpha = 2/3) +   
 labs(x = "Age Groups", y = 'Proportion', fill = 'Disorder')+ggtitle('Distribution of mental health status based on age groups (1)')



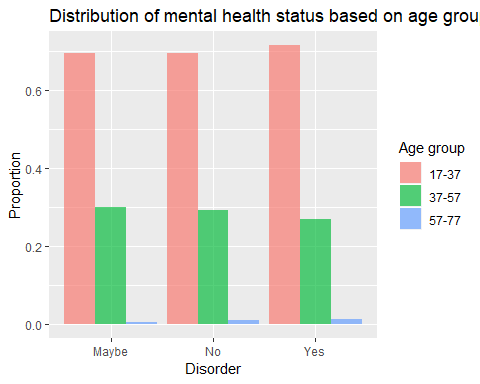
#### Interpretation of results

The table and plot above show that in the age group of 17-37, 40% said they currently have a mental disorder, 38% said they donot have a mental disorder currently and 21.9% said are not sure. In the 37-57 age group, 39.4% said they donot have a mental disorder currently, 37.3% said Yes and 23.2% said maybe or are not sure. In the 57-77 agegroup, 50% said Yes, 41.6% said No and 8.3% said maybe.

ageprop1 <- prop.table(agegr,1)  
ageprop1

17-37 37-57 57-77  
 Maybe 0.696850394 0.299212598 0.003937008  
 No 0.696145125 0.292517007 0.011337868  
 Yes 0.716186253 0.270509978 0.013303769

dfageprop1 <- as.data.frame(ageprop1)  
ggplot(data = dfageprop1, aes(x =Var1 , y = Freq, fill = Var2)) +   
 geom\_bar(stat = 'identity', position = 'dodge', alpha = 2/3) +   
 labs(x = "Disorder", y = 'Proportion', fill = 'Age group')+ggtitle('Distribution of mental health status based on age groups (2)')



#### Interepretion of results

The table and plot above show that among the people that said they have mental disorder currently, 71.6% lie in the 17-37 age group, 27% lie in the 37-57 age group and 1.3% lie in the age group of 57-77. Among the people that said No, 69.6% lie in the 17-37 age group, 29.2% lie in the 37-57 age group and 1.1% lie in the 57-77 group. Among the people that said Maybe, 69.6% liein the 17-37 age group, 29.9% lie in the 37-57 age group and .3% lie in the 57-77 age group.

### Distribution of mental health disorder based on geography

table(health$What.US.state.or.territory.do.you.live.in. , health$Do.you.currently.have.a.mental.health.disorder.)

Maybe No Yes  
 105 209 123  
 Alabama 0 1 3  
 Alaska 1 1 0  
 Arizona 0 4 0  
 California 22 35 53  
 Colorado 7 6 8  
 Connecticut 0 2 1  
 Delaware 0 0 1  
 District of Columbia 0 0 2  
 Florida 4 7 6  
 Georgia 5 3 3  
 Idaho 0 0 3  
 Illinois 5 18 24  
 Indiana 3 7 11  
 Iowa 0 1 4  
 Kansas 3 7 4  
 Kentucky 1 0 1  
 Louisiana 0 0 2  
 Maine 1 1 3  
 Maryland 4 6 3  
 Massachusetts 5 8 6  
 Michigan 11 15 17  
 Minnesota 6 13 19  
 Missouri 1 6 3  
 Montana 0 1 0  
 Nebraska 1 5 4  
 Nevada 1 1 0  
 New Hampshire 1 2 2  
 New Jersey 1 0 4  
 New Mexico 0 0 1  
 New York 7 9 19  
 North Carolina 4 5 11  
 North Dakota 2 0 1  
 Ohio 6 5 10  
 Oklahoma 1 7 4  
 Oregon 4 11 13  
 Pennsylvania 4 8 18  
 Rhode Island 0 2 1  
 South Carolina 0 0 1  
 South Dakota 1 1 1  
 Tennessee 5 9 13  
 Texas 12 7 18  
 Utah 2 0 4  
 Vermont 0 3 0  
 Virginia 6 3 6  
 Washington 10 11 14  
 West Virginia 1 0 0  
 Wisconsin 1 1 6

#### Interpretation of results

From the above table output, we can see that the US state with the majority of mental health illness cases is California, followed by Illoinois and New York

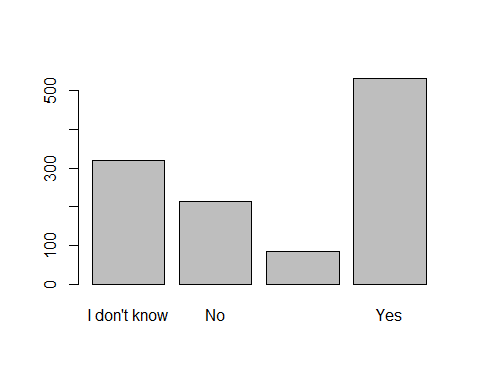
# Section 2: Analysis of distribution of mental health benefits offered by companies in the dataset

### Distribution of employers offering mental healh benefits as part of healthcare coverage

#Creating a table for the variable "Does your employer provide mental health benefits as part of healthcare coverage?""  
  
table(health$Does.your.employer.provide.mental.health.benefits.as.part.of.healthcare.coverage.)

I don't know No   
 319 213   
Not eligible for coverage / N/A Yes   
 83 531

barplot(table(health$Does.your.employer.provide.mental.health.benefits.as.part.of.healthcare.coverage.))



#### Interpretation of results

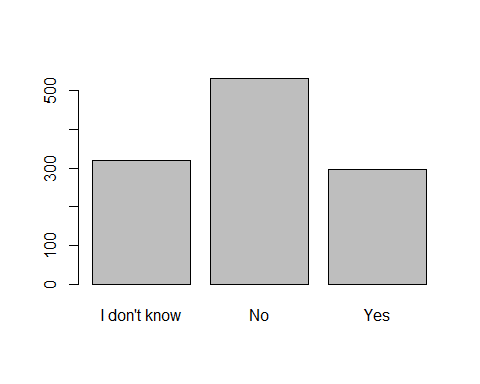
From the above output, we can see that out of a total 1433 companies, only 531 provide mental health benefits as part of healthcare coverage, which is approximately one-third of the responses.

### Distribution of employers offering resources to learn more about mental health concerns and options for seeking help

table(health$Does.your.employer.offer.resources.to.learn.more.about.mental.health.concerns.and.options.for.seeking.help.)

I don't know No Yes   
 320 531 295

barplot(table(health$Does.your.employer.offer.resources.to.learn.more.about.mental.health.concerns.and.options.for.seeking.help.))



#### Interpretation of results

From the above output, we can see that a very small number of companies from the dataset of 1433 entries offer resources to employees to learn more about mental health concerns and options for seeking help.i.e., only 295 employers. For the dataset under study, this implies that a very small number of employers are taking steps to aquaint their employees with mental health benefits in the respective companies. Also, we can see that a significant number of employees, i.e., 320 out of 1433, do not know if their employers offer resporces to seek help regading mental health concerns. This also implies lack of initiative in generating awareness about mental health-related policies.

### Do Companies in the survey dataset have formal discussions to Assist workers with Mental and Behavioral Health Policies

For companies with mental health care options available, let us find out what percentage have a formal discussion (as part of a campaign/official communication) with employees to generate awareness about the mental health care policies. Here, we can create subset for companies with mental health care options available. This dataset(subset) will contain only those companies that provide mental health benefits as part of healthcare coverage

Company<-subset(health, Does.your.employer.provide.mental.health.benefits.as.part.of.healthcare.coverage.=="Yes")  
Company

