

Date of Onset/Past Episodes and Treatment/Age of Initial Episode

1. When did you last feel well in spirits?

Years

Months

2. How long have you felt this bad?

Years

Months

3. Have you had depression like this before?

Once before

Twice or more

No

4. How old were you when you first suffered from depression?

5. Have you had antidepressants before?

Yes

No

6. Were they successful?

No previous antidepressants

Unsuccessful because patient gave up

Unsuccessful despite patient's perseverance for over a month

Successful

Date completed: