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 | Strength e.g. 20mg | Dose e.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 | Strength e.g. 20mg | Dose e.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 | Strength e.g. 20mg | Dose e.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.** |  |  |  |  |
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| **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.** |  |  |  |  |
| **6.** |  |  |  |  |
| **7.** |  |  |  |  |
| **8.** |  |  |  |  |
| **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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