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MAJOR DEPRESSION: TREATMENT RECORD

INSTRUCTIONS

This form should be completed prospectively for an individual patient who is being treated for DSM-IV major depressive disorder or ICD-10 depression of at least moderate severity. The form is designed to permit rating of treatment trials according to the Antidepressant Treatment History Form (ATHF).

Please complete as much information as possible. Ideally, file in chronological order and fill in an ascending 'Trial Number' for each sheet. Each trial allows up to three drugs to be recorded, but not all trials will require this.

Please duplicate page 7 for each subsequent trial.

PATIENT DETAILS

Name:		DOB/CHI:	Age (years):
Address:		Consultant/ RMO:	Date:
		Consultant/ RMO:	Date:
Diagnosis (ICD-10):		Date of Diagnosis:	

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Trial Number:	1	Max Dose	Course of treatment		Maximum dose achieved	
			Date Started:	Date Finished:	Date Started:	Date Finished:
Drug 1:						
Drug 2:						
Drug 3:						
Adverse Effects. Please rate from 1 (minimal) to 10 (severe):	1.	2.	3.	4.	5.	
	6.	7.	8.	9.	10.	
Response (please circle):	None Partial Full		Comments (e.g. timing of response):			
Rating Scale Used (please circle):	None HRSD MADRS BDI IDS CGI Other (please specify)					
Score on Entry:		Date:	≥ 50% improvement?	Y/ N		
Score on Exit:		Date:	HRSD-17 ≤ 7 or MADRS ≤ 10?	Y/ N		
Reason for discontinuation (1: Non-response; 2: Adverse Effects; 3: Patient choice; 4: Other – please specify):						

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Trial Number:	2	Max Dose	Course of treatment		Maximum dose achieved	
			Date Started:	Date Finished:	Date Started:	Date Finished:
Drug 1:						
Drug 2:						
Drug 3:						
Adverse Effects. Please rate from 1 (minimal) to 10 (severe):	1.	2.	3.	4.	5.	
	6.	7.	8.	9.	10.	
Response (please circle):	None Partial Full		Comments (e.g. timing of response):			
Rating Scale Used (please circle):	None HRSD MADRS BDI IDS CGI Other (please specify)					
Score on Entry:		Date:	≥ 50% improvement?	Y/ N		
Score on Exit:		Date:	HRSD-17 ≤ 7 or MADRS ≤ 10?	Y/ N		
Reason for discontinuation (1: Non-response; 2: Adverse Effects; 3: Patient choice; 4: Other – please specify):						

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Trial Number:	3	Max Dose	Course of treatment		Maximum dose achieved	
			Date Started:	Date Finished:	Date Started:	Date Finished:
Drug 1:						
Drug 2:						
Drug 3:						
Adverse Effects. Please rate from 1 (minimal) to 10 (severe):	1.	2.	3.	4.	5.	
	6.	7.	8.	9.	10.	
Response (please circle):	None Partial Full		Comments (e.g. timing of response):			
Rating Scale Used (please circle):	None HRSD MADRS BDI IDS CGI Other (please specify)					
Score on Entry:		Date:	≥ 50% improvement?	Y/ N		
Score on Exit:		Date:	HRSD-17 ≤ 7 or MADRS ≤ 10?	Y/ N		
Reason for discontinuation (1: Non-response; 2: Adverse Effects; 3: Patient choice; 4: Other – please specify):						

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Trial Number:	4	Max Dose	Course of treatment		Maximum dose achieved	
			Date Started:	Date Finished:	Date Started:	Date Finished:
Drug 1:						
Drug 2:						
Drug 3:						
Adverse Effects. Please rate from 1 (minimal) to 10 (severe):	1.	2.	3.	4.	5.	
	6.	7.	8.	9.	10.	
Response (please circle):	None Partial Full		Comments (e.g. timing of response):			
Rating Scale Used (please circle):	None HRSD MADRS BDI IDS CGI Other (please specify)					
Score on Entry:		Date:	≥ 50% improvement?	Y/ N		
Score on Exit:		Date:	HRSD-17 ≤ 7 or MADRS ≤ 10?	Y/ N		
Reason for discontinuation (1: Non-response; 2: Adverse Effects; 3: Patient choice; 4: Other – please specify):						

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Trial Number:	5		Max Dose	Course of treatment		Maximum dose achieved	
				Date Started:	Date Finished:	Date Started:	Date Finished:
Drug 1:							
Drug 2:							
Drug 3:							
Adverse Effects. Please rate from 1 (minimal) to 10 (severe):	1.	2.	3.	4.	5.		
	6.	7.	8.	9.	10.		
Response (please circle):	None Partial Full		Comments (e.g. timing of response):				
Rating Scale Used (please circle):	None HRSD MADRS BDI IDS CGI Other (please specify)						
Score on Entry:		Date:	≥ 50% improvement?	Y/ N			
Score on Exit:		Date:	HRSD-17 ≤ 7 or MADRS ≤ 10?	Y/ N			
Reason for discontinuation (1: Non-response; 2: Adverse Effects; 3: Patient choice; 4: Other – please specify):							

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Trial Number:		Max Dose	Course of treatment		Maximum dose achieved	
			Date Started:	Date Finished:	Date Started:	Date Finished:
Drug 1:						
Drug 2:						
Drug 3:						
Adverse Effects. Please rate from 1 (minimal) to 10 (severe):	1.	2.	3.	4.	5.	
	6.	7.	8.	9.	10.	
Response (please circle):	None Partial Full	Comments (e.g. timing of response):				
Rating Scale Used (please circle):	None HRSD MADRS BDI IDS CGI Other (please specify)					
Score on Entry:		Date:	≥ 50% improvement?	Y/ N		
Score on Exit:		Date:	HRSD-17 ≤ 7 or MADRS ≤ 10?	Y/ N		
Reason for discontinuation (1: Non-response; 2: Adverse Effects; 3: Patient choice; 4: Other – please specify):						