Protocole : RLINK Code centre : \_\_\_\_\_

Patient :

# **CRF** annoté

Patient : \_\_\_\_\_

Protocole: RLINK

Version eCRF: V.277

Investigateur : \_\_\_\_\_

Centre : \_\_\_\_\_ - \_\_\_\_

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Code centre : \_\_\_\_\_

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Protocole: RLINK

Patient :

Protocole : RLINK Code centre : \_\_\_\_\_ Patient : \_\_\_\_\_

# Inclusion [ID65S66M1 / INCLUSION]

# Identification [ID65S66F1 / IDENTIFICATION]

RLINK
ID14089S6V41 / CENTERNUM Center number :
ID14089S6V40 / CENTER Center:
ID1408956V42 / INVNAM Investigateur:
ID14089S6V43 / SUBJID Patient reference:
Demographic
Date of birth :/
Gender: $O_{[1]}$ Male $O_{[2]}$ Female $O_{[3]}$ Other
ID1408956V54 / SEXID Identified gender: $O_{[1]}$ Male $O_{[2]}$ Female $O_{[3]}$ Other
Date of inclusion visit:/
Date of informed consent :/
ID14089S6V46 / DATBRTHTCOPY  for data manager only: / /

Protocole : RLINK	Code centre :	Patient :
	Inclusion criteria [ID14089S6F1 / F_CR	IT1
	Inclusion / Exclusion criteria 14089S6FC2152	
	Inclusion criteria	
IF AT LEAST ONE IS CHECKED	"NO" THE PATIENT CANNOT BE INCLUDED IN THE	STUDY
Decision to prescribe Li as a m	naintenance treatment based on clinicians' assessm	ent: O [1] Yes O [0] No
Confirmed diagnosis of BD1 acof the SCID]: O [1] Yes O [0]	ccording to DSM-5 criteria [based on the screening	questionnaire of the Mood section
ID1408956V5 / CI3 Aged 18-70 years : O [1] Yes	O <sub>[0]</sub> No	
Able and willing to give writte	n informed consent : O [1] Yes O [0] No	
ID14089S6V7 / CI5  Consents to blood sample for	the purpose of the RLiNK study : $O_{[1]}$ Yes $O_{[0]}$ N	lo
Covered by a Social Security Ir	nsurance where applicable : $O_{[1]}$ Yes $O_{[0]}$ No $O_{[1]}$	O [9] Not applicable
	OPTIONAL	
Additional inclusion criteria for scanning and in selected cent	or the participants to the Neuroimaging module (incres 7Li-MRI)	n all centres: MRI and H+-MRS
ID14089S6V10 / CI7  Consents to Neuroimaging mo	odule : O [1] Yes O [0] No	
	of MRI scan (a specific package to screen MRI contra th the information and consent forms) : $O_{11}$ Yes	•
Additional inclusion criteria fo	or the participants to the Actimetry module	
Consents to the Actimetry mo	odule and data collection : O [1] Yes O [0] No	
	or the participants in the Smartphone-based asses monitoring of symptoms and stress factors)	ssment module (enhanced
ID1408956V15 / CI10 Eligible for & consents to Sma	rtphone-based assessment module : O [1] Yes O	[o] No

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#### **Exclusion criteria**

#### IF AT LEAST ONE IS CHECKED "YES" THE PATIENT CANNOT BE INCLUDED IN THE STUDY

ID1408956V17 / CNI1  Trial of Lithium undertaken within the last 6 months : $O_{[0]}$ No $O_{[1]}$ Yes
Lifetime history of mood disorder better explained by a DSM-5 definition for schizoaffective disorder [If the screening question from the SCID indicates this is possible, this exclusion would be based on the outcome of the Psychosis section of the SCID]: O [0] NO O [1] Yes
ID1408956V19 / CNI3  Pre-lithium screening suggest that Lithium initiation is contraindicated : $O_{[0]}$ No $O_{[1]}$ Yes
- Incompatible concurrent treatments: long-term use of non-steroidal anti-inflammatory drug or diuretics for a known and established comorbid disorder with no possible alternative treatment (i.e. absolute contra-indication to Li treatment)
- Health issues (risk of worsening of a pre-existing condition) Psoriasis, Brugada syndrome
- Renal dysfunction: Glomerular Filtration rate below 60mL/min/1.73m2
- On-going Pregnancy or planned pregnancy on the next 2 years
- Lactating and breast feeding women (see SmPc)
ID1408956V35 / CNI4  Participation in another research protocol that interferes with the evaluation of Lithium response (efficacy or tolerance): $O_{[0]}$ No $O_{[1]}$ Yes
ID1408956V36 / CNI5 Severe risk of self-harm at present, based on clinician's evaluation : $O_{[0]}$ No $O_{[1]}$ Yes
Patients on Tutorship (France) or Protected adult without current capacity to consent (other countries) : O [0] No O [1] Yes
ID1408956V38 / PATELIG  Patient eligible: O [1] Yes O [0] No
Date of inclusion:
ID14089S6V56 / AGE Age (calculated):     years

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Protocole: RLINK	Code centre :	Patient :

# Baseline [ID14089S6M1 / M\_BL]

# Participant Consent [ID14089S6F7 / F\_CONS]

#### ID14089S6V249 / PC1\_CONS

1. Agree that the anonymized information and biological samples collected in this study to be used for	r collaboration
with academic groups after the end of the study (European Commission open data policy) : O <sub>[1]</sub> Yes	O [0] No

#### ID14089S6V250 / PC2\_CONS

2. Agree that the anonymized information and biological samples collected in this study to be used for collab	oration
with academic and private companies after the end of the study (European Commission open data policy):	O <sub>[1]</sub> Yes



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# Actimetry [ID14089S6F20 / F\_ACTIMETRY]

# Criteria for participation to the Actimetry module 14089S6FC2181

If at least one is checked "Yes" or "Unknown" the patient cannot participate to the Actimetry module
$ \begin{array}{c} {\tt ID14089S6V7573/Ci1\_ACTY} \\ {\tt Diagnosed for Obstructive Sleep Apnea (using Polysomnography) or treated for OSA: } {\tt O_{[1]}Yes} {\tt O_{[0]}No} {\tt O_{[2]}} \\ {\tt Unknown} \end{array} $
ID14089S6V7574 / CI2_ACTY  Recent (less than one month) transmeridian travel (with a>3-h time difference) : $O_{[1]}$ Yes $O_{[0]}$ No $O_{[2]}$ Unknown
ID14089S6V7575 / CI3_ACTY   Currently employed in shift-work : $O_{[1]}$ Yes $O_{[0]}$ No $O_{[2]}$ Unknown
ID1408956V7576 / CI4_ACTY  Currently having a child (age lower than one year) at home : $O_{[1]}$ Yes $O_{[0]}$ No $O_{[2]}$ Unknown
First sequence 14089S6FC2177
ID1408956V7526 / SEQ1_ACTY  First sequence of actimetry performed : O [1] Yes O [0] No
Date of actimetry starting (first sequence) :/
ID14089S6V7528 / DAYSTSEQ1_ACTY Day of actimetry starting:  O [1] Monday O [2] Tuesday O [3] Wednesday O [4] Thursday O [5] Friday O [6] Saturday O [7] Sunday
Hour of starting:   _ hour
ID14089S6V7530 / DEVNBSEQ1_ACTY  Number of the device :   _ _ _
Patient on lithium : O [1] Yes O [2] Not yet
ID1408956V7532 / LINBDAYSEQ1_ACTY  If "Yes": How many days since lithium initiation?:   _   days
Patient currently hospitalized : O [1] Yes O [0] No
Date of actimetry ending (first sequence) :/

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Protocole : RLINK	Code centre :	Patient :
ID1408956V7535 / DAYENDSEQ1_ACTY Day of actimetry ending:  O [1] Monday O [2] Tuesday O [3] Wednesday O [4] Thursday O [5] Friday O [6] Saturday O [7] Sunday  ID1408956V7536 / SENTFSEQ1_ACTY File of the 1st sequence of recor	ding been sent : O [1] Yes O [0] No	
	Second sequence 14089S6FC2178	
ID1408956V7537 / SEQ2_ACTY  Second sequence of actimetry p  ID1408956V7538 / DATSEQ2_ACTY  Date of actimetry starting (second sequence)  ID1408956V7539 / DAYSTSEQ2_ACTY  Day of actimetry starting:  O [1] Monday O [2] Tuesday O [3] Wednesday O [4] Thursday O [5] Friday O [6] Saturday O [7] Sunday		
Hour of starting:   _ hour		
ID14089S6V7541 / DEVNBSEQ2_ACTY  Number of the device :    _	_  _	
Patient on lithium : O [1] Yes	O [2] Not yet O [3] Not anymore	
If "Not anymore" on lithium: Da	te of Lithium stop:	
Patient currently hospitalized :	O <sub>[1]</sub> Yes O <sub>[0]</sub> No	
Date of actimetry ending (secon	d sequence):/	
Day of actimetry ending:  O [1] Monday  O [2] Tuesday  O [3] Wednesday  O [4] Thursday		

Protocole : RLINK	Code centre :	Patient :
O <sub>[5]</sub> Friday O <sub>[6]</sub> Saturday O <sub>[7]</sub> Sunday		
<del>-</del>	ding been sent : O [1] Yes O [0] No	
	Short scales_STOPBANG 14089S6FC2179	
ID14089S6V7549 / QSTB_ACTY Complete the STOPBANG short so	cales? : O [1] Yes O [0] No	
1. Do you SNORE loudly ? (louder No	than talking or loud enough to be heard thro	ugh closed doors) : O [1] Yes O [0]
2. Do you often feel TIRED, fatigu	ied, or sleepy during daytime? : $O_{[1]}$ Yes $O$	) <sub>[O]</sub> NO
3. Has anyone OBSERVED you sto	op breathing during your sleep? : O [1] Yes C	O [0] No
4. Do you have or are you being t	reated for high blood PRESSURE? : O [1] Yes	O [0] No
1D14089S6V7554 / Q5STB_ACTY  5. BMI more than 35kg/m2?:	In Yes O Ioi No	
ID14089S6V7555 / Q6STB_ACTY  6. AGE over 50 years old? : $O_{[1]}$	Yes O <sub>[0]</sub> No	
7. NECK circumference > 16 inches	es (40cm)? : O [1] Yes O [0] No	
8. GENDER: Male? : O [1] Yes	) <sub>[0] NO</sub>	
	Short scales_rMEQ 14089S6FC2180	
ID14089S6V7558 / QRMEQ_ACTY  Complete the rMEQ short scales?	? : O <sub>[1]</sub> Yes O <sub>[0]</sub> No	
1. Approximately what time wou	ld you get up if you were entirely free to plan	your day? :
O <sub>[5]</sub> [5] 5:00-6:30 AM		
O <sub>[4]</sub> [4] 6:30-7:45 AM O <sub>[3]</sub> [3] 7:45-9:45 AM		
$O_{[2]}[2]$ 9:45-11:00 AM		
O <sub>[1/1]</sub> [1] 11:00-12 noon	ı	
2. During the first half hour after  O[1][1] Very-tired  O[2][2] Fairly-tired	you wake up in the morning, how do you feel	?:

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Protocole : RLINK	Code centre :	Patient :
O <sub>[3]</sub> [3] Fairly-refreshed O <sub>[4]</sub> [4] Very-refreshed		
3. At approximately what time in O [5] [5] 8:00-9:00 PM O [4] [4] 9:00-10:15 PM O [3] [3] 10:15-12:45 AM O [2] [2] 12:45-2:00 AM O [1] [1] 2:00-3:00 AM	the evening do you feel tired, and, as a resul	It, in need of sleep? :
1D1408956V7562 / Q4RMEQ_ACTY  4. At approximately what time of  O [5] [5] 5-8 AM  O [4] [4] 8-10 AM  O [3] [3] 10 AM-5 PM  O [2] [2] 5-10 PM  O [1] [1] 10 PM-5 AM	day do you usually feel your best? :	
ID14089S6V7563 / Q5RMEQ_ACTY  5. One hears about "morning-typ .	es" and "evening-types." Which one of these	e types do you consider yourself to be?
	orning-type than an evening-type evening-type than a morning-type	

Protocole: RLINK Code centre: \_\_\_\_\_ Patient: \_\_\_\_\_

Pre-Lithium Evaluations [ID14089S6F2 / F_PRELI]
ID14089S6V57 / DATVIS_PRELI  Date of pre-lithium evaluation visit:/
State at inclusion 14089S6FC8
ID1408956V58 / MOODYN_PRELI Is the patient included during a current mood episode ? : O [1] Yes O [0] No  ID1408956V59 / TYPEP_PRELI Specifiy the type of episode : O [1] Major Depressive episode O [2] Manic episodes  ID1408956V60 / PS_PRELI With psychotic symptoms : O [1] Yes O [0] No  ID1408956V61 / MIX_PRELI With mixed characteristics : O [1] Yes O [0] No
ID1408956V66 / DATSTEPD_PRELI  Date of start of the current episode :/
Patient currently hospitalized : O <sub>[1]</sub> Yes O <sub>[0]</sub> No
Main reasons for initiating lithium 14089S6FC842
Main reasons for initiating lithium:    [1] Current major depression   [2] Current manic episode   [3] Current hypomanic episode   [4] Current Mixed episode   [5] Current Subsyndromal depression   [6] Current Rapid cycling   [7] Current suicidal behavior   [8] Depressive relapses (Predominant Depressive polarity)   [9] Manic and hypomanic relapses (Predominant Manic polarity)   [10] Relapses on both polarities   [11] Insufficient response to other drugs   [12] Side effects of other drugs   [13] Preference of the patient   [14] Clinician's preference against other drugs e.g. due to their limitations or issues with tolerance   [15] Other reason
Other reason, please describe :

Protocole: RLINK Code centre : \_\_\_\_ Patient : Physical health assessment 14089S6FC9 ID14089S6V70 / WEIGHT\_PRELI Weight : |\_\_|\_|,|\_\_| kg ID14089S6V71 / HEIGHT\_PRELI Height: |\_\_|\_| cm ID14089S6V72 / WAIST\_PRELI Waist measurement : |\_\_|\_|,|\_\_ cm ID14089S6V73 / SBP PRELI Systolic Blood pressure: |\_\_|\_|,|\_ mmHg ID14089S6V74 / DBP\_PRELI Diastolic Blood pressure : |\_\_|\_|,|\_\_| mmHg **Demographic information 14089S6FC10** ID14089S6V75 / RELSTAT PRELI Current relationship status: O<sub>[1]</sub> Married/civil partnership O<sub>[2]</sub> Long term relationship O<sub>[3]</sub> Single O<sub>[4]</sub> Separated O<sub>[5]</sub> Divorced/Annulled O<sub>[6]</sub> Widowed O<sub>[7]</sub> Missing data code (if applicable) ID14089S6V77 / ETHNICITY\_PRELI Please specify your ethnicity: O<sub>[1]</sub> Asian O<sub>[2]</sub> Black O<sub>[3]</sub> Middle Eastern & North Africa O<sub>[4]</sub> White European O<sub>[5]</sub> Mixed / Multiple ethnic background O<sub>[6]</sub> Other ethnic background ID14089S6V76 / MIXETH\_PRELI Please describe: ID14089S6V78 / OTHETH\_PRELI Other, please describe: Please choose one option that best describes your country of origin: O<sub>[1]</sub>The same country that this research is taking place O<sub>[2]</sub> A different country with the same national language as this one O<sub>[3]</sub> A different country with a different national language

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ID14089S6V5731 / COUNTRY\_PRELI

Please specify your country of citizenship:

Protocole : RLINK	Code centre :	Patient :
ID14089S6V81 / LIVSIT_PRELI Please choose one option that be	st describes your living situation :	
O <sub>[1]</sub> Live alone	st describes your name steamon.	
O [2] Live alone + children		
O <sub>[3]</sub> Live with partner		
_	la i lalva va	
O [4] Live with partner + c	nlidren	
O [5] Live with parents		
O [6] Live with other relat		
$O_{[7]}$ Live with other non-	elatives	
ID14089S6V82 / RESIDENCE_PRELI		
_	st describes your place of residence at presen	ι:
O <sub>[1]</sub> Flat or house that I r		
O [2] Flat or house that I c		
	longs to local authority / housing association	
O <sub>[4]</sub> Community facility		
O <sub>[5]</sub> Hospital - psychiatric		
O [6] Hospital - general m	edical ward	
O [7] Homeless/roofless		
O <sub>[8]</sub> Other		
ID14089S6V86 / OTHRESID_PRELI		
Other, please specify:		
ID14089S6V5311 / LIVANYW_PRELI		
Have you lived anywhere else in t	he last 3 months? : O [1] Yes O [0] No	
ID14089S6V83 / LIVANYWLST_PRELI		
Please tick any that apply:		
[1] Flat or house that I r		
[2] Flat or house that I o		
	longs to local authority / housing association	
[4] Community facility		
[5] Hospital - psychiatric		
[6] Hospital - general m	edical ward	
$\square$ [7] Homeless/roofless		
☐ [8] Other		
ID14089S6V87 / OTHLIV_PRELI		
Other, please specify:		
ID14089S6V84 / SCHOOL_PRELI		
Highest qualification, please selec	t the best fit from the below :	
	r less (no formal qualifications)	
O <sub>[2]</sub> Secondary education	general education qualification)	
	ualification (more advanced qualification than	above, but not a university degree)
	ion / training (specific qualification for your se	
O <sub>[5]</sub> University degree (u		
O 161 University higher de		

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Protocole : RLINK	Code centre :	Patient :
What is your employment status?  O [1] Paid or self-employment O [2] Voluntary employment O [3] Sheltered employment O [4] Unemployed O [5] Student O [6] Housewife/husband O [7] Retired O [8] Other	nent ent	
Other, please state :		
ID1408956V251 / EVNT_PRELI Any recent stressful life events (paid) ID1408956V252 / OTHEVNT_PRELI please describe :	ast 12 months or ongoing) : O [1] Yes O [	oj No
	Current medication and doses 14089S6F0	C15
ID1408956V5317 / CURRMED_PRELI  Does the patient have a current m	nedication? : O [1] Yes O [0] No	
Please list below use of any med	lications taken over the last 6 months at le TAB_MED_PRELI	east once a week [1] ID14089S6V94 /
ID1408956V5727 / INN  Name of pharmaceutical substance  ID1408956V99 / TOTDOSE  Total daily dose:   _ _ ,		
ID14089S6V5314 / UNIT		

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Protocole : RLINK	Code centre :	Patient :
O <sub>[009]</sub> mg/m2		
O <sub>[010]</sub> μg/m2		
O <sub>[011]</sub>		
O [012] ml		
O <sub>[013]</sub> μΙ		
O <sub>[014]</sub> Bq		
O <sub>[015]</sub> GBq		
O <sub>[016]</sub> MBq		
O <sub>[017]</sub> kBq		
O <sub>[018]</sub> Ci		
O <sub>[019]</sub> mCi		
O <sub>[020]</sub> μCi		
O <sub>[021]</sub> nCi		
O <sub>[022]</sub> mol		
O <sub>[023]</sub> mmol		
O <sub>[024]</sub> μmol		
O [025] UI		
O <sub>[026]</sub> kUI		
O [027] MUI		
O [028] UI/kg		
O [029] meq		
O <sub>[030]</sub> %		
_		
O <sub>[031]</sub> drops		
How frequency this medication is other	s taken?: O [1] daily O [2] about once a week	k $O_{[3]}$ about once a month $O_{[4]}$
ID14089S6V5316 / OTHFREQ		
Other frequency, please specify:		
	Non-biological evaluation 14089S6FC22	
ID14089S6V149 / ECG_PRELI		
ECG done : O <sub>[1]</sub> Yes O <sub>[0]</sub> No		
	Dialogical Costion 44000000001	
	Biological Section 14089S6FC21	
ID14089S6V253 / DATBIO_PRELI  Date of the biologal tests (pre-lit	hium) :/	
ID1408956V122 / NA_PRELI Na+:   _ ,   mEq/L = mn	nol/L	
ID1408956V123 / K_PRELI K+:    ,   mEq/L = mmo	ol/L	

Protocole : RLINK	Code centre :	Patient :
ID14089S6V124 / CL_PRELI CI-:    ,   mEq/L = mmol/L		
ID14089S6V125 / CA_PRELI Ca++:   ,   mmol/L		
ID1408956V126	L	
Urea:   ,   mg/dL   ,   mmol/l	L	
ID14089S6V128 / CREAT_PRELI Creatinin:   _,   mg/dL   _,	μmol/L	
ID1408956V131 / EGFR_PRELI Estimated Glomerular Filtration Rate:   _	,   ml/min/1,73 m2	
$\begin{array}{c} {}_{\text{ID14089S6V254}/\text{EGFRFRMA\_PRELI}} \\ {}_{\text{EGFR formula}} : \bigcirc_{\text{[1]}  \text{MDRDs}}  \bigcirc_{\text{[2]}  \text{CKD-EPI}} \end{array}$		
result of MDRD (for data manager only):	,   ml/min/1,73 m2	
result of CKD-EPI (for data manager only) :  _	_  ,   ml/min/1,73 m2	
ID1408956V132 / TSH_PRELI TSH:   _,   mUI/L		
ID1408956V133 / T3_PRELI free T3:    ,   ng/L		
ID1408956V134 / T4_PRELI free T4:    ,     ng/L		
Optional	: Biological section 14089S6FC45	
ID14089S6V255 / BIO_PRELI  If the patient has had biological tests other th	an the mandatory, please enter the data $: O_{[1]}$	Yes O <sub>[0]</sub> No
Date of optional biologal tests (pre-lithium):	/	
ID1408956V136 / GLY_PRELI   Glycemia (fasting) :   _,    mmol/L  ,	_  g/L	
Tryglycerides:   _ ,   g/L		
ID1408956V137 / HDL_PRELI Cholesterol HDL:   ,   mmol/L   , _	_   g/L	
ID1408956V138 / LDL_PRELI Cholesterol LDL:   ,   mmol/L   , _	_   g/L	
ID1408956V139 / BHCG_PRELI Beta-HCG:   _ _ ,   mUI/mL		
ID1408956V140 / WBC_PRELI WBC (white Blood cells) :   _,    10^9/L		
ID14089S6V141 / RBC_PRELI RBC (Red Blood Cells) :   _,    10^12/L		

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Protocole : RLINK	Code centre :	Patient :
ID14089S6V142 / HB_PRELI Hb (Hemoglobin):   _ _ ,   g/L		
ID1408956V143 / HT_PRELI Ht (Hematocrit):   ,   L/L		
ID14089S6V145 / PLT_PRELI Platelets:   _  10^9/L		
ID14089S6V144 / NP_PRELI Neutrophils:   ,   10^9/L		
ID14089S6V146 / EOS_PRELI Eosinophil :   ,   10^9/L		
ID14089S6V147 / LYMPH_PRELI Lymphocytes :   ,   10^9/L		
ID14089S6V148 / MONO_PRELI Monocytes:   ,   10^9/L		
	Biological sampling 14089S6FC2	23
ID14089S6V151 / SAMPLE_PRELI Sample tubes of collection performed: ID14089S6V152 / RSNOSAMPLE_PRELI If no, Please explain the reason:	O <sub>[1]</sub> Yes O <sub>[0]</sub> No	
ID1408956V153 / DATBSI_PRELI  Date of blood sample intake (pre-lithium	n) :/	
Time of blood sample intake::_	(hh:mm)	
Fasting status:   _   hours		
ID14089S6V156 / EDTA_PRELI BD Vacutainer K2E (EDTA) tube 10ml:	O <sub>[1]</sub> Yes O <sub>[0]</sub> No	
PaxGene Tube (2.5 mL) : $O_{1}$ Yes $O$	[o] No	
ID14089S6V158 / CAT_PRELI BD Vacutainer CAT (Clot Activator Tube	) tube (6 mL) : O [1] Yes O [0] No	0
ID14089S6V1682 / PBMC_PRELI Optional for the PBMC (EDTA) : $O_{[1]}$ Ye	es O <sub>[0]</sub> No	
ID14089S6V161 / DEVLAB_PRELI Deviation according laboratory manual	procedures : O [1] Yes O [0] No	
ID1408956V162 / RSNDEVLAB_PRELI If yes, Specify:		

