

Depression 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 selected text if applicable.
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 (not answered)	Required and not customizable
Are you pregnant, or have you recently been pregnant?	Yes No N/A (sex = male)	Required and not customizable
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	Required and not customizable
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	Required and not customizable
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	Required and not customizable
Over the past 2 weeks, which of these other 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	Required and not customizable
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 (not answered)	Required and not customizable
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	Required and not customizable
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	Required and not customizable
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	Required and not customizable
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	Required and not customizable