Are.you.self.employed.  
4 0  
5 0  
7 0  
9 0  
10 0  
11 0  
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 How.many.employees.does.your.company.or.organization.have.  
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9 26-100  
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4 Yes  
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 Do.you.know.the.options.for.mental.health.care.available.under.your.employer.provided.coverage.  
4 Yes  
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 Has.your.employer.ever.formally.discussed.mental.health..for.example..as.part.of.a.wellness.campaign.or.other.official.communication..  
4 No  
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4 I don't know  
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904 Yes, they all did  
905 Some did  
909 Yes, they all did  
911 Some did  
912 Some did  
916 Yes, they all did  
920 Some did  
922 Some did  
923 Some did  
925 Some did  
929 I don't know  
932 Some did  
933 Some did  
936 Yes, they all did  
940 Yes, they all did  
942   
943 No, none did  
946   
949 Some did  
950 Yes, they all did  
951   
956 No, none did  
957 Some did  
964 Some did  
966 Yes, they all did  
967 Some did  
970 Some did  
973 No, none did  
976 Some did  
977 Yes, they all did  
980 I don't know  
981 Some did  
982 Some did  
983 Some did  
986 I don't know  
987 Some did  
988 Some did  
989 Some did  
990 Yes, they all did  
991 Some did  
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995 Some did  
1001 No, none did  
1002 Some did  
1004 I don't know  
1006 Some did  
1012 I don't know  
1015 I don't know  
1016 Yes, they all did  
1018 No, none did  
1020 No, none did  
1025 Yes, they all did  
1026 Some did  
1028 Yes, they all did  
1031 Yes, they all did  
1032 Some did  
1036 Yes, they all did  
1038 Some did  
1039 I don't know  
1040 Some did  
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1046 Some did  
1047 No, none did  
1048 I don't know  
1050 Some did  
1053   
1055 Some did  
1056 No, none did  
1057 No, none did  
1062 Some did  
1070 Some did  
1080 No, none did  
1084 I don't know  
1085 Some did  
1088 Some did  
1091 Yes, they all did  
1092 No, none did  
1093 I don't know  
1094 Yes, they all did  
1095 Some did  
1097 I don't know  
1099 No, none did  
1100 Yes, they all did  
1101 Some did  
1102 No, none did  
1104 Some did  
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1107 Yes, they all did  
1108 Some did  
1111 Yes, they all did  
1114 Yes, they all did  
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1116 Yes, they all did  
1117 Some did  
1118 No, none did  
1119 I don't know  
1120 No, none did  
1126 Some did  
1128   
1130 No, none did  
1131 Yes, they all did  
1135 I don't know  
1136 Some did  
1139   
1141 Some did  
1143 Some did  
1144 Some did  
1146   
 Were.you.aware.of.the.options.for.mental.health.care.provided.by.your.previous.employers.  
4 N/A (not currently aware)  
5 Yes, I was aware of all of them  
7 I was aware of some  
9 N/A (not currently aware)  
10 N/A (not currently aware)  
11 Yes, I was aware of all of them  
12 N/A (not currently aware)  
13 No, I only became aware later  
19 Yes, I was aware of all of them  
20 Yes, I was aware of all of them  
21 I was aware of some  
22   
28 Yes, I was aware of all of them  
30 N/A (not currently aware)  
32 I was aware of some  
35 No, I only became aware later  
36 I was aware of some  
37 No, I only became aware later  
39 N/A (not currently aware)  
41 Yes, I was aware of all of them  
43 I was aware of some  
44 Yes, I was aware of all of them  
45 Yes, I was aware of all of them  
46 N/A (not currently aware)  
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48 No, I only became aware later  
49 N/A (not currently aware)  
51 N/A (not currently aware)  
53 No, I only became aware later  
55 Yes, I was aware of all of them  
56 I was aware of some  
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61 N/A (not currently aware)  
65 I was aware of some  
66 N/A (not currently aware)  
69 N/A (not currently aware)  
74 Yes, I was aware of all of them  
78 I was aware of some  
81 N/A (not currently aware)  
82 N/A (not currently aware)  
87 I was aware of some  
88 Yes, I was aware of all of them  
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91 Yes, I was aware of all of them  
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93 N/A (not currently aware)  
95 N/A (not currently aware)  
97 I was aware of some  
99 N/A (not currently aware)  
103 No, I only became aware later  
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109 I was aware of some  
110 N/A (not currently aware)  
112 I was aware of some  
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116 N/A (not currently aware)  
118 N/A (not currently aware)  
119 I was aware of some  
120 Yes, I was aware of all of them  
123 Yes, I was aware of all of them  
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129 No, I only became aware later  
130 N/A (not currently aware)  
131 I was aware of some  
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134 I was aware of some  
137 N/A (not currently aware)  
138 N/A (not currently aware)  
142 No, I only became aware later  
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145 No, I only became aware later  
148 N/A (not currently aware)  
153 Yes, I was aware of all of them  
155 N/A (not currently aware)  
156 I was aware of some  
157 I was aware of some  
158 N/A (not currently aware)  
159 N/A (not currently aware)  
161 Yes, I was aware of all of them  
164 I was aware of some  
165 N/A (not currently aware)  
166 I was aware of some  
169 Yes, I was aware of all of them  
175 N/A (not currently aware)  
177 I was aware of some  
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186 Yes, I was aware of all of them  
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190 No, I only became aware later  
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194 N/A (not currently aware)  
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197 N/A (not currently aware)  
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199 Yes, I was aware of all of them  
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213 N/A (not currently aware)  
214 Yes, I was aware of all of them  
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218 No, I only became aware later  
219 N/A (not currently aware)  
220 Yes, I was aware of all of them  
221 No, I only became aware later  
222 N/A (not currently aware)  
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225 N/A (not currently aware)  
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234 N/A (not currently aware)  
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237 Yes, I was aware of all of them  
238 N/A (not currently aware)  
239 I was aware of some  
240 N/A (not currently aware)  
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257 N/A (not currently aware)  
264 Yes, I was aware of all of them  
268 I was aware of some  
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272 N/A (not currently aware)  
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274 N/A (not currently aware)  
276 Yes, I was aware of all of them  
277 N/A (not currently aware)  
281 I was aware of some  
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287 N/A (not currently aware)  
288 N/A (not currently aware)  
292 Yes, I was aware of all of them  
296 N/A (not currently aware)  
297 Yes, I was aware of all of them  
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304 N/A (not currently aware)  
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309 Yes, I was aware of all of them  
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315 N/A (not currently aware)  
317 N/A (not currently aware)  
318 Yes, I was aware of all of them  
320 Yes, I was aware of all of them  
321 N/A (not currently aware)  
323 I was aware of some  
324 No, I only became aware later  
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349 N/A (not currently aware)  
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353 No, I only became aware later  
354 N/A (not currently aware)  
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356 N/A (not currently aware)  
359 Yes, I was aware of all of them  
361 Yes, I was aware of all of them  
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379 Yes, I was aware of all of them  
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384 N/A (not currently aware)  
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414 N/A (not currently aware)  
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419 N/A (not currently aware)  
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425 N/A (not currently aware)  
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501 N/A (not currently aware)  
504 No, I only became aware later  
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510 Yes, I was aware of all of them  
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515 No, I only became aware later  
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521 N/A (not currently aware)  
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528 Yes, I was aware of all of them  
529 Yes, I was aware of all of them  
535 N/A (not currently aware)  
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542 N/A (not currently aware)  
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548 No, I only became aware later  
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569 N/A (not currently aware)  
570 Yes, I was aware of all of them  
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578 N/A (not currently aware)  
579 N/A (not currently aware)  
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595 No, I only became aware later  
597 N/A (not currently aware)  
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608 N/A (not currently aware)  
609 No, I only became aware later  
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616 N/A (not currently aware)  
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623 N/A (not currently aware)  
625 No, I only became aware later  
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632 Yes, I was aware of all of them  
633 N/A (not currently aware)  
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638 N/A (not currently aware)  
641 N/A (not currently aware)  
643 Yes, I was aware of all of them  
644 N/A (not currently aware)  
646 N/A (not currently aware)  
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653 N/A (not currently aware)  
655 N/A (not currently aware)  
656 I was aware of some  
659 No, I only became aware later  
666 Yes, I was aware of all of them  
668 N/A (not currently aware)  
669 Yes, I was aware of all of them  
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689 N/A (not currently aware)  
692 No, I only became aware later  
693 N/A (not currently aware)  
694 N/A (not currently aware)  
706 Yes, I was aware of all of them  
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712 I was aware of some  
720 No, I only became aware later  
725 Yes, I was aware of all of them  
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739 I was aware of some  
741 N/A (not currently aware)  
743 I was aware of some  
748 Yes, I was aware of all of them  
750 N/A (not currently aware)  
751 Yes, I was aware of all of them  
754 I was aware of some  
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758 N/A (not currently aware)  
761 N/A (not currently aware)  
762 N/A (not currently aware)  
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766 N/A (not currently aware)  
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769 Yes, I was aware of all of them  
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772 I was aware of some  
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796 I was aware of some  
797 No, I only became aware later  
800 N/A (not currently aware)  
801 N/A (not currently aware)  
802 Yes, I was aware of all of them  
803 I was aware of some  
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809 Yes, I was aware of all of them  
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812 Yes, I was aware of all of them  
813 N/A (not currently aware)  
816 N/A (not currently aware)  
817 Yes, I was aware of all of them  
818 N/A (not currently aware)  
821 Yes, I was aware of all of them  
823 N/A (not currently aware)  
825 Yes, I was aware of all of them  
827 I was aware of some  
829 I was aware of some  
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840 No, I only became aware later  
841 I was aware of some  
843 No, I only became aware later  
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852 N/A (not currently aware)  
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858 N/A (not currently aware)  
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868 Yes, I was aware of all of them  
869 Yes, I was aware of all of them  
871 N/A (not currently aware)  
874 Yes, I was aware of all of them  
876 N/A (not currently aware)  
878 N/A (not currently aware)  
891 I was aware of some  
892 Yes, I was aware of all of them  
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894 Yes, I was aware of all of them  
895 I was aware of some  
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900 I was aware of some  
902 Yes, I was aware of all of them  
903 Yes, I was aware of all of them  
904 Yes, I was aware of all of them  
905 I was aware of some  
909 N/A (not currently aware)  
911 I was aware of some  
912 I was aware of some  
916 Yes, I was aware of all of them  
920 I was aware of some  
922 I was aware of some  
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925 I was aware of some  
929 N/A (not currently aware)  
932 I was aware of some  
933 Yes, I was aware of all of them  
936 Yes, I was aware of all of them  
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943 Yes, I was aware of all of them  
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950 Yes, I was aware of all of them  
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956 No, I only became aware later  
957 I was aware of some  
964 N/A (not currently aware)  
966 I was aware of some  
967 I was aware of some  
970 I was aware of some  
973 Yes, I was aware of all of them  
976 I was aware of some  
977 I was aware of some  
980 N/A (not currently aware)  
981 I was aware of some  
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983 I was aware of some  
986 No, I only became aware later  
987 No, I only became aware later  
988 No, I only became aware later  
989 I was aware of some  
990 Yes, I was aware of all of them  
991 I was aware of some  
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995 I was aware of some  
1001 N/A (not currently aware)  
1002 I was aware of some  
1004 No, I only became aware later  
1006 No, I only became aware later  
1012 N/A (not currently aware)  
1015 N/A (not currently aware)  
1016 Yes, I was aware of all of them  
1018 I was aware of some  
1020 N/A (not currently aware)  
1025 I was aware of some  
1026 I was aware of some  
1028 Yes, I was aware of all of them  
1031 Yes, I was aware of all of them  
1032 I was aware of some  
1036 Yes, I was aware of all of them  
1038 I was aware of some  
1039 N/A (not currently aware)  
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1046 N/A (not currently aware)  
1047 N/A (not currently aware)  
1048 N/A (not currently aware)  
1050 I was aware of some  
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1055 I was aware of some  
1056 N/A (not currently aware)  
1057 No, I only became aware later  
1062 No, I only became aware later  
1070 Yes, I was aware of all of them  
1080 Yes, I was aware of all of them  
1084 N/A (not currently aware)  
1085 I was aware of some  
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1091 Yes, I was aware of all of them  
1092 Yes, I was aware of all of them  
1093 N/A (not currently aware)  
1094 I was aware of some  
1095 N/A (not currently aware)  
1097 N/A (not currently aware)  
1099 N/A (not currently aware)  
1100 I was aware of some  
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1102 Yes, I was aware of all of them  
1104 N/A (not currently aware)  
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1114 Yes, I was aware of all of them  
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1118 N/A (not currently aware)  
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1130 N/A (not currently aware)  
1131 Yes, I was aware of all of them  
1135 N/A (not currently aware)  
1136 I was aware of some  
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1141 No, I only became aware later  
1143 I was aware of some  
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 Did.your.previous.employers.ever.formally.discuss.mental.health..as.part.of.a.wellness.campaign.or.other.official.communication..  
4 Some did  
5 None did  
7 Some did  
9 None did  
10 None did  
11 Some did  
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646 I don't know  
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675 None did  
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876 I don't know  
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891 Yes, they all did  
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1130 None did  
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1135 I don't know  
1136 None did  
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1141 Some did  
1143 None did  
1144 None did  
1146   
 Did.your.previous.employers.provide.resources.to.learn.more.about.mental.health.issues.and.how.to.seek.help.  
4 None did  
5 None did  
7 Some did  
9 None did  
10 None did  
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1130 None did  
1131 Some did  
1135 Yes, they all did  
1136 Some did  
1139   
1141 Some did  
1143 None did  
1144 Some did  
1146   
 Was.your.anonymity.protected.if.you.chose.to.take.advantage.of.mental.health.or.substance.abuse.treatment.resources.with.previous.employers.  
4 I don't know  
5 I don't know  
7 Sometimes  
9 No  
10 I don't know  
11 Yes, always  
12 I don't know  
13 I don't know  
19 Yes, always  
20 I don't know  
21 I don't know  
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28 Yes, always  
30 I don't know  
32 I don't know  
35 I don't know  
36 Yes, always  
37 I don't know  
39 No  
41 Yes, always  
43 Yes, always  
44 Yes, always  
45 I don't know  
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48 Yes, always  
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53 I don't know  
55 No  
56 I don't know  
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61 I don't know  
65 Yes, always  
66 I don't know  
69 I don't know  
74 I don't know  
78 Sometimes  
81 I don't know  
82 I don't know  
87 I don't know  
88 Yes, always  
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91 I don't know  
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93 I don't know  
95 I don't know  
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105 No  
107 I don't know  
109 I don't know  
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112 I don't know  
113 Sometimes  
116 I don't know  
118 No  
119 I don't know  
120 I don't know  
123 Yes, always  
124 I don't know  
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129 I don't know  
130 I don't know  
131 I don't know  
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134 I don't know  
137 I don't know  
138 I don't know  
142 I don't know  
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145 Sometimes  
148 I don't know  
153 No  
155 I don't know  
156 Yes, always  
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161 Sometimes  
164 Yes, always  
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166 I don't know  
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177 I don't know  
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186 Yes, always  
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190 Sometimes  
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218 Yes, always  
219 I don't know  
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222 I don't know  
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224 I don't know  
225 No  
227 I don't know  
228 Yes, always  
230 I don't know  
232 I don't know  
233 Sometimes  
234 I don't know  
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237 I don't know  
238 I don't know  
239 No  
240 I don't know  
241 I don't know  
244 Yes, always  
253 Yes, always  
254 No  
257 I don't know  
264 Sometimes  
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270 I don't know  
272 I don't know  
273 Yes, always  
274 I don't know  
276 Sometimes  
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281 I don't know  
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288 I don't know  
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297 I don't know  
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320 Yes, always  
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330 Yes, always  
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379 Yes, always  
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388 Sometimes  
390 Yes, always  
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401 Yes, always  
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430 Yes, always  
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973 No  
976 Sometimes  
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1143 No, at none of my previous employers  
1144 Some of my previous employers  
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 Did.you.feel.that.your.previous.employers.took.mental.health.as.seriously.as.physical.health.  
4 Some did  
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9 None did  
10 None did  
11 Yes, they all did  
12 None did  
13 I don't know  
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1120 None did  
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1131 Some did  
1135 Yes, they all did  
1136 Some did  
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1143 None did  
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 Did.you.hear.of.or.observe.negative.consequences.for.co.workers.with.mental.health.issues.in.your.previous.workplaces.  
4 Some of them  
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 Why.or.why.not.  
4 Depending on the interview stage and whether I required an accommodation, I would  
5 If it would potentially affect my ability to do the job or might require special equipment/etc then it would only be fair and honest.  
7 I feel it's irrelevant.  
9 Being honest upfront shows respect for the future employer. If they see that as a stumbling block in hiring you, then it probably wouldn't have been a good fit in the long run anyways.  
10 It isn't relevant to my ability as a programmer.  
11 Seems highly unlikely to be relevant  
12 I might have special needs that would be impossible to hide.  
13 Because of the potential for discrimination  
19 I don't have any  
20 depends on the illness  
21 Like all interviews, I feel like not putting your "best foot" forward puts you at a disadvantage.  
22   
28 Seems unnecessary  
30 It's good to be upfront about everything.  
32 These days I'm more comfortable expressing anything that could be a factor in getting work done. It helps me screen employers: if anything is an insurmountable problem for them, then it is clearly not a place I want to work.  
35 The employer needs to know that I would need support in order to do my best work for them  
36 For me, it depends on how the interview is going - if it's clear that it's a dead end, I would not bring it up.  
37 Depends on the social perception of the issue.  
39 Seems like it would deter them from hiring me.  
41 None of their business  
43   
44 I understand that, while they might consciously not act differently if I had a physical issue, I'm not at all convinced that people in tech, even those who know what Cognitive Dissonance means, will actually take steps to avoid it.  
45 Because, if it were a physical health issue that might affect my job performance, it'd be difficult to hide and a potential might resent the fact that I wasn't forthcoming about it in an interview.  
46 It's too early - I don't want to discuss potential deal breakers until they've decided they want me.   
47   
48   
49 It would depend on the issue and the employer.  
51 if the physical issue is obvious at work, it's better not to try to hide.  
53   
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56   
58 To be honest I guess and not to end up with suprises  
61 For physical health issues that may not impact my daily job, I don't feel the need to divulge them to a prospective employer.  
65 I would prefer be honest and up-front rather than find out the employer is not supportive down the road  
66 I wouldn't know whether it would affect my changes of getting the job.  
69 If the health issue would not impact my performance, then I may not bring it up.   
74 bias  
78   
81 Unless it impacted my job I wouldn't   
82 US worker protections are lacking; proving a protected class as reason for non-hire is difficult  
87 if it were serious, I'd worry that it would prevent my being hired  
88 If it was a protected disability thing, or if it just came up randomly. Or if it's not a chronic condition.  
89 I imagine that would prompt the interviewers to quickly disregard my resume.  
91 ?  
92 I'd generally be able to cope/work despite physical health issues, but would doubt the interviewer would consider/believe that. I wouldn't trust them to avoid bias based on health concerns.  
93 Due to increased healthcare cost potential  
95   
97   
99 Depends on the type of job, if it would affect my work, I would bring it up.  
103 Depends on what it is.   
105 I would bring up a physical health issue only if negotiating from a position of strength, such as having multiple offers or being currently employed in a stable position.  
107 It is not their concern unless it affects my ability to perform my job  
109 Unless it would impact my work, it's nobody's business.   
110 Too personal  
112 Because despite all of the laws governing non discrimination, employers will go with what's easiest and come up with a different reason as to why they're not hiring you. Employees are ultimately resources to be leveraged, and companies don't want to get less for their money.   
113 If it were relevant to job performance or required some sort of accommodation on their part  
116 Risk of not getting an offer  
118 I'm deaf. It'll be obvious soon enough.   
119 Depends greatly on the job involved. I can adapt quickly to jobs involving heavy lifting, for example, but would not admit that it would probably wind me to start with. Most physical health issues severe enough to discuss are visible, and if they are not (say I have cancer and am going to be going on chemo) I would not discuss because of huge possibility of not being hired due to potential for medical leave / lots of absence.   
120 Any health issue is potentially a liability, so I would hesitate to mention it unless it had direct bearing on the job responsibilities.  
123   
124 I would bring it up if it was obvious or relevant.  
126   
129 Risk of losing consideration for a position   
130 My physical health issues are obvious from my appearance.  
131 They might think I'm a hypochondriac  
132   
133 They may not hire me thinking I might take time off from work.   
134 Generally not applicable to my job  
137   
138   
142 Would risk not getting the job.  
144 I wouldn't want it to affect my ability to get the position  
145   
148   
153 I had brain surgery in 1997. Bringing that up is pretty much a no job. On top of that hell they want to look at your DNA first these days. Sad days.  
155 Concern it could overshadow legit issues  
156 Depending on how strong my position as interviewee is, I might prefer to wait until the offer stage rather than bring it up at interview  
157 I don't really know. It would depend on my impressions at the time.  
158   
159   
161 If it would make me seem less suitable for a job  
164   
165 It depends on the nature of the issue and how it may impact my ability to work.  
166 I wouldn't bring it up unless absolutely necessary for my day-to-day job function, out of fear of discrimination or not being hired.  
169 Wouldn't want to risk not getting the job - i'd wait until I was hired  
175 It might not particularly be seen as a "good" thing to bring it up.  
177 It would depend on the issue, and whether or not I think it would impact the work I do  
178 Depends whether it would affect my ability to carry out the job.  
186   
187   
190 In the interview I'm still trying to present the best image of myself and that may damage it (rightly or wrongly)  
191 Unless it's something obvious like I'm disabled  
194 Because it's common  
195 unless it directly affects my ability to do the job, it is irrelevant  
197 I prefer to keep nothing hidden  
198   
199 If it was something that affected my work, yes.  
200 Cultural bias and potential elimination from consideration.  
201 Honesty, always the best policy, even if it means I don't get the job.  
211 no stigma, high probability of sympathy/understanding  
212 I don't require accommodations and I'm afraid of discrimination.   
213   
214 I prefer to keep my health information private as long as it is not actively affecting my job performance at the time of the interview.  
215 seems wrong  
217 I worry it would affect my chances of employment.  
218 Naturally, I'd be afraid that they wouldn't hire me.  
219   
220 I wouldn't feel comfortable discussing my personal health and would not want to appear weak.  
221 My interview process involves checking my baggage at the door. If it's someplace I wouldn't feel comfortable bringing that type of thing up after being hired, I don't want to be interviewing there anyway. Trust.  
222   
223 despite the fact that the Canadian human rights act forbids discrimination based on mental or physical health, many public sector companies will try to cross the line by asking questions that touch on health as a way to minimize insurance premium costs  
224 I've always been coached that it's not appropriate to discuss anything like that, as it may adversely impact the interview.  
225   
227 If I felt it would decrease the odds of getting the position, I'd probably omit the information.  
228 Never know how they coudl take it?   
230   
232   
233 Really depends on the vibe that I got from the interview.  
234 Even though not legal, it could be a factor in hiring. Also, none of their business.  
235 Physical health issues are more socially/culturally acceptable and would not reflect as poorly on the interviewee as a mental health issue.  
237   
238 I'd only bring it up in an interview if the issue required accommodation.  
239   
240 Personal health issues don't belong in the interview process, as it inherently makes the interview particularly hostile to the interviewee and their organization (because HR law, especially as relating to anti-discrimination, is a thing).  
241 I wouldn't want to bring up anything that may trigger unconscious bias and therefore hinder my chances of receiving a job  
244 there's no stigma to saying you have an rsi, a heart condition, etc.  
253 Dependent upon impact on work duties.  
254 physical health is not always a reason to not being able to work  
257 It may affect the hiring managers decision if I bring this up. Although, an interview is about ensuring the employer is a good fit for me too. So I would have to consider my options at the time.  
264   
268 Could be seen as a weakness, or a reason why you couldn't be as productive.  
270 It's illegal for them to ask in the U.S. and unless it's relevant to job performance there's no reason for me to bring it up.  
272 If it was going to effect my position, I would bring it up.  
273   
274 It would depend on the relevance said issue had to the job - for example, I wouldn't feel the need to bring up a knee problem for a desk job interview. If I had a chronic physical health issue that would require me to take breaks or time off, I would be upfront about it.   
276 It would depend on the nature of the job and the physical health issue - if there would be a direct impact on my ability to work because of the issue. If not relevant, I would not disclose.  
277 I would be afraid that it would result in me being passed up for the position.  
281 There is no stigma against physical health issue like there is with mental health.  
282 Being viewed as problematic. Too personal. Maybe allude to it vaguely, at best.  
283   
285 I would as likely it would effect my work  
286 I think physical health issues are easy to empathize with and understand, so I don't think mentioning it would affect me negatively  
287 Depends on the employer and how specifically it is referenced. Likely would ask about their short-term disability and qualifying events  
288 It depends on the relevance for the job and my functioning there-in  
292 I would not want to work for an employer that reacted negatively to a physical health issue. I think it's a good test to ensure that they're the kind of employer I'd want to work for.   
296 I don't think I'd bring up any type of health issues in an interview unless they are not offering health care, which in that case - I did bring up a few issues of physical health in one interview.  
297   
300 Fear of being disqualified for the job  
303 I have some vision issues that require me to use basic assistive technology (zooming screen, mainly) and depending on what we would be doing in an interview, my needing to see something bigger or closer may come up.  
304 Depends on the nature of the physical health issue, whether it was chronic and the impact on the work. In almost all cases, I would not discuss it because just increases the chance of discrimination.  
305 Judgement  
306 I have this idea that "signs of weakness" will always be a disadvantage in an interview  
309   
310   
312 Better to have it out with them now rather than wait. Have spoken in the industry about burnout.  
313 It is generally not relevant to employment.  
315 I don't even talk about health issues to acquaintances -- only to close family and friends  
317 It would be something they would need to know, so better to know if it's the type of place that does or doesn't understand that.  
318 I don't have any chronic physical illnesses, but my partner does. If I had the same illness as them, I would feel that the interviewer would likely discount my ability to work effectively or feel that the necessary accommodations would be too significant.  
320 Still too much stigma attached to some physical health issues, e.g. female anatomy-related  
321 If they had a medical screening process that would be the appropriate time   
323 Depends on the issue and whether it would impact my ability to do the job in question or not.   
324 If it didn't affect my job, I would wait until after I was hired to discuss it with my manager  
325 I don't think its an issue that needs to be discussed in an interview.  
329 Most people understand physical health issues whereas with mental health you can never be sure   
330 discrimination   
331 I feel like physical health issues is perceived to be less in control by the person compared to mental health.  
332   
338   
339 i would not bring it to up until I received an offer, unless it impacted my interview performance.  
343 can't imagine this making my desired outcome more likely  
344 Not sure I'd be discriminated against by just not getting an offer. It'd be very hard to prove.  
345 Because as long as I can do my job, it's really not any of their business.  
347 Don't currently have one, so not sure I'd have anything to bring up. Haven't had to think about it.  
349 Because I value honesty very much and know that setting expectations in very beneficial for everybody  
350 Depends on the view of the employer about mental health.  
353   
354 Not relevant  
355 I wouldn't want to work for an employer who couldn't handle the fact that I (or any coworkers) might have a health issue.  
356 No reason to risk the job  
359   
361 I want to be considered the same as every other applicant, and not be categorized by my limitations.  
369 Is it relevant to the job, is it something I can work around.  
370   
371 personal info should not be part of interview process  
373 Fear of discrimination as a racial minority with a physical health issue  
377 It would depend on the job I'm applying for. Would it be something like "I just need a special chair" or would it be more along the lines of "I need you to cater to my random days off." Either one \_should\_ be the same, however we all know that each response would not be treated as such.  
379 If it affected my availability.  
380 I kind of feel uncomfortable saying I can't do things, although I guess I would have to in certain situations  
382 Why risk implicit or overt bias?  
383 There is established non-discrimination policy for disabilities or physical ability  
384 I don't know that it's good, but I typically take management of physical health issues as a personal matter, and wouldn't involve a potential employer.  
388 I don't currently have any I'm concerned about.  
390   
391 Depends on the feel of the interview  
393   
395   
396 It depends on if it was relevant or affected my job in any way. Also, if I felt like I could trust the person in my interview.  
397   
399 Seems irrelevant.  
401 I don't see the need. If I'm at the interview, it's because I am fine working there as I am.  
405   
406 It seems like it would be hard to hide a physical issue.  
411 I would rather not bring something up unless I was sure it would impact my job, because I am always concerned that people will find it easier to turn me down as a candidate.  
414 Not sure if they're allowed to ask. If it came up I practice openness and honestly by principle.  
415   
416 If the physical health issue required some special equipment, like a standing desk or the like, I would bring it up. Otherwise, I wouldn't deem it necessary for them to know.  
417 I'd be worried that it would reflect negatively against me and possibly hinder me as a potential candidate  
419 If I had mobility problems that required an accessible office or special accomodations, I'd want to make sure those were available  
421   
424 If I had physical health issues, I would want to make sure there are provisions for my health needs or concerns before accepting a position with a new company.  
425 bias  
426 I believe that would bias the interview against me for "culture" reasons.   
427 It might depend on how I think they would perceive that issue in relation to my ability to do the job.  
428   
429 I feel that is too early in the process. Guess it would depend on how serious I was about working for and how serious a company was about hiring me.   
430   
437 Feel it would go against mr  
446 Not their business unless it would impact how I do my job in a way that they're allowed to care about\n  
447 I want to make sure both parties can make an informed decision - leaving something important unsaid would foster frustrated expectations.  
454 I would never bring up health issues, because it may be perceived as a negative for reliability of employee.  
457 I assume that it would weigh against me getting the job  
459 Maybe if it related to my work  
463 No, I don't want them to feel like I would be a burden.  
464 I would not bring up a physical health issue in an interview because I believe it would hinder my possibility of getting the job.  
468 It may affect time I need to take off or my ability to do certain tasks.  
475   
476 It depends on what the issue was. If the issue required a significant amount of time off I would worry about how it would impact my chances of getting the job.  
477 Diabetes is a prominent part of my life - it impacts my ability to work in multiple ways, as well as when I get in and when I may have to leave. If my blood sugar is low in the mornings, I have no say in the matter - I need to treat it before I can drive into an office.  
478 i've had previous employers that responded negatively to that  
479 depends if the physical issue was considered a "common" issue; for example an amputation. But perhaps not if it was a "heart disorder" ... or something not visible to others.  
480 It really depends.  
481 I'm a private person in general, I may not bring it up.  
486   
488   
492 I have MS and there are some stigmas with MS. Some people with MS have cognitive issues.  
493   
495 Afraid it would affect outcome  
497   
498   
501 Important to bring them up so that all parties are aware. Hiding a Physical Health issue would never end well for either party. All conversation should be open and all cards on the table.  
504 It would only hurt your chances of being hired. And if you don't get hired you'll wonder for the rest of your life if that affected it  
505 Any perceived issue could affect hirability, anti-discrimination policy or no.   
508   
510 I would discuss issue because health is what make your work process effective   
511 If it impacted my ability to do my job or even if I was going to need to take time to visit a doctor or time to recover then I would need to coordinate with them.  
512 I don't want to screw my chances at the job.  
514 We're interviewing for skills, not personal issues.  
515   
516 If the physical health issue has no impact on my ability to do my job, from my perspective, I see no reason to discuss it. For instance, if I have a hemorrhoid, I can still do my job and my company does not need to know.\n\nIf I have no arms because of a mechanical accident, then I may have some difficulty with a job that requires the use of hands, and I would probably tell my employer during my interview that I have no hands.  
517 Physical health is socially considered more legitimate  
521 if it did not affect my job performance i would not discuss it  
522 It would probably depend on the specific physical health issue, but I would worry about it affecting my chances to land that job, especially if I would need special treatment / time off of work / etc.  
524   
525 It would depend on whether it was relevant to the job, if it would effect it negatively.   
526 It's relevant   
527 less stigma  
528 I have an issue and always bring it up  
529 Afraid of prejudice   
535   
538 Only if an accommodation were needed as condition of employment, or I needed the answer in deciding whether to accept employment  
542 Employers seem to be more willing to deal with workplace assistance for physical ailments.  
544 Legislation in my jurisdiction mandates certain protections for employees who need concessions due to health.  
547   
548   
549 Depends on the issue, how it affected my work or responsibilities.  
553 Not relevant to hiring process  
554 Wouldn't want to jeopardize my chances at the position  
557 I would wait until I have an offer.  
558 To make sure that my physical health issues would be accomodated  
560   
561 I would like to think that health issues should be unrelated to the hiring process, but I know this is not always the case. Thus my "maybe" answer.  
562   
563 Only if it's something I would need accommodations for  
564 I would not want it to prevent me from getting the job.  
565 It's not relevant.  
567 I think it could lead to not being hired.  
568   
569 Just one more thing to filter me out   
570 The interviewer might be uninformed as to the impact of my disability on my ability to do the job.  
573 People like to associate mental health with drama, and might feel like you'd make the workplace more hostile.  
574 depends if it is relevant to my job  
575   
578 Pretty obvious when you're on crutches, tends to raise questions!  
579   
590 Immediate disqualification  
591 Because if they can't deal with it, then I don't want to work with them.  
595 It has nothing to do with my ability to perform my role.  
597 Well of course the employer doesn't want to hire people with significant physical health issues, especially if it's the first issue which comes up. Iv'e had to fill in Afghanistan for my country as asking country would make it too easy to identify me. You shouldn't be asking such personal questions on an anonymous survey.  
602 I am privileged enough to know how to do prior research. I expect to find answers to my question in existing resources on the HR site.  
605 depends on the issue, afraid of presumptions  
608   
609 It's relevant.  
611 Yes if it would impact my work  
612   
613 If I have a physical health issue, the new employer needs to be aware of it before hiring me.  
616 Anything that would add complications or additional load on my potential employer seems to only have negative ramifications.  
617   
619 If I felt it was important, I wouldn't feel it was likely that there would be any negative effect from sharing this.  
622 I guess it would depend on what type of physical issue it was and how often it may affect my work as far as absences for treatment, etc.  
623 I don't feel that a physical disability should be a deciding factor in someone's potential employment.   
625 If they made an offer and the issue would impact my work or scheduling.   
628 Although it should be protected, not convinced it wouldn't harm my chances.  
631 Because why do they need to know.  
632 Not their place  
633 Because it's an unfortunate part of who I am.  
634 Should not be relevant to hiring deicition  
636 Not sure if it would affect my work  
637   
638 Potential discrimination  
641 Fear it would negatively bias myself  
643   
644   
646 Fear of discrimination  
648 Everybody's had a physical health issue at some point in their life.  
649 I have chronic lower back pain due to a narrow disk. I would have no problem telling my employer about this if I felt lifting would be a part of my job.  
652 Depends on relevance to work   
653   
655 I would not want a possibly unrelated physical impairment to interfere with the prospect of being hired  
656 Don't trust potential employers to not judge.  
659 Private   
666 I need an ergonomic keyboard (preferably my own) this is a thing I'd absolutely mention during the interview process. I'd be a bit more reticent to discuss my back pain  
668   
669 I don't want it to affect me getting the job.  
673 From the interviewing advice I've read, health issues should be brought up at the offer stage, not during the interview. If I had a good rapport with the interviewer, I might bring it up in the interview. Otherwise, I wouldn't mention it until offered the job.  
674 If I had a health issue and want coverage, it's important I be up front about it to ensure I'm eligible for such coverage.   
675 Because it's important.  
677 Yes, If relevant to the duties of the position. Otherwise, not necessary.   
680 Often it's important to being able to accomplish the job... so yes, it would need to be discussed.  
682 Could impact the outcome of the interview.  
683 Potentially affects my capabilities on the job.  
684 Worried it may affect my chances of getting the job.  
685 Talking about health issues has always been responded to as though I'm asking for personal accommodation, even when I'm just trying to raise awareness for something that's widespread. Bringing it up in an interview would be putting the cart before the horse.  
688 If it is going to be something that Im dealing with at the time or something that is noticeable then yes. I feel that most employers would be more accepting of a physical health issue than a mental health issue.   
689 I have an eye condition that will require medical leave at some yet to be determined future point.  
692 They might not be willing to give me a shot. That's how I feel.  
693 if it affected my ablility to do my work  
694 what if it was the one difference between me and the competition   
706   
710 I don't feel that it is their business and although they should not take it into consideration when hiring, let's be honest, they do.  
712 Id be afraid discussing any health issue at an interview would be used against me.  
720   
725   
730 Only if relevant and would need accommodation.  
739 I have a long-term chronic/constant headache and, well, it impedes my work from time to time. They need to be aware/okay with that.  
741 I think it would depend on the job requirements and the limitations my physical health would have on carrying out my duties.  
743 I would likely perceive that as irrelevant to the interview process.  
748   
750 Some physical health has stigma attached, other does not.  
751 If it would require minor accommodations that would not be perceived as overly onerous.  
754 Bias happens. I wouldn't want it to be a factor. However, I'm overweight, and I know it's been a factor in some interviews. Can't hide that. Even though that is the only thing I have wrong with me.  
757 I would rather have our conversation and my qualifications be the focus of an interview.  
758   
761 Does not seem relevant or helpful to bring up in interview.  
762 Other than perhaps asking about benefits that I would need/want it's not really their business unless it impacts my daily work.  
763 It isn't something they should use to determine if I'm a good candidate for the job  
765 It seems like it would influence decisionmaking, even subconsciously.  
766 I feel physical injuries are more acceptable now.  
767 Physical stuff happens so there isn't a stigma attached to a physical health issue like there is with a mental health issue.  
769 fear of losing out  
770 My employer would need to be aware of any limitations that could reasonably affect my work performance  
772 Discrimination and not hired  
773 Shouldn't generally be relevant  
774 Fear it would disadvantage the result  
775 Nobody's business but my own.  
777 I don't feel like it is any of their business if it doesn't impact my ability to work.  
780 Risk not getting position  
781 It depends on if the issue would effect my performance for the job they are hiring for.  
786   
790 Because it's important for them to know who they are hiring and for me to establish my needs early.  
791 It would depend upon if it would have any direct or indirect bearing on my position. If it was applicable, I would bring it up. If not, I'd not bring it up unless prompted.  
792   
794   
796 While I don't think a physical health issue would define me as a person, it is definitely something I would want to speak about with them as early as possible so I can see how they react.  
797 I should be honest because if in anytime I find any issues related to this physical health issue, I need to be clear about it right from the beginning.  
800 Risk not getting the job.  
801   
802 I would not be comfortable appearing in any way vulnerable or give the employer a chance to exercise bias against me  
803   
808   
809   
810 If it needs accommodation then I feel you should be upfront and honest  
812   
813 it might impact the services they needed to provide  
816 That shouldn't be part of a hiring decision.  
