Patient Study ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/19\_\_\_\_

Gender male / female

Researcher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please enter:**

Today’s date: **[ ] [ ]  / [ ] [ ]  / 20[ ] [ ]**

Date Randomised: **[ ] [ ]  / [ ] [ ]  / 20[ ] [ ]**

Date 12-month follow-up completed: **[ ] [ ]  / [ ] [ ]  / 20[ ] [ ]**

1. Were any antidepressant medications or other psychotropic medications prescribed to the patient in the 6 months prior to randomisation?

|  |  |
| --- | --- |
| Yes | [ ]  Give details below |
| No | [ ]  Go to question 2 |

 (From [ ] [ ]  / [ ] [ ]  / 20[ ] [ ]  to [ ] [ ]  / [ ] [ ]  / 20[ ] [ ]  )

| **Prescription number** | **Date of prescription** | **Drug name** e.g. Fluoxetine | Strengthe.g. 20mg | Dosee.g. 2bd (2 capsules twice a day) | **Amount Issued**e.g. 7 days or 28 capsules  | **BNF Code**e.g. 4.3.3 |
| --- | --- | --- | --- | --- | --- | --- |
| **1.** |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |
| **6.** |  |  |  |  |  |  |
| **7.** |  |  |  |  |  |  |
| **8.** |  |  |  |  |  |  |
| **9.** |  |  |  |  |  |  |
| **10.** |  |  |  |  |  |  |
| **11.** |  |  |  |  |  |  |
| **12.** |  |  |  |  |  |  |
| **13.** |  |  |  |  |  |  |
| **14.** |  |  |  |  |  |  |

**Total number of antidepressant prescriptions and/ or other psychotropic prescriptions issued in the 6 months prior to randomisation [ ] [ ]**

2. Has any antidepressant medication and/or psychotropic medication been prescribed to the patient during the first half of the study period (0 to 6 months)?

|  |  |
| --- | --- |
| Yes | [ ]  Give details below |
| No | [ ]  Go to question 3 |

 (From [ ] [ ]  / [ ] [ ]  / 20[ ] [ ]  to [ ] [ ]  / [ ] [ ]  / 20[ ] [ ]  )

| **Prescription number** | **Date of prescription** | **Drug name** e.g. Fluoxetine | Strengthe.g. 20mg | Dosee.g. 2bd (2 capsules twice a day) | **Amount Issued**e.g. 7 days or 28 capsules  | **BNF Code**e.g. 4.3.3 |
| --- | --- | --- | --- | --- | --- | --- |
| **1.** |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |
| **6.** |  |  |  |  |  |  |
| **7.** |  |  |  |  |  |  |
| **8.** |  |  |  |  |  |  |
| **9.** |  |  |  |  |  |  |
| **10.** |  |  |  |  |  |  |
| **11.** |  |  |  |  |  |  |
| **12.** |  |  |  |  |  |  |
| **13.** |  |  |  |  |  |  |
| **14.** |  |  |  |  |  |  |

**Total number of antidepressant prescriptions and/ or other psychotropic prescriptions issued between randomisation and the 6-month assessment [ ] [ ]**

3. Has any antidepressant medication and/ or psychotropic medication been prescribed to the patient during the second half of the study period (6 to 12 months)?

|  |  |
| --- | --- |
| Yes | [ ]  Give details below |
| No | [ ]  Go to question 4 |

 (From [ ] [ ]  / [ ] [ ]  / 20[ ] [ ]  to [ ] [ ]  / [ ] [ ]  / 20[ ] [ ]  )

| **Prescription number** | **Date of prescription** | **Drug name** e.g. Fluoxetine | Strengthe.g. 20mg | Dosee.g. 2bd (2 capsules twice a day) | **Amount Issued**e.g. 7 days or 28 capsules  | **BNF Code**e.g. 4.3.3 |
| --- | --- | --- | --- | --- | --- | --- |
| **1.** |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |
| **6.** |  |  |  |  |  |  |
| **7.** |  |  |  |  |  |  |
| **8.** |  |  |  |  |  |  |
| **9.** |  |  |  |  |  |  |
| **10.** |  |  |  |  |  |  |
| **11.** |  |  |  |  |  |  |
| **12.** |  |  |  |  |  |  |
| **13.** |  |  |  |  |  |  |
| **14.** |  |  |  |  |  |  |