Questionnaires - Clinician rated 14089S6FC17

Protocole: RLINK Code centre: \_\_\_\_\_ Patient: \_\_\_\_\_

1. Depressive symptoms: QIDS-C16 14089S6FC20
ID14089S6V257 / DATQIDS_PRELI  Date of completion of QIDS questionnaire (pre-lithium) :/
Please circle the 1 response to each item that best describes the patient for the last 7 days.
1. Sleep-onset insomnia:  O [0] (0) Never takes longer than 30 minutes to fall asleep  O [1] (1) Takes at least 30 minutes to fall asleep, less than half the time  O [2] (2) Takes at least 30 minutes to fall asleep, more than half the time  O [3] (3) Takes more than 60 minutes to fall asleep, more than half the time
1D1408956V101 / QIDS2_PRELI  2. Mid-nocturnal insomnia:  O [0] (0) Does not wake up at night O [1] (1) Restless, light sleep with few awakenings O [2] (2) Wakes up at least once a night, but goes back to sleep easily O [3] (3) Awakens more than once a night and stays awake for 20 minutes or more, more than half the time
3. Early-morning insomnia:  O [0] (0) Less than half the time, awakens no more than 30 minutes before necessary  O [1] (1) More than half the time, awakens more than 30 minutes before need be  O [2] (2) Awakens at least 1 hour before need be, more than half the time  O [3] (3) Awakens at least 2 hours before need be, more than half the time
4. Hypersomnia:  O [0] (0) Sleeps no longer than 7-8 hours/night, without naps O [1] (1) Sleeps no longer than 10 hours in a 24-hour period (including naps) O [2] (2) Sleeps no longer than 12 hours in a 24-hour period (including naps) O [3] (3) Sleeps longer than 12 hours in a 24-hour period (including naps)
The highest score on any 1 of the 4 sleep items (1-4 above):
ID1408956V105 / QIDS5_PRELI  5. Mood (sad):  O [0] (0) Does not feel sad O [1] (1) Feels sad less than half the time O [2] (2) Feels sad more than half the time O [3] (3) Feels intensely sad virtually all the time
ID1408956V106 / QID56_PRELI  6. Appetite (decreased):  O [0] (0) No change from usual appetite O [1] (1) Eats somewhat less often and/or lesser amounts than usual O [2] (2) Eats much less than usual and only with personal effort O [3] (3) Eats rarely within a 24-hour period, and only with extreme personal effort or with persuasion by others

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Protocole : RLINK	Code centre :	Patient :
<ul><li>ID14089S6V107 / QIDS7_PRELI</li><li>7. Appetite (increased) :</li></ul>		
O <sub>[0]</sub> (0) No change from	usual annetite	
	r feels a need to eat than usual	
	nore often and/or greater amounts than usual	
	overeat at and between meals	
	vereat at and between means	
ID1408956V108 / QIDS8_PRELI  8. Weight (decrease) within the	ast 2 weeks:	
$O_{[0]}(0)$ Has experienced		
	slight weight loss occurred	
$O_{[2]}(2)$ Has lost 2 pound		
$O_{[3]}(3)$ Has lost 5 pound		
,	25 (2 1/6) 01 111010	
9. Weight (increase) within the la	ast 2 weeks :	
O <sub>[0]</sub> (0) Has experienced		
_	slight weight gain has occurred	
$O_{[2]}(2)$ Has gained 2 po		
$O_{[3]}(3)$ Has gained 5 po		
	(- 18) - 11-11	
The highest score on any 1 of the	e 4 appetite/weight change items (6-9 above) :	
ID14089S6V111 / QIDS10_PRELI		
10. Concentration/decision maki	_	
_	ual capacity to concentrate and decide	I
	els indecisive or notes that attention often want	
	e struggles to focus attention or make decisions	
(3) Cannot concent	rate well enough to read or cannot make even i	minor decisions
11 Outlook (colf)		
11. Outlook (self):	ally worthwhile and deserving as others	
$O_{[1]}(1)$ Is more self-blar		
	that he/she causes problems for others	
	major and minor defects in self	
	major and minor defects in sen	
ID1408956V113 / QIDS12_PRELI 12. Suicidal ideation :		
$O_{[0]}(0)$ Does not think of	of suicide or death	
$O_{[1]}(1)$ Feels life is emp		
	e/death several times a week for several minute	25
	e/death several times a day in depth, or has ma	
suicide.	., death several times a day in depth, or has ma	ac specific plans for or attempted
ID14089S6V114 / QIDS13_PRELI		
13. Involvement :		
O <sub>[0]</sub> (0) No change from	usual level of interest in other people and activ	vities
	tion in former interests/activities	
_	former interests remain	
	interest in formerly pursued activities	

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Protocole : RLINK	Code centre :	Patient :
ID1408956V115 / QID514_PRELI 14. Energy/fatigability:		
O [0] (0) No change in usu	al level of energy	
$O_{[1]}(1)$ Tires more easily		
_	t personal effort to initiate or maintain usual daily	y activities
	out most of usual daily activities due to lack of end	
ID14089S6V116 / QIDS15_PRELI 15. Psychomotor slowing :		
, _	thinking, gesturing, and speaking	
	wed thinking, and voice modulation is reduced	
_	conds to respond to most questions; reports slow	red thinking
	onsive to most questions without strong encourage	
16. Psychomotor agitation :		
,	ed or disorganization in thinking or gesturing	
	ands and shifts positions often	
O <sub>[2]</sub> (2) Describes impuls	e to move about and displays motor restlessness	
$O_{[3]}(3)$ Unable to stay se	eated; paces about with or without permission	
ID1408956V118 / QIDSC3_PRELI The highest score on either of the	2 psychomotor items (15 or 16 above):	
ID14089S6V119 / QIDSTSC_PRELI Total score :   _		
	2. Manic symptoms: BRMS 14089S6FC24	
ID14089S6V259 / DATBRMS_PRELI		
Date of completion of BRMS ques	stionnaire (pre-lithium):/	
ID14089S6V163 / BRMS1_PRELI		
1. Activity (motor) :	the section of the fortal and a section	
	tivity, adequate facial expression I motor activity, lively facial expression	
_	sive motor activity, lively facial expression	
	re motor activity, invery gestures re motor activity, on the move most of the time. I	Rises one or several times during
interview	e motor activity, on the move most of the time.	Nises one of several times during
	e, restlessly energetic. Even if urged, patient cann	ot sit still.
ID14089S6V164 / BRMS2_PRELI	, ,	
2. Activity (verbal) :		
O [0] (0) Normal verbal ac	tivity	
O [1] (1) Somewhat talkat	ive	
_	spontaneous intervals in the conversation	
O <sub>[3]</sub> (3) Difficult to interr	·	
$O_{4}$ (4) Impossible to inte	errupt, completely dominates conversation	
ID14089S6V165 / BRMS3_PRELI		
3. Flight of Thoughts:	(I) 1 . (A)	
O [0] (0) Cohesive speech,	, no flight of thoughts as, explanations and elaborations without losing o	connection with the tonic of
ULLI LIVED DESCRIBION	O. EANIGUGUUUD GUU EIGUULGUUUN WILLIUH INSINGT	STREET WILL WILL DIE TOUR OF

Généré le : 2024-10-17T09:00:35+02:00 par CleanWeb

Protocole : RLINK	Code centre :	Patient :
conversation. The speech is still cohesive.		
O <sub>[2]</sub> (2) Now and again it is difficult		as the patient is distracted by
random associations (often rhymes, clangs,		
$O_{[3]}(3)$ The fine of thought is regula $O_{[4]}(4)$ It is difficult or impossible to		
from one topic subject to another	o follow the patient's line of thought	t, as the patient constantly lumps
1D1408956V166 / BRMS4_PRELI 4. Voice / Noise level :		
O <sub>[0]</sub> (0) Natural volume of voice		
O [1] (1) Speaks loudly without being	gnoisy	
$O_{[2]}(2)$ Voice discernible at a distar		
O [3] (3) Vociferous, voice discernible		
$O_{[4]}$ (4) Shouting, screaming, or usin	ng other source of noise due to hoar	rseness
ID14089S6V167 / BRMS5_PRELI		
5. Hostility/destructiveness :		
O <sub>[0]</sub> (0) No signs of impatience or h	•	
O <sub>[1]</sub> (1) Somewhat impatient or irrit		
O <sub>[2]</sub> (2) Markedly impatient or irrita		
O <sub>[3]</sub> (3) Provocative, makes threats, O <sub>[4]</sub> (4) Overt physical violence. Phy		
	sically destructive	
6. Mood (Feelings of well-being):		
O [0] (0) Neutral mood		
O <sub>[1]</sub> (1) Slightly elevated mood, opt	imistic, but still adapted to situation	1
O <sub>[2]</sub> (2) Moderately elevated mood		
$O_{3}$ (3) Markedly elevated mood, e	xuberant both in manner and speec	h
$O_{\scriptscriptstyle{{f [4]}}}$ (4) Extremely elevated mood, o	quite irrelevant to situation	
ID1408956V169 / BRMS7_PRELI		
7. Self-esteem :		
O <sub>[0]</sub> (0) Normal self-esteem		
O <sub>[1]</sub> (1) Slightly increased self-estee		
O (2) Noderately increased self-e	steem, boasting; frequent use of su	perlatives
O <sub>[3]</sub> (3) Bragging, unrealistic ideas O <sub>[4]</sub> (4) Grandiose ideas which cann	ant he corrected	
	of be corrected	
ID1408956V170 / BRM58_PRELI 8. Contact :		
O [0] (0) Normal contact		
O <sub>[1]</sub> (1) Slightly meddling, putting h	is oar in	
O <sub>[2]</sub> (2) Moderately meddling and a		
O <sub>[3]</sub> (3) Dominating, arranging, dire	cting, but still in context with the se	tting
O <sub>[4]</sub> (4) Extremely dominating and r		=
ID14089S6V171 / BRMS9_PRELI		
9. Sleep (Average of last 3 nights):		
O [0] (0) Habitual duration of sleep		
$O_{\mathfrak{l}\mathfrak{l}\mathfrak{l}}$ (1) Duration of sleep reduced b	y 25%	

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Protocole : RLINK	Code centre :	Patient :
O <sub>[2]</sub> (2) Duration of sleep reduce O <sub>[3]</sub> (3) Duration of sleep reduce O <sub>[4]</sub> (4) No sleep  ID1408956V172 / BRMS10_PRELI  10. Sexual Interest: O <sub>[0]</sub> (0) Habitual sexual interest a O <sub>[1]</sub> (1) Slight increase in sexual i O <sub>[2]</sub> (2) Moderate increase in sexual O <sub>[3]</sub> (3) Marked increase in sexual O <sub>[4]</sub> (4) Completely and inadequal	d by 75%  and activity interest and activity kual interest and activity al interest and activity, as shown i	in manner and
ID1408956V173 / BRMS11_PRELI  11. Work: $O_{[0]}(0)$ Normal work activity $O_{[1]}(1)$ Slightly increased drive, by patient somewhat distractible $O_{[2]}(2)$ Increased drive, but motion quality and the quality is indeed lowered.	out work quality is slightly reduce ivating clearly fluctuating. The part of the part of the quarrels at work reduced, and from time to time the lised, he can participate for some	
3. Overall aff	fective symptom state: CGI-BD 14	4089S6FC26
ID14089S6V261 / DATCGI_PRELI Date of completion of CGI questionnaire ( THIS INSTRUMENT IS DESIGNED FOR THE FOLLOW CAREFULLY THE RATING INSTRU	E ASSESSMENT OF PROPHYLACTION	C EFFECT OF LITHIUM ONLY. PLEASE
A. Which medication is being evaluated?	LITHIUM	
B. Assessment type: PROPHYLACTIC ONLY	(	
C. What was the patient's mood state at to [1] Depressed  O [2] Euthymic  O [3] Dysphoric Mania  O [4] Euphoric Mania  O [5] Cycling  O [6] Hypomanic	trial entry? :	

**D. MOOD STATE** 

I.SEVERITY of Illness: Considering your total clinical experience with bipolar patients, how severely ill has the patient been during the assessment period?