817 My attitude is that it comes with the package and doesn't have to be mentioned. My skills are still my skills. But I can see situations where I could feel very open and mention it nonetheless (if I can tell that the employer feels the same)  
818 If the issue would significantly impact my work, I would bring it up. If not, I wouldn't.  
821 Because it is important  
823 It would have no bearing on my ability to do the job  
825 Many physical health issues are obvious and not addressing them is therefore obvious.   
827 I tend to want to avoid being "personal" during interviews. If I felt a physical health problem had no relevance to work, I wouldn't want to discuss it.   
829 there are ways to "legally" discriminate. it doesn't take much effort to "legally" block a new hire for illegal reasons.  
834   
840 I don't think it's relevant.  
841 it depends how much I feel I trust them  
843 Worried about it interfering with day to day tasks or limiting opprotunities  
845 They could hire someone without that issue  
849 It's never come up.  
851 I wouldn't expect them to hire me if I did.  
852   
854 Not an issue.  
856 Potentially viewed as disqualifying, even if it's not  
858 If it didn't affect my work performance it would be none of their concern  
861 It may not be relevant to the job.  
863 It might make me look like a liability   
867 I wouldn't want it to affect my chances of getting the job.  
868 I have multiple chronic illnesses and have been advised by lawyers to never bring them up in interview situations as discrimination is difficult to prove.   
869 Fear of discrimination  
871 I'd want to be open and transparent.  
874 doesnt carry the same stigma  
876 it's already a contentious situation to simply ask for one day off. i'm not comfortable asking for a sick day (i'll work from home instead). and i would think i'd be "throwing" the interview to ask for a concession at that point in the working relationship, as if it would ensure i would not be called back.  
878 If it prevents me from performing in certain aspects of the job, I think the interviewer needs to know.  
891 Why? It should make no difference.  
892 Because I feel it would be a big negative.  
893 I wouldn't be interested in bringing up a physical health issue unless it was pertinent and affected my ability to work, healthcare coverage, or schedule.   
894 Afraid of seeming weak.  
895 Concerned would not get the job  
896 Fear of implicit bias against me.  
899 To check that support/equipment could be provided.  
900 Most people seem to understand physical health issues are outside of our control.   
902 Fear and stigma associated with it.  
903   
904 Well I do IT so a physical health issue would have very little bearing on it   
905 The physical health issue I would most have reason to discuss is asthma, and it seems like asking for accommodations later if necessary (eg asking for perfumes/scents to be banned) would likely be okay. Additionally giving information that employers aren't allowed to use for employment decisions like health status before an offer might be made is looking for trouble. People use information they have, consciously or not.  
909 Not sure   
911 Not everyone is open-minded and regardless of the law, people attach a stigma to conditions that affect the mind as I think they are concerned about things they cannot see.  
912   
916 if wasn't current, feel that it isn't relevant  
920 Employer should know about physical health issues that could impact quality of work somehow.  
922 Seems out of place...certainly wouldn't want interviewer to ask me.  
923 If it impacted my ability to be physically at work or if there were accessibility issues at the office.  
925 Would likely negatively affect selection status.  
929 <NA>  
932 They might think it will negatively affect my job performance and be less likely to hire me or hire me with a good salary.  
933   
936 Depends on what the issue was and whether it would affect the kind of work I could do.  
940 The physical health issue itself, no, because alone it isn't relevant. The work I had to do to overcome the issue, yes.  
942 Fear of negative consequences  
943   
946 I would not want anything to impact my qualifications or the perception of them  
949 Depends on what it is and how embarrassing it is  
950   
951 It depends on the issues and the type of job.  
956 There's less stigma. People hear about a physical condition and don't think it's your fault, but when they hear about a mental health condition they think you're dangerous, less trustworthy, and fundamentally wrong somehow.  
957 Depends on how personal and to what extent it would affect my position  
964 might affect chances of getting the job  
966 Bit knowing the environment if the new employer would make me nervous to do so  
967 I want to set expectations up front  
970   
973 If the physical health issue is chronic, I would be nervous that it would make them more likely to reject the application.  
976 I believe disclosing anything about physical health will stop the interviewing process; I've lost interviews before for looking unwell.  
977 If that physical heath issue were not germane to the work, I would not bring it up.  
980 They don't need to know unless/until it affects my work   
981 I would be concerned that there would be negative bias, even if unintentional.  
982 Unless it would directly effect my performance in the position, the condition would not be relevant.  
983 I don't have anything serious enough to chance negatively affecting the outcome.  
986 If it was going to impact my ability to perform my job, I would feel obligated to let them know.  
987   
988 The job I go for require a lot of travel, and a physical health issue might impact their belief in my ability to complete my job.  
989 I feel dishonest if I do not disclose things up-front  
990 Depends on the ability to do the job. If it has no bearing, then I wouldn't discuss it. If I needed accommodations to do the job, I may.  
991 I've never had a physical health issue before, so I don't know if I would.  
992   
995 Depends on how acute the issue was  
1001   
1002 i don't know  
1004 If the health issue was severe enough to affect my work, waiting to reveal it until after job start could easily result in resentment. All cards on the table.  
1006 Being open usually is the best  
1012 Because they should know up front and it is illegal for them to not hire someone because of a physical impairment or issue  
1015 It wouldn't have a bearing on my employability.  
1016 I'm not sure it's relevant. I don't want to overshare my personal life at a job interview.  
1018 To ensure I received proper accommodations if they were needed  
1020 I would feel it important that a potential employer know of any limitations I may have in being able to do the job  
1025 Fear of failing interview  
1026 If it's obvious, I would have to prove I can do the job.  
1028   
1031 I would be concerned that it would affect my chance of getting the job.  
1032 I would avoid it as much as possible to put myself in the best possible light.  
1036 Not needed  
1038 Fear that it would affect my chances of getting hired.  
1039 If I really need the job, I wouldn't take the risk. If I'm just looking for a better job, I would tell, because it's not a better job if they reject me for it.  
1040   
1045 If it would affect my ability to do the work I believe it would be relevant  
1046 I've previously been punished for taking care of my physical health after a bike accident. I do not want to be in that situation again, so I would bring up any issues I had while interviewing.  
1047 You cannot enforce respect for any group of individuals. Every place I have worked care about performance and social integration.   
1048 If I felt the issue would not interfere with my performance I would not bring it up.   
1050 Physical health issues are unlikely to impact tech work and should be easy to accommodate  
1053 Fear of unintentional discrimination/negative bias  
1055 I'm hard of hearing which is important to mutually understand in the interview process. Also is a good test of being accommodating or not.   
1056   
1057 Wouldn't seem relevant that early. I would ask questions to get a feel for how accepting the company is.   
1062 To make sure that appropriate accommodations could be made.   
1070 Although I know in some places employers are not supposed to discriminate against candidates due to ability status, some still do. If and only if it were something that would require significant accommodations or if it was a visible disability, like a wheelchair, would I bring it up.  
1080 An employer should know any limitations you have.  
1084   
1085 Physical health has less of a stigma.  
1088   
1091 I consider this private and protected information that should only be given if absolutely needed. I want to be able to control if and when the employer is able to use this information.  
1092 While it would be illegal to discriminate, but theres something in the back of my mind that if I say anything about it they will look for another excuse to not hire you.  
1093 Unless it affected my ability to do my job, I would not bring it up. If it did, I would only bring it up as late as possible.  
1094 I wouldn't want it to hinder my chances of getting a job if I didn't think a physical health issue was related to the job.  
1095 i currently do not have any physical issues.   
1097 If it's an obvious disability, then there's no need to bring it up. If it's not obvious, then it isn't their concern.  
1099 They would rather hire me someone who isn't sick  
1100 I don't want it held against me  
1101 There isn't stigma  
1102 I would. My previous employees have been very aware of the of the legal protections afforded to candidates and employees with physical impairments, temporary or permanent, and act accordingly. These issues are regarded as "real", and tend to have more predictable timelines with regard to recovery (if applicable).  
1104 Depends on the physical issue and/or the position being applied for.  
1105   
1107 It would depend on the health issue and whether it could require accommodations.  
1108 It's easy to see and prove.  
1111 the world isn't an ideal place, sometimes it is more important to get in the door and ask for forgiveness later than permission up front  
1114 Let's be realistic, it would harm my career.  
1115 If it were an issue that could be helped by an accommodation, but didn't rise to the level of a protected disability, and having the accommodation or not would swing my decision to work at the company  
1116 It depends on the issue and how it affects the job. If it was 100% unnecessary I'd keep it to myself.  
1117 If they have an issue with it, it likely a sign of a place I wouldn't want to work.   
1118   
1119 In an interview, I would be afraid to reveal anything that could be seen as a detriment that was not otherwise necessary to disclose.  
1120   
1126 Depending on how 'safe' I'm made to feel during the interview process I might feel it might reflect badly which, if I really \*needed\* the job I might not want to risk.  
1128 They might call it a "culture fit" issue  
1130 I would probably not bring up a physical health issue because it's most likely not relevant to my ability to perform my job.  
1131   
1135 Bringing up such an issue can only decrease your chances of employment. However, I don't feel it would have a strong effect in my line of work.  
1136 Not relevant to my job  
1139 It depends on the type of issue. If it was something common, then I would be more likely as I feel as though they would be more willing to accommodate me.  
1141   
1143 I would be afraid it would reflect poorly on me.  
1144 Fear that doing so would cause the employer to factor in additional health insurance expense.  
1146   
 Would.you.bring.up.a.mental.health.issue.with.a.potential.employer.in.an.interview.  
4 No  
5 Maybe  
7 No  
9 Yes  
10 No  
11 No  
12 No  
13 No  
19 No  
20 Maybe  
21 No  
22 Maybe  
28 No  
30 Yes  
32 Yes  
35 Yes  
36 Maybe  
37 No  
39 No  
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43 Yes  
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796 Yes  
797 Yes  
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1046 Maybe  
1047 No  
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1050 No  
1053 No  
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1107 Maybe  
1108 Maybe  
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1114 No  
1115 No  
1116 Yes  
1117 No  
1118 No  
1119 No  
1120 No  
1126 Maybe  
1128 No  
1130 No  
1131 No  
1135 Maybe  
1136 No  
1139 No  
1141 No  
1143 No  
1144 No  
1146 No  
 Why.or.why.not..1  
4 I don't know  
5 It would depend on the field & what I knew of the employer.  
7 Same reason.  
9 Same reason as above.  
10 It isn't relevant to my ability as a programmer.  
11 Also seems highly likely to be irrelevant at the point that I am in an interview.   
12 Too private.  
13 Because Of the potential for discrimination  
19 I don't have any  
20   
21 I feel like this would put you out of the running for a position almost immediately. Or at least be used as a negative mark against you.  
22   
28 Seems unnecessary. It's asinine to bring up unnecessary conversation ever.   
30 It's no different from a physical health issue. If it can potentially affect my performance then I should be clear.  
32 Same answer as for physical health issues, though admittedly I'm a little slower to bring up mental health concerns due to stigma fears.  
35 Because my employer needs to support me in order to get the best work possible from me  
36 For me, it depends on how the interview is going - if it's clear that it's a dead end, I would not bring it up.  
37 Too easy to map mental health to ability to do the job.  
39 Seems like it would deter them from hiring me.  
41 Not related to my qualifications or skills  
43   
44 I understand that, while they might consciously not act differently if I had a mental health issue, I'm not at all convinced that people in tech, even those who know what Cognitive Dissonance means, will actually take steps to avoid it. Furthermore, there's a huge stigma behind it.  
45 Because, if it were a mental health issue that might affect my job performance, it may be easy to hide, while being forthcoming about it might impact my likelihood to get the job in the first place.  
46 Same reasons.   
47   
48   
49 The stigma of the topic.  
51 same thing: If it has impact or if it's visible at work, why trying to hide.  
53   
55 Interviews are largely about knowledge / mental capacity. Could be seen as a weaker mental capacity.  
56   
58 Might have negative influence on getting a job or not  
61 I feel uncomfortable discussing such issues with someone I've just met.  
65 Again, to ensure that the employer is not going to turn out to be unsupportive of employee needs.  
66 I wouldn't know whether it would affect chances of getting employed.  
69 I would bring up any issue that would affect my performance of that jobs duties   
74 bias  
78 My mental health issues are manageable outside\nOf work, mostly, so I don't bring them up   
81 They wouldn't hire me  
82 Same as before; lack of worker protections and proof that non-hire was result of disclosure of condition  
87 I don't have anything diagnosed specifically wrt my anxiety and depression. Sometimes I don't take it as seriously because of that.  
88 If I was "recovered"  
89 I imagine that would prompt the interviewers to quickly disregard my resume.  
91 None of their business  
92 Same reasons. Doubt that interviewer would be able to avoid bias.  
93 Would want them to know in case of potential impact on my work. But would be hesitant due to possible stigma associated with it   
95   
97   
99 I think there is a general feeling of "you should be able to manage that" via some employers and this is not where I would want to test that. I might bring up mental health coverage during an interview though.  
103 I don't want to get passed over.   
105 There is zero upside to bringing it up. There is no foreseeable circumstance in which bringing it up forestalls a problem or leads to opportunity.  
107 I would be afraid it would jeopardize my chances  
109 Again, unless it somehow directly impacts my work it's nobody's business  
110 I think it could negatively impact my candidacy for the position.  
112 Never. Absolutely never. This would be stigmatized to hell.   
113 Same as above. Things like "please send an agenda w/HR meetings, because anxiety" usually come up after hire, not at interview time, IME  
116 Risk of not getting an offer  
118 I'm already deaf. I have a lot working against me in the interview process already.   
119 Mental health issues are hugely stigmatized. I made the mistake of letting my last employer find out that I had ADHD and an adderall prescription not really thinking about it. The head of engineering would joke about me "doing meth" after that at horrible moments including me (I have no degree) interviewing a PhD candidate who had done groundbreaking work in SMP and threaded rendering at SGI in the 90s and was all around awesome. Luckily he made a joke about not talking about the shrooms he did to lighten that one, but there were many worse situations. I was considered one of the most valued employees because of my ability to get anything done with the LLVM compiler system. One day I pointed out to the manager in question that he was on a higher dosage of the same medication I was on, and the stupid meth jokes got worse from there. It's not really a light accusation to make on somebody given our country's state of drug law, something which I am something of an activist for reform of. It was was degrading. I was also made fun of for being autistic despite that not being a disorder I have.   
120 As above, but with added stigma that mental health issues are seen as not serious (and therefore bringing it up is itself would be considered a problem), or as incurable and therefore at least as big a liability as a physical problem.  
123   
124 I would be reluctant to bring up a mental health issue for fear that it could reduce my chances of getting the job.  
126   
129 Could contribute to employment decision (legal or not)   
130 It would be judged as a risk.  
131 They might think I'm a complainer  
132 None of their business as long as I feel I can perform my work   
133 Supervisors don't like to deal with those sort of issues.  
134 Potentially frowned upon\n  
137   
138   
142   
144 I feel it would negatively effect my ability to get the position  
145   
148   
153 That is a slippery slope. In my opinion your chances of getting the job are much less if you bring up mental health issues.  
155 Concern it could overshadow other issues  
156 I would likely prefer to wait until the offer stage to discuss mental health issue / accommodations, rather than in the interview  
157 same  
158 Wouldn't want marks against me  
159   
161 If it would make me seem less suitable for the job  
164   
165 I would not because I am very concerned that it would negatively affect my chances for employment.  
166 I wouldn't bring it up unless absolutely necessary for my day-to-day job function, out of fear of discrimination or not being hired.  
169 Because I am open about being a mental health advocate - it's one of the reasons I am good at my job.  
175 Same reason as above  
177 Depends on whether or not I feel it would impact my ability to do the work on a regular basis.  
178 Stigma.  
186 I like to be open about it up front   
187   
190 Mental health is still stigmatised enough and not protected enough it could result in my not getting a job I wanted.  
191 Seems too private to share  
194 Not sure. That would depend a lot on the company I would be interviewing with.  
195 same reason as above. it's my problem and my business alone.  
197 I prefer to keep nothing hidden  
198   
199 Stigma.  
200 Feel it would prevent hire. Only if asked point blank.  
201 Same as any issue, I'm looking for employers that enjoy me exactly as I am. Not some glossed up version of myself  
211 uncertainty about their reaction  
212 Fear of discrimination.  
213 Even with more education on mental health, there is still a stigma and negative outcome in the work place if one is known to be 'on medication'.  
214 I need to establish trust with my employer before I would be willing to discuss my mental health, especially if it was not actively affecting my work performance at the time of the interview.  
215 No one wants to hire a crazy person  
217 I worry it would affect my chances of employment  
218 Naturally, I'd be afraid that they wouldn't hire me.  
219   
220 I would not want to appear weak or unstable.  
221 Again, check my baggage at the door. My ADHD and general anxiety are well-managed enough that most of the time, they'll never have to worry about it anyway. At the same time, I'm proactive about bringing it up at my current gig, because I don't want it to be a "new thing" if I'm suddenly in a bad way.  
222   
223 Same as above  
224 See above  
225   
227 The stigma of mental illness is something that I am not sure I feel most employers would be willing to look past in an interview. I'm already a woman, which some view as a burden (will she need to leave for childcare? is she as capable of this job as her male counterparts?) and adding the additional 'burden' of having a mental health issue seems like it'd stack the cards against me.  
228 Never know what they will do with that information  
230   
232   
233 I'd have to feel it out in the interview and see if I felt comfortable discussing it. It's a tough call. I wish I could just feel comfortable doing it all the time.   
234 See previous.  
235   
237   
238 I'd only bring it up if I felt comfortable & also would need accommodations. But probably a lot less likely to bring it up than a physical health issue.  
239 My problem to work with, not theirs  
240 Personal health issues don't belong in the interview process, as it inherently makes the interview particularly hostile to the interviewee and their organization (because HR law, especially as relating to anti-discrimination, is a thing).  
241 Mental health issues are still a taboo subject.  
244 because it gets equated with mental competency and makes you look bad  
253 I often do not disclose.  
254 There is mental health issues in my family  
257 It may affect the hiring managers decision if I bring this up. Although, an interview is about ensuring the employer is a good fit for me too. So I would have to consider my options at the time.  
264   
268 Could definitely be seen as a weakness and a reason why you wouldn't be as productive as someone without the issue.  
270 It's not relevant to my ability to perform the job responsibilities.  
272 If it was going to effect my position, I would bring it up.  
273   
274 Again, it would depend on the relevance. If a mental health issue would in any way effect my life at a the potential job, I would much rather be upfront about my needs and requirements from my employers than try to hide it. If I thought it was irrelevant to the job, I probably wouldn't bring it up during an interview.  
276 Only if I had a firm belief that there would be no negative consequences.  
277 I would be afraid that it would result in me not being chosen for the position.  
281 The stigma associated with mental health colors the judgement of potential candidates.   
282 For all the reasons you already know.  
283   
285 For the same reason. If it effects my work, they need to know.  
286 I don't think mental health issues are well understood and the negative stigma might cause my interview to end negatively  
287 Same as above  
288 Same, depends on the relevance to my function  
292 I would not want to work for an employer that reacted negatively to a mental health issue. I think it's a good test to ensure that they're the kind of employer I'd want to work for.   
296 It depends on whether or not it would affect my job.  
297 Could compromise my ability to get hired or look like a compelling candidate  
300 Too great a stigma. Would likely be rejected for another candidate.   
303 I worry that it would be viewed as a very severe weakness.  
304 Discrimination.  
305 Judgement  
306 same as above  
309   
310   
312 It's important to know ahead of time.  
313 As for physical issues, I do not feel it is relevant to employment.  
315 Same reason as physical health -- it's very personal.  
317 It depends on the employer. See, it's difficult to answer survey questions that require generalizing all previous employers. I've had productive conversations with some; even so, at one place a mental health issue conversation resulted in immediate retribution.  
318 Uncertain about reception. Very difficult to determine an interviewer's experience and perception of mental illness.  
320 Rather not bring up something that would affect my chances of being hired. (Yes, it's illegal to discriminate that way, but that doesn't mean that doesn't happen, yeah?)  
321 Medical screening process would be more appropriate (even though some of them only ask for diagnosed mental illnesses)   
323 I don't think it would help my chances of getting the job, and it's possible that it could hurt them.  
324 If it didn't affect my job, I would discuss it with my manager after I was hired  
325 I don't think that's a topic that needs to be discussed in an interview.  
329 They may not be accepting  
330 discrimination   
331   
332   
338   
339 Might mean no offer.  
343 pretty sure this would not work out in my favor  
344 Because while discriminating for mental health is not legal, one never gets reasons for a job offer not being extended, so it can only hinder.  
345 Same as above.  
347 General sense of stigma.  
349   
350 Depends on the amount of open view on it  
353   
354 Not relevant  
355 I wouldn't want to work for an employer who couldn't handle the fact that I (or any coworkers) might have a health issue.  
356 No reason to risk making them concerned about it  
359   
361 I want to be considered the same as every other applicant, and not be categorized by my limitations.  
369 Is it relevant to the job, and is it something I can work around.  
370   
371 Interview is not the place/time for personal info  
373 Fear of discrimination as a racial minority with a mental health issue  
377 For the same reason as above, but I don't know at all whether the employer views mental health the same as physical health.  
379 Afraid of the stigma  
380 I'm lucky that I'm mostly functional even when not doing well so I wouldn't disclose until I was at the company and had a better idea of how people react to it.   
382 Why risk implicit or overt bias?  
383 Because I fear repercussions including not being hired  
384 Because of the nature of our work, mental health issues are far more impactful. If I thought it needed to be accounted for, I would involve the potential employer to ensure they can work with me.  
388 That's sensitive, and I'd need to know them better first.  
390   
391 I feel that it would only hurt my chances at employment, or have no bearing at all.  
393 I'd rather ask about health benefits and look at it from there. No need to bring it up in an interview unless it directly affects the job, or is specifically brought up by the interviewer  
395   
396 See above answer - related to trust.  
397 This would depend on the severity of an effect the issue could have on work performance.  
399 Also irrelevant to getting a job.  
401 I don't see the need. If I'm at the interview, it's because I am fine working there as I am.  
405   
406 I would if I felt it would be a serious impediment to both parties as it pertains to my ability to do the job. Otherwise it could feel a bit like trapping the employer.  
411 They are still stigmatized and without obvious mentions of acceptance by the employer beforehand I would worry that there would be hidden (or not so hidden) prejudice. Again I would worry about being written off for the job.  
414 Not having a mental illness, I assume there is a stigma around the issue for people who haven't experienced it.  
415   
416 I would discuss a mental health issue only at an interview that is trending towards an offer, mostly to review what mental health covered their insurance provides.  
417 I would be worried that it would hinder my chances as a potential candidate  
419 Might allude to it under the guise of "work-life balance" or something, but the only valid reason to hire me is the quality of my brain so it would be extremely detrimental to call it into question  
421   
424 I may not bring up a mental health issue in an interview with a potential employer, because I would be afraid that it might influence their decision about whether or not to hire me. They might view me as unstable or unqualified to properly do my job.  
425 I actually don't think it's any of their business.  
426 Same as physical.   
427 I definitely think the employer might worry about my ability to perform the job.  
428   
429 See above  
430 Not unless I knew what their track record was with mental illness, I would have to know I could trust them and that they wouldn't judge me negatively  
437 Would go against me  
446 I don't know them, and they don't know me  
447 I want to make sure both parties can make an informed decision - leaving something important unsaid would foster frustrated expectations  
454 Same as above, and there are additional implications about mental health and overall group dynamics.  
457 I assume it would weigh against me getting the job  
459 There's a stigma, so I'd probably leave it out if I could.  
463 No because I don't want them to think I can't perform my job or that they can't count on me in crunch time.  
464 I would not bring up a mental health issue, but if they brought it up, I would talk about it.  
468 It hasn't come up for me.  
475   
476 Depends on the issue.  
477 I would want to know the stance of the potential employer towards mental health issues. There is still a stigma surrounding mental health issues, and while it needs to dissipate, I would want to know the context in which I would bring it up and more details around the scenario.  
478 you never know who is interviewing you  
479 There is too much of a negative stigma associated with "not being able to handle the stress" of work. Especially if you are in a startup.  
480 Depends.  
481 I'm a private person in general, I may not bring it up.  
486   
488   
492 My mental health is currently well controlled so no one would know if I didn't tell them.  
493   
495 Afraid it would affect outcome  
497 It's a rather private manner, which one might not wish to share with everyone if they are in a position where you may not be a part of their team any way.\n\nIf an interview succeeds should in most cases not be based on any lingering mental state, and as such one would open up and become vulnerable in a negative way.  
498   
501 Important to bring them up so that all parties are aware. Hiding a Mental Health issue would never end well for either party. All conversation should be open and all cards on the table.  
504 Same thing  
505 Any perceived issue could affect hirability, anti-discrimination policy or no.   
508   
510 I will bring up because it is the main process of body  
511 I am at the point in my life where my mental health needs to be part of the conversation. If a company cannot even start to have that conversation with me, then how can I possibly be confident that they will be able to support me when I need to address mental health issues that come up.  
512 I \*definitely\* would be afraid I'd be d/q'd from the job for mentioning this.  
514 Everyone's got shit to deal with. I'm there to interview technically and figure out if it'd be a good fit. I'll ask questions and see what their stance is.\n\nI wouldn't tell someone one a first date that I'm depressed or have bad knees, plenty of other more positive and more interesting topics to talk about.  
515   
516 I would feel immediately stigmatized and that my candidacy would be dismissed.  
517 Fear of stigma and being considered incompetent   
521 i would be afraid of bias in their decision making  
522 I would definitely think it would affect my chances of getting that job. I feel like there is a good chance it would not be viewed as "professional" to bring it up -- I have been penalized in interviews for bringing up semi-personal information before (was going through the end of a 5+ year relationship and in the process of moving. Disclosed that to a potential employer, found out from the recruiter that it was not viewed as "professional.")  
524   
525 It would depend on whether the issue was relevant to the work being performed and if it will negatively effect it.  
526 It depends on the type and severity of the issue  
527 more stigma  
528 I never surprise my boss  
529 Afraid of prejudice, but feel the need to be honest if it limits my abilities.  
535   
538 Not if I wanted to get hired!  
542 I feel like mental health issues (at least in my state of Pennsylvania) have little or poorly administered protection in the workplace.  
544 Despite the legal protections, mental health in my area still suffers a significant amount stigma.  
547   
548   
549 I have done before. I have no issue talking about it.  
553 Because you wouldn't get hired or were docked in pay  
554 Wouldn't want to jeopardize my chances.   
557 I think they would be less likely to make an offer.  
558 To ensure that my mental health issues would be accomodated, but it would depend on what the mental health issues I had were  
560   
561 I've directly witnessed people terminated for issues related to mental health issues before. Unless required by law or an ethical issue (like a pre-interview agreement), I wouldn't disclose any mental issues. I realize that this is not the best point of view, and it's why things like OSMI are so important.  
562   
563 I wouldn't want stigma or prescribed ideas of what I can/can't do to affect my chances of getting hired.  
564 I feel like that would negatively affect my employment opportunities.  
565 It's not relevant.  
567 I think it would definitely lead to not being hired.  
568   
569 Just one more thing to filter me out  
570 There is a stigma surrounding mental health issues. I must trust someone before sharing that info.  
573   
574 because I can't control their reaction and unlike physical disorders which are better understood metal disorders are often less understood and judged more   
575   
578 I have a difficult enough time with my physical disabilities. Opening up my mental health issues at that time would serve no purpose  
579   
590 Immediate dismissal  
591 I would only bring it up if I felt it was going to negatively impact my work. If I knew it was, then it would only be fair to share it up front.  
595 Again, it has nothing to do with the ability to perform my role. I am not my mental illness.  
597 Well of course the employer doesn't want to hire people with significant physical health issues, especially if it's the first issue which comes up. On the other hand I would be comfortable putting in specific conditions for hours (time or amount) which I require for my own mental health. I'm looking for employment, not a psychological counsellor when I see work.  
602   
605 more personal issue, afraid of looking like an excuse (see: why don't you just smile more?)  
608   
609 It's also relevant  
611 If it meant that I needed a flex schedule or similar accomodation  
612 Feel like they would potentially not hire because of mental health issues  
613 It would depend on the type of MH iddue.  
616 I don't trust my employer with that information.  
617 Na  
619 I have personally experienced negative treatment after disclosing mental illness. I want to avoid doing so ever again.  
622 Mental health feels more subjective in some cases despite potentially having a diagnosis and could be viewed as detrimental to culture and performance if someone is say clinically depressed or has an anxiety disorder. Also it feels harder to explain potential absence due to a mental disorder.  
623 Disclosing mental illness up front is a good way to know an employer's stance or attitude towards mental illness and would help me decide if employment at that business would be worth it for me  
625 If they made an offer and the issue would impact them.   
628 Although should be protected, not convinced it wouldn't harm my chances.  
631 Because why do they need to know.  
632 Not topical to hiring  
633 Because it's an unfortunate part of who I am.  
634 Would not want to bring up anything like this as it could negatively influence hiring decision  
636 Depends on if it would affect my work  
637   
638 Potential discrimination  
641 Fear it would negatively bias me  
643   
644   
646 Fear of discrimination  
648 Don't want to be flagged as crazy.  
649 I feel like employers are not as understanding of prospective employees who might admit to battling bouts of depression or anxiety.  
652 Too personal   
653   
655 Would not want to be the reason I did not receive the job  
656 Don't trust them not to judge and deny the job.  
659 Private  
666 Fear of bias/negative impact on prospects.  
668   
669 Same reason as above  
673 Same answer as for physical health issues.  
674 Depended on the issue and the employer.   
675 Not sure.  
677 Less likely, simply because the general perception and knowledge about mental illnesses is less widely understood. For instance, Adult ADD might be simple to explain, whereas Bipolar II would be a longer discussion and may be avoided in an interview.  
680 Still such a stigma there... it's important though... tough call  
682 Would alter the outcome of the interview.  
683 Potentially affects my capabilities on the job.  
684 Worried it would affect my chances of getting the job.  
685 Same reason as above basically. Except the added knowledge of how society views people with depression and anxiety and how that portrayal could reflect on me and affect my chances of getting a job I'm qualified for.  
688 I am currently an opiate addict and will be for as long as I live. I have not used in 3 years. It still messes with me to this day. I do not think I would ever be comfortable sharing that with an employer. Its not documented anywhere that I am an addict so there would be no reason to share such a thing to an employer. Most people do not realize that I have something wrong with my brain chemistry not that I am a terrible person or want to be this way. I do great work and I have had my current job for 6 years. But I feel like if I told any employer that I would be discriminated against or eventually let go.  
689 I think it would negatively impact the interview.  
692 In my experience, many people see mental health as a lesser issue than physical health, and one that can fixed if they "man up" or grow up. I worry that mentioning a chronic mental health issue would be viewed as a detriment and a weakness to my work.  
693 It may affect my being hired  
694 wouldn't want the stigma  
706 afraid of stigma, being seen as less capable  
710 Same as physical: I don't feel that it is their business and although they should not take it into consideration when hiring, let's be honest, they do.  
712 That's private information asked none of their business.  
720   
725   
730 Similarly to physical issues, only if I felt I needed accommodation.  
739 I don't suffer from any mental health issues that warrant discussion - so I'm not sure!  
741 Unless I felt comfortable or knew how the employer felt about mental health, I most likely wouldn't feel ready to disclose that information that early on.  
743 I would likely perceive that as irrelevant to the interview process.  
748   
750 I cannot explain  
751 The one time I did in the past, the interviewer clearly wrote me off immediately.\nNow, I try to judge whether an organization would be a supportive environment without outing myself. Itâ\200\231s a lot easier to ask for accommodation after getting hired and demonstrating the ability to do the job than to give the employer a reason not to hire you in the first place.  
754 If I was mentally unstable or unable to work regular hours, I could bias my own interview with this information.  
757 I would rather have our conversation and my qualifications be the focus of an interview.  
758   
761 Does not seem beneficial to bring up in interview.  
762 I would not want to risk possible discrimination. Even if it's illegal, it can bias opinions.  
763 It isn't a reason they should use to determine if I'm qualified for the job  
765 I'm fairly certain that would influence decisionmaking. There are so many ways to get away with discriminating on that basis, they can just chalk it up to 'cultural fit'  
766 I would be afraid that I would be looked-over.  
767 Tech industry attitudes such as working long hours expected, peer arrogance, judgemental, etc. present a culture of intolerance, but over the past several years, I have noticed some improvement. Plus, I'm more of a private person.  
769 feel it would negetivly impact my canidacy  
770 My employer should be aware of any issues that could reasonably affect my performance  
772 Discrimination and not hired  
773 Shouldn't generally be relevant  
774 Same as physical - would be seen as a negative  
775 Nobody's business but my own.  
777 As with physical issues, I don't feel like it is any of their business if it doesn't impact my ability to work. However, mental health issues don't always confine themselves to certain areas of your life, and can spill over. I feel like if I was in need of a job I would leave out mental issues because they could represent the tipping point between choosing me and another equally qualified candidate.  
780 Risk not getting position  
781 I think this also depends on if it would effect my ability to perform the job tasks.  
786   
790 Because it might just make me look stupid.  
791 It would depend upon if it would have any direct or indirect bearing on my position. If it was applicable, I would bring it up. If not, I'd not bring it up unless prompted, same as a physical issue.  
792   
794   
796 To see how they react, plus to allow them to know how to best talk with me.  
797 Same as physical health issues.  
800 Risk not getting the job.  
801   
802 I would not be comfortable appearing in any way vulnerable or give the employer a chance to exercise bias against me  
803   
808 It's not relevant to the role and illegal to allow for discrimination based in such things in the UK.  
809   
810 Too much stigma  
812   
813 it might impact the services they needed to provide  
816 Again, not part of the hiring process.  
817 Same as physical.   
818 If relevant for the job, I would. If not, I wouldn't.  
821 Because that is up to them to share   
823 Possibility that this would have a bearing on doing the job  
825 Mental health issues have a negative stigma.   
827 I wouldn't trust a potential employer not to hold mental health against me.   
829 there are ways to "legally" discriminate. it doesn't take much effort to "legally" block a new hire for illegal reasons.  
834   
840 Again, unless relevant.  
841 I don't yet know what they'd do with that information  
843 Worried about it limiting opportunities, seen as a major negative   
845 Nobody wants to hire a crazy person  
849 More Taboo.  
851 I wouldn't expect them to hire me and I would expect them to make it known why they didn't hire me.  
852   
854 Stigma of mental illness.  
856 Viewed as disqualifying  
858 It would affect my chance of getting the job  
861 Too easy for that to immediately disqualify me in their eyes, without me having any proof of this or recourse.  
863 It might make me look like a liability   
867 I wouldn't want it to affect my chances of getting the job. I'm already a woman and a person of color; why would I bring up something else that makes me different when "cultural fit" is such a big deal in this field?  
868 Social stigma, lack of protection under the law and difficulties proving discrimination  
869 I would bring it up if I felt the employer was knowledgeable and progressive in their approach to mental health issues, such as understanding and appreciate the many positive attributes an ADHD person brings to the table. I would not bring it up unless I was certain they embraced mental health issues.  
871 I'd worry about the stigma.  
874 stigma  
876 i believe there is a stigma around mental health issues, since they are somewhat mysterious. So, as uncomfortable as i am about asking for a sick day, or for a physical concession, asking for a mental health concession would absolutely be out of the question for me.  
878 No idea, that's not something I'd be comfortable dealing with. It's essentially as if I told them I may or may not act like a retard some day, but it ain't my fault, it's XYZ disease's fault. :-)\n\nNot a very good pitch to sell yourself  
891 It would certainly affect the outcome of the interview.  
892 They would assume lots of things, it takes a lot of education to describe the effects of a mental illness, and requires nuance to interpret how it affects a candidates ability to do a job.  
893 I would bring up a mental health issue in an interview if it affected my ability to work, healthcare coverage, or schedule. However, unlike physical health issues, it seems clear that mental health issues are strongly affected by stress -- to that end, I would feel comfortable asking about the working conditions of the workplace are such that they actively promote finding the most optimum balance between stress and productivity.  
894 Too much stigma, no way I would get the job.  
895 Concerned would not get the job  
896 Fear of implicit bias against me.  
899 Too afraid of doing so.  
900 I think they would question whether I could perform the job as well as a candidate without mental health issues.  
902 May treat me differently or not hire me  
903   
904 I work in IT and i might know that my illness has positives my employer is mostly likely ignorant enough to not understand both sides of it. i usually talk about it in a strength versus weakness thing.   
905 Why give an employer a reason not to choose you?  
909 Stigma.   
911 I would be concerned about how it may affect their decision making. I suppose I shouldn't be as I wouldn't want a job with anyone who let it affect that, but still, I feel mental health issues carry a stigma that many physical ones do not (though I do feel for those with psoriasis and other physical conditions as I am sure they see real stigma from closed-minded individuals).  
912 the large stigma against people with mental health issues  
916 if not current, then feel it's not relevant.  
920 There is a stigma associated with mental health issues, at least with some. It is a difficult thing to be transparent about.  
922 Same as physical...unless it was directly related to part of the job  
923 They would not hire me.  
925 Would likely negatively affect selection status.  
929 It seems obvious: when trying to get a job you are trying to put your best foot forward and admitting you have a mental health issue or physical health issue makes you look less desirable as an employee  
932 I think it would very much decrease my likelihood of getting hired.  
933 When asked about "weaknesses" I am open about my anxiety and what I'm doing to work on it  
936 I wouldn't get the job.  
940 The mental health issue itself, no, because alone it isn't relevant. The work I had to do to overcome the issue, yes.  
942 Taboo subject  
943   
946 I would not want to bring up anything that could negatively impact my interview  
949   
950   
951 It depends on if I thought the issues would impact my ability to get a job I desired.  
956 See my answer above. I don't want to risk a possible position or cast a pall over the rapport with a potential coworker. I didn't always feel this way, but at my last position I got strongly warned, in secret, never to say anything about my condition because people would think I was 'crazy' and 'might shoot up the place.' I have major clinical depression that I've managed and treated for years. The only person it's hurt is myself. But that was the perception of anyone with a mental illness, never mind that they're as wide a spectrum as physical illnesses. So I never said anything.   
957 People have strong stigmas against mental health issues. Instead I talk about work/life balance and burnout in the tech industry, to get a feel for how understanding they are.   
964 if I felt they would understand I would, otherwise I wouldn't for fear of being discriminated against  
966 Bit knowing the environment if the new employer would make me nervous to do so  
967 Stigma  
970 Risk of not getting hired.  
973   
976 This is the same as disclosing a physical illness, but much more severe; people associate instability with mental health with instability at work, and want only a perfect neurotypical programmer who will be low risk  
977 If that mental heath issue were not germane to the work, I would not bring it up.  
980 They don't need to know unless/until it affects my work.  
981 I would be very concerned about potential negative bias.  
982 Due to lack of understanding, without bias, how a treated mental health issue could effect work.  
983 It would depend on whether or not I could trust the employer to not stigmatise me as well as how desperately I needed or wanted the job. I can cover my illness fairly well and wouldn't want to harm my chances of getting the job, if necessary.  
986 If it was going to affect the ability to do my job, I would feel obligated to let them know.  
987   
988 You never know. And the last thing you want in an interview is an armchair psychologist telling you "you just need to try harder"  
989 Mental health stigmas mean that I feel uncomfortable discussing mental issues up front  
990 Stigma. Fear of not getting the job.   
991 Seems like TMI, and I don't want any doubts about my effectiveness as an employee.  
992   
995 Depends on the acuteness of the problem   
1001   
1002 it depends. my current job, i made an offhand reference to my therapist in the cover letter. but i also believed myself woefully underqualified at the time so I can't vouch for having taken the application completely seriously.  
1004 Bit more taboo about mental health issues. At my last interview I did mention that I only worked well with interesting tasks (let's call it a light case of ADHD), but I did not problematize it.  
1006 Bad experience  
1012 I wouldn't unless it was an obvious issue.   
1015 I feel it could have a bearing on if I got an offer of employment even though it is illegal to discriminate based on mental health issues.   
1016 Definitely not, because I wouldn't want them to discount my ability to do the job well and mental health has much more stigma around it than a physical problem.  
1018 Telling someone that's interviewing me that I have clinical depression, generalized anxiety disorder, PTSD, autism spectrum disorder, and ADD would bring a lot of stigma. I doubt they'd think I could handle the job, or they'd think I couldn't work well on a team. \n\nThe trust hasn't been built yet. Maybe if the company was really upfront about caring about mental illness, and had people in leadership with mental illnesses, then I'd probably feel comfortable speaking about them during the interview.  
