**Data collection sheet**

**PERSONAL RECORD**

**Patient no:**………………………

**Age:** ………………………………………. **Address:**……………………………

**Contact no:**…………………………

**Residence:**

**Gender: ** male  female

**Education: ** literate  illiterate

**Marital status: ** married  unmarried  divorced

**Religion: ** Hinduism  Buddhism  Christianity  Muslim  Others **Occupation: ** Business  Service Agriculture Housewife Others **Family history of depression: ** Yes  No

**What is the reason for your depression?**

 Family history  Loneliness  Stressful events  Illness Alcohol and drugs  Pregnancy

Others: ………………….

**Clinical characteristics of depression**

 Persistent sadness or low mood  Marked loss of interests or pleasure  Loss of energy  Disturbances with sleep

 Changes in appetite  Depressed mood

 Feelings of worthlessness  Focusing on the negative aspects of the situation

 Diminished ability to concentrate and difficulties with attention

 Thoughts of self-harm  Death or suicide others…

**Severity of depression**

* Sub threshold depressive
* Mild
* Moderate
* Severe

**Anti-depressant used and dose:** …………………………………………………….

**Antidepressants Side Effects Checklist (ASEC)**

Please score the following list of symptoms 0 = absent, 1 = mild, 2 = moderate, 3 = severe

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S.N** | **ADR** | **0** | **1** | **2** | **3** | **Comment** |
| 1 | Dry Mouth |  |  |  |  |  |
| 2 | Drowsiness |  |  |  |  |  |
| 3 | Insomnia |  |  |  |  |  |
| 4 | Blurred vision |  |  |  |  |  |
| 5 | Headache |  |  |  |  |  |
| 6 | Constipation |  |  |  |  |  |
| 7 | Diarrhea |  |  |  |  |  |
| 8 | Increased appetite |  |  |  |  |  |
| 9 | Decreased appetite |  |  |  |  |  |
| 10 | Nausea or vomiting |  |  |  |  |  |
| 11 | Problem with urination |  |  |  |  |  |
| 12 | Problem with sexual function |  |  |  |  |  |
| 13 | Palpitation |  |  |  |  |  |
| 14 | Feeling light- headed on standing |  |  |  |  |  |
| 15 | Feeling like room is spinning |  |  |  |  |  |
| 16 | Sweating |  |  |  |  |  |
| 17 | Increased body temperature |  |  |  |  |  |
| 18 | Tremor |  |  |  |  |  |
| 19 | Disorientation |  |  |  |  |  |
| 20 | Yawning |  |  |  |  |  |
| 21 | Weight gain |  |  |  |  |  |

Q1. What other symptoms have you had since the antidepressant medication (or since last completing the ASEC) that you think may be side-effects of the medication?

………………………………………………………………………………………………………….

**Naranjo Algorithm - ADR Probability Scale**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S.N | Questions | Yes | No | Do not know | | Score | |
| 1 | Are there previous conclusive reports on this reaction? | +1 | 0 | 0 | |  | |
| 2 | Did the adverse event appear after the suspected drug  was administered? | +2 | -1 | 0 | |  | |
| 3 | Did the adverse event improve when the drug was discontinued or a specific antagonist was administered? | +1 | 0 | 0 | |  | |
| 4 | Did the adverse event reappear when the drug was re- administered? | +2 | -1 | 0 | |  | |
| 5 | Are there alternative causes that could on their own have caused the reaction? | 1 | +2 | 0 | |  | |
| 6 | Did the reaction reappear when a placebo was given? | -1 | +1 | 0 | |  | |
| 7 | Was the drug detected in blood or other fluids in concentrations known to be toxic? | +1 | 0 | 0 | |  | |
| 8 | Was the reaction more severe when the dose was increased or less severe when the dose was decreased? | +1 | 0 | 0 | |  | |
| 9 | Did the patient have a similar reaction to the same or similar drugs in any previous exposure? | +1 | 0 | 0 | |  | |
| 10 | Was the adverse event confirmed by any objective evidence? | +1 | 0 | 0 | |  | |
| Total= | | | | |  | |

Score of >9 indicated definite ADR, 5-8 indicated probable ADR, 1-4 indicated possible ADR, and 0 indicated doubtful ADR

**Morisky Green Levine Adherence score**

|  |  |  |
| --- | --- | --- |
| **MGLA questions** | **Yes** | **No** |
| Ever not taking medicine due to forgetfulness |  |  |
| Doing negligence about taking medicine |  |  |
| Stop medicine sometimes when feeling better |  |  |
| Stop taking medicine when feeling worse |  |  |