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Protocole : RLINK	Code centre :	Patient :
ID14089S6V185 / CGI4IA_PRELI Mania:		
O <sub>[1]</sub> Normal, not ill		
O [2] Minimally ill		
O <sub>[3]</sub> Mildly ill		
O Moderately ill		
O [5] Markedly ill		
O [6] Severely ill		
O رم Very severely ill		
ID14089S6V187 / CGI4IB_PRELI		
Depression:		
O [1] Normal, not ill O [2] Minimally ill		
O <sub>[3]</sub> Mildly ill		
O [4] Moderately ill		
O [5] Markedly ill		
O [6] Severely ill		
O رم] Very severely ill		
ID14089S6V188 / CGI4IC_PRELI		
Overall Bipolar Illness :		
O <sub>[1]</sub> Normal, not ill		
O <sub>[2]</sub> Minimally ill		
O <sub>[3]</sub> Mildly ill		
O [4] Moderately ill		
O [5] Markedly ill		
O [6] Severely ill		
O [7] Very severely ill		
II. Change from PRECEDING phase C	Compared to the 3 months preceding this tri	ial, how much has the patient
changed?		
ID14089S6V190 / CGI4IIA_PRELI		
Mania :		
O [1] Very much improved		
O <sub>[2]</sub> Much improved		
O [3] Minimally improved		
O <sub>[4]</sub> No change		
O <sub>[5]</sub> Minimally worse		
O <sub>[6]</sub> Much worse		
O <sub>[7]</sub> Very much worse		
O <sub>[8]</sub> Not applicable		
ID14089S6V191 / CGI4IIB_PRELI		
Depression:		
O <sub>[1]</sub> Very much improved		
O <sub>[2]</sub> Much improved		
O [3] Minimally improved		
O <sub>[4]</sub> No change		

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Protocole : RLINK	Code centre :	Patient :
O <sub>[5]</sub> Minimally worse O <sub>[6]</sub> Much worse O <sub>[7]</sub> Very much worse O <sub>[8]</sub> Not applicable		
ID1408956V192 / CGI4IIC_PRELI Overall Bipolar Illness:  O [1] Very much improved O [2] Much improved O [3] Minimally improved O [4] No change O [5] Minimally worse O [6] Much worse O [7] Very much worse O [8] Not applicable		
	llness Compared to the patient's worst phase the early titration phase, how much has the p	
ID1408956V194 / CGI4IIIA_PRELI  Mania:  O [1] Very much improved O [2] Much improved O [3] Minimally improved O [4] No change O [5] Minimally worse O [6] Much worse O [7] Very much worse O [8] Not applicable		
ID1408956V195 / CGI4IIIB_PRELI Depression:  O [1] Very much improved O [2] Much improved O [3] Minimally improved O [4] No change O [5] Minimally worse O [6] Much worse O [7] Very much worse O [8] Not applicable		
ID1408956V196 / CGI4IIIC_PRELI Overall Bipolar Illness:  O [1] Very much improved O [2] Much improved O [3] Minimally improved O [4] No change O [5] Minimally worse O [6] Much worse		

Protocole : RLINK	Code centre :	Patient :
O [7] Very much worse O [8] Not applicable		
ID1408956V197 / CGI5_PRELI E. Is The Patient Experiencing Signifi	cant Side Effects? : O [1] Yes O [0] No	
ID1408956V198 / CGI5SPEC_PRELI If yes, Specify:		
O <sub>[2]</sub> MODERATE Significant	re with patient's functioning or comfort ly interferes with patient's functioning or con feres with patient's functioning or comfort	nfort
4. Overa	Il psychiatric symptom severity: BPRS 14089	S6FC27
ID14089S6V262 / DATBPRS_PRELI Date of completion of BPRS questio	nnaire (pre-lithium)://	_
Please choose for the term that bes	st describes the patient's condition	
1. SOMATIC CONCERN Preoccupation  O [0] not assessed  O [1] not present  O [2] very mild  O [3] mild  O [4] moderate  O [5] moderately severe  O [6] severe  O [7] extremely severe	on with physical health, fear of physical illness	s, hypochondriasis :
2. ANXIETY Worry, fear, over-concern of the second of the	rn for present or future, uneasiness :	
ID14089S6V203 / BPRS3_PRELI	of spontaneous interaction, isolation deficien	ncy in relating to others :

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Protocole : RLINK	Code centre :	Patient :
O <sub>[5]</sub> moderately severe		
O <sub>[6]</sub> severe		
O <sub>[7]</sub> extremely severe		
ID14089S6V204 / BPRS4_PRELI 4. CONCEPTUAL DISORGANIZATION	N Thought processes confused, disconnected,	, disorganized, disrupted :
O <sub>[0]</sub> not assessed		
O <sub>[1]</sub> not present		
O <sub>[2]</sub> very mild		
O <sub>[3]</sub> mild		
$O_{[4]}$ moderate		
$O_{\mathfrak{l}^{5J}}$ moderately severe		
O <sub>[6]</sub> severe		
$O_{[7]}$ extremely severe		
ID14089S6V205 / BPRS5_PRELI		
5. GUILT FEELINGS Self-blame, sha	me, remorse for past behavior :	
O [0] not assessed		
O [1] not present		
O <sub>[2]</sub> very mild		
O <sub>[3]</sub> mild		
O [4] moderate		
O [5] moderately severe		
O [6] severe		
extremely severe رح		
ID14089S6V206 / BPRS6_PRELI  6. TENSION Physical and motor ma	anifestations of nervousness, over-activation.	:
O [o] not assessed		
O <sub>[1]</sub> not present		
O <sub>[2]</sub> very mild		
O <sub>[3] mild</sub>		
O <sub>[4]</sub> moderate		
O [5] moderately severe		
O <sub>[6]</sub> severe		
$O_{[7]}$ extremely severe		
ID14089S6V207 / BPRS7_PRELI		
_	Peculiar, bizarre, unnatural motor behavior (	not including tic). :
O [0] not assessed		
O [1] not present		
O <sub>[2]</sub> very mild		
O <sub>[3]</sub> mild		
O <sub>[4]</sub> moderate		
O [5] moderately severe		
O [6] severe		
O <sub>[7]</sub> extremely severe		
ID14089S6V208 / BPRS8_PRELI		

8. GRANDIOSITY Exaggerated self-opinion, arrogance, conviction of unusual power or abilities. :

Protocole : RLINK	Code centre :	Patient :
O [0] not assessed		
O <sub>[1]</sub> not present		
O <sub>[2]</sub> very mild		
O [3] mild		
O [4] moderate		
O [5] moderately severe		
O [6] severe		
O <sub>[7]</sub> extremely severe		
ID14089S6V209 / BPRS9_PRELI  9. DEPRESSIVE MOOD Sorrow, sadness, despo	ondency, pessimism. :	
O <sub>[0]</sub> not assessed		
O <sub>[1]</sub> not present		
O <sub>[2]</sub> very mild		
O [3] mild		
O [4] moderate		
O [5] moderately severe		
O [6] severe		
O <sub>[7]</sub> extremely severe		
ID14089S6V210 / BPRS10_PRELI		
10. HOSTILITY Animosity, contempt, belligere	nce, disdain for others. :	
O <sub>[0]</sub> not assessed		
O <sub>[1]</sub> not present		
O <sub>[2]</sub> very mild		
O <sub>[3] mild</sub>		
O <sub>[4]</sub> moderate		
O [5] moderately severe		
O <sub>[6]</sub> severe O <sub>[7]</sub> extremely severe		
ID1408956V211 / BPRS11_PRELI 11. SUSPICIOUSNESS Mistrust, belief others h	arbor malicious or discriminatory intent. :	
O <sub>[0]</sub> not assessed	, ,	
O <sub>[1]</sub> not present		
O <sub>[2]</sub> very mild		
O <sub>[3] mild</sub>		
O <sub>[4]</sub> moderate		
O <sub>[5]</sub> moderately severe		
O <sub>[6]</sub> severe		
O <sub>[7]</sub> extremely severe		
ID14089S6V212 / BPRS12_PRELI  12. HALLUCINATORY BEHAVIOR Perceptions v	without normal external stimulus correspondence	<u>.</u> :
O <sub>[0]</sub> not assessed		
O <sub>[1]</sub> not present		
O <sub>[2]</sub> very mild		
O [3] mild		
O <sub>[4]</sub> moderate		

Protocole : RLINK	Code centre :	Patient :
O [5] moderately severe		
O <sub>[6]</sub> severe		
O <sub>[7]</sub> extremely severe		
ID14089S6V213 / BPRS13_PRELI		
	l, weakened movements or speech, reduced b	oody tone. :
O [0] not assessed	•	·
O <sub>[1]</sub> not present		
O <sub>[2]</sub> very mild		
O <sub>[3] mild</sub>		
O <sub>[4]</sub> moderate		
O [5] moderately severe		
O <sub>[6]</sub> severe		
O <sub>[7]</sub> extremely severe		
ID14089S6V214 / BPRS14_PRELI		
	nce, guardedness, rejection of authority:	
O [0] not assessed		
O <sub>[1]</sub> not present		
O <sub>[2]</sub> very mild		
O [3] mild		
O [4] moderate		
O [5] moderately severe		
O <sub>[6]</sub> severe		
$O_{[7]}$ extremely severe		
ID14089S6V215 / BPRS15_PRELI		
	Γ Unusual, odd, strange, bizarre thought conte	ent. :
O [0] not assessed		
O <sub>[1]</sub> not present		
O <sub>[2]</sub> very mild		
O <sub>[3]</sub> mild		
O <sub>[4]</sub> moderate		
O [5] moderately severe		
O <sub>[6]</sub> severe		
$O_{[7]}$ extremely severe		
ID14089S6V216 / BPRS16_PRELI  16. BLUNTED AFFECT Reduced em	otional tone, reduction in formal intensity of	feelings, flatness. :
O [0] not assessed	,	
O <sub>[1]</sub> not present		
O <sub>[2]</sub> very mild		
O <sub>[3]</sub> mild		
O <sub>[4]</sub> moderate		
O <sub>[5]</sub> moderately severe		
O <sub>[6]</sub> severe		
$O_{[7]}$ extremely severe		
ID14089S6V217 / BPRS17_PRELI		
	tional tone, agitation, increased reactivity.:	



Protocole : RLINK	Code centre :	Patient :
O [0] not assessed O [1] not present O [2] very mild O [3] mild O [4] moderate O [5] moderately severe O [6] severe O [7] extremely severe		
ID1408956V218 / BPRS18_PRELI  18 DISORIENTATION Confusion (	or lack of proper association for person, place	or time :
O [0] not assessed O [1] not present O [2] very mild O [3] mild O [4] moderate O [5] moderately severe O [6] severe O [7] extremely severe		
ID14089S6V221 / BPRSTSC_PRELI  Total score :   _		
5.	Experience of suicidality: Columbia 14089S6	FC54
ID14089S6V369 / DATSSRS_PRELI Date of completion of Columbia of Co	questionnaire (pre-lithium):// AND PROMPTS In the past month	
ID1408956V370 / SSRS1_PRELI	AND THOM 13 III the past month	
1. Have you wished you were dea	ad or wished you could go to sleep and not wa	ake up? : O [1] Yes O [0] No
1D14089S6V372 / SSRS2_PRELI  2. Have you actually had any though	ughts of killing yourself? : O [1] Yes O [0] No	
ID1408956V371 / SSRS3_PRELI  3. Have you been thinking about	how you might kill yourself? : O [1] Yes O [0	oj No
ID1408956V373 / SSRS4_PRELI  4. Have you had these thoughts a	and had some intention of acting on them? :	O <sub>[1]</sub> Yes O <sub>[0]</sub> No
5. Have you started to work out oplan?: O [1] Yes O [0] No	or worked out the details of how to kill yourse	lf? Do you intend to carry out this
1D14089S6V375 / SSRS6_PRELI  6. Have you ever done anything, [0] NO	started to do anything, or prepared to do any	thing to end your life? : O[1] Yes O
How long ago did you do any of t	hese? :	

Protocole : RLINK	Code centre :	Patient :
O <sub>[2]</sub> Between three months O <sub>[3]</sub> Within the last three m		
(	5. Service use inventory: CSRI 14089S6F	:C28
ID1408956V263 / DATCSRI_PRELI Date of completion of CSRI question	naire (pre-lithium):/	
	Q1 14089S6FC50	
	o-face contacts have you had with these	professionals?
General practitioner (GP) : $O_{[1]}$ Yes	O [0] NO	
Usual location:  O [1] General practice O [2] Community centre O [3] Hospital OPD O [4] Own home		
ID14089S6V269 / CSRICP1C_PRELI No. of contacts in last 6 months :  _	_ _	
$\begin{array}{c} {}_{\text{ID1408956V267}/\text{CSRICP2\_PRELI}} \\ {}_{\text{Psychiatrist}} : \bigcirc_{\text{[1]}} \text{Yes} \bigcirc_{\text{[0]}} \text{No} \end{array}$		
Usual location:  O [1] General practice O [2] Community centre O [3] Hospital OPD O [4] Own home		
No. of contacts in last 6 months :  _	_	
Other doctor : O [1] Yes O [0] No		
Usual location:  O [1] General practice O [2] Community centre O [3] Hospital OPD O [4] Own home		
ID1408956V272 / CSRICP3C_PRELI No. of contacts in last 6 months:  _	_	
ID1408956V274 / CSRICP4_PRELI PSVChologist · O (1) Ves O (0) No		