1020 I would consider it something private that I would manage privately.  
1025 Fear of failing the interview  
1026 If they don't have to know, there's no possible way it can impact their hiring decision  
1028   
1031 I would be concerned that it would affect my chance of getting the job.  
1032 Would expect not to be hired if honest about mental health issues  
1036 Personal issue  
1038 Same reason.  
1039 Same as physical  
1040 Stigma  
1045 stigma  
1046 Many people still disbelieve that adult ADHD is a thing â\200 if I suspected a potential employer had problems I might try to suss them out before taking a job.  
1047 It is illegal to not hire someone for having a mental disorder, but it is perfectly legal, from what I understand, to not hire them for indirect effects of their disorder. I would not have gotten my current job if I briught up my mental illnesses.   
1048 Without knowing the employer's stance in mental health issues I would be reluctant to do anything that might jeopardize the interview.   
1050 I don't know how a potential employer would react, and whether they would feel accommodating a mental health issue would be considered too difficult  
1053 Fear of negative bias \*and\* no benefit in bringing it up   
1055   
1056   
1057 I would first observe and ask questions to get a feel for how open and accepting the company is.   
1062 Because they probably wouldn't hire me.  
1070 I would fear that I wouldn't get the job because people would see it as a burden that could lead to problems with my employment.  
1080 Same Answer, an employer deserves to know your limitations.  
1084   
1085 Some employers may be open to it, others are not.  
1088   
1091 This would never help me get a job, and it could only be used against me negatively.  
1092 Same reason as for physical health issue above.  
1093 I would be afraid that the entire interview would become a discussion of the issue, and the decision process would be based off whether or not the issue is serious enough to take a chance on.  
1094 I wouldn't want them to think less of me.  
1095 the stigma of mental illness and how i fear it would impact the job.  
1097 There's a definite stigma around mental health issues. It seems like one would be disqualified immediately.  
1099 Same reasons, I'll cost more, be less productive  
1100 I don't want it held against me  
1101 Worried about not getting a job  
1102 Employers are less aware of the legal protections afforded to candidates with mental health issues. I would also fear unstated bias influencing the interview result much more so than I would for a physical issue.  
1104 Same as before  
1105 Stigma  
1107 It would depend on whether the issue could require accommodations.  
1108 It creates an expectation of trouble, is difficult to prove and thus has a stigma.  
1111 massive stigmatization in the "cult of smart"  
1114 It would harm my career  
1115 hard to imagine it ever going well. all but the most progressive people see mental health issues as less "real". better to frame needs (like sleep, nutrition, doctors appointments) as required to protect physical health in some vague way  
1116 I already had to do this for my current job. I almost didn't get the job. They made me an offer, I told them it would be difficult for me to travel and a few other things, and they almost revoked the offer. The only reason that they didn't revoke it was because I made it clear that there was a mental health issue (so I'm certain they felt legally compelled) which made me extremely uncomfortable and ashamed that they made me do that. I'm still mad about it even though I kind of get it from their standpoint. They even made me turn in a doctor's note that they're keeping on file. It's none of their business and barely impacts my job, but they made a huge deal out of it.  
1117 Just seems really personal and I would worry about that affecting the out come. Not everyone is aware of how that issue would affect someone's work. Or how it could. Not every company has good policies around keeping up to date on how an employee is doing.   
1118   
1119 Same reasons as above, but amplified.  
1120   
1126 Same reason as above.  
1128 It might be considered a sign of being incompetent or incapable of handling the job  
1130 I would not bring up a mental health issue in an interview because I would not want it to negatively affect the hiring decision. It is something that I am open about with employers, especially when I need care or personal days, but not something I would bring attention to during an interview.  
1131 Stigma  
1135 I might bring it up because I value honesty and wouldn't want to be employed under false pretences . However I think that a mental health issue would seriously jeapordise my chances of employment in the tech industry.  
1136 Depends on the health issue. A mental health issue may prevent a clearance from being issued. It is a risky option to hire someone then have to let them go if they can't get a security clearance.  
1139 I don't think it's very transparent to many employers how mental health issues might affect a person's workplace efficacy, and I wouldn't want to lose a potential position because of that thought (whether or not the interviewer made that decision consciously or not).  
1141 Stigma.  
1143 I would be certain it would reflect poorly on me.  
1144 Fear that the employer would consider additional health insurance expense and would doubt my ability to execute my work.  
1146   
 Do.you.feel.that.being.identified.as.a.person.with.a.mental.health.issue.would.hurt.your.career.  
4 Yes, I think it would  
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9 No, I don't think it would  
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1146 Yes, I think it would  
 Do.you.think.that.team.members.co.workers.would.view.you.more.negatively.if.they.knew.you.suffered.from.a.mental.health.issue.  
4 Maybe  
5 Maybe  
7 Maybe  
9 Maybe  
10 Yes, I think they would  
11 No, they do not  
12 Yes, I think they would  
13 No, they do not  
19 Maybe  
20 No, I don't think they would  
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22 No, I don't think they would  
28 No, they do not  
30 No, I don't think they would  
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 How.willing.would.you.be.to.share.with.friends.and.family.that.you.have.a.mental.illness.  
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1091 Somewhat open  
1092 Somewhat not open  
1093 Not applicable to me (I do not have a mental illness)  
1094 Neutral  
1095 Very open  
1097 Somewhat open  
1099 Not open at all  
1100 Somewhat open  
1101 Somewhat not open  
1102 Very open  
1104 Very open  
1105 Very open  
1107 Somewhat open  
1108 Somewhat open  
1111 Neutral  
1114 Neutral  
1115 Somewhat not open  
1116 Somewhat not open  
1117 Somewhat open  
1118 Neutral  
1119 Somewhat not open  
1120 Neutral  
1126 Somewhat not open  
1128 Neutral  
1130 Very open  
1131 Somewhat open  
1135 Somewhat open  
1136 Neutral  
1139 Not applicable to me (I do not have a mental illness)  
1141 Somewhat not open  
1143 Very open  
1144 Somewhat open  
1146 Somewhat open  
 Have.you.observed.or.experienced.an.unsupportive.or.badly.handled.response.to.a.mental.health.issue.in.your.current.or.previous.workplace.  
4 Yes, I experienced  
5 Yes, I experienced  
7 Yes, I observed  
9 Yes, I observed  
10 No  
11 No  
12 Yes, I experienced  
13 No  
19 No  
20 No  
21 Yes, I observed  
22 Maybe/Not sure  
28 No  
30 Maybe/Not sure  
32 Yes, I experienced  
35 Yes, I observed  
36 Maybe/Not sure  
37 Maybe/Not sure  
39 Yes, I experienced  
41 No  
43 Maybe/Not sure  
44 Yes, I experienced  
45 No  
46 No  
47 No  
48 Maybe/Not sure  
49 No  
51 Maybe/Not sure  
53 Yes, I observed  
55 Yes, I observed  
56 No  
58 No  
61 No  
65 No  
66 No  
69 Yes, I experienced  
74 No  
78 No  
81 No  
82 N/A  
87 Maybe/Not sure  
88 Maybe/Not sure  
89 No  
91 No  
92 No  
93 No  
95 Yes, I observed  
97 Maybe/Not sure  
99 No  
103 No  
105 Yes, I observed  
107 Yes, I observed  
109 No  
110 No  
112 Maybe/Not sure  
113 Yes, I experienced  
116 Maybe/Not sure  
118 No  
119 Yes, I experienced  
120 Maybe/Not sure  
123 No  
124 No  
126 No  
129 No  
130 Yes, I experienced  
131 Maybe/Not sure  
132 Maybe/Not sure  
133 No  
134 Maybe/Not sure  
137 No  
138 Maybe/Not sure  
142 No  
144 No  
145 Yes, I observed  
148 No  
153 Yes, I observed  
155 No  
156 Maybe/Not sure  
157 No  
158 Maybe/Not sure  
159 No  
161 Yes, I observed  
164 Maybe/Not sure  
165 No  
166 Maybe/Not sure  
169 Yes, I observed  
175 No  
177 No  
178 Yes, I experienced  
186 No  
187 Maybe/Not sure  
190 Maybe/Not sure  
191 No  
194 No  
195 Yes, I experienced  
197 Yes, I observed  
198 N/A  
199 No  
200 Maybe/Not sure  
201 No  
211 Maybe/Not sure  
212 No  
213 Yes, I experienced  
214 Yes, I observed  
215 Yes, I experienced  
217 Yes, I experienced  
218 No  
219 Maybe/Not sure  
220 No  
221 Maybe/Not sure  
222 Yes, I observed  
223 Yes, I observed  
224 Yes, I experienced  
225 Maybe/Not sure  
227 Yes, I experienced  
228 Maybe/Not sure  
230 Yes, I observed  
232 No  
233 Yes, I experienced  
234 No  
235 Maybe/Not sure  
237 No  
238 Maybe/Not sure  
239 Yes, I observed  
240 No  
241 No  
244 Yes, I experienced  
253 Yes, I experienced  
254 Yes, I experienced  
257 Yes, I experienced  
264 No  
268 No  
270 No  
272 Yes, I experienced  
273 No  
274 Yes, I observed  
276 Yes, I observed  
277 Maybe/Not sure  
281 Yes, I experienced  
282 No  
283 No  
285 Yes, I observed  
286 N/A  
287 Yes, I experienced  
288 No  
292 Maybe/Not sure  
296 No  
297 Yes, I observed  
300 Yes, I observed  
303 Maybe/Not sure  
304 Maybe/Not sure  
305 Yes, I observed  
306 Yes, I observed  
309 No  
310 Maybe/Not sure  
312 Yes, I observed  
313 No  
315 Yes, I observed  
317 Yes, I experienced  
318 No  
320 Yes, I experienced  
321 Yes, I experienced  
323 Maybe/Not sure  
324 Maybe/Not sure  
325 Yes, I observed  
329 No  
330 Yes, I experienced  
331 No  
332 No  
338 Maybe/Not sure  
339 Yes, I experienced  
343 Maybe/Not sure  
344 Yes, I observed  
345 No  
347 Yes, I observed  
349 No  
350 No  
353 Yes, I experienced  
354 No  
355 No  
356 Yes, I observed  
359 Maybe/Not sure  
361 Yes, I experienced  
369 Yes, I experienced  
370 Maybe/Not sure  
371 No  
373 Maybe/Not sure  
377 Maybe/Not sure  
379 No  
380 No  
382 Maybe/Not sure  
383 Maybe/Not sure  
384 Yes, I observed  
388 No  
390 No  
391 Maybe/Not sure  
393 Maybe/Not sure  
395 No  
396 N/A  
397 Maybe/Not sure  
399 No  
401 Maybe/Not sure  
405 No  
406 Maybe/Not sure  
411 Yes, I observed  
414 No  
415 No  
416 No  
417 No  
419 Yes, I observed  
421 Maybe/Not sure  
424 Yes, I experienced  
425 Yes, I observed  
426 Yes, I experienced  
427 Maybe/Not sure  
428 Yes, I observed  
429 No  
430 Yes, I observed  
437 No  
446 No  
447 Maybe/Not sure  
454 Maybe/Not sure  
457 Maybe/Not sure  
459 No  
463 Yes, I experienced  
464 No  
468 Maybe/Not sure  
475 No  
476 No  
477 Maybe/Not sure  
478 No  
479 Yes, I observed  
480 No  
481 Yes, I experienced  
486 No  
488 Yes, I observed  
492 No  
493 Maybe/Not sure  
495 No  
497 No  
498 No  
501 No  
504 N/A  
505 No  
508 No  
510 No  
511 Yes, I experienced  
512 Yes, I experienced  
514 No  
515 No  
516 No  
517 Maybe/Not sure  
521 Maybe/Not sure  
522 No  
524 Maybe/Not sure  
525 Maybe/Not sure  
526 No  
527 No  
528 No  
529 Yes, I observed  
535 No  
538 Maybe/Not sure  
542 Maybe/Not sure  
544 Maybe/Not sure  
547 Yes, I observed  
548 Yes, I experienced  
549 N/A  
553 Yes, I experienced  
554 No  
557 No  
558 Maybe/Not sure  
560 Maybe/Not sure  
561 Yes, I observed  
562 Maybe/Not sure  
563 Yes, I observed  
564 Yes, I experienced  
565 No  
567 Maybe/Not sure  
568 No  
569 N/A  
570 Maybe/Not sure  
573 Yes, I observed  
574 Yes, I experienced  
575 Maybe/Not sure  
578 Yes, I experienced  
579 Yes, I experienced  
590 Maybe/Not sure  
591 No  
595 Yes, I experienced  
597 Maybe/Not sure  
602 No  
605 Maybe/Not sure  
608 Yes, I observed  
609 Yes, I observed  
611 No  
612 Yes, I observed  
613 No  
616 Yes, I experienced  
617 No  
619 Yes, I experienced  
622 Yes, I observed  
623 Yes, I observed  
625 No  
628 No  
631 Maybe/Not sure  
632 Yes, I observed  
633 Yes, I observed  
634 Maybe/Not sure  
636 No  
637 Yes, I observed  
638 Maybe/Not sure  
641 No  
643 Yes, I experienced  
644 No  
646 Yes, I observed  
648 Maybe/Not sure  
649 Yes, I observed  
652 Maybe/Not sure  
653 Maybe/Not sure  
655 Maybe/Not sure  
656 Yes, I experienced  
659 No  
666 Maybe/Not sure  
668 Maybe/Not sure  
669 No  
673 No  
674 N/A  
675 No  
677 No  
680 Yes, I observed  
682 Maybe/Not sure  
683 Maybe/Not sure  
684 N/A  
685 Yes, I experienced  
688 Yes, I observed  
689 Yes, I observed  
692 Maybe/Not sure  
693 No  
694 Yes, I observed  
706 No  
710 No  
712 Yes, I observed  
720 Maybe/Not sure  
725 Yes, I experienced  
730 No  
739 No  
741 N/A  
743 Maybe/Not sure  
748 Maybe/Not sure  
750 No  
751 Yes, I observed  
754 Maybe/Not sure  
757 Yes, I observed  
758 No  
761 No  
762 No  
763 Yes, I observed  
765 No  
766 No  
767 No  
769 No  
770 Yes, I experienced  
772 Maybe/Not sure  
773 No  
774 Yes, I observed  
775 Yes, I experienced  
777 Maybe/Not sure  
780 Maybe/Not sure  
781 No  
786 No  
790 Yes, I observed  
791 Maybe/Not sure  
792 No  
794 Maybe/Not sure  
796 Yes, I observed  
797 Maybe/Not sure  
800 No  
801 No  
802 Maybe/Not sure  
803 Yes, I experienced  
808 No  
809 Yes, I observed  
810 Yes, I observed  
812 No  
813 Yes, I observed  
816 No  
817 Yes, I observed  
818 No  
821 Yes, I experienced  
823 No  
825 N/A  
827 Yes, I observed  
829 Yes, I experienced  
834 N/A  
840 No  
841 Maybe/Not sure  
843 Maybe/Not sure  
845 N/A  
849 No  
851 Yes, I experienced  
852 Yes, I observed  
854 No  
856 No  
858 No  
861 Maybe/Not sure  
863 Yes, I experienced  
867 No  
868 Maybe/Not sure  
869 Yes, I observed  
871 Maybe/Not sure  
874 No  
876 Maybe/Not sure  
878 Maybe/Not sure  
891 No  
892 Maybe/Not sure  
893 Maybe/Not sure  
894 No  
895 No  
896 Maybe/Not sure  
899 Maybe/Not sure  
900 No  
902 Yes, I observed  
903 Maybe/Not sure  
904 Yes, I experienced  
905 Maybe/Not sure  
909 No  
911 Maybe/Not sure  
912 Yes, I observed  
916 No  
920 Maybe/Not sure  
922 Maybe/Not sure  
923 No  
925 Yes, I observed  
929 Yes, I experienced  
932 Maybe/Not sure  
933 No  
936 Yes, I experienced  
940 Maybe/Not sure  
942 No  
943 Yes, I experienced  
946 Yes, I observed  
949 No  
950 Maybe/Not sure  
951 No  
956 Yes, I experienced  
957 Maybe/Not sure  
964 No  
966 No  
967 No  
970 Yes, I experienced  
973 Yes, I observed  
976 Yes, I observed  
977 No  
980 Maybe/Not sure  
981 No  
982 Maybe/Not sure  
983 Yes, I observed  
986 No  
987 No  
988 Yes, I experienced  
989 Maybe/Not sure  
990 Yes, I observed  
991 No  
992 Maybe/Not sure  
995 Maybe/Not sure  
1001 Maybe/Not sure  
1002 No  
1004 No  
1006 No  
1012 No  
1015 No  
1016 No  
1018 Yes, I experienced  
1020 No  
1025 Maybe/Not sure  
1026 Yes, I observed  
1028 Yes, I observed  
1031 No  
1032 Maybe/Not sure  
1036 Maybe/Not sure  
1038 Maybe/Not sure  
1039 No  
1040 No  
1045 Maybe/Not sure  
1046 Maybe/Not sure  
1047 Yes, I observed  
1048 Maybe/Not sure  
1050 No  
1053 Maybe/Not sure  
1055 Yes, I experienced  
1056 No  
1057 Yes, I experienced  
1062 Yes, I observed  
1070 Yes, I observed  
1080 No  
1084 No  
1085 Maybe/Not sure  
1088 No  
1091 Yes, I experienced  
1092 No  
1093 Maybe/Not sure  
1094 No  
1095 Maybe/Not sure  
1097 Maybe/Not sure  
1099 Yes, I experienced  
1100 Maybe/Not sure  
1101 Yes, I observed  
1102 Yes, I observed  
1104 No  
1105 No  
1107 Maybe/Not sure  
1108 Yes, I experienced  
1111 Yes, I observed  
1114 Yes, I observed  
1115 No  
1116 Yes, I experienced  
1117 No  
1118 Maybe/Not sure  
1119 No  
1120 No  
1126 Yes, I observed  
1128 Yes, I observed  
1130 No  
1131 Maybe/Not sure  
1135 No  
1136 No  
1139 No  
1141 No  
1143 Yes, I experienced  
1144 Yes, I observed  
1146 Maybe/Not sure  
 Have.your.observations.of.how.another.individual.who.discussed.a.mental.health.disorder.made.you.less.likely.to.reveal.a.mental.health.issue.yourself.in.your.current.workplace.  
4 Yes  
5 No  
7 Maybe  
9 Maybe  
10   
11   
12 Maybe  
13   
19   
20   
21 Maybe  
22 No  
28   
30 No  
32 No  
35 No  
36 No  
37 No  
39 Yes  
41   
43 No  
44 Yes  
45   
46   
47   
48 Maybe  
49   
51 Maybe  
53 N/A  
55 Yes  
56   
58   
61   
65   
66   
69 N/A  
74   
78   
81   
82   
87 No  
88 No  
89   
91   
92   
93   
95 No  
97 N/A  
99   
103   
105 No  
107 Yes  
109   
110   
112 Yes  
113 No  
116 Maybe  
118   
119 N/A  
120 N/A  
123   
124   
126   
129   
130 Yes  
131 Maybe  
132 N/A  
133   
134 No  
137   
138 No  
142   
144   
145 No  
148   
153 Maybe  
155   
156 No  
157   
158 Yes  
159   
161 Maybe  
164 No  
165   
166 Yes  
169 No  
175   
177   
178 Maybe  
186   
187 Maybe  
190 No  
191   
194   
195 No  
197 Maybe  
198   
199   
200 No  
201   
211 N/A  
212   
213 Yes  
214 No  
215 N/A  
217 Yes  
218   
219 No  
220   
221 No  
222 Yes  
223 Maybe  
224 Maybe  
225 No  
227 No  
228 No  
230 Yes  
232   
233 Maybe  
234   
235 N/A  
237   
238 No  
239 N/A  
240   
241   
244 Yes  
253 Yes  
254 No  
257 Yes  
264   
268   
270   
272 Yes  
273   
274 No  
276 Maybe  
277 Maybe  
281 N/A  
282   
283   
285 Maybe  
286   
287 No  
288   
292 No  
296   
297 No  
300 Maybe  
303 No  
304 N/A  
305 Yes  
306 N/A  
309   
310 N/A  
312 Maybe  
313   
315 Yes  
317 Yes  
318   
320 Yes  
321 Maybe  
323 No  
324 Yes  
325 No  
329   
330 No  
331   
332   
338 Maybe  
339 No  
343 N/A  
344 N/A  
345   
347 Maybe  
349   
350   
353 N/A  
354   
355   
356 Yes  
359 No  
361 Yes  
369 Yes  
370 N/A  
371   
373 No  
377 N/A  
379   
380   
382 No  
383 No  
384 No  
388   
390   
391 Maybe  
393 No  
395   
396   
397 No  
399   
401 No  
405   
406 No  
411 Maybe  
414   
415   
416   
417   
419 Yes  
421 Maybe  
424 No  
425 Yes  
426 Maybe  
427 Maybe  
428 N/A  
429   
430 N/A  
437   
446   
447 No  
454 No  
457 No  
459   
463 Yes  
464   
468   
475   
476   
477 N/A  
478   
479 N/A  
480   
481 No  
486   
488 Maybe  
492   
493 N/A  
495   
497   
498   
501   
504   
505   
508   
510   
511 No  
512 Yes  
514   
515   
516   
517 Maybe  
521 Yes  
522   
524 N/A  
525 No  
526   
527   
528   
529 Maybe  
535   
538 N/A  
542 N/A  
544 Maybe  
547 Maybe  
548 Yes  
549   
553 Yes  
554   
557   
558 No  
560 Maybe  
561 Yes  
562 Maybe  
563 Maybe  
564 Maybe  
565   
567 Maybe  
568   
569   
570 No  
573 Yes  
574 Yes  
575 N/A  
578 No  
579 Yes  
590 N/A  
591   
595 No  
597 No  
602   
605 N/A  
608 No  
609 Maybe  
611   
612 Yes  
613   
616 Yes  
617   
619 N/A  
622 Yes  
623 No  
625   
628   
631 Maybe  
632 No  
633 Yes  
634 Yes  
636   
637 No  
638 No  
641   
643 No  
644   
646 Yes  
648 No  
649 Yes  
652 Yes  
653 No  
655 Yes  
656 N/A  
659   
666 N/A  
668 N/A  
669   
673   
674   
675   
677   
680 Yes  
682 No  
683 No  
684   
685 Yes  
688 Yes  
689 No  
692 No  
693   
694 Yes  
706   
710   
712 Yes  
720 Maybe  
725 No  
730   
739   
741   
743 No  
748 Yes  
750   
751 No  
754 Yes  
757 Yes  
758   
761   
762   
763 No  
765   
766   
767   
769   
770 Yes  
772 No  
773   
774 Yes  
775 N/A  
777 No  
780 No  
781   
786   
790 Yes  
791 Maybe  
792   
794 N/A  
796 No  
797 No  
800   
801   
802 No  
803 No  
808   
809 No  
810 Maybe  
812   
813 No  
816   
817 No  
818   
821 No  
823   
825   
827 Yes  
829 Yes  
834   
840   
841 Maybe  
843 No  
845   
849   
851 Maybe  
852 No  
854   
856   
858   
861 Maybe  
863 Yes  
867   
868 Yes  
869 No  
871 Maybe  
874   
876 No  
878 No  
891   
892 Yes  
893 No  
894   
895   
896 No  
899 N/A  
900   
902 Maybe  
903 No  
904 No  
905 No  
909   
911 No  
912 Yes  
916   
920 No  
922 No  
923   
925 Yes  
929 Yes  
932 N/A  
933   
936 Yes  
940 Maybe  
942   
943 No  
946 Yes  
949   
950 Yes  
951   
956 Yes  
957 N/A  
964   
966   
967   
970 Maybe  
973 Yes  
976 Yes  
977   
980 N/A  
981   
982 N/A  
983 No  
986   
987   
988 Maybe  
989 Maybe  
990 Yes  
991   
992 No  
995 No  
1001 N/A  
1002   
1004   
1006   
1012   
1015   
1016   
1018 Yes  
1020   
1025 N/A  
1026 Yes  
1028 No  
1031   
1032 No  
1036 N/A  
1038 Yes  
1039   
1040   
1045 Maybe  
1046 No  
1047 Yes  
1048 Maybe  
1050   
1053 Maybe  
1055 No  
1056   
1057 Yes  
1062 Yes  
1070 Yes  
1080   
1084   
1085 No  
1088   
1091 Yes  
1092   
1093 N/A  
1094   
1095 Yes  
1097 Maybe  
1099 Maybe  
1100 Maybe  
1101 Yes  
1102 Yes  
1104   
1105   
1107 No  
1108 Maybe  
1111 Yes  
1114 Yes  
1115   
1116 N/A  
1117   
1118 N/A  
1119   
1120   
1126 No  
1128 Yes  
1130   
1131 No  
1135   
1136   
1139   
1141   
1143 Yes  
1144 Yes  
1146 No  
 Do.you.have.a.family.history.of.mental.illness.  
4 Yes  
5 No  
7 Yes  
9 I don't know  
10 Yes  
11 Yes  
12 No  
13 Yes  
19 No  
20 I don't know  
21 Yes  
22 No  
28 No  
30 No  
32 Yes  
35 I don't know  
36 I don't know  
37 Yes  
39 Yes  
41 No  
43 Yes  
44 Yes  
45 No  
46 No  
47 Yes  
48 Yes  
49 I don't know  
51 I don't know  
53 No  
55 Yes  
56 Yes  
58 No  
61 Yes  
65 Yes  
66 No  
69 No  
74 Yes  
78 Yes  
81 Yes  
82 No  
87 Yes  
88 Yes  
89 No  
91 Yes  
92 Yes  
93 No  
95 Yes  
97 Yes  
99 I don't know  
103 No  
105 I don't know  
107 I don't know  
109 No  
110 No  
112 I don't know  
113 Yes  
116 Yes  
118 I don't know  
119 No  
120 No  
123 No  
124 Yes  
126 No  
129 No  
130 Yes  
131 No  
132 No  
133 I don't know  
134 No  
137 I don't know  
138 No  
142 I don't know  
144 No  
145 Yes  
148 Yes  
153 Yes  
155 I don't know  
156 Yes  
157 No  
158 No  
159 Yes  
161 No  
164 Yes  
165 Yes  
166 Yes  
169 Yes  
175 No  
177 Yes  
178 Yes  
186 I don't know  
187 Yes  
190 I don't know  
191 Yes  
194 I don't know  
195 Yes  
197 Yes  
198 No  
199 Yes  
200 Yes  
201 Yes  
211 Yes  
212 Yes  
213 I don't know  
214 Yes  
215 Yes  
217 Yes  
218 No  
219 Yes  
220 Yes  
221 Yes  
222 No  
223 No  
224 Yes  
225 No  
227 Yes  
228 Yes  
230 No  
232 Yes  
233 No  
234 I don't know  
235 I don't know  
237 No  
238 Yes  
239 Yes  
240 No  
241 Yes  
244 Yes  
253 Yes  
254 Yes  
257 Yes  
264 No  
268 Yes  
270 Yes  
272 Yes  
273 Yes  
274 Yes  
276 No  
277 No  
281 I don't know  
282 I don't know  
283 Yes  
285 Yes  
286 No  
287 Yes  
288 No  
292 Yes  
296 Yes  
297 Yes  
300 I don't know  
303 I don't know  
304 Yes  
305 Yes  
306 Yes  
309 No  
310 No  
312 Yes  
313 No  
315 No  
317 Yes  
318 Yes  
320 Yes  
321 Yes  
323 Yes  
324 Yes  
325 I don't know  
329 Yes  
330 No  
331 No  
332 I don't know  
338 I don't know  
339 No  
343 Yes  
344 Yes  
345 No  
347 Yes  
349 No  
350 I don't know  
353 Yes  
354 No  
355 Yes  
356 Yes  
359 I don't know  
361 Yes  
369 Yes  
370 No  
371 Yes  
373 I don't know  
377 No  
379 Yes  
380 Yes  
382 Yes  
383 No  
384 No  
388 Yes  
390 No  
391 I don't know  
393 Yes  
395 Yes  
396 No  
397 I don't know  
399 No  
401 Yes  
405 Yes  
406 I don't know  
411 No  
414 No  
415 No  
416 Yes  
417 I don't know  
419 Yes  
421 No  
424 Yes  
425 Yes  
426 Yes  
427 Yes  
428 Yes  
429 Yes  
430 Yes  
437 No  
446 No  
447 No  
454 No  
457 Yes  
459 I don't know  
463 Yes  
464 No  
468 Yes  
475 I don't know  
476 No  
477 No  
478 Yes  
479 Yes  
480 Yes  
481 I don't know  
486 No  
488 Yes  
492 I don't know  
493 Yes  
495 No  
497 No  
498 I don't know  
501 Yes  
504 Yes  
505 Yes  
508 Yes  
510 No  
511 Yes  
512 Yes  
514 Yes  
515 No  
516 No  
517 Yes  
521 I don't know  
522 Yes  
524 I don't know  
525 No  
526 No  
527 Yes  
528 No  
529 Yes  
535 Yes  
538 No  
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1040 Yes  
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1136 Yes  
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 Have.you.had.a.mental.health.disorder.in.the.past.  
4 Yes  
5 No  
7 Yes  
9 Yes  
10 Yes  
11 Yes  
12 Maybe  
13 Yes  
19 No  
20 Maybe  
21 Yes  
22 No  
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1144 Yes  
1146 Yes  
 Do.you.currently.have.a.mental.health.disorder.  
4 Yes  
5 Yes  
7 Yes  
9 Yes  
10 Yes  
11 Yes  
12 Maybe  
13 Yes  
19 No  
20 No  
21 No  
22 No  
28 Yes  
30 Yes  
32 Yes  
35 No  
36 Yes  
37 Yes  
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41 Yes  
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92 Maybe  
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4 Anxiety Disorder (Generalized, Social, Phobia, etc)|Stress Response Syndromes  
5 Anxiety Disorder (Generalized, Social, Phobia, etc)|Stress Response Syndromes|Substance Use Disorder  
7 Anxiety Disorder (Generalized, Social, Phobia, etc)|Substance Use Disorder  
9 Mood Disorder (Depression, Bipolar Disorder, etc)  
10 Anxiety Disorder (Generalized, Social, Phobia, etc)  
11 Mood Disorder (Depression, Bipolar Disorder, etc)  
12   
13 Anxiety Disorder (Generalized, Social, Phobia, etc)|Obsessive-Compulsive Disorder  
19   
20   
21   
22   
28 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Substance Use Disorder|Addictive Disorder  
30 Mood Disorder (Depression, Bipolar Disorder, etc)|Personality Disorder (Borderline, Antisocial, Paranoid, etc)  
32 Mood Disorder (Depression, Bipolar Disorder, etc)  
35   
36 Anxiety Disorder (Generalized, Social, Phobia, etc)  
37 Mood Disorder (Depression, Bipolar Disorder, etc)  
39 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Personality Disorder (Borderline, Antisocial, Paranoid, etc)  
41 Anxiety Disorder (Generalized, Social, Phobia, etc)|Attention Deficit Hyperactivity Disorder  
43   
44 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
45   
46   
47   
48   
49   
51   
53   
55 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder|Post-traumatic Stress Disorder  
56   
58   
61   
65 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
66   
69   
74   
78 Anxiety Disorder (Generalized, Social, Phobia, etc)|Attention Deficit Hyperactivity Disorder  
81 Mood Disorder (Depression, Bipolar Disorder, etc)|Eating Disorder (Anorexia, Bulimia, etc)|Obsessive-Compulsive Disorder  
82   
87   
88 Seasonal Affective Disorder  
89 Anxiety Disorder (Generalized, Social, Phobia, etc)  
91 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
92   
93   
95   
97   
99   
103   
105   
107 Attention Deficit Hyperactivity Disorder  
109   
110   
112 Mood Disorder (Depression, Bipolar Disorder, etc)  
113 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
116   
118 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
119 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
120   
123 Anxiety Disorder (Generalized, Social, Phobia, etc)  
124   
126   
129   
130 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Stress Response Syndromes  
131 Mood Disorder (Depression, Bipolar Disorder, etc)  
132 Mood Disorder (Depression, Bipolar Disorder, etc)|Anxiety Disorder (Generalized, Social, Phobia, etc)  
133   
134   
137   
138   
142   
144   
145 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
148 Mood Disorder (Depression, Bipolar Disorder, etc)  
153 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder|Personality Disorder (Borderline, Antisocial, Paranoid, etc)  
155 Mood Disorder (Depression, Bipolar Disorder, etc)  
156   
157 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
158   
159 Anxiety Disorder (Generalized, Social, Phobia, etc)  
161 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
164   
165 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
166   
169 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Eating Disorder (Anorexia, Bulimia, etc)|Obsessive-Compulsive Disorder  
175   
177   
178 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Personality Disorder (Borderline, Antisocial, Paranoid, etc)|Post-traumatic Stress Disorder|Substance Use Disorder|Addictive Disorder  
186 Attention Deficit Hyperactivity Disorder|Obsessive-Compulsive Disorder|Stress Response Syndromes  
187   
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194   
195 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Post-traumatic Stress Disorder  
197   
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199   
200 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
201   
211 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
212 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
213   
214 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
215 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Substance Use Disorder  
217   
218 Anxiety Disorder (Generalized, Social, Phobia, etc)|Substance Use Disorder  
219   
220   
221 Anxiety Disorder (Generalized, Social, Phobia, etc)|Attention Deficit Hyperactivity Disorder  
222   
223   
224 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Stress Response Syndromes  
225   
227 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Post-traumatic Stress Disorder|Substance Use Disorder|Addictive Disorder  
228   
230 Anxiety Disorder (Generalized, Social, Phobia, etc)  
232   
233 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
234   
235 Mood Disorder (Depression, Bipolar Disorder, etc)  
237 Mood Disorder (Depression, Bipolar Disorder, etc)  
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241   
244 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Post-traumatic Stress Disorder  
253 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder|Post-traumatic Stress Disorder|Substance Use Disorder  
254   
257 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
264   
268   
270   
272 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
273 Mood Disorder (Depression, Bipolar Disorder, etc)  
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276   
277 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
281 Mood Disorder (Depression, Bipolar Disorder, etc)  
282   
283   
285   
286 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Post-traumatic Stress Disorder  
287 Mood Disorder (Depression, Bipolar Disorder, etc)  
288 Autism (Asperger's)  
292   
296   
297 Mood Disorder (Depression, Bipolar Disorder, etc)  
300   
303 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Eating Disorder (Anorexia, Bulimia, etc)  
304 Anxiety Disorder (Generalized, Social, Phobia, etc)  
305   
306 Mood Disorder (Depression, Bipolar Disorder, etc)  
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310   
312 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder|Post-traumatic Stress Disorder  
313   
315   
317 Traumatic Brain Injury  
318   
320 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
321   
323 Anxiety Disorder (Generalized, Social, Phobia, etc)|Attention Deficit Hyperactivity Disorder  
324 Addictive Disorder  
325 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder|Substance Use Disorder  
329 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
330   
331   
332 Anxiety Disorder (Generalized, Social, Phobia, etc)  
338   
339   
343 Anxiety Disorder (Generalized, Social, Phobia, etc)|Attention Deficit Hyperactivity Disorder|Obsessive-Compulsive Disorder  
344   
345 Attention Deficit Hyperactivity Disorder  
347   
349   
350 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Stress Response Syndromes|Substance Use Disorder  
353 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
354   
355   
356 Anxiety Disorder (Generalized, Social, Phobia, etc)|Asperges  
359   
361 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
369   
370   
371 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
373 Attention Deficit Hyperactivity Disorder|PTSD (undiagnosed)  
377 Post-traumatic Stress Disorder|Stress Response Syndromes  
379 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
380 Mood Disorder (Depression, Bipolar Disorder, etc)  
382   
383 Mood Disorder (Depression, Bipolar Disorder, etc)  
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388 Mood Disorder (Depression, Bipolar Disorder, etc)  
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393 Mood Disorder (Depression, Bipolar Disorder, etc)  
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406 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
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416 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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421   
424 Mood Disorder (Depression, Bipolar Disorder, etc)  
425 Anxiety Disorder (Generalized, Social, Phobia, etc)|Attention Deficit Hyperactivity Disorder  
426   
427 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
428 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
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447 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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463 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder|Post-traumatic Stress Disorder  
464   
468   
475 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder|Obsessive-Compulsive Disorder  
476   
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478   
479 Anxiety Disorder (Generalized, Social, Phobia, etc)|Obsessive-Compulsive Disorder  
480 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder|Personality Disorder (Borderline, Antisocial, Paranoid, etc)|Stress Response Syndromes|Addictive Disorder  
481   
486 Psychotic Disorder (Schizophrenia, Schizoaffective, etc)  
488   
492 Mood Disorder (Depression, Bipolar Disorder, etc)  
493 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
495   
497 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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505 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
508 Anxiety Disorder (Generalized, Social, Phobia, etc)  
510   
511 Mood Disorder (Depression, Bipolar Disorder, etc)  
512 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Post-traumatic Stress Disorder|Stress Response Syndromes  
514 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder|Obsessive-Compulsive Disorder|Addictive Disorder  
515   
516 Attention Deficit Hyperactivity Disorder  
517 Mood Disorder (Depression, Bipolar Disorder, etc)  
521 Mood Disorder (Depression, Bipolar Disorder, etc)  
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529 Anxiety Disorder (Generalized, Social, Phobia, etc)  
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538   
542 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
544   
547 Mood Disorder (Depression, Bipolar Disorder, etc)  
548 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Post-traumatic Stress Disorder  
549   
553 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Post-traumatic Stress Disorder|Addictive Disorder  
554 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
557   
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560 Mood Disorder (Depression, Bipolar Disorder, etc)  
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564 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
565 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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568   
569 Mood Disorder (Depression, Bipolar Disorder, etc)  
570 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Post-traumatic Stress Disorder  
573   
574 Obsessive-Compulsive Disorder|Substance Use Disorder  
575   
578 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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595 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
597 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder|Personality Disorder (Borderline, Antisocial, Paranoid, etc)|Stress Response Syndromes|Addictive Disorder  
602 Mood Disorder (Depression, Bipolar Disorder, etc)|Post-traumatic Stress Disorder|Dissociative Disorder  
605 Anxiety Disorder (Generalized, Social, Phobia, etc)|Attention Deficit Hyperactivity Disorder  
608   
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611   
612 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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619 Mood Disorder (Depression, Bipolar Disorder, etc)|Post-traumatic Stress Disorder  
622 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
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631 Mood Disorder (Depression, Bipolar Disorder, etc)  
632 Mood Disorder (Depression, Bipolar Disorder, etc)|Post-traumatic Stress Disorder|Addictive Disorder  
633 Mood Disorder (Depression, Bipolar Disorder, etc)  
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637 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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643 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
644   
646 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
648 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Addictive Disorder  
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656 Anxiety Disorder (Generalized, Social, Phobia, etc)|Attention Deficit Hyperactivity Disorder|Post-traumatic Stress Disorder|Addictive Disorder  
659   
666 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
668 Mood Disorder (Depression, Bipolar Disorder, etc)  
669 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
673 Anxiety Disorder (Generalized, Social, Phobia, etc)  
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677 Attention Deficit Hyperactivity Disorder  
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682   
683 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
684   
685 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Dissociative Disorder  
688 Substance Use Disorder|Addictive Disorder  
689   
692   
693 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
694   
706 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
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725 Post-traumatic Stress Disorder  
730 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
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751 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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757 Anxiety Disorder (Generalized, Social, Phobia, etc)  
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769 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
770 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder|Post-traumatic Stress Disorder|Substance Use Disorder  
772   
773 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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775 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
777 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
780 Mood Disorder (Depression, Bipolar Disorder, etc)  
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796 Attention Deficit Hyperactivity Disorder  
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802 Attention Deficit Hyperactivity Disorder  
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809 Mood Disorder (Depression, Bipolar Disorder, etc)  
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812 Attention Deficit Hyperactivity Disorder  
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829 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
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843 Mood Disorder (Depression, Bipolar Disorder, etc)  
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852 Mood Disorder (Depression, Bipolar Disorder, etc)  
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861 Mood Disorder (Depression, Bipolar Disorder, etc)  
863 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Obsessive-Compulsive Disorder|Post-traumatic Stress Disorder  
867   
868 Anxiety Disorder (Generalized, Social, Phobia, etc)|Attention Deficit Hyperactivity Disorder|Post-traumatic Stress Disorder  
869 Attention Deficit Hyperactivity Disorder  
871 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Substance Use Disorder|Addictive Disorder  
874 Anxiety Disorder (Generalized, Social, Phobia, etc)|Obsessive-Compulsive Disorder  
876 Mood Disorder (Depression, Bipolar Disorder, etc)|Substance Use Disorder  
878 Autism Spectrum Disorder  
891   
892 Anxiety Disorder (Generalized, Social, Phobia, etc)|Attention Deficit Hyperactivity Disorder  
893   
894 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
895   
896 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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902 Mood Disorder (Depression, Bipolar Disorder, etc)  
903 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Eating Disorder (Anorexia, Bulimia, etc)  
904 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
905   
909 Mood Disorder (Depression, Bipolar Disorder, etc)  
911 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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916   
920 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
922   
923 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Obsessive-Compulsive Disorder  
925   
929 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
932   
933 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
936 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
940 Post-traumatic Stress Disorder  
942   
943 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
946 Anxiety Disorder (Generalized, Social, Phobia, etc)  
949 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
950 Mood Disorder (Depression, Bipolar Disorder, etc)  
951 Mood Disorder (Depression, Bipolar Disorder, etc)  
956 Mood Disorder (Depression, Bipolar Disorder, etc)  
957 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder|Post-traumatic Stress Disorder  
964 Anxiety Disorder (Generalized, Social, Phobia, etc)  
966 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Post-traumatic Stress Disorder  
967   
970 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Eating Disorder (Anorexia, Bulimia, etc)  
973   
976 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
977 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Obsessive-Compulsive Disorder  
980 Mood Disorder (Depression, Bipolar Disorder, etc)  
981 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
982 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
983 Mood Disorder (Depression, Bipolar Disorder, etc)|Eating Disorder (Anorexia, Bulimia, etc)|Attention Deficit Hyperactivity Disorder|Personality Disorder (Borderline, Antisocial, Paranoid, etc)  
986 Anxiety Disorder (Generalized, Social, Phobia, etc)|Attention Deficit Hyperactivity Disorder  
987   
988 Anxiety Disorder (Generalized, Social, Phobia, etc)|Attention Deficit Hyperactivity Disorder|Stress Response Syndromes  
989 Mood Disorder (Depression, Bipolar Disorder, etc)  
990 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Post-traumatic Stress Disorder  
991 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
992 Anxiety Disorder (Generalized, Social, Phobia, etc)  
995   
1001   
1002 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
1004   
1006 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
1012 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
1015   
1016 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
1018 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Post-traumatic Stress Disorder|Substance Use Disorder  
1020   
1025   
1026 Anxiety Disorder (Generalized, Social, Phobia, etc)  
1028 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
1031 Mood Disorder (Depression, Bipolar Disorder, etc)  
1032 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
1036   
1038 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
1039 Personality Disorder (Borderline, Antisocial, Paranoid, etc)  
1040 Mood Disorder (Depression, Bipolar Disorder, etc)  
1045   
1046 Attention Deficit Hyperactivity Disorder  
1047 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder|Obsessive-Compulsive Disorder  
1048   
1050 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
1053 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Addictive Disorder  
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1056   
1057 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Personality Disorder (Borderline, Antisocial, Paranoid, etc)  
1062 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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1080 Attention Deficit Hyperactivity Disorder|Addictive Disorder  
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1085 Post-traumatic Stress Disorder  
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1094 Mood Disorder (Depression, Bipolar Disorder, etc)  
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1097 Mood Disorder (Depression, Bipolar Disorder, etc)  
1099 Eating Disorder (Anorexia, Bulimia, etc)  
1100 Attention Deficit Hyperactivity Disorder  
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1102   
1104 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
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1107 Mood Disorder (Depression, Bipolar Disorder, etc)  
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1115 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
1116 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Obsessive-Compulsive Disorder  
1117 Mood Disorder (Depression, Bipolar Disorder, etc)|Stress Response Syndromes  
1118 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
1119   
1120 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
1126 Mood Disorder (Depression, Bipolar Disorder, etc)  
1128 Schizotypal Personality Disorder  
1130 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Obsessive-Compulsive Disorder  
1131 Anxiety Disorder (Generalized, Social, Phobia, etc)  
1135 Anxiety Disorder (Generalized, Social, Phobia, etc)  
1136 Attention Deficit Hyperactivity Disorder  
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1143 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Obsessive-Compulsive Disorder  
1144   
1146 Obsessive-Compulsive Disorder|Eating Disorder (Anorexia, Bulimia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Anxiety Disorder (Generalized, Social, Phobia, etc)  
 If.maybe..what.condition.s..do.you.believe.you.have.  
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12 Substance Use Disorder|Addictive Disorder  
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45 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
46   
47 Mood Disorder (Depression, Bipolar Disorder, etc)|Anxiety Disorder (Generalized, Social, Phobia, etc)  
48 Mood Disorder (Depression, Bipolar Disorder, etc)  
49 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
51 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Psychotic Disorder (Schizophrenia, Schizoaffective, etc)  
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61 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
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69 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
74 Anxiety Disorder (Generalized, Social, Phobia, etc)  
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87 Anxiety Disorder (Generalized, Social, Phobia, etc)|Eating Disorder (Anorexia, Bulimia, etc)|Stress Response Syndromes  
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92 Attention Deficit Hyperactivity Disorder|Mood Disorder (Depression, Bipolar Disorder, etc)  
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97 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Obsessive-Compulsive Disorder  
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105 Mood Disorder (Depression, Bipolar Disorder, etc)  
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110 Attention Deficit Hyperactivity Disorder  
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116 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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124 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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137 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Obsessive-Compulsive Disorder|Stress Response Syndromes  
138 Mood Disorder (Depression, Bipolar Disorder, etc)  
142 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Addictive Disorder  
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158 Substance Use Disorder  
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166 Anxiety Disorder (Generalized, Social, Phobia, etc)  
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194 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Personality Disorder (Borderline, Antisocial, Paranoid, etc)  
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217 Anxiety Disorder (Generalized, Social, Phobia, etc)|Attention Deficit Hyperactivity Disorder  
218   
219 Anxiety Disorder (Generalized, Social, Phobia, etc)|Post-traumatic Stress Disorder  
220 Anxiety Disorder (Generalized, Social, Phobia, etc)|Tinnitus  
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225 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Post-traumatic Stress Disorder  
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241 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
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282 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
283 Mood Disorder (Depression, Bipolar Disorder, etc)  
285 Mood Disorder (Depression, Bipolar Disorder, etc)|Obsessive-Compulsive Disorder  
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305 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder|Personality Disorder (Borderline, Antisocial, Paranoid, etc)  
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321 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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338   
339 Anxiety Disorder (Generalized, Social, Phobia, etc)|Attention Deficit Hyperactivity Disorder  
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347 Mood Disorder (Depression, Bipolar Disorder, etc)  
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369 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Stress Response Syndromes  
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382 Mood Disorder (Depression, Bipolar Disorder, etc)  
383   
384 Attention Deficit Hyperactivity Disorder  
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391 Mood Disorder (Depression, Bipolar Disorder, etc)|Eating Disorder (Anorexia, Bulimia, etc)|Attention Deficit Hyperactivity Disorder|Personality Disorder (Borderline, Antisocial, Paranoid, etc)|Stress Response Syndromes  
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397 Anxiety Disorder (Generalized, Social, Phobia, etc)|Stress Response Syndromes  
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406   
411 Psychotic Disorder (Schizophrenia, Schizoaffective, etc)|Stress Response Syndromes  
414   
415 Anxiety Disorder (Generalized, Social, Phobia, etc)|Attention Deficit Hyperactivity Disorder|Substance Use Disorder  
416   
417   
419 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
421 Substance Use Disorder  
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430 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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481 Anxiety Disorder (Generalized, Social, Phobia, etc)|Post-traumatic Stress Disorder  
