

## Anxiety HRA Questions

Questions	Potential Answers	Customization Info
Name & User Type Options	Myself Caregiver	Required - can customize whether you want to present caregiver field. Can also customize Page Introduction text, Myself selected text, and Someone Else
Email Address		Optional - can toggle off email capture. Can also customize the page introduction text on this page.
Sex at Birth	Male Female	Required & Not Customizable
Height		Required & Not Customizable
Weight		Required - can customize whether you want BMI calculation shown on screen or not to participant
Gender Pronouns Display & Text		Optional - be default this question is hidden
Ethnicity (Always available)	White Black or African American Hispanic or Latino Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other Unknown/no answer	Required - can customize the page introduction text that reads by default 'Methodologies for preventative screenings are determined, in part, by sex at birth, age, and ethnicity. Please provide the following information to increase the accuracy of your assessment.'
Race (Only populated if Detailed Race/Ethnic Origin option selected)	White Black or African American Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other Unknown/no answer	Optional additional question
Ethnic Origin (Only populated if Detailed Race/Ethnic Origin option selected)	Not Hispanic or Latino Hispanic or Latino Unknown/no answer	Optional additional question
Do you use tobacco products?	No, never No, last used more than a year ago No, last used in the past year Yes	Required and not customizable
In a typical week, what types of physical activity do you engage in? Check all that apply.	Moderate activity (examples) Vigorous activity (examples) None of these	Required and not customizable
Describe your moderate activity in a typical week.	x minutes per day x days a week	Required - can customize text in parentheses - default is 'walking, biking, active yoga, dancing, recreational swimming'
Describe your vigorous activity in a typical week.	x minutes per day x days a week	Required - can customize text in parentheses - default is 'running, hiking uphill, singles tennis, swimming laps'
Do you have a (primary care name)? Default: primary care physician	(Not answered) Yes No I don't know	Required - can customize the wording of PCP ex/ 'primary care provider' vs 'primary care physician'
Do you have a (specialist name)? Default: mental healthcare provider	(Not answered) Yes No I don't know	Optional additional question
Is your provider part of {ORGANIZATION_NAME}?	No Yes (not answered)	Optional additional question
Provider Name {label is customizable}	Provider Name	Optional additional question
Is your provider part of {ORGANIZATION_NAME}?	No Yes (not answered)	Optional additional question
Provider Name {label is customizable}	Physician Name	Optional additional question
What is your stress level?	None Slight Moderate Extreme	Required and not customizable
Over the past 2 weeks, how often have you been bothered by feeling nervous, anxious or on edge?	Not at all Several days More than half the days Nearly every day	Required and not customizable
Over the past 2 weeks, how often have you been bothered by not being able to stop or control worrying?	Not at all Several days More than half the days Nearly every day	Required and not customizable
Over the past 2 weeks, which of these problems have bothered you on more than half the days?	Worrying too much about different things Becoming easily annoyed or irritable Feeling afraid something awful might happen None of these	Required and not customizable
Over the past 2 weeks, which of these other problems have bothered you on more than half the days?	Trouble relaxing Being so restless that it is hard to sit still None of these	Required and not customizable
In the last 4 weeks, have you had a panic attack (suddenly feeling fear or panic)?		Required and not customizable
How difficult have these problems made your daily life?	Not difficult at all Somewhat difficult Very difficult Extremely difficult	Required and not customizable
Indicate if you have any of these anxiety risk factors.	Family history of anxiety or depression Feelings of guilt, envy, anger Shyness or avoidance of new places, situations and people Fear of criticism Self-critical, feeling incompetent or useless None of these	Required and not customizable
Did you experience difficulties or trauma during childhood?		Required and not customizable