Protocole : RLINK Code centre : \_\_\_\_\_ Patient : \_\_\_\_\_

Usual location:  O[1] General practice O[2] Community centre O[3] Hospital OPD
O <sub>[4]</sub> Own home
No. of contacts in last 6 months :   _
Drug & alcohol advisor : $O_{[1]}$ Yes $O_{[0]}$ No
Usual location :  O [1] General practice O [2] Community centre O [3] Hospital OPD O [4] Own home
No. of contacts in last 6 months :   _
Other counselor / therapist : $O_{[1]}$ Yes $O_{[0]}$ No
Usual location:  O[1] General practice O[2] Community centre O[3] Hospital OPD O[4] Own home
No. of contacts in last 6 months :   _
ID1408956V283 / CSRICP7_PRELI Early intervention team member : $O_{[1]}$ Yes $O_{[0]}$ No
Usual location :  O [1] General practice O [2] Community centre O [3] Hospital OPD O [4] Own home
No. of contacts in last 6 months :   _
ID1408956V286 / CSRICP8_PRELI  Social worker : O [1] Yes O [0] No
Usual location :  O[1] General practice O[2] Community centre

Protocole : RLINK	Code centre :	Patient :
O [3] Hospital OPD O [4] Own home		
No. of contacts in last 6 months :   _		
Nurse : O [1] Yes O [0] No		
Usual location:  O[1] General practice O[2] Community centre O[3] Hospital OPD O[4] Own home		
No. of contacts in last 6 months :   _		
$\begin{array}{c} {\rm ID1408956V292/CSRICP10\_PRELI} \\ {\rm Occupationaltherapist:} \ O_{\rm [1]Yes} \ O_{\rm [0]No} \end{array}$		
Usual location:  O[1] General practice O[2] Community centre O[3] Hospital OPD O[4] Own home		
ID1408956V294 / CSRICP10C_PRELI  No. of contacts in last 6 months :		
ID14089S6V295 / CSRICP11_PRELI Emergency room / A & E service : O [1] Yes	O [0] NO	
Usual location:  O[1] General practice O[2] Community centre O[3] Hospital OPD O[4] Own home		
ID14089S6V297 / CSRICP11C_PRELI  No. of contacts in last 6 months :   _		
ID14089S6V298 / CSRICP12_PRELI Polyclinic or other service at interface of prima	ary and secondary care : $O_{[1]}$ Yes $O_{[0]}$ No	
Usual location :  O [1] General practice O [2] Community centre O [3] Hospital OPD O [4] Own home		
No. of contacts in last 6 months :		

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Protocole : RLINK	Code centre :	Patient :
ID1408956V301 / CSRICP13_PRELI Blood monitoring clinic : O [1] Yes	O <sub>[0]</sub> No	
Usual location:  O [1] General practice O [2] Community centre O [3] Hospital OPD O [4] Own home		
No. of contacts in last 6 months :	_ _	
Other specialist mental healthcare co	ntact (e.g. home treatment, assertive o	outreach or crisis team) : O [1] Yes O
Usual location:  O [1] General practice O [2] Community centre O [3] Hospital OPD O [4] Own home		
No. of contacts in last 6 months :		
	Q2 14089S6FC51	
1D14089S6V307 / CSRI2_PRELI  2. In the last 6 months, have you used activities, attending a drop-in centre of		the contacts identified above (e.g. group
Any meeting that you consider re	elevant to mental or physical health car TAB_CSRIMEET_PRELI	n be entered. [1] ID14089S6V341 /
ID1408956V355 / CP  Care provider:  O [1] Drug / alcohol service O [2] Community MH centre O [3] Day care centre / day ho		
O [5] Self-help / support group O [6] Class/group at a leisure O [7] Adult education class O [8] Other day care activity p	p centre	
O [5] Self-help / support grou O [6] Class/group at a leisure O [7] Adult education class	p centre	

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33/414

Protocole : RLINK	Code centre :	Patient :
ID1408956V354 / CNTCT  Have you Had contact?: O [1] Yes O [0] No  ID1408956V353 / NOMCNTR  Name of centre or facility:		
ID14089S6V345 / NOATT  No. of attendances in last 6 months :   _		
	Q3 14089S6FC2148	
ID14089S6V333 / CSRI3_PRELI  3. In the last 6 months, have you been admitt	ed to hospital as an inpatient? : O [1] Yes O [0]	No
Hospital admission (fill one re	ason per line) [1] ID14089S6V352 / TAB_CSRIH_	PRELI
ID1408956V348 / RSNADM Reason for admission:  ID1408956V349 / DATHA Date of admission:  ID1408956V350 / DATHD Date of discharge:  ID1408956V351 / TNBD Total days:		
	Q4 14089S6FC52	
ID1408956V312 / CSRI4_PRELI  4. In the last 6 months, have you been in cont ID1408956V311 / CSRI4PLC_PRELI Can you say why? :	tact with the police : $O_{11}$ Yes $O_{01}$ No	
ID14089S6V315 / CSRI4INV_PRELI		
How were you involved?: O [1] victim O [2]  ID1408956V309 / CSRI4CPLC_PRELI  How many contacts with the police:   _ _  ID1408956V314 / CSRI4NPLC_PRELI		
How many nights detained in a police cell?	1 1 1 1	

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Généré le : 2024-10-17T09:00:35+02:00 par CleanWeb

Protocole : RLINK Code centre : \_\_\_\_\_ Patient : \_\_\_\_\_

5. Are you in employment? : O [1] Yes O [0] No
ID14089S6V364 / CSRI6SDE_PRELI Start date of employment:/
Are you employed : $O_{[1]}$ full-time $O_{[2]}$ part-time
ID1408956V332 / CSRI6DHP_PRELI  How many days (if any) have you had off work in the last past 6 months as a consequence of health problems? :
Last date of employment (start and finish)
ID14089S6V89 / CSRI6SDLE_PRELI Start date of last employment :/
ID14089S6V91 / CSRI6FDLE_PRELI Finish date of last employment:/
Number of hours worked per week (in above position) :   _
Job title / description of role (in above position ) :
Questionnaires - Patient rated 14089S6FC18
7. Health-related quality of life: EQ-5D-5L 14089S6FC30
This patient-rated scale uses a visual analogue scale for the patient. Please use the paper version in clinical pack, also available under the Help bullet Under each heading, please tick the ONE radio-button that best describes your health TODAY
Date of completion of EQ-5D-5L questionnaire (pre-lithium) :/
ID14089S6V405 / DATQOL_PRELI

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Protocole : RLINK	Code centre :	Patient :
O I hour course much	olems washing or dressing myself	
O [5] I am unable to wa	sh or dress myself	
ID14089S6V408 / QOL3_PRELI		
USUAL ACTIVITIES:		
O [1] I have no problem	ns doing my usual activities	
O <sub>[2]</sub> I have slight probl	ems doing my usual activities	
O [3] I have moderate p	problems doing my usual activities	
O <sub>[4]</sub> I have severe prob	olems doing my usual activities	
O <sub>[5]</sub> I am unable to do		
	,	
PAIN / DISCOMFORT :		
O <sub>[1]</sub> I have no pain or o	discomfort	
O [2] I have slight pain of		
_		
O [3] I have moderate p		
O [4] I have severe pain		
O [5] I have extreme pa	in or discomfort	
ID14089S6V410 / QOL5_PRELI		
ANXIETY / DEPRESSION :		
O [1] I am not anxious o		
O [2] I am slightly anxio	us or depressed	
O <sub>[3]</sub> I am moderately a	inxious or depressed	
O [4] I am severely anxi	ous or depressed	
O [5] I am extremely an	xious or depressed	
ID14089S6V412 / TOTQOL_PRELI		
_	DAY = (rated from 0-100) :	
	8. Anxiety symptoms: GAD7 14089S6FC31	
	or mixiety symptoms: enter 14000001 est	
ID14089S6V416 / DATGAD_PRELI		
Date of completion of GAD7 qu	restionnaire (pre-lithium) :/	
Over the last 2 weeks, how oft	en have you been bothered by the following pr	roblems?
ID14089S6V418 / GADQ1_PRELI		
1. Feeling nervous, anxious, or	on edge :	
O [0] Not at all		
O <sub>[1]</sub> Several days		
O <sub>[2]</sub> More than half the	e davs	
O <sub>[3]</sub> Nearly every day		
2. Not being able to stop or cor	atrol worrying:	
O [0] Not at all	ico. Worrying .	
O [1] Several days		
	a dava	
O Novel by a second	e days	
O <sub>[3]</sub> Nearly every day		
3. Worrying too much about di	fferent things :	

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Protocole : RLINK	Code centre :	Patient :
O [0] Not at all O [1] Several days O [2] More than half the day	ays	
O <sub>[3]</sub> Nearly every day		
101408956V421 / GADQ4_PRELI  4. Trouble relaxing:  O [0] Not at all  O [1] Several days  O [2] More than half the day  O [3] Nearly every day	ays	
5. Being so restless that it's hard to  O [0] Not at all  O [1] Several days  O [2] More than half the day  O [3] Nearly every day		
ID1408956V423 / GADQ6_PRELI  6. Becoming easily annoyed or irrit  O [0] Not at all  O [1] Several days  O [2] More than half the day  O [3] Nearly every day		
7. Feeling afraid as if something av  O [0] Not at all  O [1] Several days  O [2] More than half the day  O [3] Nearly every day		
ID1408956V428 / GADTSC_PRELI Total score :   _		
ID14089S6V425 / GADPA_PRELI Have you experienced any panic a	ttacks?: O <sub>[1]</sub> Yes O <sub>[0]</sub> No	
ID1408956V426 / GADNBPA If so, how many? :   _		
ID14089S6V427 / GADPHOB_PRELI Have you experienced any phobias	s that have been interfering with your everyda	ay life? : O [1] Yes O [0] No
9.	Experience of internal states: ISS 14089S6FC	32
ID1408956V429 / DATISS_PRELI  Date of completion of ISS question	nnaire (pre-lithium) :/	
The corresponding value is entere	ed in the eCRF (range 0-100)	
ID14089S6V430 / ISS1_PRELI  1. Today my mood is changeable :	<u> _ _ </u>	

Protocole : RLINK	Code centre :	Patient :
ID14089S6V431 / ISS2_PRELI  2. Today I feel irritable :		
ID1408956V432 / ISS3_PRELI  3. Today I feel like a capable person :	_	
4. Today I feel like people are out to get me:		
1D1408956V434 / ISS5_PRELI  5. Today I actually feel great inside:   _ _	_l	
6. Today I feel impulsive :   _		
7. Today I feel depressed :   _		
8. Today my thoughts are going fast:   _		
9. Today it seems like nothing will ever work	out for me :	
10. Today I feel overactive :   _		
11. Today I feel as if the world is against me:		
12. Today I feel "sped up" inside :   _		
13. Today I feel restless:   _		
14. Today I feel argumentative :   _		
15. Today I feel energized:   _		
16. Today I feel depressed/down (0) to ma	nic/high (100):   _	
10.1. Medica	ation adherence: MARS 14089S6FC33	
ID1408956V446 / DATMARS_PRELI  Date of completion of MARS (Medication adh	nerence) questionnaire:/	
1. Do you ever forget to take your medication	n?: O <sub>[1]</sub> Yes O <sub>[0]</sub> No	
1D1408956V448 / MARS2_PRELI  2. Are you careless at times about taking you	r medication? : O [1] Yes O [0] No	
1D1408956V449 / MARS3_PRELI  3. When you feel better, do you sometimes s	top taking your medication? : $O_{[1]}$ Yes $O_{[0]}$ No	
ID1408956V450 / MARS4_PRELI 4. Sometimes if you feel worse when you tak	e the medication, do you stop taking it : $ {f O}_{{f [1]}}$ Yes	O <sub>[0]</sub> No
ID1408956V451 / MARS5_PRELI  5. I take my medication only when I am sick :		

