

# Q Mood Participant History

Record ID

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## Questionnaire - Metadata

Session ID

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Questionnaire Started At

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Questionnaire Completed At

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Questionnaire Duration (seconds)

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## Medical and Psychiatric comorbidities

Please list any active psychiatric problems and medical problems.

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Please list any historical psychiatric problems and medical problems.

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## Treatment Obtained

Have you ever been prescribed medication for mental or emotional problems (e.g., antidepressants, anxiolytics, antipsychotics, mood stabilizers, etc.)?

☐ Yes  
☐ No

Please list any current psychiatric medications (to the best of your recollection), including medication names, dosage, and how many times per day.

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Please list any previous psychiatric medications (to the best of your recollection), including medication names, approximate dates you were taking them, and why they were discontinued.

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Have you ever seen a mental health professional for talk therapy (could include social workers, psychiatrists, etc.)?

☐ Yes  
☐ No

Please briefly describe your psychotherapy history (e.g., dates, reasons for seeking therapy, etc.).

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