

FACCT

FOUNDATION FOR ACCOUNTABILITY

FACCT Quality Measures
Major Depressive Disorder
Measurement Specifications—version 1.0

FACCT—The Foundation for Accountability

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Table of Contents

Major Depressive Disorder—Summary of Measures and Methodology	1
Identifying the Eligible Population.....	3
Reporting Period	4
Population Case Finding.....	4
Sample Size	5
Developing the Reporting Sample.....	6
Data Collection.....	9
Calculating the Measures.....	13
1. Lost to Follow-up	
2. Patient Satisfaction	
3. Patient Functional Status	
4. Remittance	
5. Patient Ability to Maintain Daily Activities	
Transmitting Data to a Measurement Vendor or Other Third Party.....	25
Appendices.....	31
I. Diagnosis Codes	
II. Risk Adjustment Questions	
III. Clinician Survey: Patient Exclusion Criteria	
IV. Depression—Arkansas Scale (D-ARK) Diagnostic Tool	
V. Scoring of D-ARK for Risk Adjustment	
VI. Data Collection Formats	
VII. Comorbidities Checklist	
VIII. Patient Baseline Survey	
IX. Patient Follow-up Survey	

Table 1: Major Depressive Disorder—Summary of Measures and Methodology

<i>Measure</i>	<i>Performance Values</i>	<i>Instrument/Data Source</i>
Steps to Good Care		
Lost to follow-up	<u>Proportion</u> of patients, whose depression is not in remittance, who have discontinued treatment <u>Proportion</u> of patients who have discontinued treatment for reasons other than agreement with their counselor/therapist that it was time to end treatment	Two questions in patient follow-up survey completed six months after diagnosis
Experience and Satisfaction		
Patient satisfaction	<u>Mean score</u> of patient satisfaction overall <u>Mean score</u> of patient satisfaction with staff <u>Mean score</u> of patient satisfaction with negativity/coerciveness <u>Mean score</u> of patient satisfaction with environment <u>Mean score</u> of patient satisfaction with outcomes	Twenty-six question Behavioral Healthcare Rating of Satisfaction survey completed six months after diagnosis
Results		
Patient functional status	<u>Mean change score</u> of global SF-36 <u>Mean change score</u> of mental health subscale <u>Mean change score</u> of emotional role subscale <u>Mean change score</u> of social function subscale <u>Mean change score</u> of vitality subscale	SF-36 Health Status Survey completed at diagnosis and six months after diagnosis
Remittance	<u>Proportion</u> of patients whose disease is in remittance six months after diagnosis	Twelve questions in patient follow-up survey completed six months after diagnosis
Patient ability to maintain daily activities	<u>Mean number</u> of days lost from regular activities during the past four weeks <u>Mean number</u> of missed work days during the past four weeks	Three questions in patient follow-up survey completed six months after diagnosis

Accountable Health Care Organizations: Primary Care and Mental Health Settings

Primary care or mental health practices are the primary accountable health care organizations for managing the quality of major depressive disorder care for the specifications discussed in this document.

Many managed care plans and free-standing behavioral health management programs share in the accountability for the quality of MDD care. While FACCT's initial MDD accountability measures are centered with clinics and other groups of practitioners, such information can be organized to examine the accountability of health plans and other health care organizations.

If a mix of provider settings are participating in MDD quality measurement work, the risk adjustment approach recommended by FACCT may be particularly important. The severity of illness for a group of patients may differ across settings. Less severe episodes of MDD are more likely to be treated in primary care settings, while patients who are more resistant to therapy are more likely to be treated in mental health settings. In addition, because the detection of MDD by clinicians varies greatly, the consistency of MDD detection across clinics or care settings should be assessed.

Identifying the Eligible Population

Inclusion criteria

- Patients who seek care from a participating medical group or mental health program and are diagnosed with major depressive disorder, regardless if it is an initial or recurrent episode.
- Patients who are at least 18 years of age at the time of the MDD diagnosis.
- Patients whose MDD diagnosis is confirmed through the baseline patient survey.
- If desirable, line of business (commercial, Medicare, and Medicaid) or product line segmentation can be determined in the specific market area.

Exclusion criteria

- Patients who meet one or more of the exclusion criteria listed in Appendix III.
- Patients who are too ill to participate or physically unable to complete the survey.

Reporting Period

These major depressive disorder measures are based on patient survey information only—the surveys assess MDD patients' health and treatment experiences during a six-month period. This is a prospective measurement set. The data collection begins as patients are enrolled on confirmation of their MDD diagnosis.

The reporting period will be defined based on the participating medical groups' projections of the number of patients that will be enrolled per month or quarter. The enrolled patient projections and attrition expectations coupled with the target patient sample size will determine the reporting period. Market areas should standardize this reporting period by using a common calendar period for all participating medical groups.

Population Case Finding

The patients who make up the measurement reporting sample are a subset of the medical group's patients—those present for care during a specified time period. This approach is not designed to represent the total population of MDD patients affiliated with a medical group.

The population of patients who are diagnosed and recorded as having MDD is a subset of a larger population of people who have the disorder. Many cases of MDD are not detected and many other cases, though diagnosed, are not recorded accurately for a number of reasons, ranging from protecting privacy to manipulating billings for reimbursement. We do not know if this phenomenon of under-detection and under-reporting systematically skews the population characteristics of certain clinics/health care organizations and, in turn, could lead to unfair comparisons. FACCT uses a prospective method—enrolling patients and monitoring their experience over six months—in part, to mitigate potential for any such biases.

Two-Step Case-Finding Process

Case finding uses a two-step process to affirm the patient's MDD condition and eligibility for participation in the study. This is a prospective case-finding approach. No historical claims, medical records or other data are used to identify patients.

STEP I: The clinician diagnoses MDD and applies the patient exclusion criteria. The pertinent diagnostic codes and exclusion criteria are listed in Appendices I and III.

STEP II: Patients diagnosed in Step I are asked to complete a baseline survey that includes an MDD diagnostic tool: the Depression—Arkansas Scale. Those patients whose survey responses confirm their MDD condition are enrolled in the reporting sample. The D-ARK questions are included in Appendix IV.

Patient Confirmation of MDD Diagnosis

In the baseline survey, the patient completes the 11 questions that make up the D-ARK diagnostic tool. The patient must meet the following criteria to confirm the clinician’s MDD diagnosis and be included in the study sample.

Criterion I: The patient must have a score of 3 or 4 on questions 1 and 2 of the D-ARK diagnostic tool (Appendix IV) AND

Criterion II: The patient must have a score of 3 or 4 on at least five of the remaining nine questions of the D-ARK diagnostic tool. (Note: a “yes” response is recoded to a score of four for D-ARK question 11 “In the past four weeks have you thought a lot about a specific way to commit suicide?”).

Sample Size

The reporting sample size is 100 patients per medical group. Methods for using smaller sample sizes are being investigated. One approach is to reduce the number of risk adjustment variables.

Several of the measures are adjusted for severity of disease, comorbidities, age, family history and education.

The reporting sample is not stratified. If users wish to stratify results for distinct populations, larger sample sizes would be needed. These specifications assume no such stratification.

For quality improvement and provider-specific feedback purposes, users may wish to devise a sampling approach that is a cross-section of patients across a group practice or mental health program.

Risk Adjustment

The major depressive disorder measures should be risk adjusted for those factors that influence the results and are systematically different for certain patients regardless of the performance of the health care organization.

FACCT recommends using risk adjustments for all measures except the satisfaction and lost to follow-up measures. In the future, FACCT will refine the risk adjustment approach to reduce redundancy across risk adjustment factors and identify other relevant factors.

The risk adjustment factors collected in the baseline patient survey include:

Risk Adjustment Factor	Scoring/Data	Reference
Severity of illness	D-ARK score 0-100	Appendix V

Psychiatric comorbidities	Record if patient has dysthymia, alcohol disorder or drug disorder	Appendix VIII
Medical comorbidities	Record number of patient's comorbidities	Appendix VII
Family history	Record if patient has a family history of depression or alcoholism	Appendix VIII
Psychiatric hospitalization	Record if patient has had previous psychiatric hospitalization(s)	Appendix VIII
Depressive episodes	Record number of patient's previous depressive episodes	Appendix VIII
Social support	Record number of people who provide social support to patient	Appendix VIII
Age at onset of depression	Record patient age at onset of first MDD episode	Appendix VIII
Education level	Record level of education completed	Appendix VIII

A statistical formula, using regression analysis, is used to risk adjust the results of the three outcomes measures:

- remittance
- patient functional status
- patient ability to maintain daily activities

Developing the Reporting Sample

The study sample is the group of patients whose experience is targeted for measurement. The reporting sample is the subset of the study sample for which complete information is obtained and that otherwise qualifies for inclusion once the data are collected.