486   
488 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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501 Attention Deficit Hyperactivity Disorder  
504 Anxiety Disorder (Generalized, Social, Phobia, etc)  
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535 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
538   
542   
544 Anxiety Disorder (Generalized, Social, Phobia, etc)  
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548   
549 Anxiety Disorder (Generalized, Social, Phobia, etc)|Post-traumatic Stress Disorder|Stress Response Syndromes  
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561   
562 Attention Deficit Hyperactivity Disorder  
563 Anxiety Disorder (Generalized, Social, Phobia, etc)  
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567 post-partum / anxiety  
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575 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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616 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder|Stress Response Syndromes  
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634 Mood Disorder (Depression, Bipolar Disorder, etc)  
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638 Post-traumatic Stress Disorder  
641   
643   
644 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Dissociative Disorder  
646   
648   
649 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
652 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Post-traumatic Stress Disorder|Stress Response Syndromes  
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692 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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712 Mood Disorder (Depression, Bipolar Disorder, etc)  
720 Mood Disorder (Depression, Bipolar Disorder, etc)  
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748 Mood Disorder (Depression, Bipolar Disorder, etc)  
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751   
754 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Post-traumatic Stress Disorder  
757   
758 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
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767 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder|Obsessive-Compulsive Disorder  
769   
770   
772 Anxiety Disorder (Generalized, Social, Phobia, etc)  
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786 Anxiety Disorder (Generalized, Social, Phobia, etc)  
790 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Psychotic Disorder (Schizophrenia, Schizoaffective, etc)|Eating Disorder (Anorexia, Bulimia, etc)|Attention Deficit Hyperactivity Disorder|Obsessive-Compulsive Disorder|Post-traumatic Stress Disorder|Stress Response Syndromes  
791   
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796   
797 Mood Disorder (Depression, Bipolar Disorder, etc)  
800   
801 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
802   
803 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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821 Anxiety Disorder (Generalized, Social, Phobia, etc)|Personality Disorder (Borderline, Antisocial, Paranoid, etc)  
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851 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Post-traumatic Stress Disorder|Stress Response Syndromes  
852   
854   
856 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
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867 Mood Disorder (Depression, Bipolar Disorder, etc)  
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893 Anxiety Disorder (Generalized, Social, Phobia, etc)|Attention Deficit Hyperactivity Disorder|Addictive Disorder  
894   
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900 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Personality Disorder (Borderline, Antisocial, Paranoid, etc)  
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904   
905 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
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912 Mood Disorder (Depression, Bipolar Disorder, etc)  
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925 Anxiety Disorder (Generalized, Social, Phobia, etc)  
929   
932 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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942 Mood Disorder (Depression, Bipolar Disorder, etc)  
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1001 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder|Stress Response Syndromes  
1002   
1004 Attention Deficit Hyperactivity Disorder|Obsessive-Compulsive Disorder  
1006   
1012   
1015 Autism  
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1036 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder|Personality Disorder (Borderline, Antisocial, Paranoid, etc)  
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1055 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
1056 Mood Disorder (Depression, Bipolar Disorder, etc)  
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1062   
1070 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
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1088 Anxiety Disorder (Generalized, Social, Phobia, etc)  
1091 Mood Disorder (Depression, Bipolar Disorder, etc)  
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1095 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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1101 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
1102   
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1105 Anxiety Disorder (Generalized, Social, Phobia, etc)  
1107   
1108 Anxiety Disorder (Generalized, Social, Phobia, etc)  
1111   
1114 Anxiety Disorder (Generalized, Social, Phobia, etc)|Personality Disorder (Borderline, Antisocial, Paranoid, etc)  
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1119 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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1141 Mood Disorder (Depression, Bipolar Disorder, etc)  
1143   
1144 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
1146   
 Have.you.been.diagnosed.with.a.mental.health.condition.by.a.medical.professional.  
4 Yes  
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1131 Yes  
1135 Yes  
1136 Yes  
1139 No  
1141 No  
1143 Yes  
1144 Yes  
1146 No  
 If.so..what.condition.s..were.you.diagnosed.with.  
4 Anxiety Disorder (Generalized, Social, Phobia, etc)  
5   
7 Anxiety Disorder (Generalized, Social, Phobia, etc)|Substance Use Disorder  
9 Mood Disorder (Depression, Bipolar Disorder, etc)  
10 Anxiety Disorder (Generalized, Social, Phobia, etc)  
11 Mood Disorder (Depression, Bipolar Disorder, etc)  
12   
13 Anxiety Disorder (Generalized, Social, Phobia, etc)|Obsessive-Compulsive Disorder  
19   
20   
21 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder|Post-traumatic Stress Disorder  
22   
28 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Substance Use Disorder|Addictive Disorder  
30   
32 Mood Disorder (Depression, Bipolar Disorder, etc)  
35   
36   
37   
39 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
41 Anxiety Disorder (Generalized, Social, Phobia, etc)|Attention Deficit Hyperactivity Disorder  
43   
44 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
45 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
46   
47 Mood Disorder (Depression, Bipolar Disorder, etc)  
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53   
55 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
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61   
65 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
66   
69   
74 Anxiety Disorder (Generalized, Social, Phobia, etc)  
78 Anxiety Disorder (Generalized, Social, Phobia, etc)|Attention Deficit Hyperactivity Disorder  
81 Mood Disorder (Depression, Bipolar Disorder, etc)|Eating Disorder (Anorexia, Bulimia, etc)|Obsessive-Compulsive Disorder  
82   
87   
88 Seasonal Affective Disorder  
89 Anxiety Disorder (Generalized, Social, Phobia, etc)  
91 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
92   
93   
95 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
97 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Obsessive-Compulsive Disorder  
99   
103   
105 Mood Disorder (Depression, Bipolar Disorder, etc)  
107 Attention Deficit Hyperactivity Disorder  
109   
110 Attention Deficit Hyperactivity Disorder  
112 Mood Disorder (Depression, Bipolar Disorder, etc)  
113 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
116 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
118 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
119 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
120   
123 Anxiety Disorder (Generalized, Social, Phobia, etc)  
124   
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129   
130 Anxiety Disorder (Generalized, Social, Phobia, etc)  
131 Mood Disorder (Depression, Bipolar Disorder, etc)  
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144   
145 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
148 Mood Disorder (Depression, Bipolar Disorder, etc)  
153 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder|Personality Disorder (Borderline, Antisocial, Paranoid, etc)  
155 Mood Disorder (Depression, Bipolar Disorder, etc)  
156   
157 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
158 Substance Use Disorder  
159 Anxiety Disorder (Generalized, Social, Phobia, etc)  
161 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
164 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
165 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
166   
169 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Eating Disorder (Anorexia, Bulimia, etc)|Obsessive-Compulsive Disorder  
175   
177 Mood Disorder (Depression, Bipolar Disorder, etc)  
178 Addictive Disorder|Substance Use Disorder|Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Personality Disorder (Borderline, Antisocial, Paranoid, etc)|Post-traumatic Stress Disorder  
186 Attention Deficit Hyperactivity Disorder|Obsessive-Compulsive Disorder|Stress Response Syndromes  
187   
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194   
195 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Post-traumatic Stress Disorder  
197   
198   
199   
200 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
201   
211 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
212 Mood Disorder (Depression, Bipolar Disorder, etc)  
213 Mood Disorder (Depression, Bipolar Disorder, etc)  
214 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Eating Disorder (Anorexia, Bulimia, etc)|Personality Disorder (Borderline, Antisocial, Paranoid, etc)|Post-traumatic Stress Disorder  
215 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Substance Use Disorder  
217 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
218 Anxiety Disorder (Generalized, Social, Phobia, etc)  
219 Anxiety Disorder (Generalized, Social, Phobia, etc)  
220   
221 Anxiety Disorder (Generalized, Social, Phobia, etc)|Attention Deficit Hyperactivity Disorder  
222   
223   
224 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
225   
227 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Post-traumatic Stress Disorder  
228   
230 Anxiety Disorder (Generalized, Social, Phobia, etc)  
232   
233 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
234   
235 Mood Disorder (Depression, Bipolar Disorder, etc)  
237 Mood Disorder (Depression, Bipolar Disorder, etc)  
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239   
240 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
241 Mood Disorder (Depression, Bipolar Disorder, etc)  
244 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Post-traumatic Stress Disorder  
253 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder|Post-traumatic Stress Disorder|Substance Use Disorder  
254   
257 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
264   
268 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Obsessive-Compulsive Disorder  
270 Mood Disorder (Depression, Bipolar Disorder, etc)  
272 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
273 Mood Disorder (Depression, Bipolar Disorder, etc)  
274   
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277 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
281 Mood Disorder (Depression, Bipolar Disorder, etc)  
282   
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285   
286 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Post-traumatic Stress Disorder  
287 Mood Disorder (Depression, Bipolar Disorder, etc)  
288 Autism (Asperger's)  
292   
296   
297 Mood Disorder (Depression, Bipolar Disorder, etc)  
300   
303 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Eating Disorder (Anorexia, Bulimia, etc)  
304 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
305   
306 Mood Disorder (Depression, Bipolar Disorder, etc)  
309   
310   
312 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder|Post-traumatic Stress Disorder  
313 Personality Disorder (Borderline, Antisocial, Paranoid, etc)|Addictive Disorder  
315   
317 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder|Post-traumatic Stress Disorder  
318   
320 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
321   
323 Anxiety Disorder (Generalized, Social, Phobia, etc)|Attention Deficit Hyperactivity Disorder  
324   
325 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
329 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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331   
332 Anxiety Disorder (Generalized, Social, Phobia, etc)  
338   
339 Anxiety Disorder (Generalized, Social, Phobia, etc)|Attention Deficit Hyperactivity Disorder  
343 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder|Obsessive-Compulsive Disorder|Post-traumatic Stress Disorder  
344 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Personality Disorder (Borderline, Antisocial, Paranoid, etc)  
345 Attention Deficit Hyperactivity Disorder  
347 Mood Disorder (Depression, Bipolar Disorder, etc)  
349   
350 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
353 Mood Disorder (Depression, Bipolar Disorder, etc)  
354   
355 Mood Disorder (Depression, Bipolar Disorder, etc)|Post-traumatic Stress Disorder|Substance Use Disorder  
356 Anxiety Disorder (Generalized, Social, Phobia, etc)  
359   
361 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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371 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
373 Attention Deficit Hyperactivity Disorder  
377 Post-traumatic Stress Disorder  
379 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
380 Mood Disorder (Depression, Bipolar Disorder, etc)  
382 Mood Disorder (Depression, Bipolar Disorder, etc)  
383 Mood Disorder (Depression, Bipolar Disorder, etc)  
384   
388 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
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393 Mood Disorder (Depression, Bipolar Disorder, etc)  
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405 Mood Disorder (Depression, Bipolar Disorder, etc)  
406 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
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415 Substance Use Disorder  
416 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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425 Anxiety Disorder (Generalized, Social, Phobia, etc)|Attention Deficit Hyperactivity Disorder  
426 Mood Disorder (Depression, Bipolar Disorder, etc)|Stress Response Syndromes  
427 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
428 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
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437 Mood Disorder (Depression, Bipolar Disorder, etc)  
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447 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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457 Anxiety Disorder (Generalized, Social, Phobia, etc)  
459 Anxiety Disorder (Generalized, Social, Phobia, etc)  
463 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder|Post-traumatic Stress Disorder  
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475 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
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479 Anxiety Disorder (Generalized, Social, Phobia, etc)  
480 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
481   
486 Psychotic Disorder (Schizophrenia, Schizoaffective, etc)  
488 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
492 Mood Disorder (Depression, Bipolar Disorder, etc)  
493 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
495   
497 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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504 Eating Disorder (Anorexia, Bulimia, etc)|Attention Deficit Hyperactivity Disorder|Post-traumatic Stress Disorder|Substance Use Disorder|Addictive Disorder  
505 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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511 Mood Disorder (Depression, Bipolar Disorder, etc)  
512 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Obsessive-Compulsive Disorder|Post-traumatic Stress Disorder  
514 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder|Obsessive-Compulsive Disorder  
515   
516 Attention Deficit Hyperactivity Disorder  
517 Mood Disorder (Depression, Bipolar Disorder, etc)  
521 Mood Disorder (Depression, Bipolar Disorder, etc)  
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527 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
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529 Anxiety Disorder (Generalized, Social, Phobia, etc)  
535 Mood Disorder (Depression, Bipolar Disorder, etc)  
538   
542 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
544 Anxiety Disorder (Generalized, Social, Phobia, etc)  
547 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder|Obsessive-Compulsive Disorder|Addictive Disorder  
548   
549 Anxiety Disorder (Generalized, Social, Phobia, etc)|Post-traumatic Stress Disorder|Stress Response Syndromes  
553 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Post-traumatic Stress Disorder  
554 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
557 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
558   
560 Mood Disorder (Depression, Bipolar Disorder, etc)  
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562   
563 Autism - while not a "mental illness", still greatly affects how I handle anxiety  
564 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
565 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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569 Mood Disorder (Depression, Bipolar Disorder, etc)  
570 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
573   
574 Obsessive-Compulsive Disorder|Substance Use Disorder  
575 Mood Disorder (Depression, Bipolar Disorder, etc)  
578 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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591 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Disorder  
595 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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602 Mood Disorder (Depression, Bipolar Disorder, etc)  
605 Anxiety Disorder (Generalized, Social, Phobia, etc)|Attention Deficit Hyperactivity Disorder  
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611 Mood Disorder (Depression, Bipolar Disorder, etc)  
612 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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617 Substance Use Disorder|Mood Disorder (Depression, Bipolar Disorder, etc)  
619 Mood Disorder (Depression, Bipolar Disorder, etc)|Post-traumatic Stress Disorder  
622 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
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628 Mood Disorder (Depression, Bipolar Disorder, etc)  
631 Mood Disorder (Depression, Bipolar Disorder, etc)  
632 Mood Disorder (Depression, Bipolar Disorder, etc)|Post-traumatic Stress Disorder|Addictive Disorder  
633   
634 Mood Disorder (Depression, Bipolar Disorder, etc)  
636   
637 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
638 Post-traumatic Stress Disorder  
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643 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
644   
646 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
648 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
649 Anxiety Disorder (Generalized, Social, Phobia, etc)  
652 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Stress Response Syndromes  
653   
655 Mood Disorder (Depression, Bipolar Disorder, etc)  
656 Anxiety Disorder (Generalized, Social, Phobia, etc)|Attention Deficit Hyperactivity Disorder  
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668 Mood Disorder (Depression, Bipolar Disorder, etc)  
669 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
673 Anxiety Disorder (Generalized, Social, Phobia, etc)  
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683 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
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685 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Dissociative Disorder  
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692 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
693 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
694 Anxiety Disorder (Generalized, Social, Phobia, etc)|Eating Disorder (Anorexia, Bulimia, etc)|posttraumatic stress disourder  
706 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
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712 Mood Disorder (Depression, Bipolar Disorder, etc)  
720 Mood Disorder (Depression, Bipolar Disorder, etc)  
725 Post-traumatic Stress Disorder  
730 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
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751 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
754 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Post-traumatic Stress Disorder  
757 Anxiety Disorder (Generalized, Social, Phobia, etc)  
758 Attention Deficit Hyperactivity Disorder  
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769 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
770 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder|Post-traumatic Stress Disorder|Substance Use Disorder  
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773 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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775 Mood Disorder (Depression, Bipolar Disorder, etc)  
777 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
780 Mood Disorder (Depression, Bipolar Disorder, etc)  
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796 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
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801 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
802 Attention Deficit Hyperactivity Disorder  
803 Mood Disorder (Depression, Bipolar Disorder, etc)  
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809 Mood Disorder (Depression, Bipolar Disorder, etc)  
810 Mood Disorder (Depression, Bipolar Disorder, etc)  
812 Attention Deficit Hyperactivity Disorder  
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829 Attention Deficit Hyperactivity Disorder  
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841 Mood Disorder (Depression, Bipolar Disorder, etc)  
843 Mood Disorder (Depression, Bipolar Disorder, etc)  
845 Attention Deficit Hyperactivity Disorder|Mood Disorder (Depression, Bipolar Disorder, etc)  
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852 Mood Disorder (Depression, Bipolar Disorder, etc)  
854 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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858 Mood Disorder (Depression, Bipolar Disorder, etc)  
861 Mood Disorder (Depression, Bipolar Disorder, etc)  
863 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Obsessive-Compulsive Disorder|Post-traumatic Stress Disorder  
867 Mood Disorder (Depression, Bipolar Disorder, etc)  
868 Anxiety Disorder (Generalized, Social, Phobia, etc)|Attention Deficit Hyperactivity Disorder|Post-traumatic Stress Disorder  
869 Attention Deficit Hyperactivity Disorder  
871 Mood Disorder (Depression, Bipolar Disorder, etc)|Substance Use Disorder|Addictive Disorder  
874 Anxiety Disorder (Generalized, Social, Phobia, etc)|Obsessive-Compulsive Disorder  
876 Mood Disorder (Depression, Bipolar Disorder, etc)  
878 Autism Spectrum Disorder  
891 Obsessive-Compulsive Disorder  
892 Anxiety Disorder (Generalized, Social, Phobia, etc)|Attention Deficit Hyperactivity Disorder  
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894 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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896 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
899 Stress Response Syndromes  
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902 Mood Disorder (Depression, Bipolar Disorder, etc)  
903 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Eating Disorder (Anorexia, Bulimia, etc)  
904 Attention Deficit Hyperactivity Disorder  
905 Mood Disorder (Depression, Bipolar Disorder, etc)  
909 Mood Disorder (Depression, Bipolar Disorder, etc)  
911 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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920 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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923 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Obsessive-Compulsive Disorder  
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929 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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933 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
936 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
940 Post-traumatic Stress Disorder  
942 Mood Disorder (Depression, Bipolar Disorder, etc)  
943 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
946 Anxiety Disorder (Generalized, Social, Phobia, etc)  
949 Mood Disorder (Depression, Bipolar Disorder, etc)  
950 Mood Disorder (Depression, Bipolar Disorder, etc)  
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956 Mood Disorder (Depression, Bipolar Disorder, etc)  
957 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder|Post-traumatic Stress Disorder  
964 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
966 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Post-traumatic Stress Disorder  
967   
970 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
973 Anxiety Disorder (Generalized, Social, Phobia, etc)|Post-traumatic Stress Disorder  
976 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
977 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Obsessive-Compulsive Disorder  
980 Mood Disorder (Depression, Bipolar Disorder, etc)  
981   
982 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
983 Mood Disorder (Depression, Bipolar Disorder, etc)|Eating Disorder (Anorexia, Bulimia, etc)|Attention Deficit Hyperactivity Disorder|Personality Disorder (Borderline, Antisocial, Paranoid, etc)  
986 Attention Deficit Hyperactivity Disorder  
987   
988 Anxiety Disorder (Generalized, Social, Phobia, etc)|Attention Deficit Hyperactivity Disorder  
989 Mood Disorder (Depression, Bipolar Disorder, etc)  
990 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Post-traumatic Stress Disorder|Dissociative Disorder  
991 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
992 Anxiety Disorder (Generalized, Social, Phobia, etc)  
995   
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1002 Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
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1006 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
1012 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
1015   
1016 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Personality Disorder (Borderline, Antisocial, Paranoid, etc)|Post-traumatic Stress Disorder  
1018 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Post-traumatic Stress Disorder  
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1028 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
1031 Mood Disorder (Depression, Bipolar Disorder, etc)  
1032 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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1038 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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1040 Mood Disorder (Depression, Bipolar Disorder, etc)  
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1046 Anxiety Disorder (Generalized, Social, Phobia, etc)  
1047 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
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1050 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
1053 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
1055 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Attention Deficit Hyperactivity Disorder  
1056 Mood Disorder (Depression, Bipolar Disorder, etc)  
1057 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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1070 Mood Disorder (Depression, Bipolar Disorder, etc)  
1080 Attention Deficit Hyperactivity Disorder  
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1085 Post-traumatic Stress Disorder  
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1091 Mood Disorder (Depression, Bipolar Disorder, etc)  
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1094 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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1097 Mood Disorder (Depression, Bipolar Disorder, etc)  
1099 Eating Disorder (Anorexia, Bulimia, etc)  
1100 Attention Deficit Hyperactivity Disorder  
1101 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
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1104 Attention Deficit Hyperactivity Disorder  
1105 Anxiety Disorder (Generalized, Social, Phobia, etc)  
1107 Mood Disorder (Depression, Bipolar Disorder, etc)|Post-traumatic Stress Disorder  
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1114 Anxiety Disorder (Generalized, Social, Phobia, etc)|Personality Disorder (Borderline, Antisocial, Paranoid, etc)  
1115 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
1116 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Obsessive-Compulsive Disorder  
1117 Mood Disorder (Depression, Bipolar Disorder, etc)  
1118 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
1119 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Personality Disorder (Borderline, Antisocial, Paranoid, etc)  
1120 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
1126 Mood Disorder (Depression, Bipolar Disorder, etc)  
1128 Schizotypal Personality Disorder  
1130 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Obsessive-Compulsive Disorder  
1131 Anxiety Disorder (Generalized, Social, Phobia, etc)  
1135 Anxiety Disorder (Generalized, Social, Phobia, etc)  
1136 Attention Deficit Hyperactivity Disorder  
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1143 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)|Obsessive-Compulsive Disorder  
1144 Anxiety Disorder (Generalized, Social, Phobia, etc)|Mood Disorder (Depression, Bipolar Disorder, etc)  
1146   
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87 North Carolina  
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932 North Carolina  
933 Michigan  
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1040 Colorado  
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1062 Colorado  
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1084 California  
1085 Massachusetts  
1088 Michigan  
1091 District of Columbia  
1092 Oregon  
1093 District of Columbia  
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1095 California  
1097 Pennsylvania  
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1102 Washington  
1104 Texas  
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1141   
1143 Illinois  
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4 Executive Leadership|Supervisor/Team Lead|Dev Evangelist/Advocate|DevOps/SysAdmin|Support|Back-end Developer|Front-end Developer  
5 DevOps/SysAdmin|Support|Back-end Developer|Front-end Developer|Designer  
7 Dev Evangelist/Advocate|Back-end Developer  
9 Front-end Developer  
10 Executive Leadership  
11 Supervisor/Team Lead|Dev Evangelist/Advocate|Back-end Developer|Front-end Developer  
12 DevOps/SysAdmin|Back-end Developer|Front-end Developer  
13 Designer  
19 Other  
20 Back-end Developer  
21 Back-end Developer  
22 Supervisor/Team Lead|Support|Back-end Developer  
28 Supervisor/Team Lead|Back-end Developer  
30 Supervisor/Team Lead|DevOps/SysAdmin|Support|Back-end Developer  
32 Back-end Developer  
35 Support|Other  
36 Other  
37 Supervisor/Team Lead|Other  
39 Supervisor/Team Lead|Back-end Developer|Front-end Developer  
41 Supervisor/Team Lead  
43 Front-end Developer|Back-end Developer|Executive Leadership  
44 Supervisor/Team Lead|DevOps/SysAdmin  
45 DevOps/SysAdmin|Back-end Developer  
46 Other  
47 Back-end Developer|Front-end Developer  
48 Supervisor/Team Lead  
49 Back-end Developer|Front-end Developer  
51 Back-end Developer  
53 Supervisor/Team Lead  
55 Back-end Developer  
56 Front-end Developer  
58 Support  
61 Supervisor/Team Lead|DevOps/SysAdmin|Back-end Developer  
65 Supervisor/Team Lead|Dev Evangelist/Advocate|Back-end Developer  
66 Back-end Developer|DevOps/SysAdmin  
69 DevOps/SysAdmin|Back-end Developer|Front-end Developer  
74 Back-end Developer  
78 Back-end Developer  
81 Back-end Developer  
82 DevOps/SysAdmin  
87 Back-end Developer  
88 Supervisor/Team Lead  
89 Front-end Developer|Back-end Developer|DevOps/SysAdmin|Supervisor/Team Lead  
91 Back-end Developer  
92 Front-end Developer  
93 Executive Leadership|Supervisor/Team Lead  
95 Front-end Developer  
97 DevOps/SysAdmin|Back-end Developer  
99 Designer  
103 Other  
105 Back-end Developer|Front-end Developer  
107 Back-end Developer  
109 DevOps/SysAdmin  
110 Front-end Developer  
112 Other  
113 Back-end Developer  
116 Front-end Developer  
118 Supervisor/Team Lead  
119 Other|Back-end Developer|Front-end Developer|Designer  
120 Executive Leadership|DevOps/SysAdmin|Back-end Developer  
123 Supervisor/Team Lead  
124 Back-end Developer  
126 Other  
129 Support  
130 Executive Leadership  
131 Back-end Developer  
132 Executive Leadership  
133 HR  
134 Dev Evangelist/Advocate  
137 Back-end Developer  
138 Other  
142 Back-end Developer|Front-end Developer  
144 Front-end Developer  
145 Front-end Developer  
148 Dev Evangelist/Advocate|Back-end Developer|Support  
153 DevOps/SysAdmin|Support|Back-end Developer|Front-end Developer  
155 Dev Evangelist/Advocate|Back-end Developer|Front-end Developer  
156 Other|HR  
157 Support|Back-end Developer  
158 Supervisor/Team Lead|Back-end Developer  
159 Back-end Developer  
161 DevOps/SysAdmin|Support  
164 Executive Leadership|Supervisor/Team Lead  
165 Supervisor/Team Lead|Back-end Developer  
166 Support  
169 Other  
175 Dev Evangelist/Advocate  
177 Supervisor/Team Lead  
178 Supervisor/Team Lead|Back-end Developer|Front-end Developer|Designer  
186 Executive Leadership|Supervisor/Team Lead  
187 Back-end Developer  
190 Back-end Developer|DevOps/SysAdmin  
191 Support|Other  
194 Back-end Developer  
195 Other  
197 Back-end Developer  
198 Executive Leadership  
199 Other  
200 Other  
201 Dev Evangelist/Advocate  
211 Other|Support  
212 Dev Evangelist/Advocate  
213 HR  
214 Supervisor/Team Lead  
215 Supervisor/Team Lead|Front-end Developer  
217 Front-end Developer  
218 Front-end Developer  
219 Executive Leadership  
220 Front-end Developer  
221 DevOps/SysAdmin|Back-end Developer|Front-end Developer  
222 Supervisor/Team Lead  
223 Support  
224 Executive Leadership|Dev Evangelist/Advocate  
225 DevOps/SysAdmin  
227 Front-end Developer  
228 Other  
230 Front-end Developer  
232 Support|HR|Supervisor/Team Lead|Executive Leadership  
233 Dev Evangelist/Advocate  
234 Front-end Developer  
235 Back-end Developer  
237 Dev Evangelist/Advocate  
238 Back-end Developer|Front-end Developer  
239 Supervisor/Team Lead|Back-end Developer|DevOps/SysAdmin  
240 Supervisor/Team Lead|DevOps/SysAdmin|Back-end Developer  
241 Back-end Developer|Front-end Developer  
244 Supervisor/Team Lead  
253 Support  
254 Back-end Developer  
257 Support  
264 Supervisor/Team Lead  
268 Back-end Developer  
270 Dev Evangelist/Advocate|Back-end Developer  
272 Designer  
273 Sales  
274 Designer  
276 Executive Leadership  
277 Other  
281 Other  
282 Front-end Developer  
283 Designer  
285 Dev Evangelist/Advocate  
286 Front-end Developer|Supervisor/Team Lead  
287 Supervisor/Team Lead|DevOps/SysAdmin  
288 Supervisor/Team Lead|DevOps/SysAdmin|Back-end Developer|Designer|Front-end Developer  
292 Other  
296 Other  
297 Back-end Developer|Front-end Developer  
300 Support|Back-end Developer|Front-end Developer  
303 Supervisor/Team Lead|Back-end Developer  
304 Supervisor/Team Lead  
305 Back-end Developer  
306 Back-end Developer  
309 DevOps/SysAdmin|Dev Evangelist/Advocate|Supervisor/Team Lead|Executive Leadership  
310 Support  
312 Back-end Developer  
313 Supervisor/Team Lead|DevOps/SysAdmin|Back-end Developer|Designer  
315 Supervisor/Team Lead  
317 Supervisor/Team Lead  
318 Front-end Developer|Back-end Developer  
320 Back-end Developer  
321 Other  
323 DevOps/SysAdmin  
324 Back-end Developer  
325 Dev Evangelist/Advocate  
329 Back-end Developer  
330 Sales  
331 Front-end Developer  
332 DevOps/SysAdmin|Supervisor/Team Lead  
338 Back-end Developer|DevOps/SysAdmin  
339 Back-end Developer  
343 Supervisor/Team Lead|Back-end Developer  
344 Back-end Developer  
345 Back-end Developer|Front-end Developer  
347 Dev Evangelist/Advocate|DevOps/SysAdmin  
349 Back-end Developer  
350 Front-end Developer|Back-end Developer|Support|DevOps/SysAdmin  
353 Back-end Developer|DevOps/SysAdmin  
354 Back-end Developer  
355 Supervisor/Team Lead|Support  
356 Supervisor/Team Lead  
359 DevOps/SysAdmin  
361 HR|Dev Evangelist/Advocate|Sales  
369 Back-end Developer  
370 Back-end Developer  
371 Back-end Developer|Front-end Developer|Designer  
373 Back-end Developer  
377 DevOps/SysAdmin|Support|Back-end Developer|Front-end Developer  
379 Supervisor/Team Lead|DevOps/SysAdmin|Back-end Developer  
380 Back-end Developer|Front-end Developer  
382 Supervisor/Team Lead|DevOps/SysAdmin|Support  
383 Support  
384 Supervisor/Team Lead|DevOps/SysAdmin|Back-end Developer|Front-end Developer  
388 Back-end Developer  
390 Back-end Developer  
391 Back-end Developer|Front-end Developer  
393 Supervisor/Team Lead|Back-end Developer|Front-end Developer  
395 Other  
396 DevOps/SysAdmin|Front-end Developer|Back-end Developer  
397 Supervisor/Team Lead|DevOps/SysAdmin|Support|Back-end Developer|Front-end Developer  
399 Front-end Developer  
401 Front-end Developer  
405 Front-end Developer|Back-end Developer  
406 Back-end Developer  
411 DevOps/SysAdmin  
414 Back-end Developer  
415 DevOps/SysAdmin|Back-end Developer  
416 Front-end Developer  
417 DevOps/SysAdmin|Front-end Developer|Back-end Developer|Support  
419 DevOps/SysAdmin  
421 Front-end Developer  
424 Back-end Developer|Front-end Developer  
425 DevOps/SysAdmin|Back-end Developer  
426 Supervisor/Team Lead|Back-end Developer  
427 Supervisor/Team Lead|Back-end Developer|Front-end Developer  
428 Dev Evangelist/Advocate  
429 DevOps/SysAdmin  
430 Front-end Developer  
437 Front-end Developer  
446 DevOps/SysAdmin|Supervisor/Team Lead  
447 Other|Back-end Developer  
454 Back-end Developer  
457 Executive Leadership  
459 DevOps/SysAdmin|Back-end Developer|Front-end Developer  
463 Back-end Developer  
464 Front-end Developer  
468 Back-end Developer  
475 Back-end Developer  
476 DevOps/SysAdmin  
477 Front-end Developer|Back-end Developer|Support|Dev Evangelist/Advocate  
478 Front-end Developer|Designer  
479 Dev Evangelist/Advocate  
480 Executive Leadership|Supervisor/Team Lead|HR|DevOps/SysAdmin|Support|Sales|Back-end Developer|One-person shop|Designer|Front-end Developer  
481 Back-end Developer|Front-end Developer  
486 Back-end Developer  
488 Supervisor/Team Lead  
492 Back-end Developer|One-person shop  
493 Back-end Developer  
495 Supervisor/Team Lead|Executive Leadership  
497 Other|Dev Evangelist/Advocate|DevOps/SysAdmin|Support|Back-end Developer|Front-end Developer|One-person shop  
498 Back-end Developer  
501 Dev Evangelist/Advocate  
504 Dev Evangelist/Advocate  
505 DevOps/SysAdmin|Back-end Developer  
508 Back-end Developer  
510 Other  
511 Front-end Developer  
512 Other  
514 Back-end Developer  
515 Front-end Developer|Back-end Developer|Support  
516 DevOps/SysAdmin|Support  
517 Designer  
521 Supervisor/Team Lead  
522 Front-end Developer|Back-end Developer  
524 Other  
525 Other  
526 Back-end Developer  
527 DevOps/SysAdmin|Support|Back-end Developer  
528 Executive Leadership  
529 Back-end Developer  
535 Front-end Developer|Back-end Developer|Supervisor/Team Lead  
538 Back-end Developer  
542 DevOps/SysAdmin|Support  
544 Back-end Developer  
547 Executive Leadership|Supervisor/Team Lead|Sales  
548 Back-end Developer  
549 Other|Front-end Developer|Designer  
553 Back-end Developer|Front-end Developer  
554 Back-end Developer|Front-end Developer  
557 DevOps/SysAdmin|One-person shop  
558 Supervisor/Team Lead|DevOps/SysAdmin|Back-end Developer  
560 Support  
561 Other|Dev Evangelist/Advocate|Back-end Developer|Front-end Developer  
562 Back-end Developer  
563 Back-end Developer|Front-end Developer  
564 Other  
565 Other  
567 Supervisor/Team Lead|Front-end Developer  
568 Executive Leadership  
569 Back-end Developer  
570 Other  
573 Front-end Developer  
574 Designer  
575 Front-end Developer|Back-end Developer|DevOps/SysAdmin|Supervisor/Team Lead  
578 Supervisor/Team Lead|Support  
579 DevOps/SysAdmin|Other  
590 Support  
591 Other  
595 Other  
597 Executive Leadership|Supervisor/Team Lead|Designer  
602 Other  
605 Back-end Developer  
608 Back-end Developer  
609 Front-end Developer  
611 Other|Front-end Developer  
612 Back-end Developer  
613 Back-end Developer  
616 Other  
617 Supervisor/Team Lead  
619 Designer  
622 Designer  
623 One-person shop  
625 Supervisor/Team Lead|DevOps/SysAdmin|Front-end Developer|Back-end Developer  
628 Back-end Developer  
631 DevOps/SysAdmin  
632 Executive Leadership  
633 Support  
634 Support  
636 Support  
637 Front-end Developer  
638 Other  
641 Back-end Developer  
643 Supervisor/Team Lead  
644 Back-end Developer  
646 Executive Leadership  
648 Dev Evangelist/Advocate  
649 DevOps/SysAdmin|Support|One-person shop  
652 Front-end Developer|Designer  
653 Back-end Developer  
655 Other|Supervisor/Team Lead|Dev Evangelist/Advocate|DevOps/SysAdmin|Support|Back-end Developer|Front-end Developer|Designer|One-person shop  
656 Back-end Developer  
659 Back-end Developer|DevOps/SysAdmin|Supervisor/Team Lead  
666 Supervisor/Team Lead|DevOps/SysAdmin|Support|Front-end Developer|Designer|One-person shop  
668 Back-end Developer  
669 Support  
673 Back-end Developer  
674 Supervisor/Team Lead  
675 Support|Front-end Developer|Back-end Developer  
677 Front-end Developer|Designer  
680 Supervisor/Team Lead  
682 Dev Evangelist/Advocate|Back-end Developer|Front-end Developer  
683 Supervisor/Team Lead|Back-end Developer|Front-end Developer  
684 Back-end Developer  
685 Support  
688 One-person shop  
689 Supervisor/Team Lead|Dev Evangelist/Advocate|DevOps/SysAdmin|Support|Back-end Developer|Designer|Front-end Developer  
692 Support  
693 DevOps/SysAdmin  
694 Supervisor/Team Lead|Sales  
706 Back-end Developer  
710 Front-end Developer  
712 Supervisor/Team Lead|Back-end Developer  
720 Other|Dev Evangelist/Advocate|Support  
725 Other  
730 Back-end Developer  
739 Front-end Developer|Back-end Developer|Supervisor/Team Lead  
741 Other  
743 Executive Leadership|Supervisor/Team Lead|DevOps/SysAdmin|Support|Back-end Developer|Front-end Developer  
748 Front-end Developer|Back-end Developer  
750 Back-end Developer|DevOps/SysAdmin  
751 Front-end Developer|Designer  
754 Other  
757 Other  
758 Other|DevOps/SysAdmin|Back-end Developer  
761 Supervisor/Team Lead|Back-end Developer  
762 Other|Back-end Developer|Supervisor/Team Lead  
763 Supervisor/Team Lead  
765 Supervisor/Team Lead  
766 Front-end Developer|Designer  
767 Front-end Developer|Back-end Developer|DevOps/SysAdmin|Supervisor/Team Lead  
769 DevOps/SysAdmin|Back-end Developer  
770 Supervisor/Team Lead|Support|Back-end Developer  
772 Back-end Developer|Front-end Developer  
773 DevOps/SysAdmin  
774 Support|Back-end Developer  
775 Back-end Developer  
777 Supervisor/Team Lead|Back-end Developer  
780 Supervisor/Team Lead  
781 Front-end Developer  
786 Front-end Developer|Back-end Developer|DevOps/SysAdmin  
790 Front-end Developer  
791 Other  
792 Back-end Developer  
794 Back-end Developer  
796 Designer  
797 Back-end Developer  
800 Other  
801 Supervisor/Team Lead|Dev Evangelist/Advocate|Back-end Developer|Designer|Front-end Developer  
802 Supervisor/Team Lead|Front-end Developer  
803 Front-end Developer  
808 Back-end Developer  
809 Back-end Developer|Front-end Developer  
810 Other|Dev Evangelist/Advocate  
812 Back-end Developer|Front-end Developer|Designer  
813 Supervisor/Team Lead  
816 Supervisor/Team Lead  
817 Other  
818 Other  
821 Executive Leadership  
823 Supervisor/Team Lead  
825 Other|Supervisor/Team Lead|Front-end Developer  
827 Other|Supervisor/Team Lead  
829 DevOps/SysAdmin  
834 Front-end Developer  
840 Designer|Front-end Developer  
841 Supervisor/Team Lead|DevOps/SysAdmin|HR  
843 DevOps/SysAdmin  
845 DevOps/SysAdmin  
849 Other  
851 Other|Dev Evangelist/Advocate  
852 Back-end Developer  
854 Front-end Developer|Back-end Developer  
856 Support|Sales|Designer  
858 Back-end Developer  
861 DevOps/SysAdmin|Back-end Developer  
863 Front-end Developer  
867 Other  
868 Dev Evangelist/Advocate  
869 Other  
871 Other|Front-end Developer|Designer|One-person shop  
874 Back-end Developer|Front-end Developer  
876 DevOps/SysAdmin  
878 Other  
891 Supervisor/Team Lead  
892 Back-end Developer  
893 Front-end Developer|Back-end Developer  
894 Designer  
895 Executive Leadership  
896 Supervisor/Team Lead|Back-end Developer|Front-end Developer  
899 Back-end Developer  
900 Front-end Developer|Designer  
902 Other  
903 Front-end Developer  
904 Support  
905 Front-end Developer  
909 Dev Evangelist/Advocate  
911 Supervisor/Team Lead|Support|Back-end Developer|Front-end Developer  
912 Supervisor/Team Lead|Back-end Developer|Front-end Developer|Designer  
916 Other  
920 Back-end Developer  
922 DevOps/SysAdmin|Back-end Developer|Front-end Developer  
923 Other  
925 Back-end Developer  
929 Supervisor/Team Lead  
932 Back-end Developer|Front-end Developer  
933 Other  
936 Supervisor/Team Lead|DevOps/SysAdmin|Back-end Developer|Front-end Developer  
940 Back-end Developer|Front-end Developer  
942 Dev Evangelist/Advocate  
943 Back-end Developer  
946 Designer|Front-end Developer|Back-end Developer|Supervisor/Team Lead  
949 Dev Evangelist/Advocate  
950 Back-end Developer|Front-end Developer  
951 DevOps/SysAdmin|Support  
956 DevOps/SysAdmin|Back-end Developer|Front-end Developer  
957 Other|Back-end Developer|Front-end Developer|Designer  
964 Front-end Developer  
966 DevOps/SysAdmin|Back-end Developer|Front-end Developer  
967 Supervisor/Team Lead  
970 Front-end Developer  
973 Back-end Developer  
976 Front-end Developer  
977 Dev Evangelist/Advocate|Back-end Developer  
980 Back-end Developer  
981 Back-end Developer|Front-end Developer  
982 Back-end Developer  
983 Front-end Developer|Designer  
986 Executive Leadership  
987 Back-end Developer|Supervisor/Team Lead  
988 Dev Evangelist/Advocate  
989 Supervisor/Team Lead|Back-end Developer|Front-end Developer  
990 Front-end Developer|Designer  
991 Front-end Developer  
992 Supervisor/Team Lead  
995 Supervisor/Team Lead  
1001 Back-end Developer|Front-end Developer  
1002 Back-end Developer  
1004 Back-end Developer  
1006 Executive Leadership  
1012 DevOps/SysAdmin|Back-end Developer|Front-end Developer|Designer  
1015 Supervisor/Team Lead  
1016 Dev Evangelist/Advocate  
1018 DevOps/SysAdmin|Support|Back-end Developer|Front-end Developer  
1020 Executive Leadership  
1025 Front-end Developer  
1026 Dev Evangelist/Advocate|DevOps/SysAdmin|Back-end Developer  
1028 Supervisor/Team Lead|Front-end Developer|Designer  
1031 Other|Supervisor/Team Lead  
1032 Back-end Developer  
1036 Executive Leadership  
1038 Back-end Developer  
1039 Back-end Developer  
1040 Front-end Developer  
1045 DevOps/SysAdmin  
1046 Supervisor/Team Lead|DevOps/SysAdmin|Back-end Developer  
1047 Support|Back-end Developer|Front-end Developer|Designer  
1048 Support  
1050 Back-end Developer  
1053 Supervisor/Team Lead  
1055 Supervisor/Team Lead|Back-end Developer|Front-end Developer  
1056 Supervisor/Team Lead  
1057 Supervisor/Team Lead|DevOps/SysAdmin|Back-end Developer  
1062 Back-end Developer|Front-end Developer  
1070 Front-end Developer  
1080 Back-end Developer  
1084 Back-end Developer  
1085 DevOps/SysAdmin  
1088 Dev Evangelist/Advocate  
1091 DevOps/SysAdmin  
1092 DevOps/SysAdmin|Back-end Developer|Front-end Developer  
1093 Back-end Developer  
1094 Dev Evangelist/Advocate  
1095 DevOps/SysAdmin  
1097 Executive Leadership  
1099 DevOps/SysAdmin|Support|Back-end Developer|Front-end Developer  
1100 Front-end Developer  
1101 Supervisor/Team Lead  
1102 Supervisor/Team Lead  
1104 Front-end Developer|Designer  
1105 Back-end Developer  
1107 Other  
1108 Supervisor/Team Lead|DevOps/SysAdmin|Back-end Developer|Front-end Developer  
1111 Back-end Developer  
1114 DevOps/SysAdmin  
1115 Back-end Developer  
1116 Front-end Developer  
1117 Back-end Developer|Front-end Developer  
1118 Other|Back-end Developer  
1119 Dev Evangelist/Advocate  
1120 Supervisor/Team Lead|Back-end Developer  
1126 Executive Leadership  
1128 Other  
1130 Front-end Developer  
1131 HR  
1135 Back-end Developer  
1136 Supervisor/Team Lead|Back-end Developer|Designer  
1139 Back-end Developer  
1141 Supervisor/Team Lead|Front-end Developer|Back-end Developer|DevOps/SysAdmin|Dev Evangelist/Advocate  
1143 Support  
1144 Back-end Developer  
1146 Other  
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1048 Sometimes 37-57  
1050 Never 37-57  
1053 Never 17-37  
1055 Sometimes 17-37  
1056 Never 17-37  
1057 Sometimes 37-57  
1062 Always 17-37  
1070 Never 17-37  
1080 Sometimes 17-37  
1084 Always 17-37  
1085 Sometimes 17-37  
1088 Always 17-37  
1091 Sometimes 17-37  
1092 Sometimes 37-57  
1093 Sometimes 37-57  
1094 Always 17-37  
1095 Sometimes 17-37  
1097 Never 17-37  
1099 Never 17-37  
1100 Never 17-37  
1101 Never 17-37  
1102 Never 17-37  
1104 Sometimes 17-37  
1105 Never 17-37  
1107 Sometimes 17-37  
1108 Never 17-37  
1111 Sometimes 17-37  
1114 Never 17-37  
1115 Sometimes 17-37  
1116 Always 17-37  
1117 Never 17-37  
1118 Sometimes 17-37  
1119 Always 17-37  
1120 Never 37-57  
1126 Always 17-37  
1128 Sometimes 17-37  
1130 Sometimes 17-37  
1131 Never 17-37  
1135 Never 37-57  
1136 Sometimes 37-57  
1139 Sometimes 17-37  
1141 Sometimes 17-37  
1143 Always 37-57  
1144 Sometimes 37-57  
1146 Sometimes 17-37