**Total number of antidepressant prescriptions and/ or other psychotropic prescriptions issued between the 6-month and the 12-month assessments [ ] [ ]**

4. Have there been any primary care consultations for the patient in the 6 months prior to randomisation?

|  |  |
| --- | --- |
| Yes | [ ]  Give details below |
|  No | [ ]  Go to question 5 |

 (From [ ] [ ]  / [ ] [ ]  / 20[ ] [ ]  to [ ] [ ]  / [ ] [ ]  / 20[ ] [ ]  )

| **Consultation****Number** | **Date** | **Where seen**Practice (1) Telephone (2) Home visit (3)Don’t know (4)DNA (5) | **Who Seen?**GP (1)Practice Nurse (2)Counsellor (3)Phlebotomist (4)Other (5) | **Reason/Comments**  |
| --- | --- | --- | --- | --- |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |
| **5.** |  |  |  |  |
| **6.** |  |  |  |  |
| **7.** |  |  |  |  |
| **8.** |  |  |  |  |
| **9.** |  |  |  |  |
| **10.** |  |  |  |  |
| **11.** |  |  |  |  |
| **12.** |  |  |  |  |
| **13.** |  |  |  |  |

**Total number of primary care consultations in the 6 months prior to randomisation [ ] [ ]**

5. Have there been any primary care consultations for the patient during the first half of the study period (0 to 6 months)?

|  |  |
| --- | --- |
| Yes | [ ]  Give details below |
|  No | [ ]  Go to question 6 |

 (From [ ] [ ]  / [ ] [ ]  / 20[ ] [ ]  to [ ] [ ]  / [ ] [ ]  / 20[ ] [ ]  )

| **Consultation****Number** | **Date** | **Where seen**Practice (1) Telephone (2) Home visit (3)Don’t know (4)DNA (5) | **Who Seen?**GP (1)Practice Nurse (2)Counsellor (3)Phlebotomist (4)Other (5) | **Reason/Comments**  |
| --- | --- | --- | --- | --- |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |
| **5.** |  |  |  |  |
| **6.** |  |  |  |  |
| **7.** |  |  |  |  |
| **8.** |  |  |  |  |
| **9.** |  |  |  |  |
| **10.** |  |  |  |  |
| **11.** |  |  |  |  |
| **12.** |  |  |  |  |
| **13.** |  |  |  |  |

**Total number of primary care consultations between randomisation and the 6-month assessment [ ] [ ]**

6. Have there been any primary care consultations for the patient during the second half of the study period (6 to 12 months)?

|  |  |
| --- | --- |
| Yes | [ ]  Give details below |
|  No | [ ]   |

 (From [ ] [ ]  / [ ] [ ]  / 20[ ] [ ]  to [ ] [ ]  / [ ] [ ]  / 20[ ] [ ]  )

| **Consultation****Number** | **Date** | **Where seen**Practice (1) Telephone (2) Home visit (3)Don’t know (4)DNA (5) | **Who Seen?**GP (1)Practice Nurse (2)Counsellor (3)Phlebotomist (4)Other (5) | **Reason/Comments**  |
| --- | --- | --- | --- | --- |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |
| **5.** |  |  |  |  |
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| **7.** |  |  |  |  |
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| **9.** |  |  |  |  |
| **10.** |  |  |  |  |
| **11.** |  |  |  |  |
| **12.** |  |  |  |  |
| **13.** |  |  |  |  |

**Total number of primary care consultations between the 6-month and the 12-month assessments [ ] [ ]**

**Additional notes here:**

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