A typical approach would be to create a study sample using all new eligible cases for a specific time period given the small number of newly diagnosed MDD cases for any single clinic and for administrative simplicity. Clear protocols need to be followed by the clinic to ensure that a clinic does not selectively exclude eligible patients whom the clinician or staff believe are not “good” or “representative” cases.

The study sample must be large enough to yield a final reporting sample of 100 patients. Because patients are prospectively enrolled in the study sample and followed over a six-month period, a projection of the number of patients who will present with the condition monthly or quarterly is essential. A proportion of these patients will drop out of the study or otherwise

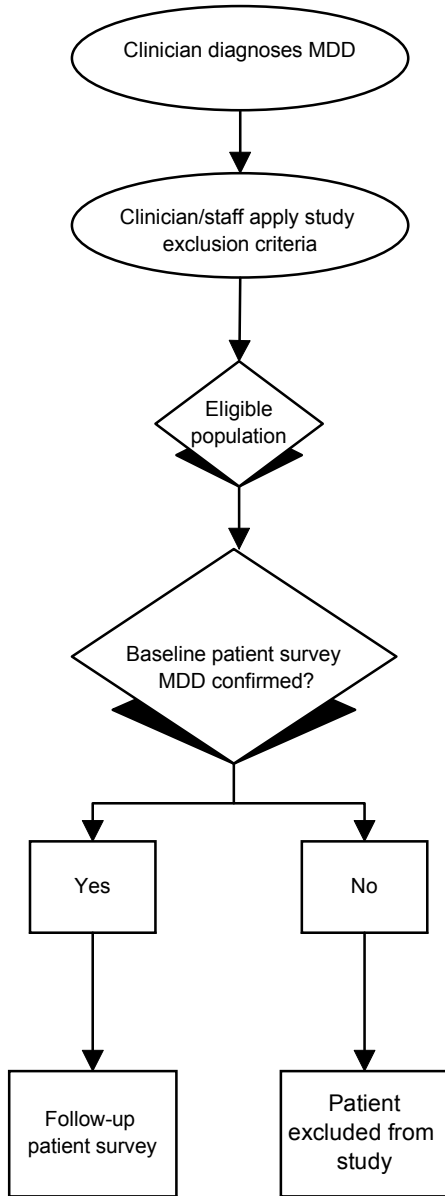
be lost to follow-up at six months. A conservative assumption would be to target a study sample that is double the size of the final reporting sample. This allows for a subset of patients who will be excluded from the study and for patient attrition due to patients who are lost to follow-up or do not respond to the surveys. Factors to consider in constructing the study sample size include:

- The National Comorbidity Study found that the annual incidence of major depressive disorder was 10 percent among people age 15-54. The annual incidence of new or recurrent cases of MDD is 50 people per 1,000 over age 65. The overall prevalence of major depression in primary care settings ranges from 5 percent to 10 percent. Major depression is far more common in women than in men. Lifetime prevalence of MDD for women is about one in every five to seven women; for men the lifetime prevalence is one in every 15 men.
- A large proportion of MDD cases are undetected—roughly 50 percent of depressive disorder cases are not diagnosed or accurately recorded as MDD.
- The MDD measures are all based on patient survey responses. Response rate experience for a mailed survey with phone follow-up often varies from 40 percent to 90 percent depending on patient perception regarding the link between the survey and ongoing care and personal provider. Linking the survey to the clinic by routing it through the clinic is a strategy to achieve higher response rates.

Recent work in a set of mental health clinics realized a two-thirds patient survey response rate from a group of MDD patients. This baseline survey was administered by mail with phone follow-up. Half of those patients completed the survey within three to four weeks. Generally, patients who did not complete the survey were too ill or transient and difficult to find. Relatively few non-respondents simply refused to participate in the survey.

FIGURE 1

**Major Depressive Disorder (MDD)
Patient Enrollment and Data Collection**



Decision Rules

1. Identify Eligible Population

Clinician diagnoses MDD during patient visit

Clinician/staff apply exclusion criteria supported by visit observations and/or medical records

2. Administer Baseline Patient Survey

Survey mailed by clinic staff/ vendor

Survey includes diagnostic tool to confirm MDD, health status and case mix items

3. Administer Follow-up Patient Survey 6 Months Post-Diagnosis

Survey mailed by clinic staff/ vendor

Survey includes health status, satisfaction, lost time, disease remittance and continuity of care items

Data Collection

Data Sources

These measures are based on data collected from patients using two surveys and a set of exclusion criteria completed by the clinician or clinic staff. Patient billing or member enrollment records are the source for the demographic data to administer the patient survey. The sources for these various data include:

Data	Typical Data Sources
<i>Administrative data, including any provider, plan and product identifiers</i>	Patient billing record Member enrollment record
<i>Patient demographic data, including patient name, sex, date-of-birth, mailing address, phone number and unique identifier (SSN)</i>	Patient billing record Member enrollment record
<i>Patient risk factors, such as comorbidities, severity of illness and family history</i>	Patient baseline survey
<i>Patient exclusion from study data</i>	Clinician survey or medical record
<i>Measures data, including patient health status, experience of care, satisfaction, functioning, maintaining daily activities, illness remittance and lost to follow-up</i>	Patient baseline and follow-up surveys

Data Collection Steps

As shown in Figure 1, once the clinician identifies a patient with MDD, the clinician or staff applies the exclusion criteria, and the patient, if eligible, is enrolled in the study.

1. The clinic sets up a tickler file for each eligible patient to record the data collection steps, patient response/non-response status, survey identification codes to link records and protect confidentiality and other pertinent information.
2. The clinic distributes or mails the baseline patient survey and does phone follow-up for those who do not respond after the initial mailing. An advance letter typically is used to inform the patient about the study and the surveys.
3. The clinic receives the returned surveys and reviews the self-diagnosis section to confirm the MDD diagnoses by scoring the D-ARK. For eligible MDD cases, the clinic checks the survey for legibility and completeness, removes personal identifiers and forwards the survey to a measurement vendor for data input, analysis and reporting.
4. The clinic mails the follow-up patient survey six months after the patient was diagnosed. Upon receiving the returned follow-up survey, the clinic checks it for legibility and completeness, removes personal identifiers and forwards the survey to a measurement vendor for data input, analysis and reporting.

An alternative data collection workflow uses a combination of clinic staff and a measurement vendor to administer the patient surveys. Here, once the clinic mails or distributes the baseline survey to the patient, the survey is returned to a measurement vendor. In turn, the measurement vendor handles the patient follow-up in step two and the tasks described in steps three and four above. This approach raises a more complex set of data privacy issues because a third party is handling confidential information and directly contacting the patient.

Data Confidentiality and Privacy

In the data collection model that uses the clinic as a data collection hub, patient privacy is protected by positioning the clinic to receive the completed surveys from patients and to forward the usable surveys to a measurement vendor. The clinic staff removes any personal identifiers from the surveys before relaying them to the vendor. Coded forms are used to link the baseline and follow-up surveys. Similarly, these codes can be used to identify the clinic without using clinic-specific identifiers.

The data collection model that relies on a measurement vendor for survey administration requires confidentiality protection arrangements between the clinic and the vendor. Also, it heightens the importance of the clinic's communication with the patient about participating in the work and assurances about upholding patient privacy. Some patients, perhaps those most dissatisfied with their experience, may be more likely to participate using this arrangement if the survey responses are not identified by individual patient and reported to the clinic.

Patients' completion and return of the survey constitute their consent to participate in the study. Similarly, patient willingness to participate in a phone interview constitutes appropriate consent.

Families of patients with depressive disorder often are very concerned about patient confidentiality. Communications should be geared to patients and their families.

Timing of Data Collection

The patients are a longitudinal sample of the clinic's MDD patients surveyed on a rolling calendar basis. All cases enrolled in the first month of the study are the first wave population, which receives the follow-up survey six months after diagnosis. The cases enrolled in each succeeding month receive a follow-up survey six months after diagnosis.

The patient surveys should be administered during a similar time period for the populations whose experiences are being compared in a market area.

Data Collection Tools

The baseline patient survey is attached in Appendix VIII. The follow-up patient survey is attached in Appendix IX. The risk adjustment questions, to be completed by the patient's clinician or the clinic staff, are attached in Appendix II. Also, a format is provided to prepare data collection forms for the demographic data elements (Appendix VI).

Calculating the Measures

1. Lost to Follow-up

Data Source: Patient Survey

Performance Value I: Proportion

Performance Value II: Proportion

This measure has two separate reportable performance values: 1) the proportion of patients who have not recovered from their episode of depression who report that they are no longer in treatment and 2) the proportion of patients who are no longer in treatment who report that they left treatment for reasons other than agreement with their counselor/therapist that it was time to end treatment.