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Protocole : RLINK	Code centre :	Patient :
ID14089S6V452 / MARS6_PRELI  6. It is unnatural for my mind and by	pody to be controlled by medication : $O_{[1]}$	Yes O [o] No
7. My thoughts are clearer on med	ication : O [1] Yes O [0] No	
8. By staying on medication, I can p	prevent getting sick : O [1] Yes O [0] No	
9. I feel weird, like a 'zombie' on m	edication : O [1] Yes O [0] No	
10. Medication makes me feel tired	d and sluggish : $O_{[1]}$ Yes $O_{[0]}$ No	
1	0.2. Medication adherence: TRQ 14089S6F0	057
ID1408956V457 / DATTRQ_PRELI Date of completion of TRQ (Medica	ation adherence) questionnaire:/	
Medication:  O [1] you currently take me O [2] you are not taking and		
1. Do you have any trouble taking a	all of your prescribed medications for BD? :	O [1] Yes O [0] No
1D14089S6V460 / TRQ2_PRELI  2. Do you ever try to cope on your	own without your medications for BD? : $ igcirc$	[1] Yes O [0] No
treatment tablets (for any reason)	treatment every day in the last month	or missed taking any of your bipolar
ID1408956V463 / TRQ5_PRELI 4. TOTAL NUMBER OF DAYS I have	NOT taken any of my BD treatment last mo	nth :   _
number of tablets than was prescri	e recommended BD treatment dose/tablets	•
6. TOTAL NUMBER OF DAYS I did no	ot take the recommended treatment for BD	dose or all the tablets last month :
1. I have never taken medication:	O <sub>[1]</sub> Yes O <sub>[0]</sub> No	
1D14089S6V467 / TRQ2B_PRELI  2. I stopped taking medication again	inst the advice of the psychiatrist / doctor w	rho prescribed it : O [1] Yes O [0] No

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Protocole : RLINK Code centre : \_\_\_\_\_ Patient : \_\_\_\_\_

# 10.3. Medication adherence:BMQ 14089S6FC58

Date of completion of BMQ questionnaire (pre-lithium) :/
ID1408956V470 / BMQ1_PRELI  1. My health, at present, depends on my medicine:  O [1] strongly agree O [2] agree O [3] neutral O [4] disagree O [5] strongly disagree
ID1408956V471 / BMQ2_PRELI  2. Having to take medicines worries me:  O [1] strongly agree O [2] agree O [3] neutral O [4] disagree O [5] strongly disagree
ID14089S6V472 / BMQ3_PRELI  3. My life would be impossible without my medicines:  O [1] strongly agree O [2] agree O [3] neutral O [4] disagree O [5] strongly disagree
ID1408956V473 / BMQ4_PRELI  4. Without my medicines I would be very ill:  O [1] strongly agree O [2] agree O [3] neutral O [4] disagree O [5] strongly disagree
ID1408956V474 / BMQ5_PRELI  5. I sometimes worry about the long-term effects of my medicines:  O [1] strongly agree O [2] agree O [3] neutral O [4] disagree O [5] strongly disagree
iD1408956V475 / BMQ6_PRELI  6. My medicines are a mystery to me:  O [1] strongly agree O [2] agree O [3] neutral

Protocole : RLINK	Code centre :	Patient :
O <sub>[4]</sub> disagree		
O <sub>[5]</sub> strongly disagree		
7. My health in the future will dep	end on my medicines :	
O <sub>[1]</sub> strongly agree	icha on my medicines .	
O <sub>[2]</sub> agree		
O <sub>[3]</sub> neutral		
O <sub>[4]</sub> disagree		
O [5] strongly disagree		
8. My medicines disrupt my life :		
O <sub>[1]</sub> strongly agree		
O [2] agree O [3] neutral		
O <sub>[4]</sub> disagree		
O [5] strongly disagree		
ID14089S6V478 / BMQ9_PRELI	ning too dependent on my medicines :	
O <sub>[1]</sub> strongly agree	ning too dependent on my medicines.	
O <sub>[2]</sub> agree		
O [3] neutral		
O <sub>[4]</sub> disagree		
O [5] strongly disagree		
10. My medicines protect me from	a hacaming worsa	
O <sub>[1]</sub> strongly agree	r becoming worse .	
O <sub>[2]</sub> agree		
O <sub>[3]</sub> neutral		
O <sub>[4]</sub> disagree		
O <sub>[5]</sub> strongly disagree		
ID1408956V480 / BMQ11_PRELI 11. Doctors use too many medicin	es:	
O <sub>[1]</sub> strongly agree		
O <sub>[2]</sub> agree		
O <sub>[3]</sub> neutral		
O <sub>[4]</sub> disagree		
O <sub>[5]</sub> strongly disagree		
12. People who take medicines should be should	ould stop their treatment for a while, every now and again	1:
O <sub>[1]</sub> strongly agree	2, -1, -1 2, -1	
O <sub>[2]</sub> agree		
O <sub>[3]</sub> neutral		
O <sub>[4]</sub> disagree		
O <sub>[5]</sub> strongly disagree		

Patient : \_\_\_\_\_

Code centre : \_\_\_\_\_

ID1408956V482 / BMQ13_PRELI
13. Most medicines are addictive :
O [1] strongly agree
O [2] agree
O [3] neutral
O <sub>[4]</sub> disagree
O <sub>[5]</sub> strongly disagree
ID14089S6V483 / BMQ14_PRELI
14. Natural remedies are safer than medicines :
O [1] strongly agree
O [2] agree
O <sub>[3]</sub> neutral
O <sub>[4]</sub> disagree
O <sub>[5]</sub> strongly disagree
ID14089S6V484 / BMQ15_PRELI
15. Medicines do more harm than good :
O <sub>[1]</sub> strongly agree
O <sub>[2]</sub> agree
O <sub>[3]</sub> neutral
O <sub>[4]</sub> disagree
O <sub>[5]</sub> strongly disagree
16. All medicines are poisons :
O <sub>[1]</sub> strongly agree
O <sub>[2]</sub> agree
O [3] neutral
O <sub>[4]</sub> disagree
O <sub>[5]</sub> strongly disagree
ID1408956V486 / BMQ17_PRELI
17. Doctors place too much trust on medicines :
O <sub>[1]</sub> strongly agree
O [2] agree
O <sub>[3]</sub> neutral
O <sub>[4]</sub> disagree
O <sub>[5]</sub> strongly disagree
ID14089S6V487 / BMQ18_PRELI
18. If doctors had more time with patients, they would prescribe fewer medicines :
O <sub>[1]</sub> strongly agree
O [2] agree
O [3] neutral
O <sub>[4]</sub> disagree
O <sub>[5]</sub> strongly disagree

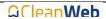
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Protocole: RLINK

Protocole : RLINK Code centre : \_\_\_\_\_ Patient : \_\_\_\_\_

# Post-Lithium Evaluations [ID14089S6F8 / F\_POSTLI]

ID14089S6V1597 / DATINILI_PLI Lithium initiation date :	/
ID14089S6V703 / DATVIS_PLI Date of visit :/	
ID14089S6V2499 / PRINTDATES  Click here for print the	planning of the next visits
Date of the visit M1:	
Date of the visit M2:	
Date of the visit M3:	
Date of the visit M4:	
Date of the visit M5:	
Date of the visit M6:	
Date of the visit M7:	
Date of the visit M8:	
Date of the visit M9:	
ID14089S6V2509 / DATM10_ANTCP Date of the visit M10 :	
ID14089S6V2510 / DATM11_ANTCP Date of the visit M11 :	
ID14089S6V2511 / DATM12_ANTCP Date of the visit M12 :	
ID14089S6V2512 / DATM13_ANTCP Date of the visit M13 :	
ID14089S6V2513 / DATM14_ANTCP Date of the visit M14:	
ID14089S6V2514 / DATM15_ANTCP Date of the visit M15:	
ID14089S6V2515 / DATM16_ANTCP Date of the visit M16:	/
ID14089S6V2516 / DATM17_ANTCP Date of the visit M17:	/
ID14089S6V2517 / DATM18_ANTCP Date of the visit M18 :	/



Protocole: RLINK	Code centre :	Patient :
ID14089S6V2518 / DATM19_ANTCP Date of the visit M19:/		
Physical	health assessment 14089S6FC71	
ID1408956V586 / WEIGHT_PLI Weight:   _ , _  kg  ID1408956V588 / WAIST_PLI Waist measurement:  _ _ , _  cm  ID1408956V589 / SBP_PLI Systolic Blood pressure:  _ _ , _  mmH  ID1408956V590 / DBP_PLI Diastolic Blood pressure:  _ _ , _  mmI  ID1408956V592 / NBCLN_PLI Number of biological children:  _   ID1408956V593 / MNP_PLI Menopause: O [1] Yes O [0] No		
Physic	cal comorbidity 14089S6FC73	
ID14089S6V594 / PHCMBY_PLI Is there any physical comorbidity (past or present)? : O [1] Yes O [0] No		
Health condition (fill one cat	egory per line) [1] ID14089S6V599 / TAB_HCND	_PLI
Category:  O [1] Neurology O [2] Cardiology O [3] Endocrinology O [4] Cutaneous O [5] Urology O [6] Hepato-Gastroenterology O [7] Infection		

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Protocole : RLINK	Code centre :	Patient :
O <sub>[8]</sub> Immune inflammatory		
O [9] Others		
ID14089S6V600 / DISEASE		
Diseases :		
O [1] Migraine		
O [2] Multiple sclerosis		
O <sub>[3]</sub> Epilepsy		
O <sub>[4]</sub> Meningitis		
O [5] Head injury		
O [6] Stroke		
O <sub>[7]</sub> Hypertension		
O <sub>[8]</sub> Myocardial infarction		
O [9] Arrhythmia		
O <sub>[10]</sub> Diabetes type 1		
O [11] Diabetes type 2		
O <sub>[12]</sub> Hypothyroidism		
O [13] Hyperthyroidism		
O [14] Dyslipidemia		
O [15] Psoriasis		
O [16] Acne		
O [17] Eczema		
O [18] Drug induced toxidern	nia	
O [19] Hair loss		
O [20] Nephropathy		
O <sub>[21]</sub> Lithiasis		
O [22] Prostatic hyperplasia		
	disease of the gastrointestinal tract	
O <sub>[24]</sub> Cirrhosis		
O [25] Gastroduodenal ulcer		
O [26] Drug induced hepatitis	5	
O <sub>[27]</sub> HIV infection		
O <sub>[28]</sub> HCV infection		
O <sub>[29]</sub> HBV infection		
O [30] Asthma		
O [31] Allergy (excluding asth	ma)	
O <sub>[32]</sub> Lupus		
O [33] Rheumatoid polyarthr		
O [34] Cancer (specify organ)		
O [35] Genetic disease		
O [36] Glaucoma		
O [37] Cataract		
O <sub>[38]</sub> Other serious medical	conditions	
ID14089S6V596 / OTHCTGY		
please specify :		

Protocole : RLINK	Code centre :	Patient :
ID1408956V601 / AGEDIAG Age at diagnosis:   _  years		
ID1408956V602 / AGE1TRT  Age at first medical treatment:	years	
$\begin{array}{c} {}_{\text{ID14089S6V603}  /  \text{CURRTRTD}} \\ {}_{\text{Currently treated}} :                  $	No O[e] NA	
Stabilized/Remitted : O [1] Yes	O [0] NO O [9] NA	
According to the clinician, how much much (10)]:   _	ch is this a current problem for the patient	t ? [range 0-10: Not at all(0) - Very
	Psychiatric health assessment 14089S6FC	274
	d all sources of information available to your rent or lifetime)? : $\bigcirc_{11}$ Yes $\bigcirc_{0}$ No	ou, does the patient meet criteria for
Psychological disord	er (fill a disorder per line) [1] ID14089S6\	/616 / TAB_DSRDR_PLI
ID1408956V608 / DISRDR  Psychological Disorders:  O [1] Anxiety O [2] Substance use O [3] Personality O [4] PTSD O [5] ADHD (based on clinic O [6] Other  ID1408956V610 / OTHDISRDR please specify:	al judgment)	
ID1408956V609 / TYPDISRDR  Types of Disorders:  O [1] Panic disorder (with out O [2] Agoraphobia (without O [3] Social phobia O [4] GAD (Generalized anx O [5] OCD (Obsessive-comp O [6] Other anxiety disorde O [7] Nicotine dependence O [8] Alcohol disorder O [9] Cannabis disorder O [10] Cocaine disorder	panic disorder) iety disorder ) ulsive disorder)	

