

**MGH ANTIDEPRESSANT TREATMENT RESPONSE QUESTIONNAIRE (ATRO)**

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Please indicate the correct answer to the following questions:

(1) Have you received any treatment with medications since the beginning of **THIS CURRENT** episode or period of depression? Please circle the correct answer.

**YES**                      **NO**

(2) If **YES**, please review the list on page 2 and put a check next to any medication(s) that you have taken for at least 6 or 10 weeks during THIS episode or period of depression.

(3) Of those medication(s) that you have checked from the list on page 2, please put a second check next to those that you have taken at a dosage equal to or greater than the minimum dosage listed for that medication.

(4) Of those medication(s) that you have checked from the list on page 2, please put a third check next to those that you have taken with another drug [e.g., buspirone (Buspar), lithium, psychostimulants such as methylphenidate (Ritalin), atypical antipsychotics such as olanzapine (Zyprexa)] added to augment or boost the antidepressant effect.

(5) Of the medications that you have checked on page 2, please write below the name of the one that you feel helped you the most with your depression: \_\_\_\_\_

(6) If a rating of 100 is “completely improved” and 0 is “not improved at all,” how close to 100 did you get on this medication? Please put a check next to the answer that best applies to you.

- \_\_\_\_\_ a) Less than 25% improved
- \_\_\_\_\_ b) Between 25% and 49% improved
- \_\_\_\_\_ c) Between 50% and 75% improved
- \_\_\_\_\_ d) More than 75% improved

**List of Antidepressant Medications.** Instructions: Please **check** the names of any medications that you have taken for **at least 6 or 10 weeks** since the beginning of **THIS EPISODE** or period of depression. Please also **check** if your daily dosage of the medication was **equal to or greater than the minimum** dose listed below. Finally, please **check** whether a drug [ e.g., buspirone (Buspar), lithium, psychostimulants such as methylphenidate (Ritalin), atypical antipsychotics such as olanzapine (Zyprexa) ] was added to augment or boost the antidepressant effect.

**Drug Class**

<b><u>Brand Name</u></b>	<b><u>Generic Name</u></b>	<b><u>At least 6 Weeks</u></b>	<b><u>or</u></b>	<b><u>At least 10 Weeks</u></b>	<b><u>Minimum Dose</u></b>	<b><u>Equal or greater to</u></b>	<b><u>Maximum Dose</u></b>	<b><u>Equal or greater to</u></b>	<b><u>Drug was added to augment or boost effect</u></b>
<b><u>Tricyclic Antidepressants</u></b>									
Adapin	doxepin	_____		_____	150mg/d	_____	250mg/d	_____	_____
Anafranil	clomipramine	_____		_____	150mg/d	_____	250mg/d	_____	_____
Asendin	amoxapine	_____		_____	150mg/d	_____	250mg/d	_____	_____
Endep/Elavil	amitriptyline	_____		_____	150mg/d	_____	250mg/d	_____	_____
Ludiomil	maprotiline	_____		_____	150mg/d	_____	250mg/d	_____	_____
Norpramin	desipramine	_____		_____	150mg/d	_____	250mg/d	_____	_____
Pamelor	nortriptyline	_____		_____	75mg/d	_____	125mg/d	_____	_____
Sinequan	doxepin	_____		_____	150mg/d	_____	250mg/d	_____	_____
Surmontil	trimipramine	_____		_____	150mg/d	_____	250mg/d	_____	_____
Tofranil	imipramine	_____		_____	150mg/d	_____	250mg/d	_____	_____
Vivactil	protriptyline	_____		_____	30mg/d	_____	60mg/d	_____	_____
Azafen	pipofezine	_____		_____	150mg/d	_____	300mg/d	_____	_____
Agedal/Elronon	noxiptiline	_____		_____	100mg/d	_____	200mg/d	_____	_____
<b><u>Monoamine Oxidase Inhibitors (MAOIs)</u></b>									
Marplan	isocarboxazid	_____		_____	30mg/d	_____	60mg/d	_____	_____
Nardil	phenelzine	_____		_____	45mg/d	_____	90mg/d	_____	_____
Parnate	tranlycypromine	_____		_____	30mg/d	_____	60mg/d	_____	_____
Emsam	selegiline patch	_____		_____	6 mg/24 hrs	_____	12 mg/hrs	_____	_____
Aurorix	moclobemide	_____		_____	300 mg/d	_____	600 mg/d	_____	_____
Pirazidol	pirlindole	_____		_____	200 mg/d	_____	300 mg/d	_____	_____
<b><u>Selective Serotonin Reuptake Inhibitors (SSRIs)</u></b>									
Luvox	fluvoxamine	_____		_____	50mg/d	_____	150mg/d	_____	_____
Paxil	paroxetine	_____		_____	20/25mg/d	_____	60/75mg/d	_____	_____
Prozac	fluoxetine	_____		_____	20mg/d	_____	60mg/d	_____	_____
Zoloft	sertraline	_____		_____	50mg/d	_____	150mg/d	_____	_____
Celexa	citalopram	_____		_____	20mg/d	_____	60mg/d	_____	_____
Lexapro	escitalopram	_____		_____	10mg/d	_____	30mg/d	_____	_____
<b><u>Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)</u></b>									
Effexor	venlafaxine	_____		_____	150mg/d	_____	250mg/d	_____	_____
Cymbalta	duloxetine	_____		_____	60mg/d	_____	120mg/d	_____	_____
Pristiq	desvenlafaxine	_____		_____	50mg/d	_____	100mg/d	_____	_____
Savella	milnacipram	_____		_____	100mg/d	_____	200mg/d	_____	_____
<b><u>Other Antidepressants</u></b>									
Viibryd	vilazodone	_____		_____	40 mg/d	_____	80mg/d	_____	_____
Desyrel	trazodone	_____		_____	300mg/d	_____	600mg/d	_____	_____
Serzone	nefazodone	_____		_____	300mg/d	_____	600mg/d	_____	_____
Wellbutrin	bupropion	_____		_____	300mg/d	_____	450mg/d	_____	_____
Remeron	mirtazapine	_____		_____	15mg/d	_____	45mg/d	_____	_____
Valdoxan	agomelatine	_____		_____	25mg/d	_____	50mg/d	_____	_____
Stablon	tianeptine	_____		_____	37.5mg/d	_____	75mg/d	_____	_____
Edronax	reboxetine	_____		_____	4 mg/d	_____	8mg/d	_____	_____
Bolvidon/Depnon,		_____		_____		_____		_____	_____
Norval/Tolvon	mianserin	_____		_____	30 mg/d	_____	90mg/d	_____	_____
Insidon	opipramol	_____		_____	150 mg/d	_____	300mg/d	_____	_____

Did you receive electroconvulsive treatment (ECT) during the current episode (please circle the correct answer): YES NO  
Did you ever receive vagal nerve stimulation (VNS) or deep brain stimulation (DBS) (please circle the correct answer): YES NO