Calculation of the Lost to Follow-up Performance Value: Using the remittance formula described in the remittance measure, identify the number of respondents who have not recovered from their episode of depression. From this group of respondents, identify those who report that they are no longer in treatment. Calculate the proportion of respondents who have not recovered from their episode of depression who report that they are no longer in treatment.

Denominator: All respondents who, when scored by the remittance formula, have not recovered from their episode of depression.

Numerator: All respondents in the denominator who report that they are no longer in treatment.

Calculation of the Left Treatment Performance Value: Sum the number of respondents who report that they are no longer in treatment for their depression for reasons other than agreement with their counselor/therapist that it was time to end treatment. Divide the sum of these respondents by the total number of respondents who report that they are no longer in treatment.

Denominator: All respondents who report that they are no longer in treatment for their depression.

Numerator: All respondents in the denominator who report that they are no longer in treatment for any reason other than agreement with their counselor/therapist that it was time to end treatment.

Notes: No risk adjustments are recommended for these measures.

Table M1

Scoring of Lost to Follow-up Measure

Lost to Follow-up Question

Are you still receiving treatment from a counselor, therapist or doctor for a mental, emotional or nervous condition? ___yes ___no

a) If not, why did you stop? (Please check all that apply.)

___ My counselor/therapist and I agreed it was time to end treatment.

___ I decided to stop treatment on my own.

___ Other reason (please explain)

Scoring Steps: Lost to Follow-up Performance Value

- a) Identify those respondents who **do not** meet the remittance criteria specified in the remittance measure: the number of respondents whose responses to questions 1 and 2 of the D-ARK are 1 or 2 AND whose responses to at least seven of the remaining nine D-ARK questions are 1 or 2 AND whose response to the remittance question is “yes.”
- b) Identify those respondents in (a)—those who have not recovered from their current episode of depression—who report that they are no longer receiving treatment.
- c) Divide the number of respondents who are no longer receiving treatment (b) by the total number of respondents (a) who have not recovered from their episode of depression.

Scoring Steps: Left Treatment Performance Value

- a) Identify the total number of respondents who report that they are no longer receiving treatment.
- b) Identify those respondents in (a)—those who are no longer receiving treatment—who report that they stopped treatment because: 1) “I decided on my own to end treatment”, **or** for 2) “other reasons.”
- c) Divide the number of respondents who stopped treatment for the reasons listed in (b) by the total number of respondents (a) who report that they are no longer receiving treatment.

Calculating the Measures

2. Patient Satisfaction

Data Source: Patient Survey

Performance Value I: Mean

Performance Value II: Mean

Performance Value III: Mean

Performance Value IV: Mean

Performance Value V: Mean

This measure, which has five separate reportable values, assesses patient satisfaction with their care for major depression. Mean scores are calculated for patient satisfaction with:

1. overall satisfaction
2. staff
3. negativity/coerciveness
4. environment
5. outcomes

Calculation of the Overall Satisfaction Performance Value: For each of the four overall satisfaction questions, sum the numerical values that correspond to the responses (1-6 on poor-excellent scale) for each question. Sum the number of respondents to each question. Divide the total score for each question by the number of respondents to that question. Calculate a grand mean for the four overall satisfaction questions by summing the four mean scores and dividing that sum by four.

Calculation of the Satisfaction with Staff Performance Value: For each of the seven satisfaction with staff questions, sum the numerical values that correspond to the responses (1-6 on poor-excellent scale) for each question. Sum the number of respondents to each question. Divide the total score for each question by the number of respondents to that question. Calculate a grand mean for the seven satisfaction with staff questions by summing the seven mean scores and dividing that sum by seven.

Calculation of the Satisfaction with Negativity/Coerciveness Performance Value: For each of the three satisfaction with negativity/coerciveness questions, sum the numerical values that correspond to the responses (1-6 on poor-excellent scale) for each question. Sum the number of respondents to each question. Divide the total score for each question by the number of respondents to that question. Calculate a grand mean for the three satisfaction with negativity/coerciveness questions by summing the three mean scores and dividing that sum by three.

Calculation of the Satisfaction with Environment Performance Value: For each of the two satisfaction with environment questions, sum the numerical values that correspond to the responses (1-6 on poor-excellent scale) for each question. Sum the number of respondents to each question. Divide the total score for each question by the number of respondents to that question. Calculate a grand mean for the two satisfaction with environment questions by summing the two mean scores and dividing that sum by two.

Calculation of the Satisfaction with Outcomes Performance Value: For each of the eight satisfaction with outcomes questions, sum the numerical values that correspond to the responses (1-6 on poor-excellent scale) for each question. Sum the number of respondents to each question. Divide the total score for each question by the number of respondents to that question. Calculate a grand mean for the eight satisfaction with outcomes questions by summing the eight mean scores and dividing that sum by eight.

Notes: No risk adjustments are recommended for this measure. Further information about the Behavioral Health Care Rating of Satisfaction Survey is available from University of South Florida/Florida Mental Health Institute at (813)-974-1939.

Table M2

Scoring Patient Satisfaction Measure

Scoring Steps: Overall Satisfaction Performance Value

- a) Remove respondents who answer fewer than two of the four overall satisfaction items (items 30c, 30h, 30v and 30z).
- b) Calculate mean score for each respondent: For each respondent, sum the numbers that correspond to the indicated response on a 1-6 (poor-excellent) on all items responded to and divide by the number of items responded to.
- c) Sum mean scores of all respondents: Add scores calculated in step (b) above
- d) Calculate the grand mean score for this sub-scale, which consists of four items, by dividing the total calculated in step c by the total number of respondents

Scoring Steps: Satisfaction with Staff Performance Value

- a) Remove respondents who answer fewer than four of the nine satisfaction with staff items (items 30a, 30i, 30j, 30k, 30m, 30n, 30r, 30t and 30y).
- b) Calculate mean score for each respondent: For each respondent, sum the numbers that correspond to the indicated response on a 1-6 (poor-excellent) on all items responded to and divide by the number of items responded to.
- c) Sum mean scores of all respondents: Add scores calculated in step (b) above.
- d) Calculate the grand mean score for this sub-scale, which consists of four items, by dividing the total calculated in step c by the total number of respondents.

Scoring Steps: Satisfaction with Negativity/Coerciveness Performance Value

- a) Remove respondents who answer fewer than two of the three satisfaction with negativity/coerciveness items (items 30g, 30s and 30x).
- b) Calculate mean score for each respondent: For each respondent, sum the numbers that correspond to the indicated response on a 1-6 (poor-excellent) on all items responded to and divide by the number of items responded to.
- c) Sum mean scores of all respondents: Add scores calculated in step (b) above.
- d) Calculate the grand mean score for this sub-scale, which consists of four items, by dividing the total calculated in step c by the total number of respondents.

Scoring Steps: Satisfaction with Environment Performance Value

- a) Remove respondents who answer less than one of the satisfaction with environment items (items 30d and 30o).
- b) Calculate mean score for each respondent: For each respondent, sum the numbers that correspond to the indicated response on a 1-6 (poor-excellent) on all items responded to and divide by the number of items responded to.
- c) Sum mean scores of all respondents: Add scores calculated in step (b) above.
- d) Calculate the grand mean score for this sub-scale, which consists of four items, by dividing the total calculated in step c by the total number of respondents.

Scoring Steps: Satisfaction with Outcomes Performance Value

- a) Remove respondents who answer fewer than three of the eight overall satisfaction items (items 30b, 30e, 30f, 30l, 30p, 30q, 30u and 30w).
- b) Calculate mean score for each respondent: For each respondent, sum the numbers that correspond to the indicated response on a 1-6 (poor-excellent) on all items responded to and divide by the number of items responded to.
- c) Sum mean scores of all respondents: Add scores calculated in step (b) above.
- d) Calculate the grand mean score for this sub-scale, which consists of four items, by dividing the total calculated in step c by the total number of respondents.

Calculating the Measures

3. Patient Functional Status

Data Source: Patient Survey

Performance Value I: Mean Change

Performance Value II: Mean Change

Performance Value III: Mean Change

Performance Value IV: Mean Change

Performance Value V: Mean Change

This measure, which assesses the physical and mental health of major depressive disorder patients, uses the SF-36 Health Status Survey. This measure has five separate reportable values:

- 1) Global
- 2) Mental health
- 3) Emotional role limitations
- 4) Social function
- 5) Vitality

The SF-36 Health Status Survey is administered at baseline and follow-up. The reported performance values are the mean change in these scores over the six-month period.

Calculation of the Functional Status Performance Value: Survey respondents' mean scores for the SF-36 Health Status Survey's: 1) global, 2) mental health, 3) emotional role limitations, 4) social function, and 5) vitality scales are calculated at baseline and follow-up. The mean score change between baseline and follow-up is calculated for each respondent. The grand mean score change is calculated for all respondents. These scores are represented on a 0-100 point scale. The scoring instructions are detailed in the SF-36 Health Survey Manual and Interpretation Guide.