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Protocole : RLINK	Code centre :	Patient :
O [11] Benzos disorder O [12] Other substance disord O [13] Borderline personality O [14] Anti-social personality diso  ID1408956V617 / OTHTYPD please specify:  ID1408956V613 / DIAG Diagnosis: O [1] Lifetime O [2] Curl  ID1408956V611 / AGEONSET Age at onset:   _   years	rders	
Characte	eristics of BD during the last 2 years 14	.089S6FC77
ID1408956V618 / RCY1_PLI Rapid cycling: O [1] Yes O [0] No  Total number of		
	Major Depressive episodes	
ID1408956V620 / MDE1_PLI Major Depressive episodes:   _  ID1408956V621 / MDEH1_PLI Requiring hospitalizations:   _  ID1408956V622 / MDEPS1_PLI With psychotic symptoms:   _  ID1408956V623 / MDEMC1_PLI With mixed characteristics:   _  ID1408956V624 / MDETD1_PLI Total duration (weeks):   _		
	Hypomanic episodes	
ID1408956V625 / HYPOE1_PLI Hypomanic episodes:    ID1408956V626 / HYPOEH1_PLI Requiring hospitalizations:    ID1408956V628 / HYPOEMC1_PLI With mixed characteristics:    ID1408956V629 / HYPOETD1_PLI Total duration (weeks):		

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Patient : Protocole: RLINK Code centre : \_\_\_\_ **Manic episodes** ID14089S6V630 / MANE1\_PLI Manic episodes : | | | ID14089S6V631 / MANEH1\_PLI Requiring hospitalizations : |\_\_|\_| ID14089S6V632 / MANEPS1\_PLI With psychotic symptoms : |\_\_|\_\_| ID14089S6V633 / MANEMC1\_PLI With mixed characteristics: | | ID14089S6V634 / MANETD1\_PLI Total duration (weeks): | | | | ID14089S6V635 / PATSEQ1\_PLI Please indicate pattern of sequence for the past 2 years :  $\square$  [1] Episodic  $\square$  [2] Multiphasic ID14089S6V636 / PATSEQM1\_PLI If Multiphasic: O[1] MDI (mania-depressive interval) O[2] DMI (depressive-manic interval) ID14089S6V637 / NBH1\_PLI Number of hospitalizations : |\_\_|\_| ID14089S6V638 / TDH1\_PLI Total duration of hospitalizations : |\_\_|\_| weeks ID14089S6V639 / OUTW1\_PLI Number of weeks out of work due to BD : |\_\_|\_\_| ID14089S6V640 / NBS1\_PLI Number of suicide attempts: | | | According to the clinician, in the last 2 years, how much has the patient been impaired due to ID14089S6V642 / AD1\_PLI Anxiety disorders : |\_\_|\_\_|,|\_\_| ID14089S6V643 / SUD1\_PLI Substance use disorders : |\_\_|\_\_|,|\_\_| ID14089S6V644 / MC1\_PLI Medical comorbidities : |\_\_|\_|,|\_\_| Characteristics of BD during the lifetime 14089S6FC85 ID14089S6V645 / RCY2\_PLI Rapid cycling: O [1] Yes O [0] No O [2] Unknown

Rapid cycling:  $\bigcirc$  [1] Yes  $\bigcirc$  [0] No  $\bigcirc$  [2] Unknown ID1408956V672 / AGESTBD2\_PLI Age at onset:  $|\_|_-|$  years ID1408956V673 / BDNOW2\_PLI Current:  $\bigcirc$  [1] Yes  $\bigcirc$  [0] No

Protocole : RLINK	Code centre :	Patient :
ID14089S6V674 / AGENDBD2_PLI Age at end:   _  years		
Total number of		
	Major Depressive episodes	
ID14089S6V647 / MDE2_PLI Major Depressive episodes :		
ID1408956V648 / MDEH2_PLI Requiring hospitalizations:   _		
ID14089S6V649 / MDEPS2_PLI With psychotic symptoms:   _		
With mixed characteristics :   _		
ID14089S6V651 / MDETD2_PLI Total duration (weeks):   _		
ID14089S6V675 / AGEMDE2_PLI Age at first depressive episode :   _	years	
	Hypomanic episodes	
ID1408956V652 / HYPOE2_PLI Hypomanic episodes :		
ID14089S6V653 / HYPOEH2_PLI Requiring hospitalizations:   _		
ID14089S6V655 / HYPOEMC2_PLI With mixed characteristics :   _		
ID14089S6V656 / HYPOETD2_PLI Total duration (weeks) :		
ID1408956V676 / AGEHYPOE2_PLI Age at first hypomanic episode:   _	years	
	Manic episodes	
Manic episodes :		
Requiring hospitalizations :   _		
ID14089S6V659 / MANEPS2_PLI With psychotic symptoms:		
ID14089S6V660 / MANEMC2_PLI With mixed characteristics :		

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Protocole : RLINK	Code centre :	Patient :
ID14089S6V661 / MANETD2_PLI Total duration (weeks):   _		
Age at first manic episode :   _  years		
ID1408956V662 / PATSEQ2_PLI Please indicate pattern of sequence for the life	etime : 🗖 [1] Episodic 🗖 [2] Multiphasic	
ID1408956V663 / PATSEQM2_PLI  If Multiphasic : $O_{[1]}$ MDI (mania-depressive in	nterval) O <sub>[2]</sub> DMI (depressive-manic interval)	
Number of hospitalizations :   _		
Total duration of hospitalizations :   _	weeks	
ID1408956V678 / AGESTBH2_PLI Age at first hospitalization:   _   years		
ID1408956V666 / OUTW2_PLI Number of weeks out of work due to BD:	_	
Number of suicide attempts:   _		
ID1408956V679 / AGES2_PLI Age at first suicide attempts:     years		
According to the clinician, in the lifetime, how	w much has the patient been impaired due to	
ID1408956V669 / AD2_PLI Anxiety disorders:   _,		
ID1408956V670 / SUD2_PLI Substance use disorders:   _,		
Medical comorbidities :   _ ,		
Fai	mily history 14089S6FC93	
ID1408956V688 / FHIST_PLI Family history of mood disorders of a biologic  O [9] Not applicable	al member [1st degree only (adopted excluded) ]	]: O [1] Yes O [0] No
	x corresponding to the most probable disorder	presented (fill one
"Kelation" per li	ne) [1] ID14089S6V686 / TAB_FAMHIST	
ID1408956V680 / RELATION_FH  Relation: $O_{[1]}$ Mother $O_{[2]}$ Father $O_{[3]}$ S	iblings O <sub>[4]</sub> Children	
Sex: $O_{[1]}$ Male $O_{[2]}$ Female $O_{[3]}$ Other		
Date of birth (family member):		

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Protocole : RLINK	Code centre :	Patient :
ID1408956V684 / ALIVE_FH Alive: O [1] Yes O [0] No		
ID1408956V685 / AGE_FH Age at onset :     years		
ID1408956V690 / DATDTH_FH Date of death (family member) :	/	
ID1408956V691 / DIAG_FH Diagnosis:  O[1] BD1 O[2] BD2 O[3] Not specified BD type O[4] MDD O[5] Schizophrenia /Psychos O[6] None of these	sis	
For the concerned disorder, indicate	e	
Diagnosed: $O_{[1]}$ Yes $O_{[0]}$ No $O_{[1]}$	[2] Uncertain O [3] Unknown	
ID1408956V693 / TREAT_FM Treated : O [1] Yes O [0] NO O [2]	Uncertain O [3] Unknown	
Hospitalized : $O_{[1]}$ Yes $O_{[0]}$ No	O <sub>[2]</sub> Uncertain O <sub>[3]</sub> Unknown	
Response to lithium : O <sub>[1]</sub> Yes O	[0] No O [2] Uncertain O [3] Never on Lithiur	n
Suicide attempt : $O_{[1]}$ Yes $O_{[0]}$ No	O O [2] Uncertain O [3] Unknown	
ID1408956V697 / SADTH_FM Suicide (death by Suicide attempt):	O <sub>[1]</sub> Yes O <sub>[0]</sub> No O <sub>[2]</sub> Uncertain O <sub>[3]</sub> U	Jnknown
Alcohol misuse : $O_{[1]}$ Yes $O_{[0]}$ No	O [2] Uncertain O [3] Unknown	
Cannabis misuse : O [1] Yes O [0] N	lo O <sub>[2]</sub> Uncertain O <sub>[3]</sub> Unknown	
Other drug misuse : O [1] Yes O [0]	No O <sub>[2]</sub> Uncertain O <sub>[3]</sub> Unknown	
Other drug, please specify:		
Med	dications during the last 2 years 14089S6FC96	5
1. Mood stabilizers : O [1] Yes O [0]	NO O <sub>[9]</sub> NA	
1D1408956V712 / ANTIPSY_PLI  2. Atypical Antipsychotics : O[1] Yes	AN [e] O ON [0] O	

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Protocole : RLINK	Code centre :	Patient :
ID1408956V713 / NEUROL_PLI  3. Conventional neuroleptics : O [1]	Yes O [0] No O [9] NA	
ID1408956V714 / ANTIDEP_PLI  4. Antidepressants : O [1] Yes O [0]	NO O [9] NA	
1D14089S6V715 / BENZOS_PLI  5. Benzodiazepines and Others:	[1] Yes O [0] NO O [9] NA	
	Mood stabilizers 14089S6FC98	
1. Mood	d stabilizers [1] ID14089S6V709 / TAB_M	IOOD_PLI
ID1408956V711 / MOODSTZ  Mood Stabilizers:  O [1] Lithium O [2] Valproate and derivativ O [3] Lamotrigine O [4] Carbamazepine and de O [5] Other anticonvulsants  ID1408956V705 / OTHICD  If Other, Name of the molecule (ICD  ID1408956V706 / DATINIT  Date initiated prescription:  ID1408956V710 / ONGO On going: O [1] Yes O [0] NO  ID1408956V707 / DATSTOP  Date stop prescription:/	rivates	
	Atypical Antipsychotics 14089S6FC99	
2. Atypical Antipsychotics [1] ID14089S6V721 / TAB_ANTIPSY_PLI		
Atypical Antipsychotics:  O [1] Olanzapine O [2] Risperidone O [3] Quetiapine O [4] Aripiprazole O [5] Others		

Protocole : RLINK	Code centre :	Patient :
ID14089S6V717 / OTHICD If Other, Name of the molecule (IC	D) (capital letters) :	
ID1408956V718 / DATINIT  Date initiated prescription:	<i></i>	
On going : O [1] Yes O [0] No		
Date stop prescription :/		
	Conventional neuroleptics 14089S6FC1	.00
3. Convention	onal neuroleptics [1] ID14089S6V740 / TA	AB_NEUROL_PLI
Name of the molecule (ICD):		
ID14089S6V724 / DATINIT  Date initiated prescription:	<i></i>	
On going : O [1] Yes O [0] No		
Date stop prescription :/_		
	Antidoprocessus 140905CFC101	
	Antidepressants 14089S6FC101	
4. Antid	lepressants [1] ID14089S6V741 / TAB_AN	ITIPDEP_PLI
ID14089S6V728 / ANTIDEP  4. Antidepressants:  O [1] SSRI O [2] NASSRI O [3] Tricyclics O [4] Others		
If Other, Name of the molecule (IC	D) (capital letters) :	

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Protocole : RLINK	Code centre :	Patient :
ID14089S6V730 / DATINIT  Date initiated prescription:	′/	
On going : $O_{[1]}$ Yes $O_{[0]}$ No		
Date stop prescription :/		
	Benzodiazepines & Others 14089S6FC	102
5. Benzodiaze	pines and Others [1] ID14089S6V742 /	TAB_BENZOS_PLI
ID14089S6V734 / BENZOS Benzodiazepines : O[1] Benzodiaze	pines $O_{[2]}$ Others	
If Other, Name of the molecule (ICD	) (capital letters) :	
ID1408956V736 / DATINIT  Date initiated prescription:	'/	
On going : $O_{[1]}$ Yes $O_{[0]}$ No		
Date stop prescription :/	_/	
Q	uestionnaires - Clinician rated 14089S6	FC108
PRISE-M Reminder: Side Effects are M" is in the section «Questionnaire	• • • • • • • • • • • • • • • • • • • •	the clinician! The questionnaire "PRISE-
1	Cognitive functioning: SCIP 14089S6F	C110
ID14089S6V744 / SCIPEP_PLI	tered ONLY if qIDS score ≤10 and BRMS  ode for at least 4 weeks? : O[1] Yes C	
Complete the SCIP questionnaire?:	O <sub>[1]</sub> Yes O <sub>[0]</sub> No	
	quent assessment up to M6 and until it	is appropriate to use the above criteria.
Date of SCIP administration (post lit	hium) :/	

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Protocole : RLINK	Code centre :	Patient :
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SCI	D• 1	FECT	RESU	II TC
301		LJI	IVESU	LIJ

