

Depression v3 HRA Questions



| Questions | Potential Answers |
|---|--|
| Age | |
| Sex | Male Female |
| Height | |
| Weight | |
| Ethnicity | White African American Hispanic/Latino Asian or Pacific Islander American Indian/Alaska Native Other Unknown/no answer |
| Stress | None Slight Moderate Extreme |
| Primary care physician | I do not have a primary care physician I have a primary care physician (not answered) |
| My last checkup was | Less than 1 year ago 1 to 2 years ago More than 2 years ago N/A (primaryCarePhysician_has = '0') |
| Are you pregnant, or have you recently been pregnant? | Yes No N/A (sex = male) |
| Over the past 2 weeks, how often have you been bothered by little interest or pleasure in doing things? | Not at all Several days More than half the days Nearly every day |
| Over the past 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless? | Not at all Several days More than half the days Nearly every day |
| Over the past 2 weeks, which of these problems have bothered you on more than half the days? | Trouble falling or staying asleep, or sleeping too much Feeling tired or having little energy Poor appetite or overeating Feeling bad about yourself (that you are a failure or have let yourself or your family down) None of these |
| Over the past 2 weeks, which of these problems have bothered you on more than half the days? | Trouble concentrating on things (such as reading a newspaper or watching television) Moving or speaking slowly so that other people could have noticed Being fidgety or restless, moving around a lot more than usual None of these |
| How difficult have these problems made it for you to do your work, take care of things at home, or get along with people? | Not difficult at all Somewhat difficult Very difficult Extremely difficult |
| Do you or anyone in your family have a history of depression? (check all that apply) | I have a history of depression Someone in my family has or had depression Neither of these apply to me |
| Do you struggle with any of these emotional problems? (check all that apply) | Repeated negative thoughts Little emotional support from loved ones Low self-esteem None of these apply to me |
| Do you have any of these physical problems? (check all that apply) | Chronic pain Chronic illness Traumatic brain injury Significant change in weight (loss or gain) over the last month None of these |
| Do you struggle with either of these other problems? (check all that apply) | Low income or no income Recent major life change, such as a death, job loss, relationship change, or moving Neither of these apply to me |