Denominator: The number of respondents who complete the baseline and follow-up SF-36 health status questions.

Numerator for Global Scale: For all respondents in the denominator, the sum of their scores (transformed to 0-100 scale) for the full 36 questions. Calculate sums separately for the baseline and follow-up survey results.

Numerator for Mental Health Subscale: For all respondents in the denominator, the sum of their scores (transformed to 0-100 scale) for the five mental health questions. Calculate sums separately for the baseline and follow-up survey results.

Numerator for Emotional-Role Limitations Scale: For all respondents in the denominator, the sum of their scores (transformed to 0-100 scale) for the three emotional role limitations questions. Calculate sums separately for the baseline and follow-up survey results.

Numerator for Social Function Subscale: For all respondents in the denominator, the sum of their scores (transformed to 0-100 scale) for the two social function questions. Calculate sums separately for the baseline and follow-up survey results.

Numerator for Vitality Subscale: For all respondents in the denominator, the sum of their scores (transformed to 0-100 scale) for the four vitality questions. Calculate sums separately for the baseline and follow-up survey results.

Mean Change Calculation: For each of the five performance values, subtract the mean score at baseline from the mean score at follow-up and report the mean score change for all respondents.

Notes: Respondent scores are adjusted for the risk factors in Appendix II. For scoring instructions see the SF-36 Physical and Mental Component Summary Measures—A User's Manual (Ware & Keller, 1994). The SF-36 manuals can be ordered from:

The Medical Outcomes Trust
Box 1917
Boston, MA 02205
Telephone: (617) 426-4046

Calculating the Measures

4. Remittance

Data Source: Patient Survey

Performance Value: Proportion

This measure uses patient responses to the D-ARK tool, supplemented by a remittance question, to assess the proportion of patients whose illness is in remittance six months after diagnosis. In most cases of MDD, the patient should achieve a level of recovery after six months of treatment characterized by no relapse, a decrease in MDD symptoms and a substantial decrease in suicidal ideation.

Calculation of the Remittance Performance Value: Sum the number of follow-up survey respondents whose responses to questions 1 and 2 of the D-ARK Survey are 1 or 2 AND whose responses to at least seven of the remaining nine D-ARK Survey questions are 1 or 2 AND whose response to the remittance question is “yes”. Divide the sum of these respondents by the total number of respondents to these questions.

Denominator: The number of respondents to the D-ARK questions and remittance question in the follow-up survey.

Numerators: The number of respondents, in the denominator, whose responses to questions 1 and 2 of the D-ARK are 1 or 2 AND whose responses to at least seven of the remaining nine D-ARK questions are 1 or 2 AND whose response to the remittance question is “yes”.

Notes: The formula described here for calculating the remittance outcome is an unadjusted result. This result would be adjusted for the risk factors in Appendix II using a multinomial logit regression model. For the regression model, patients who meet the criteria for successful remittance described above would be assigned a score of 1 and those who have not achieved remittance a score of 0.

Table M4

Scoring Remittance Measure

Remittance Question

1. In the *past four months*, have you had a period of one month or more when you felt almost or completely back to your usual self? That is, a period when you were not depressed.
 1. No
 2. Yes
 3. Have always been depressed

D-ARK Questions

Please see Appendix IV for the 11 question D-ARK questions.

Scoring Steps: Remittance

- a) Remove respondents who do not answer the follow-up survey's 11 D-ARK questions and the remittance question.
- b) Recode the response to D-ARK question 11: a "yes" response is recoded to a score of 4 as indicated in the table below.
- c) Sum the number of respondents whose responses to questions 1 and 2 of the D-ARK survey are 1 or 2 (on a scale of 1, 2, 3 or 4) AND whose responses to at least seven of the remaining nine D-ARK questions are 1 or 2 (on a scale of 1, 2, 3 or 4) AND who respond "yes" to the remittance question.
- d) Calculate the proportion of patients whose condition is in remittance by dividing the sum of those respondents who meet the criteria in step (b) by the total number of respondents to these questions as shown in step (a).

Recode Suicide Response

Recode the response to the question: "In the past four weeks have you thought a lot about a specific way to commit suicide?" as follows:

PATIENT RESPONSE	RECODE TO VALUE
NO	1
YES	4

Calculating the Measures

5. Patient Ability to Maintain Daily Activities

Data Source: Patient Survey

Performance Value I: Mean

Performance Value II: Mean

This measure has two separate reportable performance values: 1) the days lost value, which is based on two questions that assess how much patients have been kept in bed or reduced their regular activities during the past four weeks and 2) the missed work value, which relies on one question that asks patients how many days they have missed from their job during the past four weeks.

Calculation of the Days Lost Performance Value: Sum all respondents' total number of days in bed plus the total number of days that they cut down on their usual activities during the past four weeks. Divide the total number of days lost by the number of respondents who answered both questions.

Denominator: The number of respondents to the days in bed and the days lost from usual activities questions.

Numerator: For all respondents in the denominator, the sum of their days in bed plus days lost from usual activities.

Notes: The performance value is adjusted for the risk factors in Appendix II.

Calculation of the Missed Work Performance Value: Sum all respondents' total number of days missed from work during the past four weeks. Divide the total number of missed work days by the number of respondents who answered the question.

Denominator: The number of respondents to the days missed from work question.

Numerator: For all respondents in the denominator the sum of their days missed from work.

Notes: The performance value is adjusted for the risk factors in Appendix II.

Table M5

Scoring of Ability to Maintain Daily Activities Measure

Days In Bed Question

During the ***past four weeks***, how many days did your physical health or emotional problems keep you in bed all of most of the day? (Your answer may range from 0 to 28 days. Enter 0 if you did not miss any days).

Number of days _____

Reduced Usual Activities Question

During the ***past four weeks***, how many days did you cut down on the things you usually do for one-half day or more because of your physical health or emotional problems? (Your answer may range from 0 to 28 days. Do not include days already counted in question 1).

Number of days _____

Missed Work Question

During the ***past four weeks***, how many days did you miss more than half of the day from your job or business because of illness or injury problems? (Your answer may range from 0 to 28 days. Enter 0 if you did not miss any days).

_____ Number of days _____ Don't have job or business.

Scoring Steps: Days Lost Performance Value

- a) Remove respondents who did not answer both the days in bed and reduced usual activities questions.
- b) Sum the total number of days lost for all respondents for each of the 2 questions.
- c) Divide the total number of days in step (b) by the number of respondents to both questions

Scoring Steps: Missed Work Performance Value

- a) Remove respondents who do not answer the missed work question.
- b) Sum the total number of days missed from work for all respondents.
- c) Divide the total number of days in step (b) by the number of respondents to the question.

Transmitting Data to a Measurement Vendor or Other Third Party

Introduction

This section on transmitting data to a measurement vendor or other third party provides guidance to health care organizations that administer the MDD patient surveys and may be asked to provide the survey data to an independent entity—typically a measurement vendor producing measures results data for multiple accountable health care organizations in a given market area.

FACCT's recommended data administration approach is to lodge the responsibility for identifying eligible patients, mailing surveys and receiving surveys with the provider clinic or other accountable health care organization. In turn, the clinic would forward the surveys to a measurement vendor for data input, analysis and reporting. The risk adjustment and other data discussed below are recorded in the patient surveys and would be forwarded to the measurement vendor. There is no need to aggregate or format the risk adjustment data if the completed patient surveys are being forwarded to the measurement vendor.

If the accountable health care organization collects the data and transmits aggregated patient data (rather than raw individual patient level data) to the measurement vendor, the risk adjustment and other data discussed below would be needed by the measurement vendor.

Risk Adjustments to MDD Performance Values

Three of the MDD measures—remittance, patient functional status and patient ability to maintain daily activities—need to be risk adjusted to compare the performance of health care organizations. The variables used for these adjustments include:

- severity
- sex
- comorbidities
- age
- income
- family history

Tables 2-3 below summarize data elements that are used to perform risk adjustment for one or more of the major depressive disorder measures or to verify accurate measure construction. The patient survey questions used to gather data for these data variables are included in Appendices II, VII and VIII.

If an accountable health care organization is reporting aggregated data (rather than providing the individual patient surveys) to a measurement vendor or other third party, the following data should be provided to the vendor or third party:

- The achieved sample size and respondent/non-respondent comparison by age and sex for all measures.
- The raw score means and standard deviations for each question used in the satisfaction performance value. The raw score mean is the sum of the response values for each question divided by the number of respondents for each question.
- For the functional status performance values: 1) the number, sample proportion and standard deviation for each score and income category, and 2) respondent/non-respondent comparison by age and sex.