#### Percentage of employers who have a formal discussion about mental health with their employees

#Creating a table for for the variable related to employers formally discussing mental health with employees  
table(Company$Has.your.employer.ever.formally.discussed.mental.health..for.example..as.part.of.a.wellness.campaign.or.other.official.communication..)

I don't know No Yes   
 59 331 141

#Computing the percentage  
percent<-table(Company$Has.your.employer.ever.formally.discussed.mental.health..for.example..as.part.of.a.wellness.campaign.or.other.official.communication..)/length(Company$Has.your.employer.ever.formally.discussed.mental.health..for.example..as.part.of.a.wellness.campaign.or.other.official.communication..)  
#The parameter percent gives us the value of the percenntage needed  
percent

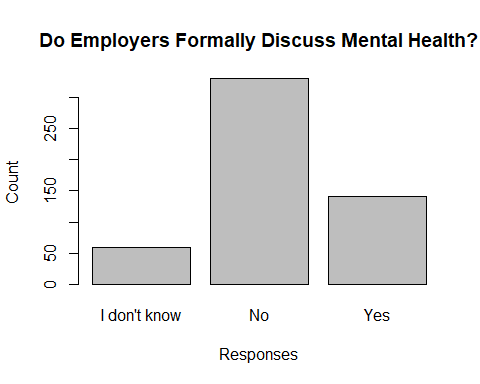
I don't know No Yes   
 0.1111111 0.6233522 0.2655367

#### Interpretation of results

The value of the parameter percent in the above output for the column “Yes” gives us the percentage of employers who have formally discussed mental health with their employees (considering only those companies who provide mental health benefits to their employees). Thus, about 26.5 percent of employers hve a formal discussion about mental health and related policies with their employees. For the dataset under study, this is a very small number. In order to make the employees familiar with the mental health policies and benefits, it is crucial that the employers have a formal discussion with them.

#### Visualizing the proportion of responses for employers formally discussing mental health with theri employees

Company<-droplevels(Company)  
barplot(table(Company$Has.your.employer.ever.formally.discussed.mental.health..for.example..as.part.of.a.wellness.campaign.or.other.official.communication..), xlab = "Responses", ylab = "Count", main = "Do Employers Formally Discuss Mental Health?")



# Section 3: What are Factors that Might Limit the Impact of Behavioral Health Outreach

### Potential Negative Consequences for discussing Health Issues with Employer: Physical vs. Mental

If employees feel that discussing physical or mental health issues would have negative consequences. If so, they may be less likely to reach out for help.

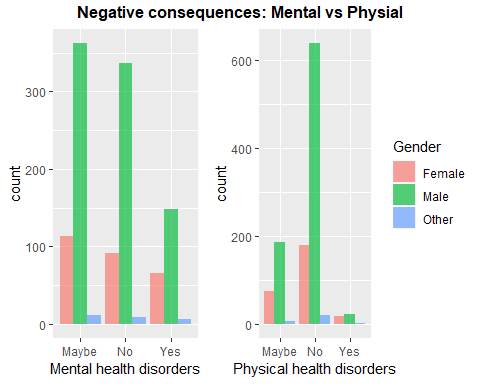
knitr::opts\_chunk$set(echo = TRUE)  
#Creating a table with gender and mental health responses  
tab <- table(health$Do.you.think.that.discussing.a.mental.health.disorder.with.your.employer.would.have.negative.consequences., health$gender)  
tab

Female Male Other  
 Maybe 113 362 12  
 No 92 337 9  
 Yes 66 148 7

#Creating a table with gender and physical health responses  
tab1 <- table(health$Do.you.think.that.discussing.a.physical.health.issue.with.your.employer.would.have.negative.consequences., health$gender)  
tab1

Female Male Other  
 Maybe 75 187 6  
 No 179 638 20  
 Yes 17 22 2

#creating the combined plot  
tabdf <- as.data.frame(tab)  
tab1df <- as.data.frame(tab1)  
  
plot1 <- ggplot(data = tabdf, aes(x = Var1, y =Freq, fill = Var2)) +   
 geom\_bar(stat = 'identity', position = 'dodge', alpha = 2/3) +   
 labs(x = "Mental health disorders", y = 'count')+ theme(legend.position='none')  
  
plot2 <- ggplot(data = tab1df, aes(x = Var1, y =Freq, fill = Var2)) +   
 geom\_bar(stat = 'identity', position = 'dodge', alpha = 2/3) +   
 labs(x = "Physical health disorders", y = 'count', fill = 'Gender')  
title1=textGrob("Negative consequences: Mental vs Physial", gp=gpar(fontface="bold"))  
grid.arrange(plot1, plot2,ncol=2,top = title1, widths = c(3/4,1))



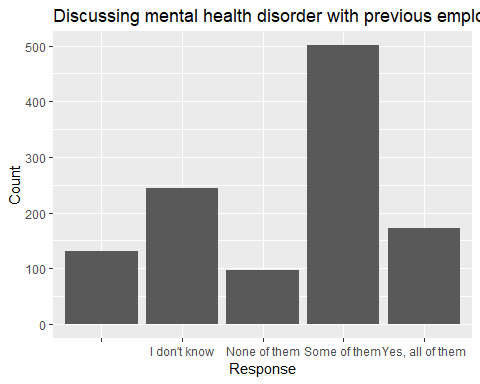
#### Interpretation of Results

The figure above shows that majority of people are certain that discussing physical health issues with their employers will not result in negative consequences. Very few believe that discussing physical health issues will have negative consequences. The responses to whether discussing mental health disorders with employers will result in negative consequences is more divided. Some people believe that discussing mental health disorders will have a negative consequence. This is probably due to the stigma at workplace which may make them believe that they might face negative consequences if their mental issues are brought infront of a employer. This will make them less likely to reach out for help, discuss their issues with their employers, take time off work. However, there are still more people who believe there won’t be any negative consequences. This could be because they have already developed a smooth employer-employee relationship. There are comparatively more number of people who are unsure of whether or not there would be any negative consequences if mental health disorders are discussed with their employers.

### Analzing the relationship between perceiving the negative impact of mental illness at previous workplace and the impact at current workplace

It is likely that if employees perceived a negative impact from discussing mental illness at a previous workplace, they may have similar perception at the current workplace as well. We can plot the ggplot for the independent variable “Do you think that discussing a mental health disorder with previous employers would have negative consequences?”

ggplot(health, aes(x = health$Do.you.think.that.discussing.a.mental.health.disorder.with.previous.employers.would.have.negative.consequences.)) + geom\_bar() + ggtitle("Discussing mental health disorder with previous employer resulting in negative consequences") + xlab("Response") + ylab("Count")



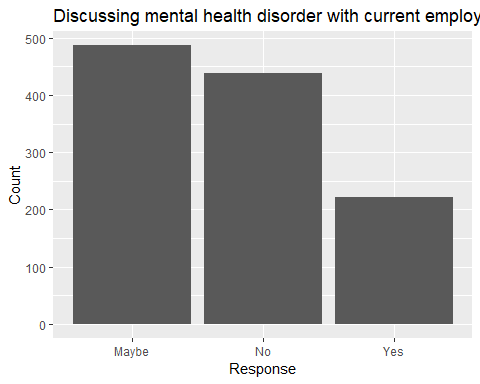
summary(health$Do.you.think.that.discussing.a.mental.health.disorder.with.previous.employers.would.have.negative.consequences.)

I don't know None of them Some of them   
 131 245 97 501   
Yes, all of them   
 172

From the above ggplot, we can observe that a majority of respondents(615) feel that discussing mental health disorders with some of their previous employers resulted in negative consequences for them. While a significant number of respondents responded that they do not know, we can conclude from the graph that the majority did experience negative consequences after discussing mental health disorders with their previous employers

Plotting the ggplot for the dependent variable “Do you think that discussing a mental health disorder with your employer would have negative consequences?”

ggplot(health, aes(x = health$Do.you.think.that.discussing.a.mental.health.disorder.with.your.employer.would.have.negative.consequences.)) + geom\_bar() + ggtitle("Discussing mental health disorder with current employer resulting in negative consequences") + xlab("Response") + ylab("Count")



summary(health$Do.you.think.that.discussing.a.mental.health.disorder.with.your.employer.would.have.negative.consequences.)

Maybe No Yes   
 487 438 221

From the above ggplot, we can see that a vast majority of respondents(487) are not sure if discussing mental health disorders with their current employers would have negative consequences; followed by about 438 respondents who do not think that it could lead to negative consequences.

#### Chi-squared test

m1<-table(health$Do.you.think.that.discussing.a.mental.health.disorder.with.previous.employers.would.have.negative.consequences., health$Do.you.think.that.discussing.a.mental.health.disorder.with.your.employer.would.have.negative.consequences.)  
chisq.test(m1)

Pearson's Chi-squared test  
  
data: m1  
X-squared = 158.59, df = 8, p-value < 2.2e-16

#### Interpretation of results

We can see from the above chi-squared test that the p-value is very small, meaning we can reject the hypothesis of independence. Thus there is a relationship between perceiving the negative impact of mental illness at previous workplace and perceiving the same at the current workplace. Employees who have perceived or experienced a negative impact of discussing a mental illness with their previous employer feel the same way about discussing it with their current employer. This type of attitude may be the result of some form of negative impact such as bias, discrimination or lack of oppurtunities that they faced at the previous workplace. This might have influenced their decision to discusstheir mental illnesses with their current employer as well.

## Anonymity Policies

If employees feel that their anonymity is not protected, they may be less likely to reach out for help.

