

**MGH Antidepressant Treatment Response Questionnaire (ATRQ)**

**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 the next page 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.**

**(2) Of the medications that you have checked on the next page, 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**

**Modified from Fava M et al; BIOL PSYCHIATRY 2003;53:649–659**

### List of Antidepressant Medications

Instructions: Please check the names of any medications that you have taken for at least 6 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.

<i>Drug Brand Name</i>	<i>Generic Name</i>	<i>At Least 6 Weeks</i>	<i>Minimum Dose Equal or Greater</i>
<b><u>Tricyclic Antidepressants</u></b>			
Adapin	doxepin	_____	_____ 150 mg/day
Anafranil	clomipramine	_____	_____ 150 mg/day
Asendin	amoxapine	_____	_____ 150 mg/day
Endep/Elavil	amitriptyline	_____	_____ 150 mg/day
Ludiomil	maprotiline	_____	_____ 150 mg/day
Norpramin	desipramine	_____	_____ 150 mg/day
Pamelor	nortriptyline	_____	_____ 75 mg/day
Sinequan	doxepin	_____	_____ 150 mg/day
Surmontil	trimipramine	_____	_____ 150 mg/day
Tofranil	imipramine	_____	_____ 150 mg/day
Vivactil	protriptyline	_____	_____ 30 mg/day
<b><u>Monoamine Oxidase Inhibitors (MAOIs)</u></b>			
Marplan	isocarboxazid	_____	_____ 30 mg/day
Nardil	phenelzine	_____	_____ 45 mg/day
Parnate	tranylcypromine	_____	_____ 30 mg/day
Emsam	selegiline patch	_____	_____ 12 mg/day
<b><u>Selective Serotonin Reuptake Inhibitors (SSRIs)</u></b>			
Luvox	fluvoxamine	_____	_____ 150 mg/day
Paxil	paroxetine	_____	_____ 36/40 mg/day
Prozac	fluoxetine	_____	_____ 40 mg/day
Zoloft	sertraline	_____	_____ 150 mg/day
Celexa	citalopram	_____	_____ 40 mg/day
Lexapro	escitalopram	_____	_____ 20 mg/day
<b><u>Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)</u></b>			
Effexor	venlafaxine	_____	_____ 225 mg/day
Cymbalta	duloxetine	_____	_____ 90 mg/day
<b><u>Other Antidepressants</u></b>			
Desyrel	trazodone	_____	_____ 300 mg/day
Serzone	nefazodone	_____	_____ 300 mg/day
Wellbutrin	bupropion	_____	_____ 300 mg/day
Remeron	mirtazapine	_____	_____ 30 mg/day

Did you receive electro-convulsive treatment (ECT) during the current episode (please circle the correct answer): YES NO

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