Demographic, Socio-economic and Comorbidity Adjustments

To support risk adjustments for several of the measures, the following data will be assembled from patient responses to the survey questions in Appendices II and VII.

Comorbidities	FEMALE				MALE				Total
	18-44 years	45-64 years	65-74 years	75+ years	18-44 years	45-64 years	65-74 years	75+ years	
anemia	*	*	*	*	*	*	*	*	
arthritis/rheumatism	*	*	*	*	*	*	*	*	
asthma	*	*	*	*	*	*	*	*	
bronchitis	*	*	*	*	*	*	*	*	
cancer	*	*	*	*	*	*	*	*	
cataracts	*	*	*	*	*	*	*	*	
diabetes	*	*	*	*	*	*	*	*	
gall bladder disorder	*	*	*	*	*	*	*	*	
heart disease	*	*	*	*	*	*	*	*	
high blood pressure	*	*	*	*	*	*	*	*	
kidney trouble	*	*	*	*	*	*	*	*	
lung disease	*	*	*	*	*	*	*	*	
migraine headaches	*	*	*	*	*	*	*	*	
repeated bladder disorders	*	*	*	*	*	*	*	*	
repeated seizures	*	*	*	*	*	*	*	*	
repeated stomach problems	*	*	*	*	*	*	*	*	
repeated trouble with neck, back or spine	*	*	*	*	*	*	*	*	
stroke	*	*	*	*	*	*	*	*	
tuberculosis									
ulcer	*	*	*	*	*	*	*	*	
Total	*	*	*	*	*	*	*	*	

*Report number of respondents and percentage of total respondent sample represented by each cell

Income	18-44 years	45-64 years	65-74 years	75+ years	Total
Under \$10,000	*	*	*	*	
\$10,000 - \$19,000	*	*	*	*	
\$20,000 - \$34,999	*	*	*	*	
\$35,000 - \$49,999	*	*	*	*	
\$50,000 -or more	*	*	*	*	
Total	*	*	*	*	

*Report number of respondents and percentage of total sample of respondents represented by each cell

Severity Adjustments

Severity of illness adjustments are used for the three outcomes measures: 1) patient functional status, 2) remittance and 3) patient ability to maintain daily activities.

The D-ARK tool responses are scored using the formula in Appendix IV to assign a severity of illness score to each patient.

Scoring

The scoring specifications provided in this document to calculate performance values produce “raw scores,” which are one of up to four tiers of possible scoring. The four tiers are:

Scoring Tiers	Description
<i>I. Calculate a raw performance value</i>	Calculate raw performance values as outlined in the specifications—these values can be a mean, proportion, distribution or number.
<i>II. Calculate adjusted performance value</i>	Derive an adjusted performance value through application of risk adjustment methods.
<i>III. Transform performance value to a standardized scale</i>	Standardize performance values for all accountable entities which yield a score that compares the accountable entity’s performance to a standard score (e.g., benchmark or norm) and accounts for the standard error of the performance value estimate for each accountable unit.
<i>IV. Develop summary scores of performance</i>	In some cases multiple performance values will be combined and weighted to create summary scores of performance.

These specifications detail the steps to calculate the raw performance value (Tier I) only. Further information will be provided to calculate adjusted performance values (Tier II) as more is learned about the significance of risk adjustment for accountability purposes. Typically, the calculations performed in Tiers III and IV would be done by a measurement vendor producing performance results across multiple accountable health care organizations.

Comparisons for Scoring Results

To promote standards for improving the population’s health and to minimize the sample size requirements and associated costs, the health care organization’s results are compared to external standards, whenever possible, rather than comparing all health care organizations’ results to one another.

These comparative standards are a component of the work to transform the performance value results into a measures score as indicated in the scoring tiers described above.

Performance Value	Type of Score	Measure Comparison Standard	Comparison Score
SF-36 Global	Mean Change	SF-36 < Age 65 Global Norm for MDD*	TBD
SF-36 Mental Health Subscale	Mean Change	SF-36 < Age 65 Mental Health Norm for MDD Patients*	46.26
SF-36 Emotional role Limitation Subscale	Mean Change	SF-36 < Age 65 Emotional role Norm for MDD Patients*	38.90
SF-36 Social Function Subscale	Mean Change	SF-36 < Age 65 Social Function Norm for MDD Patients*	57.16
SF-36 Vitality Subscale	Mean Change	SF-36 < Age 65 Vitality Norm for MDD Patients*	40.12
Remittance	Proportion		TBD
Lost to Follow-up	Proportion		TBD
Left Treatment	Proportion		
Satisfaction	Mean		TBD
Days Lost	Mean		TBD
Missed Work	Mean		TBD

** mean scores for national sample of MDD patients—not change score norms*

Comparisons for Scoring Results

SF-36 Scores for A National Sample of Patients with Major Depressive Disorder*								
Scales	Physical Function	Role Function	Bodily Pain	General Health	Vitality	Social Function	Role-emotional	Mental Health
Mean for MDD Patients	71.58	44.39	58.84	52.94	40.12	57.16	38.90	46.26
Standard Deviation	27.17	40.36	26.74	22.98	21.08	27.67	39.80	20.83

*6 percent of sample age = age 65

Appendix I Diagnosis Codes

Diagnosis Codes		
Code Type	Code Number	Description
ICD-9	296.2	Major Depressive Disorder, Single Episode
ICD-9	296.3	Major Depressive Disorder, Recurrent Episode

4. \$20,000 to \$24,999
5. \$25,000 to \$34,999
6. \$35,000 to \$49,999
7. \$50,000 or more
8. Not sure

Appendix III

Questions For Excluding Major Depressive Disorder Cases

Exclude a patient if:

- 1) The response is “yes” to question 1, 2, 3 **or** 4 OR
- 2) The response to question five is (a), (b) or (c).

1. Is the depression a **normal reaction to the death** of a loved one? 1. () **Yes**
2. () **No**
3. () **Unsure**

2. Has an **organic factor** initiated and maintained the depression? 1. () **Yes**
2. () **No**
3. () **Unsure**

3. Has the patient ever demonstrated a **manic episode**? 1. () **Yes**
2. () **No**
3. () **Unsure**

4. Does the patient have Schizophrenia, Schizophreniform Disorder, Delusional Disorder or Psychotic Disorders? 1. () **Yes**
2. () **No**
3. () **Unsure**

5. Please check which, if any, of the following drugs the patient has regularly taken during the month before the visit. If the patient is taking **none** of these drugs, please check the appropriate box at the end of the list.
 - a) _____ reserpine
 - b) _____ anabolic steroids
 - c) _____ glucocorticoids (cortisone, dexamethasone, hydrocortisone, prednisone, triamcinolone)
 - d) _____ none of the these drugs

From: The Depression Outcomes Module, Clinician Baseline Assessment (Form 8.2)

Appendix IV D-ARK Diagnostic Questions

The following questions ask you about how you have been feeling in (Circle One) the past four weeks.

1. How often in the past four weeks have you felt depressed, blue or in low spirits for most of the day?

Not at all	1
One to three days a week	2
Most days a week	3
Nearly every day for at least two weeks	4

2. How often in the past four weeks did you have days in which you experienced little or no pleasure in most of your activities?

Not at all	1
One to three days a week	2
Most days a week	3
Nearly every day for at least two weeks	4

3. How often in the past four weeks has your appetite been either less than usual or greater than usual?

Not at all	1
One to three days a week	2
Most days a week	3
Nearly every day for at least two weeks	4

4. In the past four weeks have you gained or lost weight without trying to?

No	1
Yes, a little weight	2
Yes, some weight	3
Yes, a lot of weight	4

5. How often in the past four weeks have you had difficulty sleeping or trouble with sleeping too much?

Not at all	1
One to three days a week	2
Most days a week	3
Nearly every day for at least two weeks	4

6. In the past four weeks has your physical activity been slowed down or speeded up so much that people who know you could notice?
- Not at all 1
 - Yes, a little slowed or speeded up 2
 - Yes, somewhat slowed or speeded up 3
 - Yes, very slowed or speeded up 4
7. In the past four weeks, have you often felt more tired or less energetic than usual?
- No 1
 - Yes, a little tired out 2
 - Yes, somewhat tired out 3
 - Yes, very tired out 4
8. How often in the past four weeks have you felt worthless or been bothered by feelings of guilt?
- Not at all 1
 - One to three days a week 2
 - Most days a week 3
 - Nearly every day for at least two weeks 4
9. In the past four weeks, have you often had trouble thinking, concentrating or making decisions?
- Not at all 1
 - Yes, a little trouble thinking 2
 - Yes, some trouble thinking 3
 - Yes, a lot of trouble thinking 4
10. How often have you thought about death or suicide in the past four weeks?
- Not at all 1
 - One to three days a week 2
 - Most days a week 3
 - Nearly every day for at least two weeks 4
11. In the past four weeks, have you thought a lot about a specific way to commit suicide?
- No 1
 - Yes 2

Appendix V Scoring of D-ARK for Risk Adjustment

Scoring of D-ARK Tool for Risk Adjustment

- a) Recode the response to question 11 “In the past four weeks have you thought a lot about a specific way to commit suicide?” using values 1 and 4 described below.
- b) Recode all responses to the remaining 10 questions using values 0, 1, 2, 3 described below.
- c) Exclude respondents who omit responses to one or more questions.
- d) For each respondent, sum the numbers that correspond to the recoded responses for the questions.
- e) For each respondent, calculate an average value by dividing the sum of the recoded responses by the total number of questions answered.
- f) For each respondent, multiply the average value by 33.33 to standardize to a 0-100 range.

