INSTRUCTIONS: Select the best response for the following three questions.

1. Choose the response that best describes the frequency (how often) of the side effects of the medication you have taken within the past week for your depression. Do not rate side effects if you believe they are due to treatments that you are taking for medical conditions other than depression. Rate the frequency of these side effects for the past week.

   No side effects
   Present 10% of the time
   Present 25% of the time
   Present 50% of the time
   Present 75% of the time
   Present 90% of the time
   Present all the time

2. Choose the response that best describes the intensity (how severe) of the side effects that you believe are due to the medication you have taken within the last week for your depression. Rate the intensity of the side effect(s), when they occurred, over the last week.

   No side effects
   Trivial
   Mild
   Moderate
   Marked
   Severe
   Intolerable

3. Choose the response that best describes the degree to which antidepressant medication side effects that you have had over the last week have interfered with your day to day functions.

   No impairment
   Minimal impairment
   Mild impairment
   Moderate impairment
   Marked impairment
   Severe impairment
   Unable to function due to side effects

Patient ID

Date

Level

Week in level

For office use only:

Select the best response for the following three questions.

No side effects
Present 10% of the time
Present 25% of the time
Present 50% of the time
Present 75% of the time
Present 90% of the time
Present all the time

No side effects
Trivial
Mild
Moderate
Marked
Severe
Intolerable

No impairment
Minimal impairment
Mild impairment
Moderate impairment
Marked impairment
Severe impairment
Unable to function due to side effects