Form 14	Date Completed *dtcomplete*							
	M	M	D	D	Y	Y	Y	Y

Assessment: 2 ☐ baseline

Mental Health History

a. In your lifetime, have you had any visits with a mental health professional, psychologist, psychiatrist, or similar? *q1*	0 ☐ NO Go to b.	1 ☐ YES Yes →	Was it for anxiety or depression *q1_a* 0 ❑ No 1 ❑ Yes	Was the last visit (for any reason) within the last year? *q1_b* 0 ☐ NO 1 ☐ YES
b. In your lifetime, have you received private counseling? *q2*	0 ☐ NO Go to c.	1 ☐ YES Yes →	Was it for anxiety or depression *q2_a* 0 ❑ No 1 ❑ Yes	Was the last visit (for any reason) within the last year? *q2_b* 0 ☐ NO 1 ☐ YES
c. In your lifetime, have you been hospitalized for a mental health condition? *q3*	0 ☐ NO Go to d.	1 ☐ YES Yes →	Was it for: 1 ❑ Anxiety *q3_a1* 2 ❑ Depression *q3_a2* 3 ❑ Suicide attempt *q3_a3*	Was this within the last year? *q3_b* 0 ☐ NO 1 ☐ YES
d. In your lifetime, have you received treatment from a primary care doctor for anxiety or depression? *q4*	0 ☐ NO Go to e.	1 ☐ YES Yes		Was the last time you received treatment for anxiety or depression within the last year? *q4_a* 0 ☐ NO 1 ☐ YES IF YES: when? month ____*q4_month* year _____ *q4_year* (code 0 if current)
e. In your lifetime, have you used any medications for treatment of anxiety or depression? *q5*	0 ☐ NO Go to f.	1 ☐ YES Yes →	Was it prescribed by a psychiatrist, PCP, or another doctor? (check all that apply) 1 ❑ Psychiatrist *q5_a1* 2 ❑ PCP *q5_a2* 3 ❑ Other doctor *q5_a3*	Was the last time you used anxiety or depression medication within the last year? *q5_b* 0 ☐ NO 1 ☐ YES IF YES: when? month ____ *q5_month* year _____ *q5_year* (code 0 if current)

Form 14	**Date Completed** *dtcomplete*							
	M	M	D	D	Y	Y	Y	Y

Assessment: 2 ☐ baseline

f. In your lifetime, have you attended a support group for depression or anxiety? *q6*	0 ☐ NO Go to g.	1 ☐ YES Yes→	Was it face-to-face or online? (check all that apply) 1 ❑ Face to Face *q6_a1* 2 ❑ Online *q6_a2*	Was the last attendance within the last year? *q6_b* 0 ☐ NO 1 ☐ YES
g. In your lifetime, have you been treated for an alcohol problem? *q7*	0 ☐ NO Go to h.	1 ☐ YES Yes →	Who treated you? (Check all that apply) ❑ Psychiatrist *q7_a1* ❑ Other doctor *q7_a2* ❑ Inpatient *q7_a3*	Was the last treatment within the last year? *q7_b* 0 ☐ NO 1 ☐ YES
h. In your lifetime, have you used alternate therapies such as acupuncture or herbal remedies for any mental health problems? *q8*	0 ☐ NO STOP	1 ☐ YES Yes →		What type? *q8_a*

Form 14	**Date Completed** *dtcomplete*							
	M	M	D	D	Y	Y	Y	Y

Assessment: 2 ☐ baseline

I. Pharmacotherapy

1a. Current use of anxiolytics/antidepressant(s) or sleeping medication *medication*
☐ (0) No (go to 2) ☐ (1) Yes

NAME	**DAILY DOSE**
☐ Bupropion (Wellbutrin) *med_1*	☐ Dose ___ *med_1_dose*
☐ Citalopram (Celexa) *med_2*	☐ Dose ___ *med_2_dose*
☐ Desvenlafaxine (Pristiq) *med_3*	☐ Dose ___ *med_3_dose*
☐ Duloxetine (Cymbalta) *med_4*	☐ Dose ___ *med_4_dose*
☐ Escitalopam (Lexapro) *med_5*	☐ Dose ___ *med_5_dose*
☐ Fluoxetine (Prozac) *med_6*	☐ Dose ___ *med_6_dose*
☐ Mirtazapine (Remeron) *med_7*	☐ Dose ___ *med_7_dose*
☐ Paroxetine (Paxil) *med_8*	☐ Dose ___ *med_8_dose*
☐ Sertaline (Zoloft) *med_9*	☐ Dose ___ *med_9_dose*
☐ Venlafaxine (Effexor) *med_10*	☐ Dose ___ *med_10_dose*
☐ Other *med_11* _____ *med_11_desc*	☐ Dose ___ *med_11 _dose*

☐ Benzodiazepines *med_12* _____ *med_12_desc* ☐ PRN *med_12_prn*

WHY? *med_12_why* ☐ Anxiety ☐ Insomnia ☐ Other _____*med_12_other*

☐ Antipsychotics *med_13* _____*med_13_desc*

WHY? *med_13_why* ☐ Anxiety ☐ Insomnia ☐ Other ____ *med_13_other*

☐ Sleeping meds *med_14* _____ *med_14_desc*

2. Use of any over-the-counter medications or herbal supplements for anxiety/mood? *oc_med*

☐ (0) No ☐ (1) Yes⇐ specify _____ *oc_med_desc*

3. Family history of mental illness?

Anxiety *family_history_anxiety* ☐ (0) No ☐ (1) Yes who ____*family_history_anxiety_who*

Depression *family_history_depression* ☐ (0) No ☐ (1) Yes who_____*family_history_depression_who*

Bipolar/manic *family_history_bipolar* ☐ (0) No ☐ (1) Yes who ____ *family_history_bipolor_who*

Other *family_history_other* ____ *family_history_other_desc* ☐ (0) No ☐ (1) Yes

who__*family_history_other_who*

Suicide (attempts) *family_history_suicide* ☐ (0) No ☐ (1) Yes who ___*family_history_suicide_who*