### Anonymity Policies by Company Size

#### Crosstab Table

#Put company size in order  
health$CompanySize = factor(health$How.many.employees.does.your.company.or.organization.have, levels=c("1-5", "6-25", "26-100", "100-500", "500-1000", "More than 1000"))  
#Create Cross-tab Table  
APbCS <- table(health$Is.your.anonymity.protected.if.you.choose.to.take.advantage.of.mental.health.or.substance.abuse.treatment.resources.provided.by.your.employer., health$CompanySize)  
head(APbCS)

1-5 6-25 26-100 100-500 500-1000 More than 1000  
 I don't know 31 133 196 166 56 160  
 No 20 24 18 8 2 12  
 Yes 9 53 78 74 22 84

#### Proportions table

#Create a proportions table by Row  
prop.table(APbCS, 2)

1-5 6-25 26-100 100-500 500-1000  
 I don't know 0.51666667 0.63333333 0.67123288 0.66935484 0.70000000  
 No 0.33333333 0.11428571 0.06164384 0.03225806 0.02500000  
 Yes 0.15000000 0.25238095 0.26712329 0.29838710 0.27500000  
   
 More than 1000  
 I don't know 0.62500000  
 No 0.04687500  
 Yes 0.32812500

#### Chi-Squared Test

#Do a chi-squared test  
chisq.test(APbCS)

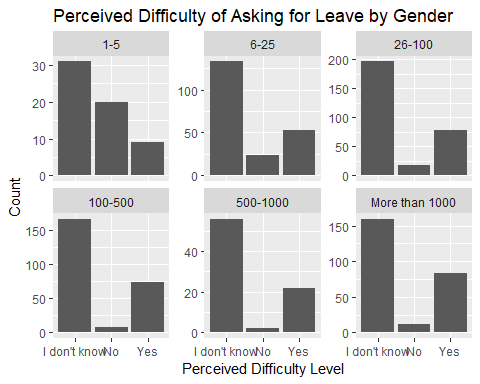
Warning in chisq.test(APbCS): Chi-squared approximation may be incorrect

Pearson's Chi-squared test  
  
data: APbCS  
X-squared = 80.824, df = 10, p-value = 3.461e-13

We get a warning that the approximation may be incorrect, likely because some of the values from the table are small. Therefore, we cannot draw and conclusions for this test about whether these two variables are related.

#### Visualization of Data

t0 <- ggplot(health, aes(x = health$Is.your.anonymity.protected.if.you.choose.to.take.advantage.of.mental.health.or.substance.abuse.treatment.resources.provided.by.your.employer.))+geom\_bar()+facet\_wrap(~health$CompanySize, scales="free\_y") + ggtitle("Perceived Difficulty of Asking for Leave by Gender") + xlab("Perceived Difficulty Level") + ylab("Count")   
t0



#### Interpretation of Results

The table and chart above show that across all company sizes, most respondents indicate that they do not know what their current company’s anonymity policy is towards those using mental health services. For companies of 1-5 employees, the next most common answer is “No” (anonymity is not protected). However, for companies larger than 5 employees, the results appear fairly consistent, with the majority of respondents (60-70 percent) indicating that they do not know anonymity policies, a sizable minority of respondents saying that anonymity is protected (25-32 percent), and less than 10 percent of respondents in each group saying anonymity is not protected. Based off of the chi-squared test, it is not clear if there is a statistically significant difference in anonymity policies of companies of different sizes. However, the fact that the majority of respondents across company sizes do not know their company’s anonymity policy is something that has to be addressed in any outreach program, as a study by Milne, et al (1994) has found that participants tended to be more confident in a company’s Employee Assistance Program if they felt it was confidential (p. 141). Therefore, any outreach must make the company’s anonymity policy clear.

### Anonymity Policies by Whether it is a Tech Company

#### Cross-tab Table

#Add labels to tech company org  
health$TLabel <- factor(health$Is.your.employer.primarily.a.tech.company.organization.,  
levels = c(0, 1),  
labels = c("Not primarily tech", "Primarily Tech"))

#Create a crosstab table  
APbT2 <- table(health$Is.your.anonymity.protected.if.you.choose.to.take.advantage.of.mental.health.or.substance.abuse.treatment.resources.provided.by.your.employer., health$TLabel)  
head(APbT2)

Not primarily tech Primarily Tech  
 I don't know 169 573  
 No 15 69  
 Yes 79 241

#### Proportions table

#Create a proportions table by Row  
prop.table(APbT2, 2)

Not primarily tech Primarily Tech  
 I don't know 0.64258555 0.64892412  
 No 0.05703422 0.07814270  
 Yes 0.30038023 0.27293318

#### Chi-Squared Test

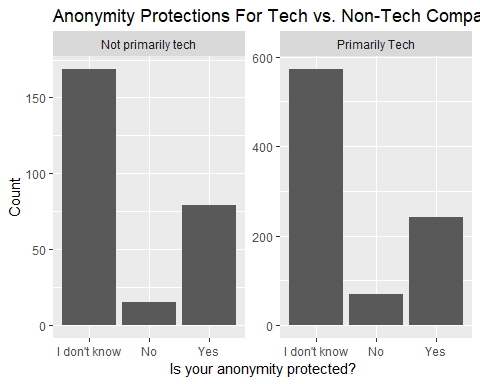
#Do a chi-squared test  
chisq.test(APbT2)

Pearson's Chi-squared test  
  
data: APbT2  
X-squared = 1.7911, df = 2, p-value = 0.4084

This chi-squared test’s p value is very large. Therefore, there is likely not a relationship between these two variables.

#### Visualization of Data

#Create Visualization  
t1 <- ggplot(health, aes(x = health$Is.your.anonymity.protected.if.you.choose.to.take.advantage.of.mental.health.or.substance.abuse.treatment.resources.provided.by.your.employer.))+geom\_bar()+facet\_wrap(health$TLabel ~ ., scales="free\_y") + ggtitle("Anonymity Protections For Tech vs. Non-Tech Companies") + xlab("Is your anonymity protected?") + ylab("Count")   
t1



#### Interpretation of Results

The difference between primarily tech and non-primarily tech companies is not statistically significant in regards to anonymity policies for those seeking mental health services. However, this may be influenced by the fact that the majority of those surveyed work for primiarily tech-oriented companies, so we do not have a large sample of those working for non-tech companies. Furthermore, we do not know the industry that these non-tech companies are in, which means we cannot draw any firm conclusions here. Nevertheless, in both cases, the clear majority of those surveyed indicated that they do not know their current company’s anonymity policy is towards those using mental health services. In both cases, the next most common response to the question is that anonymity is protected for those using mental health services. As described above, the fact the majority of respondents do not know their company’s anonymity policy is something that has to be addressed.

## Ease of Asking for Leave For A Mental Health Issue

This is important because if employees feel that asking for time off from work for medical leave, they may be less likely to seek the help they need.

### Answers by Gender

#Modify Labels (ideal if we can get it to fit)  
health$pd2 <- factor(health$If.a.mental.health.issue.prompted.you.to.request.a.medical.leave.from.work..asking.for.that.leave.would.be.,  
levels = c("Very easy", "Somewhat easy", "Neither easy nor difficult","Somewhat difficult", "Very difficult", "I don't know"),  
labels = c("Very easy (VE)", "Somewhat Easy (SE)", "Neutral (N)", "Somewhat Hard (SH)", "Very Hard (VH)", "Don't Know (DK)"))  
#Modify Labels (if health$pd2 does not fit, use this as an alternate)  
health$pd3 <- factor(health$If.a.mental.health.issue.prompted.you.to.request.a.medical.leave.from.work..asking.for.that.leave.would.be.,  
levels = c("Very easy", "Somewhat easy", "Neither easy nor difficult","Somewhat difficult", "Very difficult", "I don't know"),  
labels = c("VE", "SE", "N", "SH", "VH", "DK"))

#Crosstab table  
ELDbG <- table(health$pd2, health$gender)  
ELDbG

Female Male Other  
 Very easy (VE) 48 168 4  
 Somewhat Easy (SE) 60 213 8  
 Neutral (N) 38 137 3  
 Somewhat Hard (SH) 58 136 5  
 Very Hard (VH) 39 76 3  
 Don't Know (DK) 28 117 5

prop.table(ELDbG, 2)

Female Male Other  
 Very easy (VE) 0.17712177 0.19834711 0.14285714  
 Somewhat Easy (SE) 0.22140221 0.25147580 0.28571429  
 Neutral (N) 0.14022140 0.16174734 0.10714286  
 Somewhat Hard (SH) 0.21402214 0.16056671 0.17857143  
 Very Hard (VH) 0.14391144 0.08972845 0.10714286  
 Don't Know (DK) 0.10332103 0.13813459 0.17857143

#### Chi-Squared

We get a warning that the approximation may be incorrect, likely because some of the values from the table are small. However, it potentially indicates that that the differences between genders may not be statistically significant (or we do not have enough information)

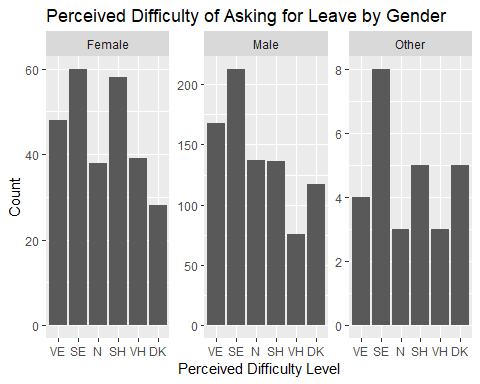
chisq.test(ELDbG)

Warning in chisq.test(ELDbG): Chi-squared approximation may be incorrect

Pearson's Chi-squared test  
  
data: ELDbG  
X-squared = 14.474, df = 10, p-value = 0.1524

#### Visualization of Data

#Create Visualization  
t2 <- ggplot(health, aes(x = health$pd3))+geom\_bar()+facet\_wrap(health$gender ~ ., scales="free\_y") + ggtitle("Perceived Difficulty of Asking for Leave by Gender") + xlab("Perceived Difficulty Level") + ylab("Count")   
t2

 NOTE: VE = Very Easy, SE = Somewhat Easy, N = Neutral (or Neither Easy nor Difficult), SH = Somewhat Hard, VH = Very Hard, DK = Don’t Know.

#### Interpretation of Results

Across all genders, the most common answer is “Somewhat Easy”. Interestingly, for women the second most common answer is “Somewhat Difficult”, while for men the second most common answer is “Very Easy.” For those indicating their gender falls into another category, an equal amount indicated that they felt asking for leave was very hard or provided a neutral response (“neither easy or hard”). Across all genders there is a significant group of people indicating they find it somewhat to very hard to ask for leave. That being said, there are fewer women and those from other genders participating in this survey (compared to men), which may impact our results. Furthermore, the chi-squared test indicated that the approximation may be incorrect, likely because some of the values from the table are small.

### Answers by Age Group

#Do the AgeGroup Variable  
labs <- c(paste(seq(17, 74, by = 20), seq(37, 80, by = 20),  
 sep = "-"))  
health$AgeGroup <- cut(health$age, breaks = c(seq(17, 74, by = 20), Inf), labels = labs, right = FALSE)

#Crosstab table  
ELDbA <- table(health$pd2, health$AgeGroup)  
ELDbA

17-37 37-57 57-77  
 Very easy (VE) 157 62 1  
 Somewhat Easy (SE) 203 77 1  
 Neutral (N) 126 48 4  
 Somewhat Hard (SH) 134 63 2  
 Very Hard (VH) 82 33 3  
 Don't Know (DK) 105 44 1

#Proportions table  
prop.table(ELDbA)

17-37 37-57 57-77  
 Very easy (VE) 0.1369982548 0.0541012216 0.0008726003  
 Somewhat Easy (SE) 0.1771378709 0.0671902269 0.0008726003  
 Neutral (N) 0.1099476440 0.0418848168 0.0034904014  
 Somewhat Hard (SH) 0.1169284468 0.0549738220 0.0017452007  
 Very Hard (VH) 0.0715532286 0.0287958115 0.0026178010  
 Don't Know (DK) 0.0916230366 0.0383944154 0.0008726003

#### Chi-Squared

chisq.test(ELDbA)

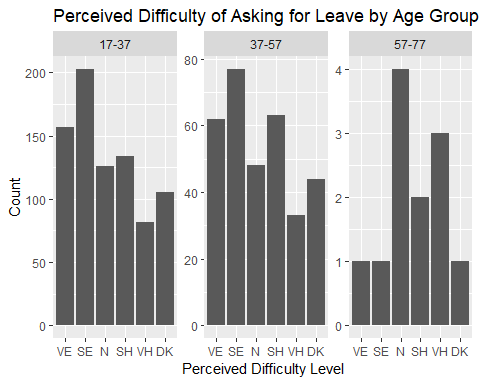
Warning in chisq.test(ELDbA): Chi-squared approximation may be incorrect

Pearson's Chi-squared test  
  
data: ELDbA  
X-squared = 8.6657, df = 10, p-value = 0.5641

We get a warning that the approximation may be incorrect, likely because some of the values from the table are small. However, it potentially indicates that that the differences between age groups may not be statistically significant (or we do not have enough information)

#### Visualization of Data

#Create Visualization  
t3 <- ggplot(health, aes(x = health$pd3))+geom\_bar()+facet\_wrap(health$AgeGroup ~ ., scales="free\_y") + ggtitle("Perceived Difficulty of Asking for Leave by Age Group") + xlab("Perceived Difficulty Level") + ylab("Count")   
t3

 NOTE: VE = Very Easy, SE = Somewhat Easy, N = Neutral (or Neither Easy nor Difficult), SH = Somewhat Hard, VH = Very Hard, DK = Don’t Know.

#### Interpretation of Results

The most common response for those in the 17-27 and 37-57 age ranges is that asking for leave for a mental health issue was “Somewhat Easy” and the second most common isthat asking for leave “Very Easy”. However, there is a significant number in both age groups who provided a neutral answer (e.g., neither easy or difficult) or indicated that they felt asking for leave was hard/very hard. That being said, there are few people who are 57-77 participating in this survey and there are fewer people in the 37-57 age group than the 17-27 age group. Furthermore, the chi-squared test indicated that the approximation may be incorrect, likely because some of the values from the table are small (since few people fell into the 57-77 age range).

### Answers by Company Size

#Crosstab table  
ELDbCS <- table(health$pd2, health$CompanySize)  
ELDbCS

1-5 6-25 26-100 100-500 500-1000 More than 1000  
 Very easy (VE) 16 42 59 48 15 40  
 Somewhat Easy (SE) 12 41 74 62 30 62  
 Neutral (N) 6 40 43 30 14 45  
 Somewhat Hard (SH) 11 45 46 48 6 43  
 Very Hard (VH) 13 16 36 15 5 33  
 Don't Know (DK) 2 26 34 45 10 33

prop.table(ELDbCS, 2)

1-5 6-25 26-100 100-500  
 Very easy (VE) 0.26666667 0.20000000 0.20205479 0.19354839  
 Somewhat Easy (SE) 0.20000000 0.19523810 0.25342466 0.25000000  
 Neutral (N) 0.10000000 0.19047619 0.14726027 0.12096774  
 Somewhat Hard (SH) 0.18333333 0.21428571 0.15753425 0.19354839  
 Very Hard (VH) 0.21666667 0.07619048 0.12328767 0.06048387  
 Don't Know (DK) 0.03333333 0.12380952 0.11643836 0.18145161  
   
 500-1000 More than 1000  
 Very easy (VE) 0.18750000 0.15625000  
 Somewhat Easy (SE) 0.37500000 0.24218750  
 Neutral (N) 0.17500000 0.17578125  
 Somewhat Hard (SH) 0.07500000 0.16796875  
 Very Hard (VH) 0.06250000 0.12890625  
 Don't Know (DK) 0.12500000 0.12890625

#### Chi-Squared

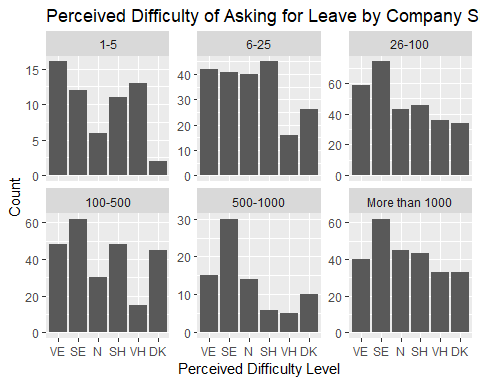
chisq.test(ELDbCS)

Pearson's Chi-squared test  
  
data: ELDbCS  
X-squared = 52.482, df = 25, p-value = 0.001041

Because the p value is less than .01 we can reject the null and say that we think that there is a relationship between these two variables.

#### Visualization of Data

#Create Visualization  
t4 <- ggplot(health, aes(x = health$pd3))+geom\_bar()+facet\_wrap(health$CompanySize~ ., scales="free\_y") + ggtitle("Perceived Difficulty of Asking for Leave by Company Size") + xlab("Perceived Difficulty Level") + ylab("Count")  
t4

 NOTE: VE = Very Easy, SE = Somewhat Easy, N = Neutral (or Neither Easy nor Difficult), SH = Somewhat Hard, VH = Very Hard, DK = Don’t Know.

#### Interpretation of Results

For very small companies (1-5 employees), there seems to be a fairly even split between those who perceive taking leave for mental health to be easy and those who perceive it to be hard. For other small companies (6-25 employees), approximately the same number of people say that it is easy/somewhat easy or provide a neutral response. However, in this case, the most common answer is that they would perceive it as somehwat hard to ask for leave. For larger companies, the most common answer is that they perceive it to be somewhat easy to request leave for a mental illness. Therefore it appears that as the company size gets larger, it may be perceived as easier in most companies to request leave related to a mental illness. However, there is still sizable minority of employees who work for larger companies (over 25 employees) who do perceive it as hard or very hard to ask for leave. Therefore, a lot may vary by the company.

### Answers by Whether Current Company Provides Mental Health Benefits

#Modify Labels for mental health benefit provision  
health$mhb2 <- factor(health$Does.your.employer.provide.mental.health.benefits.as.part.of.healthcare.coverage.,  
levels = c("I don't know", "No", "Not eligible for coverage / N/A","Yes"),  
labels = c("Don't Know", "No", "Ineligible/NA", "Yes"))

#Crosstab Table  
ELDbMHB <- table(health$pd2, health$mhb2)  
ELDbMHB

Don't Know No Ineligible/NA Yes  
 Very easy (VE) 55 36 18 111  
 Somewhat Easy (SE) 81 46 17 137  
 Neutral (N) 52 29 16 81  
 Somewhat Hard (SH) 51 49 17 82  
 Very Hard (VH) 25 31 10 52  
 Don't Know (DK) 55 22 5 68

#### Chi-Squared

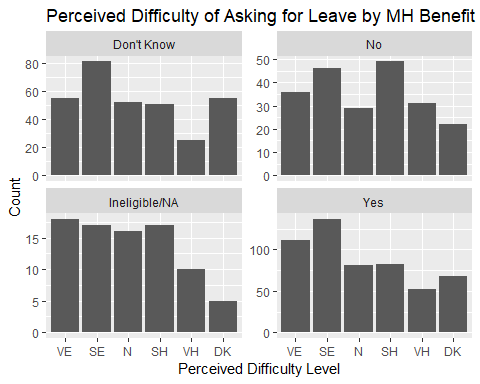
chisq.test(ELDbMHB)

Pearson's Chi-squared test  
  
data: ELDbMHB  
X-squared = 25.93, df = 15, p-value = 0.03877

Because the p value is not less than .01 we cannot reject the null. The null hypothesis is that there is no relationship between these two variables.

#### Create Visualization

t5 <- ggplot(health, aes(x = health$pd3))+geom\_bar()+facet\_wrap(~ health$mhb2, scales="free\_y") + ggtitle("Perceived Difficulty of Asking for Leave by MH Benefit Provision") + xlab("Perceived Difficulty Level") + ylab("Count")  
t5

 NOTE: VE = Very Easy, SE = Somewhat Easy, N = Neutral (or Neither Easy nor Difficult), SH = Somewhat Hard, VH = Very Hard, DK = Don’t Know.

#### Interpretation of Results

For those who do not get mental health benefits, more participants responded that they perceive it as somewhat difficult to request leave for a mental health issue than any other response (with somewhat easy being the second most common). Among those who do get mental health benefits, most indicated they perceive it as very easy or somwhat easy to request leave for a mental health issue. Most of those who did not know if mental health benefits are offered inidicated they perceived it to be somewhat easy to request leave for a mental health issue. Those who are ineligible (or for whom it was not applicable) were evently split among the responses, although relatively few people selected this response compared to the others. However, the difference between the two variables does not appear to be statistically significant.

### Answers by Whether Current Company Has Ever Formally Discussed Mental Health

ELDbEDM <- table(health$pd2, health$Has.your.employer.ever.formally.discussed.mental.health..for.example..as.part.of.a.wellness.campaign.or.other.official.communication..)  
ELDbEDM

I don't know No Yes  
 Very easy (VE) 23 129 68  
 Somewhat Easy (SE) 25 183 73  
 Neutral (N) 20 126 32  
 Somewhat Hard (SH) 13 161 25  
 Very Hard (VH) 3 105 10  
 Don't Know (DK) 19 109 22

#### Chi-Squared

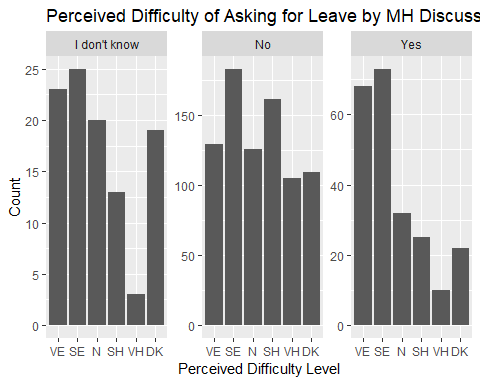
chisq.test(ELDbEDM)

Pearson's Chi-squared test  
  
data: ELDbEDM  
X-squared = 58.706, df = 10, p-value = 6.364e-09

Because the p value is less than .01 we can reject the null and say that we think that there is a relationship between these two variables.

#### Create Visualization

t6 <- ggplot(health, aes(x = health$pd3))+geom\_bar()+facet\_wrap( health$Has.your.employer.ever.formally.discussed.mental.health..for.example..as.part.of.a.wellness.campaign.or.other.official.communication.. ~., scales="free\_y") + ggtitle("Perceived Difficulty of Asking for Leave by MH Discussion by Employer") + xlab("Perceived Difficulty Level") + ylab("Count")  
t6

 NOTE: VE = Very Easy, SE = Somewhat Easy, N = Neutral (or Neither Easy nor Difficult), SH = Somewhat Hard, VH = Very Hard, DK = Don’t Know.

#### Interpretation of Results

Across all categories (e.g., yes they have discussed, no they haven’t, don’t know), the most common response is that most recipients think it would be somewhat easy to request leave. Interestingly, for those who did not know if there has been a discussion, a large contingent also indicated they don’t know how hard it would be to request leave. For those where there has been a discussion, far fewer people say it would be hard to request leave to handle a mental illness than those who say it would be easy to very easy. For those where there has not been a discussion (which is the majority of respondents), the second most common answer is that it would be somewhat hard to request leave to hanlde a mental illness.

### Answers by Whether Current Company Offers Other Resources

ELDbEOR <- table(health$pd2, health$Does.your.employer.offer.resources.to.learn.more.about.mental.health.concerns.and.options.for.seeking.help.)  
ELDbEOR

I don't know No Yes  
 Very easy (VE) 59 84 77  
 Somewhat Easy (SE) 80 123 78  
 Neutral (N) 49 80 49  
 Somewhat Hard (SH) 52 110 37  
 Very Hard (VH) 30 74 14  
 Don't Know (DK) 50 60 40

#### Chi-Squared

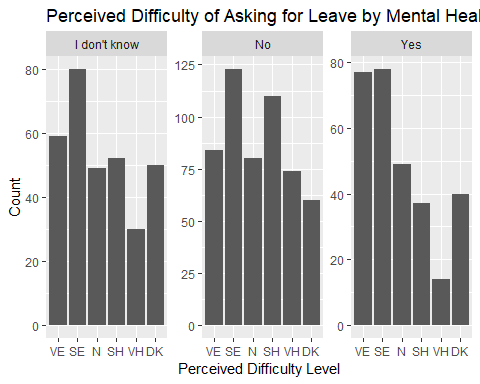
Because the p value is less than .01 we can reject the null and say that we think that there are differences between categories.

chisq.test(ELDbEOR)

Pearson's Chi-squared test  
  
data: ELDbEOR  
X-squared = 38.212, df = 10, p-value = 3.486e-05

#### Create Visualization

t7 <- ggplot(health, aes(x = health$pd3))+geom\_bar()+facet\_wrap( health$Does.your.employer.offer.resources.to.learn.more.about.mental.health.concerns.and.options.for.seeking.help. ~., scales="free\_y") + ggtitle("Perceived Difficulty of Asking for Leave by Mental Health Resource Provision") + xlab("Perceived Difficulty Level") + ylab("Count")  
t7

 NOTE: VE = Very Easy, SE = Somewhat Easy, N = Neutral (or Neither Easy nor Difficult), SH = Somewhat Hard, VH = Very Hard, DK = Don’t Know.

#### Interpretation of Results

Across all categories (e.g., yes there are resources, no they aren’t, don’t know), the most common response is that most recipients think it would be somewhat easy to request leave. Similarly to the results provided above, in companies where there are other resources provided, fewer people say it would be hard to request leave to handle a mental illness than those who say it would be easy to very easy. For those where there are not additional resources offered related to mental health (the majority of respondents), the second most common answer is that it would be somewhat hard to request leave to hanlde a mental illness.

### Answers by If They Ever Saw A Poor Response to Mental Health Issue

ELDbPR <- table(health$pd2, health$Have.you.observed.or.experienced.an.unsupportive.or.badly.handled.response.to.a.mental.health.issue.in.your.current.or.previous.workplace.)  
ELDbPR

Maybe/Not sure N/A No Yes, I experienced  
 Very easy (VE) 34 7 136 17  
 Somewhat Easy (SE) 58 14 126 35  
 Neutral (N) 46 10 70 18  
 Somewhat Hard (SH) 60 10 66 32  
 Very Hard (VH) 38 3 24 20  
 Don't Know (DK) 42 8 69 10  
   
 Yes, I observed  
 Very easy (VE) 26  
 Somewhat Easy (SE) 48  
 Neutral (N) 34  
 Somewhat Hard (SH) 31  
 Very Hard (VH) 33  
 Don't Know (DK) 21

prop.table(ELDbPR, 2)

Maybe/Not sure N/A No  
 Very easy (VE) 0.12230216 0.13461538 0.27698574  
 Somewhat Easy (SE) 0.20863309 0.26923077 0.25661914  
 Neutral (N) 0.16546763 0.19230769 0.14256619  
 Somewhat Hard (SH) 0.21582734 0.19230769 0.13441955  
 Very Hard (VH) 0.13669065 0.05769231 0.04887984  
 Don't Know (DK) 0.15107914 0.15384615 0.14052953  
   
 Yes, I experienced Yes, I observed  
 Very easy (VE) 0.12878788 0.13471503  
 Somewhat Easy (SE) 0.26515152 0.24870466  
 Neutral (N) 0.13636364 0.17616580  
 Somewhat Hard (SH) 0.24242424 0.16062176  
 Very Hard (VH) 0.15151515 0.17098446  
 Don't Know (DK) 0.07575758 0.10880829

# Revise Labels

#Modify Labels for unsupportive response to make them shorter  
health$epr <- factor(health$Have.you.observed.or.experienced.an.unsupportive.or.badly.handled.response.to.a.mental.health.issue.in.your.current.or.previous.workplace.,  
levels = c("Maybe/Not sure", "N/A", "No","Yes, I experienced", "Yes, I observed"),  
labels = c("Don't Know", "N/A", "No", "Yes, experienced", "Yes, observed"))  
table(health$pd2, health$epr)

Don't Know N/A No Yes, experienced Yes, observed  
 Very easy (VE) 34 7 136 17 26  
 Somewhat Easy (SE) 58 14 126 35 48  
 Neutral (N) 46 10 70 18 34  
 Somewhat Hard (SH) 60 10 66 32 31  
 Very Hard (VH) 38 3 24 20 33  
 Don't Know (DK) 42 8 69 10 21

#### Chi-Squared

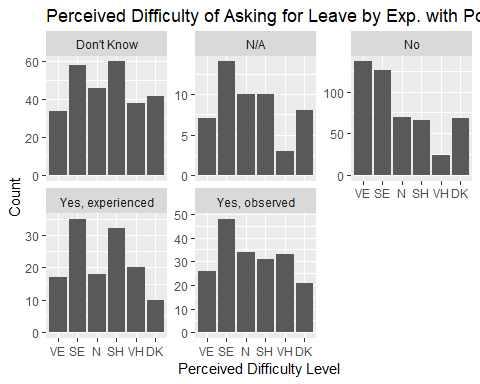
chisq.test(ELDbPR)

Pearson's Chi-squared test  
  
data: ELDbPR  
X-squared = 82.616, df = 20, p-value = 1.406e-09

Because the p value is less than .01 we can reject the null and say that we think that there are differences between categories.

#### Create Visualization

t8 <- ggplot(health, aes(x = health$pd3))+geom\_bar()+facet\_wrap(health$epr ~., scales="free\_y") + ggtitle("Perceived Difficulty of Asking for Leave by Exp. with Poor MH Response") + xlab("Perceived Difficulty Level") + ylab("Count")  
t8

 NOTE: E = Very Easy, S = Somewhat Easy, N = Neutral (or Neither Easy nor Difficult), SH = Somewhat Hard, H = Very Hard, D = Don’t Know.

#### Interpretation of Results

Most people surveyed indicate that they have never had an experience with an unsupportive or badly handled response to mental health in the workplace. Among those who selected this response, the vast majority indicate they think that it would be very or somewhat easy to request leave to handle a mental illness. For those who have observed a badly handled response, the most common response is that they would find it somewhat easy to request leave, but the second most common is that it they would find it somewhat difficult. For those who have experienced a poorly handled response, the most common response is that they would find it somewhat easy to request leave, but a significant amount said they would find it hard or very hard to request leave (or provided a neutral response saying it would be neither easy or difficult). Therefore, it is possible that experience with a poorly handled response may have an impact on perceived ease of requesting leave.

## Comfort with talking to Supervisor About Mental Health

This is important because if an employee has a mental health issue, they should ideally be comfortable discussing it with a supervisor in case they need additional assistance. In addition, we may want to consider training supervisors on how to handle instances where employees reach out to them about mental health.

### Answers by Gender

MHbG <- table(health$Would.you.feel.comfortable.discussing.a.mental.health.disorder.with.your.direct.supervisor.s.., health$gender)  
MHbG

Female Male Other  
 Maybe 87 286 9  
 No 84 245 7  
 Yes 100 316 12

prop.table(MHbG, 2)

Female Male Other  
 Maybe 0.3210332 0.3376623 0.3214286  
 No 0.3099631 0.2892562 0.2500000  
 Yes 0.3690037 0.3730815 0.4285714

#### Chi-Squared

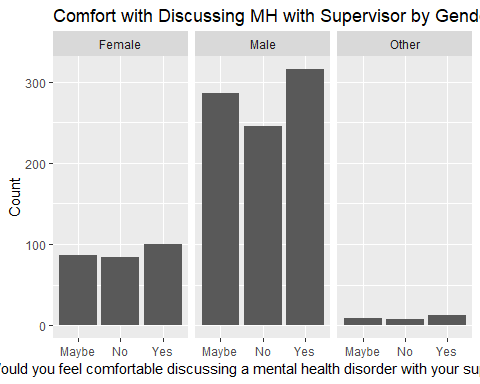
chisq.test(MHbG)

Pearson's Chi-squared test  
  
data: MHbG  
X-squared = 0.90786, df = 4, p-value = 0.9234

The p value is very large. Therefore, we cannot reject the null hypothesis. The null hypothesis is that these two variables are indepdendent (no relationship between them)

#### Create Visualization

t9 <- ggplot(health, aes(x = health$Would.you.feel.comfortable.discussing.a.mental.health.disorder.with.your.direct.supervisor.s..))+geom\_bar()+facet\_grid(~ health$gender) + ggtitle("Comfort with Discussing MH with Supervisor by Gender") + xlab("Would you feel comfortable discussing a mental health disorder with your supervisor?") + ylab("Count")  
t9



#### Interpretation of Results

Most respondents across genders indicate that they would be comfortable discussing a mental health disorder with their supervisors. With male employees, a lower proportion indicate that they would not be comfortable discussing a mental health disorder with their supervisors. Meanwhile, with female and employees of other genders, the results are slightly more evenly split among the three options. However, the difference is not statistically significant.

### Answers by Age Group

MHbA <- table(health$Would.you.feel.comfortable.discussing.a.mental.health.disorder.with.your.direct.supervisor.s.., health$AgeGroup)  
MHbA

17-37 37-57 57-77  
 Maybe 265 114 3  
 No 236 96 4  
 Yes 306 117 5

prop.table(MHbA, 2)

17-37 37-57 57-77  
 Maybe 0.3283767 0.3486239 0.2500000  
 No 0.2924411 0.2935780 0.3333333  
 Yes 0.3791822 0.3577982 0.4166667

#### Chi-Squared

chisq.test(MHbA)

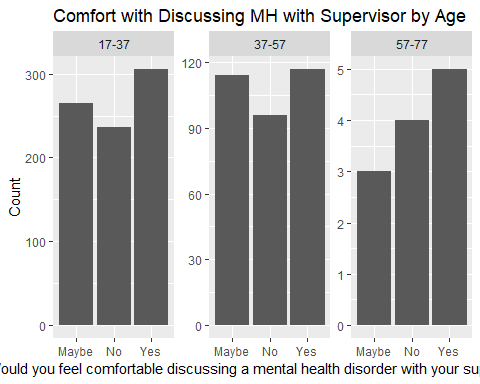
Warning in chisq.test(MHbA): Chi-squared approximation may be incorrect

Pearson's Chi-squared test  
  
data: MHbA  
X-squared = 0.95201, df = 4, p-value = 0.917

We get a warning that the approximation may be incorrect, likely because some of the values from the table are small. However, it potentially indicates that that the differences between age groups may not be statistically significant (or we do not have enough information).

#### Create Visualization

t10 <- ggplot(health, aes(x = health$Would.you.feel.comfortable.discussing.a.mental.health.disorder.with.your.direct.supervisor.s..))+geom\_bar()+facet\_wrap(health$AgeGroup ~., scales="free\_y") + ggtitle("Comfort with Discussing MH with Supervisor by Age") + xlab("Would you feel comfortable discussing a mental health disorder with your supervisor?") + ylab("Count")  
t10



#### Interpretation of Results

The majority of respondents in the 17-37 and 37-57 age groups responded that they would feel comfortable discussing a mental health disorder with their supervisor. The next most common response is that they might, and no received the least amount of responses from the 17-37 and 37-57 age groups. However, in both cases over a quarter of participants in both age groups answered that they would not feel comfortable. The 57-77 range has a low number of responses, although in that case “No” is the second most common reponse. Given the chi-squared test results and the visualization, it does not appear that age has much of an impact on comfort level in discussing a mental health disorder with a supervisor. However, the fact that there are fewer responses from the 37-57 and especially the 57-77 age groups may impact our results.

### Answers by Company Size

MHbCS <- table(health$Would.you.feel.comfortable.discussing.a.mental.health.disorder.with.your.direct.supervisor.s.., health$CompanySize)  
MHbCS

1-5 6-25 26-100 100-500 500-1000 More than 1000  
 Maybe 14 69 105 87 32 75  
 No 21 61 74 66 17 97  
 Yes 25 80 113 95 31 84

prop.table(MHbCS, 2)

1-5 6-25 26-100 100-500 500-1000 More than 1000  
 Maybe 0.2333333 0.3285714 0.3595890 0.3508065 0.4000000 0.2929688  
 No 0.3500000 0.2904762 0.2534247 0.2661290 0.2125000 0.3789062  
 Yes 0.4166667 0.3809524 0.3869863 0.3830645 0.3875000 0.3281250

#### Chi-Squared

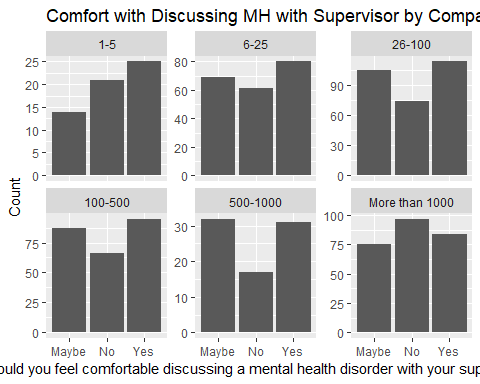
chisq.test(MHbCS)

Pearson's Chi-squared test  
  
data: MHbCS  
X-squared = 18.002, df = 10, p-value = 0.05493

Because the p value is not less than .01 we cannot reject the null. The null hypothesis is that there is no relationship between these two variables.

#### Create Visualization

t11 <- ggplot(health, aes(x = health$Would.you.feel.comfortable.discussing.a.mental.health.disorder.with.your.direct.supervisor.s..))+geom\_bar()+facet\_wrap(health$CompanySize ~., scales="free\_y") + ggtitle("Comfort with Discussing MH with Supervisor by Company Size") + xlab("Would you feel comfortable discussing a mental health disorder with your supervisor?") + ylab("Count")  
t11



#### Interpretation of Results

The pattern that we see in the data visualization is interesting. For companies in the 26-100, 100-500, and 500-1000 groups (and to a lesser extent in the 6-25 group), fewer respondents indicate they would not feel comfortable discussing a mental health disorder with their supervisor than selecting the “Maybe” or “Yes” options. However, in the “More than 1000” group, most respondents indicated they would not feel comfortable (although a significant amount answered “Maybe” or “Yes”). It is possible that for larger companies people may feel less comfortable discussing these issues with supervisors because it the organization is more bureaucratic or there are employee/supervisor relationships that are less personal. However, it is also possible that these results indicate that the results are depedendent on the company as well as other factors. Because the null is larger than .01, we fail to reject the null that there is a significant relationship between the two variables.

### Answers by If They Ever Saw A Poor Response to Mental Health Issue

MHbPR <- table(health$Would.you.feel.comfortable.discussing.a.mental.health.disorder.with.your.direct.supervisor.s.., health$Have.you.observed.or.experienced.an.unsupportive.or.badly.handled.response.to.a.mental.health.issue.in.your.current.or.previous.workplace.)  
MHbPR

Maybe/Not sure N/A No Yes, I experienced Yes, I observed  
 Maybe 97 12 161 48 64  
 No 101 24 109 35 67  
 Yes 80 16 221 49 62

prop.table(MHbPR, 2)

Maybe/Not sure N/A No Yes, I experienced  
 Maybe 0.3489209 0.2307692 0.3279022 0.3636364  
 No 0.3633094 0.4615385 0.2219959 0.2651515  
 Yes 0.2877698 0.3076923 0.4501018 0.3712121  
   
 Yes, I observed  
 Maybe 0.3316062  
 No 0.3471503  
 Yes 0.3212435

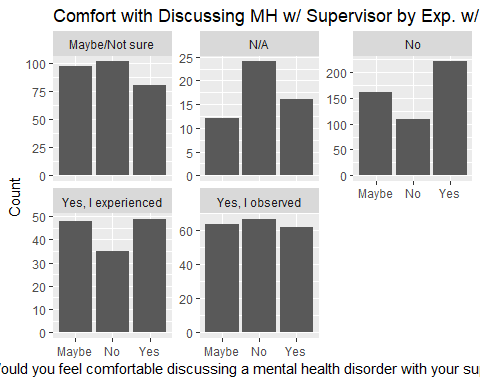
#### Chi-Squared

chisq.test(MHbPR)

Pearson's Chi-squared test  
  
data: MHbPR  
X-squared = 37.901, df = 8, p-value = 7.852e-06

#### Create Visualization

t17 <- ggplot(health, aes(x = health$Would.you.feel.comfortable.discussing.a.mental.health.disorder.with.your.direct.supervisor.s..))+geom\_bar()+facet\_wrap(health$Have.you.observed.or.experienced.an.unsupportive.or.badly.handled.response.to.a.mental.health.issue.in.your.current.or.previous.workplace. ~., scales="free\_y") + ggtitle("Comfort with Discussing MH w/ Supervisor by Exp. w/ Poor Workplace Response") + xlab("Would you feel comfortable discussing a mental health disorder with your supervisor?") + ylab("Count")  
t17



#### Interpret Results

When asked about experience with a poorly handled response to mental health, respondents who were not sure if they expereinced it were evenly split between answering that they maybe comfortable discussing a mental health disorder with supervisors or not comfortable (there was also a large group that said they would be comfortable). For those who answered that they did not have experience with a poor response, they also answered yes more often than maybe and no when also asked about their comfort with discussing a mental health disorder with a supervisor. Interestingly, those who stated “Yes, I observed” a poor response to mental health in the workplace were evenly split selected maybe the most often when also asked if they would feel comfortable discussing a mental health disorder with coworkers (and “yes” was the second most common response). However, those who stated that they experienced a poorly handled response were evenly split between the yes, no, and maybe answers when asked about comfort level discussing mental health with a supervisor.

### Answers by If They Think Discussing a Mental Health Disorder with Employer Would Have Negative Consequences

MHbVN <- table(health$Would.you.feel.comfortable.discussing.a.mental.health.disorder.with.your.direct.supervisor.s.., health$Do.you.think.that.discussing.a.mental.health.disorder.with.your.employer.would.have.negative.consequences.)  
MHbVN

Maybe No Yes  
 Maybe 218 115 49  
 No 164 24 148  
 Yes 105 299 24

#### Chi-Squared

chisq.test(MHbVN)

Pearson's Chi-squared test  
  
data: MHbVN  
X-squared = 414.95, df = 4, p-value < 2.2e-16

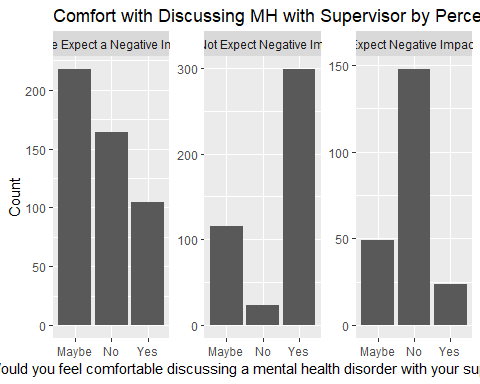
Because the p value is less than .01 we can reject the null and say that we think that there is a statistically significant relationship between these two categories.

#### Create Visualization

#Modify Labels for perception of mental health disclosure impact  
health$negimp <- factor(health$Do.you.think.that.discussing.a.mental.health.disorder.with.your.employer.would.have.negative.consequences.,  
levels = c("Maybe", "No", "Yes"),  
labels = c("Maybe Expect a Negative Impact", "Do Not Expect Negative Impact", "Expect Negative Impact"))  
#Check Results  
table(health$Would.you.feel.comfortable.discussing.a.mental.health.disorder.with.your.direct.supervisor.s.., health$negimp)

Maybe Expect a Negative Impact Do Not Expect Negative Impact  
 Maybe 218 115  
 No 164 24  
 Yes 105 299  
   
 Expect Negative Impact  
 Maybe 49  
 No 148  
 Yes 24

t12 <- ggplot(health, aes(x = health$Would.you.feel.comfortable.discussing.a.mental.health.disorder.with.your.direct.supervisor.s..))+geom\_bar()+facet\_wrap(health$negimp ~., scales="free\_y") + ggtitle("Comfort with Discussing MH with Supervisor by Perception of Negative Impact") + xlab("Would you feel comfortable discussing a mental health disorder with your supervisor?") + ylab("Count")  
t12



#### Interpret Results

The results here are fairly clear. Most people who responded that they feel that discussing a mental health disorder would have a negative impact also are not comfortable discussing a mental health issue with a supervisor. The reverse is also true, most people who responded that they do not feel that discussing a mental health disorder would have a negative impact also indicate that they would be comfortable discussing a mental health issue with their supervisor. For those who responded that there maybe a negative impact, most also answered that they may be comfortable discussing a mental health disorder with their supervisor (with “no” being the second most common response for that group). Therefore, any outreach that we do or program that we plan needs to keep this in mind.

## Comfort with taking to Coworkers About Mental Health

This is important because if an employee has a mental health issue, they should ideally be comfortable discussing it with a coworkers in case they need additional assistance. In addition, we may want to consider training employees on how to handle instances where coworkers reach out to them about mental health.

### Answers by Gender

MHCbG <- table(health$Would.you.feel.comfortable.discussing.a.mental.health.disorder.with.your.coworkers., health$gender)  
MHCbG

Female Male Other  
 Maybe 107 360 12  
 No 99 287 6  
 Yes 65 200 10

prop.table(MHCbG, 2)

Female Male Other  
 Maybe 0.3948339 0.4250295 0.4285714  
 No 0.3653137 0.3388430 0.2142857  
 Yes 0.2398524 0.2361275 0.3571429

#### Chi-Squared

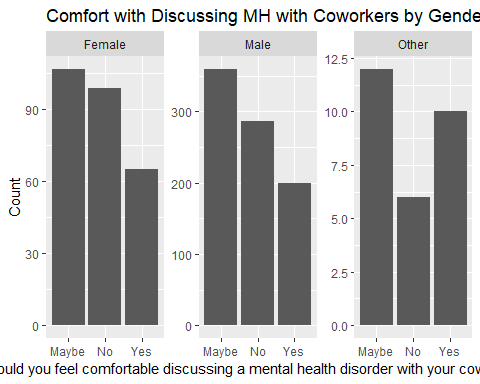
chisq.test(MHCbG)

Pearson's Chi-squared test  
  
data: MHCbG  
X-squared = 3.9002, df = 4, p-value = 0.4197

The chi-squared is very large. Therefore, we cannot reject the null hypothesis that these categories are independent.

#### Create Visualization

t13 <- ggplot(health, aes(x = health$Would.you.feel.comfortable.discussing.a.mental.health.disorder.with.your.coworkers.))+geom\_bar()+facet\_wrap(health$gender ~., scales="free\_y") + ggtitle("Comfort with Discussing MH with Coworkers by Gender") + xlab("Would you feel comfortable discussing a mental health disorder with your coworkers?") + ylab("Count")  
t13



#### Interpret Results

The chi-squared test appears to indicate that there is not a significant relationship between gender and comfort with discussing mental health with coworkers. However, these results may be impacted by the fact that there are fewer respondents who are female or another gender than men. However, a higher proportion of female respondents indicate that they do not feel comfortable discussing a mental health disorder with coworkers. However, across all genders the most common response is “maybe.” This indicates that a lot may depend on their relationships with individual coworkers (e.g., they may feel comfortable with discussing with a specific coworker). Interestingly, as stated above, most respondents across genders indicated that they would be comfortable discussing a mental health disorder with their supervisors.

### Answers by Age Group

MHCbA <- table(health$Would.you.feel.comfortable.discussing.a.mental.health.disorder.with.your.coworkers., health$AgeGroup)  
MHCbA

17-37 37-57 57-77  
 Maybe 338 139 2  
 No 272 116 4  
 Yes 197 72 6

#Proportions (as column percentages)  
prop.table(MHCbA, 2)

17-37 37-57 57-77  
 Maybe 0.4188352 0.4250765 0.1666667  
 No 0.3370508 0.3547401 0.3333333  
 Yes 0.2441140 0.2201835 0.5000000

#### Chi-Squared

chisq.test(MHCbA)

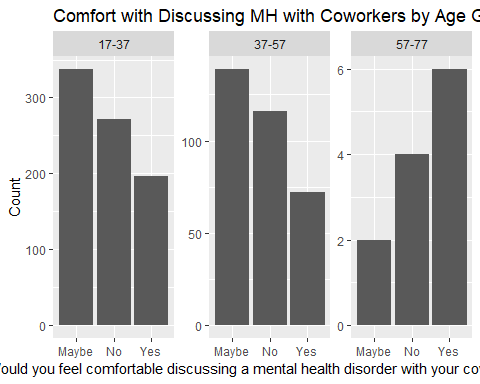
Warning in chisq.test(MHCbA): Chi-squared approximation may be incorrect

Pearson's Chi-squared test  
  
data: MHCbA  
X-squared = 6.0422, df = 4, p-value = 0.196

We get a warning that the approximation may be incorrect, likely because some of the values from the table are small. However, it potentially indicates that that the differences between age groups is not statistically significant.

#### Create Visualization

t14 <- ggplot(health, aes(x = health$Would.you.feel.comfortable.discussing.a.mental.health.disorder.with.your.coworkers.))+geom\_bar()+facet\_wrap(health$AgeGroup ~., scales="free\_y") + ggtitle("Comfort with Discussing MH with Coworkers by Age Group") + xlab("Would you feel comfortable discussing a mental health disorder with your coworkers?") + ylab("Count")  
t14



#### Interpret Results

Members of the 17-37 and 37-57 age group have a similar pattern. The majority of respondents indicated that they might feel comfortable discussing a mental health disorder with coworkers, with the second most common response being that they would not. When I looked at the comfort level of discussing a mental health disorder with supervisors, the results were different. Interestingly, as stated above, the majority of respondents in the 17-37 and 37-57 age groups responded that they would feel comfortable discussing a mental health disorder with their supervisor. Therefore, there may be a higher comfort level discussing mental health disorders with supervisors than other coworkers (or respondents’ comfort level may vary by the coworker).

### Answers by Company Size

MHCbCS <- table(health$Would.you.feel.comfortable.discussing.a.mental.health.disorder.with.your.coworkers., health$CompanySize)  
MHCbCS

1-5 6-25 26-100 100-500 500-1000 More than 1000  
 Maybe 20 83 140 110 32 94  
 No 19 75 84 79 21 114  
 Yes 21 52 68 59 27 48

#Proportions (as column percentages)  
prop.table(MHCbCS, 2)

1-5 6-25 26-100 100-500 500-1000 More than 1000  
 Maybe 0.3333333 0.3952381 0.4794521 0.4435484 0.4000000 0.3671875  
 No 0.3166667 0.3571429 0.2876712 0.3185484 0.2625000 0.4453125  
 Yes 0.3500000 0.2476190 0.2328767 0.2379032 0.3375000 0.1875000

#### Chi-Squared

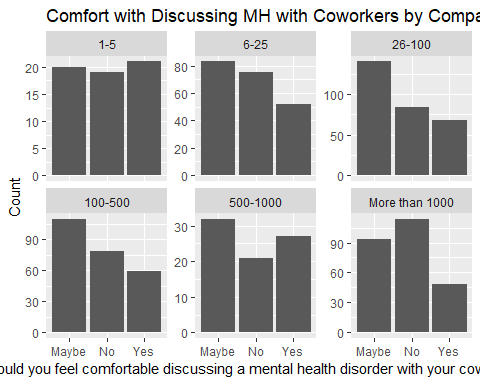
#Chi-Squared (the p value is small)  
chisq.test(MHCbCS)

Pearson's Chi-squared test  
  
data: MHCbCS  
X-squared = 27.848, df = 10, p-value = 0.001909

The chi-squared test shows a p value that is less than 0.01. Therefore, we can reject the null hypothesis (that there is no relationship between these variables). This indicates that there may be a relationship between company size and comfort level with talking to coworkers about a mental health issue.

#### Create Visualization

t15 <- ggplot(health, aes(x = health$Would.you.feel.comfortable.discussing.a.mental.health.disorder.with.your.coworkers.))+geom\_bar()+facet\_wrap(health$CompanySize ~., scales="free\_y") + ggtitle("Comfort with Discussing MH with Coworkers by Company Size") + xlab("Would you feel comfortable discussing a mental health disorder with your coworkers?") + ylab("Count")  
t15



#### Interpret Results

Respondents from companies with 1-5 employees are roughly evenly split among the three responses (yes, no, maybe) when asked if they would feel comfortable discussing a mental health disorder with coworkers. Results are similar with companies for 6-25 employees, but a lower proportion of employees in that category indicate they would be comfortable. For the 26-100 and 100-500 employee companies, most indicate that they may be comfortable with “no” being the second most common response. Respondents from companies with 500-1000 employees also select maybe the most often, but “yes” is the second most common response. Finally, respondents from companies with more than 1000 employees select the “no” answer the most often, with maybe being the second most common. The results indicate that there may be a relationship between company size and willingness to talk to coworkers about mental illness. However, the variation in responses also indicates that the reasons for the comfort, discomfort, or uncertainty may vary by company.

### Answers by If They Ever Saw A Poor Response to Mental Health Issue

MHCbPR <- table(health$Would.you.feel.comfortable.discussing.a.mental.health.disorder.with.your.coworkers., health$Have.you.observed.or.experienced.an.unsupportive.or.badly.handled.response.to.a.mental.health.issue.in.your.current.or.previous.workplace.)  
MHCbPR

Maybe/Not sure N/A No Yes, I experienced Yes, I observed  
 Maybe 132 19 195 58 75  
 No 105 22 150 39 76  
 Yes 41 11 146 35 42

#### Chi-Squared

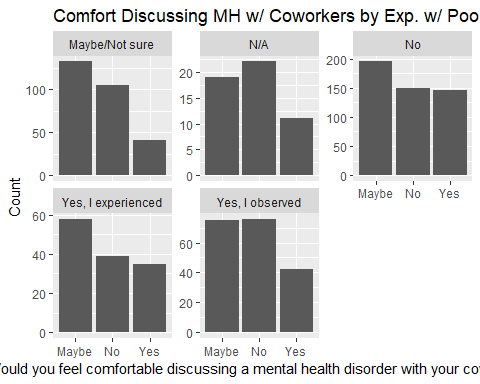
chisq.test(MHCbPR)

Pearson's Chi-squared test  
  
data: MHCbPR  
X-squared = 27.416, df = 8, p-value = 0.0005991

The chi-squared test shows a p value that is less than 0.01. Therefore, we can reject the null hypothesis (that there is no relationship between these variables). This indicates that there may be a relationship between experience with a poor response to a mental health issue with talking to coworkers about a mental health issue.

#### Create Visualization

t16 <- ggplot(health, aes(x = health$Would.you.feel.comfortable.discussing.a.mental.health.disorder.with.your.coworkers.))+geom\_bar()+facet\_wrap(health$Have.you.observed.or.experienced.an.unsupportive.or.badly.handled.response.to.a.mental.health.issue.in.your.current.or.previous.workplace. ~., scales="free\_y") + ggtitle("Comfort Discussing MH w/ Coworkers by Exp. w/ Poor Workplace MH Response") + xlab("Would you feel comfortable discussing a mental health disorder with your coworkers?") + ylab("Count")  
t16



#### Interpret Results

When asked about experience with a poorly handled response to mental health, respondents across all categories except for “N/A” (which had relatively few respondents), also answered that they maybe comfortable discussing a mental health disorder with coworkers. Interestingly, those who stated “Yes, I observed” a poor response to mental health in the workplace were evenly split between the maybe and no answers when also asked if they would feel comfortable discussing a mental health disorder with coworkers. However, those who stated that they experienced a poorly handled response selected “Maybe” most often when also asked if they would feel comfortable discussing a mental health disorder with coworkers. The remainder were about evenly split between the “no” and “yes” answers. This may indicate that observing a poorly handled response to a mental health issue in the workplace may have a greater negative effect on willingness to discuss with coworkers than those experiencing it.

### Answers by If They Think Coworkers Would View Them Negatively If They Knew You Suffered From a Mental Health Issue

MHCbCN <- table(health$Would.you.feel.comfortable.discussing.a.mental.health.disorder.with.your.coworkers., health$Do.you.think.that.team.members.co.workers.would.view.you.more.negatively.if.they.knew.you.suffered.from.a.mental.health.issue.)  
MHCbCN

Maybe No, I don't think they would No, they do not  
 Maybe 234 137 7  
 No 127 51 1  
 Yes 100 115 36  
   
 Yes, I think they would Yes, they do  
 Maybe 87 14  
 No 201 12  
 Yes 20 4

#### Chi-Squared

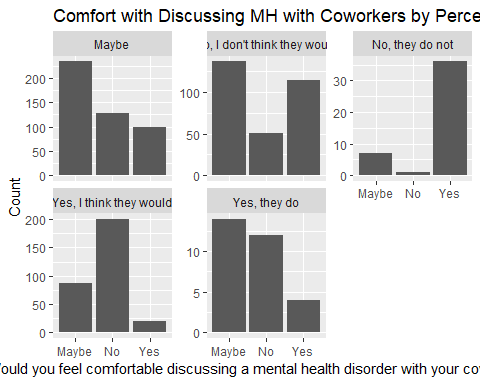
chisq.test(MHCbCN)

Pearson's Chi-squared test  
  
data: MHCbCN  
X-squared = 291.08, df = 8, p-value < 2.2e-16

The chi-squared is less than .01. Therefore, we can reject the null and say that there is a relationship between these two variables.

#### Creating the Visualization

t17 <- ggplot(health, aes(x = health$Would.you.feel.comfortable.discussing.a.mental.health.disorder.with.your.coworkers.))+geom\_bar()+facet\_wrap(health$Do.you.think.that.team.members.co.workers.would.view.you.more.negatively.if.they.knew.you.suffered.from.a.mental.health.issue. ~., scales="free\_y") + ggtitle("Comfort with Discussing MH with Coworkers by Perceived Negative Impact") + xlab("Would you feel comfortable discussing a mental health disorder with your coworkers?") + ylab("Count")  
t17



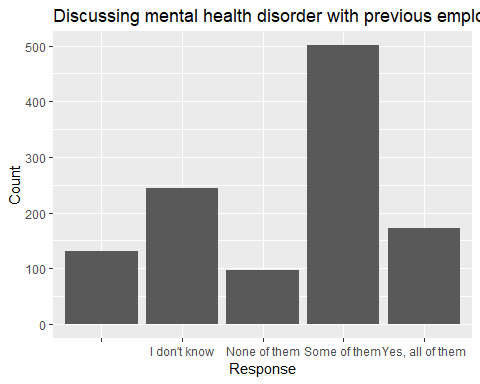
#### Interpretation of Results

In this visualization we see that perceived impact of discussing a mental health disorder with coworkers has a potentially significant impact on comfort level with discussing a mental health disorder with coworkers. For those who feel that they would be viewed negatively by coworkers if they knew the respondent had a mental health issue, they frequently answer that they would not feel comfortable discussing a mental health disorder with coworkers. For those who feel like they are negatively viewed by coworkers because of a mental health issue, appear to be evenly split between maybe being comfortable and not being comfortable. Meanwhile, for those who feel that they are not viewed more negatively because of a mental health disorder, they most frequently say they would be comfortable discussing mental health with coworkers. For those who did not think they would be viewed negatively, they most frequently select that they may be comfortable discussing a mental health disorder with other coworkers, with yes being the second most common response from that group. This indicates that we may want to consider providing training to employees about mental illness in the workplace.

### Analzing the relationship between perceiving the negative impact of mental illness at previous workplace and the impact at current workplace

#### Plotting the ggplot for the independent variable “Do you think that discussing a mental health disorder with previous employers would have negative consequences?”

ggplot(health, aes(x = health$Do.you.think.that.discussing.a.mental.health.disorder.with.previous.employers.would.have.negative.consequences.)) + geom\_bar() + ggtitle("Discussing mental health disorder with previous employer resulting in negative consequences") + xlab("Response") + ylab("Count")



summary(health$Do.you.think.that.discussing.a.mental.health.disorder.with.previous.employers.would.have.negative.consequences.)

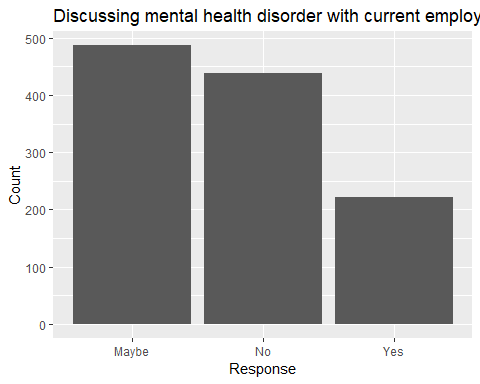
I don't know None of them Some of them   
 131 245 97 501   
Yes, all of them   
 172

#### Interpreting the results

From the above ggplot, we can observe that a majority of respondents(615) feel that discussing mental health disorders with some of their previous employers resulted in negative consequences for them. While a significant number of respondents responded that they do not know, we can conclude from the graph that the majority did experience negative consequences after discussing mental health disorders with their previous employers

### Plotting the ggplot for the dependent variable “Do you think that discussing a mental health disorder with your employer would have negative consequences?”

ggplot(health, aes(x = health$Do.you.think.that.discussing.a.mental.health.disorder.with.your.employer.would.have.negative.consequences.)) + geom\_bar() + ggtitle("Discussing mental health disorder with current employer resulting in negative consequences") + xlab("Response") + ylab("Count")



summary(health$Do.you.think.that.discussing.a.mental.health.disorder.with.your.employer.would.have.negative.consequences.)

Maybe No Yes   
 487 438 221

#### Interpretation of results

From the above ggplot, we can see that a vast majority of respondents(487) are not sure if discussing mental health disorders with their current employers would have negative consequences; followed by about 438 respondents who do not think that it could lead to negative consequences

#### Chi-squared test

t1<-table(health$Do.you.think.that.discussing.a.mental.health.disorder.with.previous.employers.would.have.negative.consequences., health$Do.you.think.that.discussing.a.mental.health.disorder.with.your.employer.would.have.negative.consequences.)  
chisq.test(t1)

Pearson's Chi-squared test  
  
data: t1  
X-squared = 158.59, df = 8, p-value < 2.2e-16

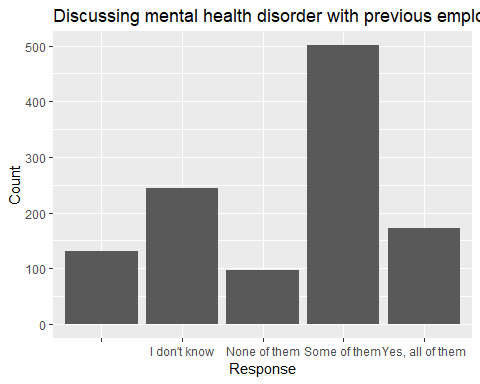
#### Interpret results

We can see that the p-value of the Chi-squared test is very small, meaning we can reject the hypothesis of independence. Thus there is a relationship between perceiving the negative impact of mental illness at previous workplace and the impact at current workplace

### Analzing the relationship between perceiving the negative impact of mental illness at previous workplace and the impact at current workplace

#### Plotting the ggplot for the independent variable “Do you think that discussing a mental health disorder with previous employers would have negative consequences?”

ggplot(health, aes(x = health$Do.you.think.that.discussing.a.mental.health.disorder.with.previous.employers.would.have.negative.consequences.)) + geom\_bar() + ggtitle("Discussing mental health disorder with previous employer resulting in negative consequences") + xlab("Response") + ylab("Count")



summary(health$Do.you.think.that.discussing.a.mental.health.disorder.with.previous.employers.would.have.negative.consequences.)

I don't know None of them Some of them   
 131 245 97 501   
Yes, all of them   
 172

# Works Cited

Milne, S. H., Blum, T. C., & Roman, P. M. (1994). Factors Influencing Employees??? Propensity to Use an Employee Assistance Program. Personnel Psychology, 47(1), 123???145. Retrieved October 24, 2018 from <http://search.ebscohost.com.proxy-um.researchport.umd.edu/login.aspx?direct=true&db=bth&AN=9411113184&site=ehost-live>