<i>Recode Suicide Response</i>	
Recode the response to the question: “In the past four weeks have you thought a lot about a specific way to commit suicide?” as follows:	
PATIENT RESPONSE	RECODE TO VALUE
NO	1
YES	4

<i>Recode The 11 D-ARK Responses for Risk Adjustment Calculations</i>	
PATIENT RESPONSE	RECODE TO VALUE
1	0
2	1
3	2
4	3

Appendix VI Data Collection Formats

Administrative Data					
Data Element	ASTM Field Name	Data Source	ASTM Field	ASTM Type	ASTM Length
Practice assigned patient ID	Unique # assigned to each patient by clinic, such as a medical record number or Social Security number, billing number		P-3	CK	16
Alternate patient ID	Unique # assigned to each patient by provider institution specifically for outcomes research (not SSN or MRN) Used to permit data center to feedback with ID's that are recognizable by the provider institution without compromise of patient confidentiality		P-5	ST	16
Clinic Name or ID	Code to identify sending clinic/or site of service		H-5	ST	40
Provider ID	Universal Physician ID #, Health Plan ID#		P-14	CNA	60

Patient Demographic Data					
Data Element	ASTM Field Name	Data Source	ASTM Field	ASTM Type	ASTM Length
Patient name	Patient name, needed for sending out survey questions		P -6	PN	48
Birth date	Birth date and time, in format YYYYMMDD		P-8	TS	26
Patient ID	Unique patient ID Social Security number in format NNN-NN-NNNN				
Patient sex	Patient sex, as M or F		P-9	ID	1
Patient address	Patient address, including the city, state, country, and zip code, needed for sending out survey questions		P-11	AD	200
Patient telephone #	Patient's day telephone number, in format NNN-NNN-NNNN		P-13	TN	40

Appendix VII Comorbidities Checklist

Do you have or have you ever had any of the following medical conditions? (check all that apply)

- | | | |
|----|---|--------------------------|
| a. | Anemia | <input type="checkbox"/> |
| b. | Arthritis or any kind of rheumatism | <input type="checkbox"/> |
| c. | Asthma | <input type="checkbox"/> |
| d. | Bronchitis | <input type="checkbox"/> |
| e. | Cancer | <input type="checkbox"/> |
| f. | Cataracts | <input type="checkbox"/> |
| g. | Diabetes | <input type="checkbox"/> |
| h. | Gall bladder trouble | <input type="checkbox"/> |
| i. | Heart disease | <input type="checkbox"/> |
| j. | High blood pressure | <input type="checkbox"/> |
| k. | Kidney trouble | <input type="checkbox"/> |
| l. | Lung disease | <input type="checkbox"/> |
| m. | Migraine headaches | <input type="checkbox"/> |
| n. | Repeated bladder disorders | <input type="checkbox"/> |
| o. | Repeated seizures | <input type="checkbox"/> |
| p. | Repeated stomach problems | <input type="checkbox"/> |
| q. | Repeated trouble with neck, back or spine | <input type="checkbox"/> |
| r. | Stroke | <input type="checkbox"/> |
| s. | Tuberculosis | <input type="checkbox"/> |
| t. | Ulcer | <input type="checkbox"/> |

Appendix VIII Patient Baseline Survey Major Depressive Disorder

Identification No:

INSTRUCTIONS: This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

Answer every question by marking the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

1. In general, would you say your health is:

- Excellent 1
- Very good 2
- Good..... 3
- Fair..... 4
- Poor 5

2. Compared to one year ago, how would you rate your health in general now?

- Much better now than one year ago 1
- Somewhat better now than one year ago..... 2
- About the same now as one year ago..... 3
- Somewhat worse now than one year ago..... 4
- Much worse now than one year ago..... 5

3. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

- | | Yes,
limited
a lot | Yes,
limited
a little | No, not
limited
at all |
|--|-----------------------------------|--------------------------------------|---------------------------------------|
| a. <u>Vigorous activities</u> , such as running,
lifting heavy objects, participating
in strenuous sports..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| b. <u>Moderate activities</u> , such as moving | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

- a table, pushing a vacuum cleaner,
bowling or playing golf 1 2 3
- c. Lifting or carrying groceries..... 1 2 3
- d. Climbing several flights of stairs 1 2 3
- e. Climbing one flight of stairs 1 2 3
- f. Bending, kneeling or stooping..... 1 2 3
- g. Walking more than a mile 1 2 3
- h. Walking several blocks..... 1 2 3
- i. Walking one block..... 1 2 3
- j. Bathing or dressing yourself 1 2 3

4. During the past four weeks, have you had any of the following problems with your work or other daily activities as a result of your physical health?

- | | Yes | No |
|--|----------------------------|----------------------------|
| a. Cut down on the <u>amount of time</u> you spent on work or other activities | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. <u>Accomplished less</u> than you would like | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. Were limited in the <u>kind</u> of work or other activities | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. Had <u>difficulty</u> performing the work or other activities (for example, it took extra effort) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

5. During the past four weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?
- | | Yes | No |
|---|----------------------------|----------------------------|
| a. Cut down on the <u>amount of time</u> you spend on work or other activities..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. <u>Accomplished less</u> than you would like | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. Didn't do work or other activities as <u>carefully</u> as usual | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
6. During the past four weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends,neighbors or groups?
- Not at all 1
- Slightly 2
- Moderately 3
- Quite a lot 4
- Extremely..... 5
7. How much bodily pain have you had during the past four weeks?
- None 1
- Very mild..... 2
- Mild..... 3
- Moderate 4
- Severe 5
- Very severe 6

8. During the past four weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

- Not at all 1
- A little bit 2
- Moderately 3
- Quite a bit 4
- Extremely 5

9. These questions are about how you feel and how things have been with you during the past four weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
How much of the time during the <u>past four weeks</u> :						
a. Did you feel full of pep?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b. Have you been a very nervous person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c. Have you felt so down in the dumps that nothing could cheer you up?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d. Have you felt calm and peaceful?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e. Did you have a lot of energy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
f. Have you felt downhearted and blue?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
g. Did you feel worn out?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
h. Have you been a happy person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
i. Did you feel tired?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

10. During the past four weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

- All of the time 1
- Most of the time 2
- Some of the time 3
- A little of the time 4
- None of the time 5

11. How TRUE or FALSE is each of the following statements for you?

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a. I seem to get sick a little easier than other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I am as healthy as anybody I know.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. I expect my health to get worse.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. My health is excellent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

12. How many people do you feel you can tell just about anything to, people you can count on for understanding or support?

Number of people: _____

The following questions are about how you have been feeling in the past four weeks.

13. How often in the past four weeks have you felt depressed, blue or in low spirits for most of the day?

- Not at all 1
- One to three days a week 2
- Most days a week..... 3
- Nearly every day for at least two weeks..... 4

14. How often in the past four weeks did you have days in which you experienced little or no pleasure in most of your activities?
- Not at all 1
- One to three days a week 2
- Most days a week 3
- Nearly every day for at least two weeks 4
15. How often in the past four weeks has your appetite been either less than usual or greater than usual?
- Not at all 1
- One to three days a week 2
- Most days a week 3
- Nearly every day for at least two weeks 4
16. In the past four weeks, have you gained or lost weight without trying to?
- No 1
- Yes, a little weight 2
- Yes, some weight 3
- Yes, a lot of weight 4
17. How often in the past four weeks have you had difficulty sleeping or trouble with sleeping too much?
- Not at all 1
- One to three days a week 2
- Most days a week 3
- Nearly every day for at least two weeks 4

18. In the past four weeks, has your physical activity been slowed down or speeded up so much that people who know you could notice?
- Not at all 1
- Yes, a little slowed or speeded up..... 2
- Yes, somewhat slowed or speeded up..... 3
- Yes, very slowed or speeded up 4
19. In the past four weeks, have you often felt more tired or less energetic than usual?
- No 1
- Yes, a little tired out 2
- Yes, somewhat tired out 3
- Yes, very tired out..... 4
20. How often in the past four weeks have you felt worthless or been bothered by feelings of guilt?
- Not at all 1
- One to three days a week 2
- Most days a week..... 3
- Nearly every day for at least two weeks 4
21. In the past four weeks, have you often had trouble thinking, concentrating or making decisions?
- Not at all 1
- Yes, a little trouble thinking..... 2
- Yes, some trouble thinking 3
- Yes, a lot of trouble thinking..... 4

22. How often have you thought about death or suicide in the past four weeks?
- Not at all 1
- One to three days a week 2
- Most days a week 3
- Nearly every day for at least two weeks 4
23. In the past four weeks, have you thought a lot about a specific way to commit suicide?
- No 1
- Yes 2
24. During the past four weeks, how many days did your physical health or emotional problems keep you in bed all or most of the day? *(Your answer may range from 0 to 28 days.)*
- Number of days _____
25. During the past four weeks, how many days did you cut down on the things you usually do for one-half day or more because of your physical health or emotional problems? *(Your answer may range from 0 to 28 days. Do not include days already counted in Question 24.)*
- Number of days _____
26. During the past four weeks, how many days did you miss more than half of the day from your job or business because of illness or injury? *(Your answer may range from 0 to 28 days.)*
- Number of days _____
27. Before this current episode, how many different times in your life have you had a period when you felt sad, blue or depressed for at least two weeks?
- None 1
- One time 2
- Two times 3
- Three times 4
- Four or more times 5
- I have always felt sad 6

28. How old were you the first time you had a period when you felt sad or depressed for two weeks or more?
- Less than 12 years old..... 1
- 12-18 years old 2
- 19-35 years old 3
- 36-64 years old 4
- 65 years or older 5
29. During the past two years, have you felt depressed or sad most days?
- Yes 1
- No 2
30. During the past two years, was there a period of two months or more when you did not feel depressed or sad most days?
- Yes 1
- No 2
31. Have you ever spent time as a patient in a hospital for mental or emotional problems?
- Yes 1
- No 2
32. When was the last time you saw a psychiatrist, a medical doctor or a therapist for a mental or emotional problem?
- In the last month 1
- Two to three months ago..... 2
- Four to six months ago..... 3
- Seven to 12 months ago 4
- More than 12 months ago..... 5

33. In the past six months, have you received any of the following types of treatment for mental, emotional or nervous problems?
- | | Yes | No |
|--|----------------------------|----------------------------|
| a. Individual psychotherapy | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. Group, marriage or family therapy | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. Partial hospitalization or day treatment, that is, a daytime program that you go to every day or several times a week | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. ECT (electroconvulsive shock therapy) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. Treatment in a hospital emergency room or crisis center | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f. Treatment for alcohol or drug abuse..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

34. Please read down the list of drugs below, and check a box for each medicine you were given or prescribed in the past four weeks for mental, emotional or nervous problems. Include pills, liquids or shots. If you were not given or prescribed any medicine in the past four weeks, check the box at the end of the list.

- | | |
|---|----------------------------|
| Amitriptyline (Elavil, Endep) | <input type="checkbox"/> 1 |
| Amoxapine (Asendin)..... | <input type="checkbox"/> 1 |
| Bupropion (Wellbutrin)..... | <input type="checkbox"/> 1 |
| Clomipramine (Anafranil)..... | <input type="checkbox"/> 1 |
| Desipramine (Norpramin, Petofrane)..... | <input type="checkbox"/> 1 |
| Doxepin (Adepin, Sinequan) | <input type="checkbox"/> 1 |
| Fluoxetine (Prozac)..... | <input type="checkbox"/> 1 |
| Imipramine (Janimine, Tofranil)..... | <input type="checkbox"/> 1 |
| Isocarboxazid (Marplan) | <input type="checkbox"/> 1 |
| Maprotiline (Ludiomil) | <input type="checkbox"/> 1 |
| Nortriptyline (Aventyl, Pamelor)..... | <input type="checkbox"/> 1 |
| Paroxetine (Paxil) | <input type="checkbox"/> 1 |

- Phenelzine (Nardil) 1
- Protriptyline (Vivactil) 1
- Sertraline (Zoloft)..... 1
- Tranlycypromine (Parnate) 1
- Trazodone (Desyrel)..... 1
- Trimipramine (Surmontil)..... 1
- Other: Please list..... 1
- None—I have not been given or prescribed any
medicines in the past four weeks for mental,
emotional or nervous problems..... 1

These questions are about using alcohol, including beer, wine or liquor.

35. Did you ever think that you were an excessive drinker?
- Yes..... 1
 - No..... 2
36. Have you ever drunk as much as a fifth of liquor in one day? That would be about 20 drinks or three bottles of wine or as much as three six packs of beer in one day.
- Yes, more than once..... 1
 - Yes, but only once..... 2
 - No..... 3
37. Has there ever been a period of two weeks when every day you were drinking seven or more beers, seven or more drinks or seven or more glasses of wine?
- Yes..... 2
 - No..... 3
38. Below is a list of drugs that some people use on their own, that is to get high or without a prescription, or more than was prescribed. Have you ever used any of these drugs on your own more than five times in your life? *Check all that apply*

- Marijuana (hashish, pot, grass) 1
- Stimulants (speed, amphetamines, crystal,
methamphetamines)..... 1
- Sedatives (barbiturates, sleeping pills, Quaaludes,
Xanax, tranquilizers, Valium, Librium, red devils) 1
- Cocaine (coke, crack) 1
- Heroin 1
- Opiates other than heroin (codeine, demerol,
morphine, Methadone, Darvon, opium) 1
- Psychedelics (LSD, mesacine, peyote, psilocybin,
mushrooms, DMT)..... 1
- PCP 1
- Inhalants (glue, toluene, gasoline, paint) 1
- Others (nitrous oxide, amyl nitrate)..... 1
- None of the above 1
If none, skip to Question 41 on the next page

39. Did you ever find you needed larger amounts of these drugs to get an effect, or that you could no longer get high on the amount you used to use?
- Yes 1
 - No 2

40. Did you ever have any emotional or psychological problems from using drugs, like feeling crazy or paranoid or depressed or uninterested in things?

Yes 1

No 2

41. Do you have or have you ever had any of the following medical conditions?
(Check all that apply)

a. Anemia 1

b. Arthritis or any kind of rheumatism 1

c. Asthma 1

d. Bronchitis 1

e. Cancer 1

f. Cataracts 1

g. Diabetes 1

h. Gall bladder trouble 1

i. Heart disease 1

j. High blood pressure 1

k. Kidney trouble 1

l. Lung disease 1

m. Migraine headaches 1

n. Repeated bladder disorders 1

o. Repeated seizures 1

p. Repeated stomach problems 1

q. Repeated trouble with neck, back or spine 1

r. Stroke 1

s. Tuberculosis 1

t. Ulcer 1

48. Are you currently:
- Married or living with someone as though
you were married 1
 - Widowed 2
 - Divorced or separated..... 3
 - Never married 4
49. Which of the following categories best describes your household's annual income,
considering all sources?
- Less than \$10,000 1
 - \$10,000 to \$14,999 2
 - \$15,000 to \$19,999 3
 - \$20,000 to \$24,999 4
 - \$25,000 to \$34,999 5
 - \$35,000 to \$49,999 6
 - \$50,000 or more..... 7
 - Not sure 8

This is the end of the questionnaire. Thank you for your help and cooperation.

Appendix IX
Patient Follow-Up Survey
Major Depressive Disorder

Identification No:

INSTRUCTIONS: This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

Answer every question by marking the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

1. In general, would you say your health is:

- Excellent 1
- Very good 2
- Good..... 3
- Fair 4
- Poor 5

2. Compared to one year ago, how would you rate your health in general now?

- Much better now than one year ago 1
- Somewhat better now than one year ago..... 2
- About the same now as one year ago 3
- Somewhat worse now than one year ago..... 4
- Much worse now than one year ago..... 5

3. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. <u>Vigorous activities</u> , such as running, lifting heavy objects, participating in strenuous sports	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. <u>Moderate activities</u> , such as moving a table, pushing a vacuum cleaner, bowling or playing golf	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Lifting or carrying groceries.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Climbing <u>several</u> flights of stairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Climbing <u>one</u> flight of stairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Bending, kneeling or stooping.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Walking <u>more than a mile</u>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Walking <u>several blocks</u>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Walking <u>one block</u>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. Bathing or dressing yourself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

4. During the past four weeks, have you had any of the following problems with your work or other daily activities as a result of your physical health?

	Yes	No
a. Cut down on the <u>amount of time</u> you spent on work or other activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. <u>Accomplished less</u> than you would like	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Were limited in the <u>kind</u> of work or other activities.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Had <u>difficulty</u> performing the work or other activities (for example, it took extra effort)	<input type="checkbox"/> 1	<input type="checkbox"/> 2

5. During the past four weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?
- | | Yes | No |
|---|----------------------------|----------------------------|
| a. Cut down on the <u>amount of time</u> you spend on work or other activities..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. <u>Accomplished less</u> than you would like | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. Didn't do work or other activities as <u>carefully</u> as usual | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
6. During the past four weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors or groups?
- | | |
|-------------------|----------------------------|
| Not at all | <input type="checkbox"/> 1 |
| Slightly | <input type="checkbox"/> 2 |
| Moderately | <input type="checkbox"/> 3 |
| Quite a lot | <input type="checkbox"/> 4 |
| Extremely | <input type="checkbox"/> 5 |
7. How much bodily pain have you had during the past four weeks?
- | | |
|-------------------|----------------------------|
| None | <input type="checkbox"/> 1 |
| Very mild..... | <input type="checkbox"/> 2 |
| Mild..... | <input type="checkbox"/> 3 |
| Moderate | <input type="checkbox"/> 4 |
| Severe | <input type="checkbox"/> 5 |
| Very severe | <input type="checkbox"/> 6 |

8. During the past four weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?
- Not at all 1
- A little bit 2
- Moderately 3
- Quite a bit 4
- Extremely 5

9. These questions are about how you feel and how things have been with you during the past four weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
How much of the time during the <u>past four weeks</u> :						
a. Did you feel full of pep?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b. Have you been a very nervous person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c. Have you felt so down in the dumps that nothing could cheer you up?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d. Have you felt calm and peaceful?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e. Did you have a lot of energy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
f. Have you felt downhearted and blue?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
g. Did you feel worn out?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
h. Have you been a happy person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
i. Did you feel tired?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

10. During the past four weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

- All of the time 1
- Most of the time 2
- Some of the time 3
- A little of the time 4
- None of the time 5

11. How TRUE or FALSE is each of the following statements for you?

- | | Definitely
true | Mostly
true | Don't
know | Mostly
false | Definitely
false |
|--|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| a. I seem to get sick a little
easier than other people | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b. I am as healthy as
anybody I know..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c. I expect my health to
get worse..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| d. My health is excellent | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

The following questions are about how you have been feeling in the past four weeks.

12. How often in the past four weeks have you felt depressed, blue or in low spirits for most of the day?
- Not at all 1
 - One to three days a week 2
 - Most days a week 3
 - Nearly every day for at least two weeks 4
13. How often in the past four weeks did you have days in which you experienced little or no pleasure in most of your activities?
- Not at all 1
 - One to three days a week 2
 - Most days a week 3
 - Nearly every day for at least two weeks 4
14. How often in the past four weeks has your appetite been either less than usual or greater than usual?
- Not at all 1
 - One to three days a week 2
 - Most days a week 3
 - Nearly every day for at least two weeks 4
15. In the past four weeks, have you gained or lost weight without trying to?
- No 1
 - Yes, a little weight 2
 - Yes, some weight 3
 - Yes, a lot of weight 4

16. How often in the past four weeks have you had difficulty sleeping or trouble with sleeping too much?
- Not at all 1
- One to three days a week 2
- Most days a week 3
- Nearly every day for at least two weeks 4
17. In the past four weeks, has your physical activity been slowed down or speeded up so much that people who know you could notice?
- Not at all 1
- Yes, a little slowed or speeded up 2
- Yes, somewhat slowed or speeded up 3
- Yes, very slowed or speeded up 4
18. In the past four weeks, have you often felt more tired or less energetic than usual?
- No 1
- Yes, a little tired out 2
- Yes, somewhat tired out 3
- Yes, very tired out 4
19. How often in the past four weeks have you felt worthless or been bothered by feelings of guilt?
- Not at all 1
- One to three days a week 2
- Most days a week 3
- Nearly every day for at least two weeks 4

20. In the past four weeks, have you often had trouble thinking, concentrating or making decisions?
- Not at all 1
- Yes, a little trouble thinking 2
- Yes, some trouble thinking 3
- Yes, a lot of trouble thinking 4
21. How often have you thought about death or suicide in the past four weeks?
- Not at all 1
- One to three days a week 2
- Most days a week 3
- Nearly every day for at least two weeks 4
22. In the past four weeks, have you thought a lot about a specific way to commit suicide?
- No 1
- Yes 2
23. During the past four weeks, how many days did your physical health or emotional problems keep you in bed all or most of the day? (Your answer may range from 0 to 28 days.)
- Number of days _____
24. During the past four weeks, how many days did you cut down on the things you usually do for one-half day or more because of your physical health or emotional problems? (Your answer may range from 0 to 28 days. Do not include days already counted in Question 23.)
- Number of days _____
25. During the past four weeks, how many days did you miss more than half of the day from your job or business because of illness or injury? (Your answer may range from 0 to 28 days.)
- Number of days _____

26. In the past four months, have you had a period of *one month or more* when you felt almost or completely back to your normal self? That is, a period when you were not depressed?
- No 1
- Yes 2
- Have always been depressed..... 3
27. When was the last time you saw a psychiatrist, a medical doctor or a therapist for a mental or emotional problem?
- In the last month 1
- 2 to 3 months ago..... 2
- 4 to 6 months ago..... 3
28. In the past six months, have you received any of the following types of treatment for mental, emotional or nervous problems?
- | | Yes | No |
|--|----------------------------|----------------------------|
| a. Individual psychotherapy | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. Group, marriage or family therapy | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. Partial hospitalization or day treatment, that is, a daytime program that you go to every day or several times a week | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. ECT (electroconvulsive shock therapy)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. Treatment in a hospital emergency room or crisis center | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f. Treatment for alcohol or drug abuse..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

29. Please read down the list of drugs below, and check a box for each medicine you were given or prescribed in the past four weeks for mental, emotional or nervous problems. Include pills, liquids or shots. If you were not given or prescribed any medicine in the past four weeks, check the box at the end of the list.

- Amitriptyline (Elavil, Endep) 1
- Amoxapine (Asendin)..... 1
- Bupropion (Wellbutrin)..... 1
- Clomipramine (Anafranil)..... 1
- Desipramine (Norpramin, Petofrane)..... 1
- Doxepin (Adepin, Sinequan) 1
- Fluoxetine (Prozac)..... 1
- Imipramine (Janimine, Tofranil)..... 1
- Isocarboxazid (Marplan) 1
- Maprotiline (Ludiomil) 1
- Nortriptyline (Aventyl, Pamelor)..... 1
- Paroxetine (Paxil) 1
- Phenelzine (Nardil) 1
- Protriptyline (Vivactil)..... 1
- Sertraline (Zoloft)..... 1
- Tranlycypromine (Parnate) 1
- Trazodone (Desyrel)..... 1
- Trimipramine (Surmontil)..... 1
- Other: Please list..... 1

None—I have not been given or prescribed any medicines in the past four weeks for mental, emotional or nervous problems 1

30. Please think about the care you have had for your mental, emotional or nervous condition. Indicate your agreement or disagreement with the statements below.

	Disagree strongly	Disagree	Disagree a little	Agree a little	Agree	Agree strongly
a. The person I work with most closely seems qualified to help me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b. The program ¹ has helped me improve the way I deal with my problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c. I am satisfied with this program	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d. The building and facilities have usually been clean	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e. The program is helping me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
f. I learned things in this program that will help me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
g. This program is too controlling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
h. I would recommend this program to other people who need help	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
i. I did not get enough attention from the staff.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
j. The treatment methods do relate to my problems.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
k. The services focus on what I want from treatment.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
l. I am meeting my goals in treatment.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

¹ The word “program” may be changed to reflect a particular treatment setting.

	Disagree strongly	Disagree a little	Disagree a little	Agree a little	Agree strongly	Agree strongly
m. The services focus on my needs.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
n. The clinical staff person I work with most closely has been helpful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
o. The building and furniture are comfortable.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
p. This program has improved my ability to function	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
q. This program taught me how to communicate better with others.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
r. I am treated with respect by the staff	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
s. Some staff at this program have blamed me for my problems.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
t. The staff cares about whether I get better	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
u. The program has helped me improve the quality of my life.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
v. If I were to have problems, I would return to this program.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
w. My situation has improved because I came here.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
x. I don't trust the staff.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
y. I was able to talk with staff when I needed to do so	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
z. I am pleased with this program	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
31. Are you still receiving treatment from a counselor, therapist or doctor for a mental, emotional or nervous condition?						

No (*Answer (a) below*)..... 1

Yes (*End of Questionnaire*)..... 2

a. If not, why did you stop? (*Please check all that apply.*).....

1) Your counselor/therapist agreed it was time
to end treatment..... 1

2) I decided to stop treatment on my own..... 1

3) Other reason (*Please explain*)..... 1

This is the end of the questionnaire. Thank you for your help and cooperation.