1. (VLT-I) List learning test: Tr.1:
1D1408956V2446 / VLTI2_PLI  1. (VLT-I) List learning test: Tr.2:   _
1. (VLT-I) List learning test: Tr.3:
ID14089S6V2448 / VMT_PLI  2. (VMT) Consonant repetition test:   _
1D14089S6V2449 / VFT_PLI 3. (VFT) Verbal fluency test:   _
1D14089S6V2450 / VLTD_PLI 4. (VLT-D) Delayed list learning: Tr.4:   _
ID14089S6V2451 / PST_PLI  5. (PST) Visuomotor tracking test:   _
SCIP SCORES
ID14089S6V2452 / VLTISC_PLI  1. VLT_I Σ :   _ ,
ID14089S6V2453 / WMTSC_PLI 2. VMT Σ :   _,
ID14089S6V2454 / VLDSC_PLI 4. VLT_D Σ :   _,
ID14089S6V2455 / VLTSC_PLI VLT Score Tr.4/Tr.3:   _ ,
ID14089S6V2456 / PSTSC_PLI  5. PST Σ :    ,
Z-SCORES
ID14089S6V2457 / ZVLTI_PLI  1. zVLT_I:   ,
ID14089S6V2458 / ZWMT_PLI  2. ZWMT:   _ ,
ID14089S6V2459 / ZVFT_PLI  3. zVFT:   _,
ID14089S6V2460 / ZVLTD_PLI 4. zVLT_D:   _ _

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ID14089S6V2461 / ZPST\_PLI 5. zPST: |\_\_|\_|,|\_\_| Code centre : \_\_\_\_\_

Protocole : RLINK

Mean Z-score :   _,
2. Standardized Assessment of Personality - Abbreviated Scale (Moran) 14089S6FC111
Reminder: The SAPAS can be administered ONLY if qIDS score ≤10 and BRMS score ≤9  ID1408956V785 / SAPASEP_PLI  Has the patient been out of an episode for at least 4 weeks? : O[1] Yes O[0] No
Complete the SAPAS questionnaire? : $O_{[1]}$ Yes $O_{[0]}$ No
This part is repeated at each subsequent evaluation up to M6 if the questionnaire is not completed.
Date of completion of SAPAS questionnaire (post lithium):/
Please ask your patients the following questions. Only tick a response if the patient thinks that the description applies most of the time and in most situations.
1. In general, do you have difficulty making and keeping friends? : $O_{[1]}$ Yes $O_{[0]}$ No
1D14089S6V763 / SAPAS2_PLI  2. Would you normally describe yourself as a loner? : $O_{[1]}$ Yes $O_{[0]}$ No
3. In general, do you trust other people? : $O_{[1]}$ Yes $O_{[0]}$ No
1D1408956V765 / SAPAS4_PLI  4. Do you normally lose your temper easily? : $O_{[1]}$ Yes $O_{[0]}$ No
5. Are you normally an impulsive sort of person? : O [1] Yes O [0] No
6. Are you normally a worrier? : O [1] Yes O [0] No
7. In general, do you depend on others a lot? : O [1] Yes O [0] No
1D1408956V769 / SAPAS8_PLI 8. In general, are you a perfectionist? : $O_{[1]}$ Yes $O_{[0]}$ No
SAPAS score :
3. Experience of suicidality: Columbia 14089S6FC112
ID1408956V771 / DATSSRS_PLI  Date of completion of Columbia questionnaire (post lithium):/
SUICIDE IDEATION DEFINITIONS AND PROMPTS In the past month
10. Have you wished you were dead or wished you could go to sleep and not wake up? : $O_{[1]}$ Yes $O_{[0]}$ No

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Patient :

Protocole : RLINK	Code centre :	Patient :
ID14089S6V773 / SSRS2_PLI  2. Have you actually had any thou	ghts of killing yourself? : O [1] Yes O [0] No	
ID14089S6V774 / SSRS3_PLI  3. Have you been thinking about h	now you might kill yourself? : O[1] Yes O[0	oj No
ID14089S6V775 / SSRS4_PLI  4. Have you had these thoughts an	nd had some intention of acting on them? :	O <sub>[1]</sub> Yes O <sub>[0]</sub> No
5. Have you started to work out of plan?: O [1] Yes O [0] No	r worked out the details of how to kill yourse	elf? Do you intend to carry out this
ID14089S6V777 / SSRS6_PLI  6. Have you ever done anything, s [0] NO	tarted to do anything, or prepared to do any	thing to end your life? : O[1] Yes O
How long ago did you do any of the O [1] Over a year ago O [2] Between three mont	hs and a year ago	
	4. WHO-ASSIST 14089S6FC113	
ID14089S6V779 / DATWHOA_PLI Date of completion of WHO-ASSIS	T questionnaire (post lithium):/	<i></i>
drugs. I am going to ask you some and in the past three months. The the form of pills (show drug card) amphetamines, sedatives, pain m prescribed by your doctor. Howe taken them more frequently or a in knowing about your use of var	ing to take part in this brief interview about a questions about your experience of using the see substances can be smoked, swallowed, so a some of the substances listed may be prested to the substances of the substances o	these substances across your lifetime snorted, inhaled, injected or taken in scribed by a doctor (like record medications that are used as reasons other than prescription, or le know. While we are also interested ormation on such use will be treated
	Question_1	
ID14089S6V786 / WHOA1A_PLI	ring substances have you ever used? (NON-I	·
	newing tobacco, cigars, etc.) : $\bigcirc_{\scriptscriptstyle{[0]}}$ No $\bigcirc_{\scriptscriptstyle{[1]}}$	ı <sub>J</sub> Yes
	e, spirits, etc.) : $O_{[0]}$ No $O_{[1]}$ Yes	
c. Cannabis (marijuana, pot, grass)	hash, etc.) : O [0] No O [1] Yes	
d. Cocaine (coke, crack, etc.) : O	oj No O [1] Yes	

Protocole : RLINK	Code centre :	Patient :
ID14089S6V793 / WHOA1F_PLI	peed, diet pills, ecstasy, etc.) : O [0] No	[1] Yes
ID14089S6V794 / WHOA1G_PLI	aint thinner, etc.) : $\bigcirc$ [0] No $\bigcirc$ [1] Yes n, Serepax, Rohypnol, etc.) : $\bigcirc$ [0] No $\bigcirc$ [1	ų Yes
h. Hallucinogens (LSD, acid, mushro	ooms, PCP, Special K, etc.) : O [0] No O [1] \	Yes
i. Opioids (heroin, morphine, metha	adone, codeine, etc.) : O [0] No O [1] Yes	
j. Other : $\bigcirc$ [0] NO $\bigcirc$ [1] Yes		
iD14089S6V809 / wHOA1JOTH_PLI j. Other - specify :		
	Question_2	
2. In the past 6 months, how often  ID1408956V799 / WHOA2A_PLI  a. Tobacco products (cigarettes, che  O [0] Never  O [1] Once or Twice  O [2] Monthly  O [3] Weekly  O [4] Daily or Almost Daily	have you used the substances you mention ewing tobacco, cigars, etc.):	ned (first drug, second drug, etc)
b. Alcoholic beverages (beer, wine,  O [0] Never  O [1] Once or Twice  O [2] Monthly  O [3] Weekly  O [4] Daily or Almost Daily	spirits, etc.) :	
c. Cannabis (marijuana, pot, grass, hogology)  O [0] Never O [1] Once or Twice O [2] Monthly O [3] Weekly O [4] Daily or Almost Daily	nash, etc.) :	
d. Cocaine (coke, crack, etc.):  O [0] Never		

Protocole : RLINK	Code centre :	Patient :
$O_{11}$ Once or Twice $O_{12}$ Monthly		
O [3] Weekly O [4] Daily or Almost Dai	ily	
_	s (speed, diet pills, ecstasy, etc.):	
O [0] Never O [1] Once or Twice		
O [2] Monthly O [3] Weekly		
O [4] Daily or Almost Dai	ily	
f. Inhalants (nitrous, glue, petro	l, paint thinner, etc.) :	
O [1] Once or Twice O [2] Monthly		
O [3] Weekly O [4] Daily or Almost Dai	ily	
g. Sedatives or Sleeping Pills (Va	lium, Serepax, Rohypnol, etc.) :	
O [0] Never O [1] Once or Twice O [2] Monthly O [3] Weekly		
ID1408956V806 / WHOAZH_PLI h. Hallucinogens (LSD, acid, mus  O [0] Never  O [1] Once or Twice  O [2] Monthly  O [3] Weekly  O [4] Daily or Almost Dail	hrooms, PCP, Special K, etc.) :	
i. Opioids (heroin, morphine, me	ethadone, codeine, etc.) :	
O [1] Once or Twice O [2] Monthly O [3] Weekly O [4] Daily or Almost Dai	ily	
iD14089S6V810 / WHOA2JOTH_PLI j. Other - specify :		
iD14089S6V811/WHOA2J_PLI j. used : O [0] Never		

Protocole : RLINK	Code centre :	Patient :
O <sub>[1]</sub> Once or Twice		
O <sub>[2]</sub> Monthly		
O <sub>[3]</sub> Weekly		
O [4] Daily or Almost Daily		
(4) Daily Of Alfilost Daily		
	Question_3	
	, _	
	n have you had a strong desire or u	urge to use (first drug, second drug, etc)
a. Tobacco products (cigarettes, chewin	a tobacco cigare etc.):	
O loj Never	g tobacco, cigars, etc., .	
O [1] Once or Twice		
O [2] Monthly		
O <sub>[3]</sub> Weekly		
O <sub>[4]</sub> Daily or Almost Daily		
b. Alcoholic beverages (beer, wine, spiri	ts, etc.):	
O <sub>[0]</sub> Never	,	
O <sub>[1]</sub> Once or Twice		
O <sub>[2]</sub> Monthly		
O <sub>[3]</sub> Weekly		
O [4] Daily or Almost Daily		
ID14089S6V815 / WHOA3C_PLI		
c. Cannabis (marijuana, pot, grass, hash	, etc.) :	
O <sub>[0]</sub> Never	,	
O <sub>[1]</sub> Once or Twice		
O <sub>[2]</sub> Monthly		
O <sub>[3]</sub> Weekly		
O [4] Daily or Almost Daily		
ID14089S6V816 / WHOA3D_PLI		
d. Cocaine (coke, crack, etc.):		
O <sub>[0]</sub> Never		
O <sub>[1]</sub> Once or Twice		
O <sub>[2]</sub> Monthly		
O <sub>[3]</sub> Weekly		
O [4] Daily or Almost Daily		
ID14089S6V817 / WHOA3E_PLI		
e. Amphetamine type stimulants (speed	l, diet pills, ecstasy, etc.):	
O [0] Never		
O [1] Once or Twice		
O <sub>[2]</sub> Monthly		
O <sub>[3]</sub> Weekly		
O <sub>[4]</sub> Daily or Almost Daily		

Patient : \_\_\_\_\_

Code centre : \_\_\_\_ ID14089S6V818 / WHOA3F\_PLI f. Inhalants (nitrous, glue, petrol, paint thinner, etc.): O <sub>[0]</sub> Never O<sub>[1]</sub>Once or Twice O<sub>[2]</sub> Monthly O<sub>[3]</sub> Weekly O [4] Daily or Almost Daily ID14089S6V819 / WHOA3G\_PLI g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.): O <sub>101</sub> Never  $O_{[1]}$  Once or Twice O<sub>[2]</sub> Monthly O<sub>[3]</sub> Weekly O [4] Daily or Almost Daily ID14089S6V820 / WHOA3H\_PLI h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.): O <sub>[0]</sub> Never O<sub>[1]</sub>Once or Twice O<sub>[2]</sub> Monthly O<sub>[3]</sub> Weekly O [4] Daily or Almost Daily ID14089S6V821 / WHOA3I\_PLI i. Opioids (heroin, morphine, methadone, codeine, etc.): O [0] Never O<sub>[1]</sub>Once or Twice O<sub>[2]</sub> Monthly O<sub>[3]</sub> Weekly O [4] Daily or Almost Daily ID14089S6V823 / WHOA3JOTH\_PLI j. Other - specify: ID14089S6V824 / WHOA3J\_PLI j. used: O <sub>[0]</sub> Never O<sub>[1]</sub>Once or Twice O<sub>[2]</sub> Monthly O<sub>[3]</sub> Weekly O [4] Daily or Almost Daily Question\_4

4. During the past 6 months, how often has your use of (first drug, second drug, etc) led to health, social, legal or financial problems

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Code centre : \_\_\_\_\_ Patient : Protocole: RLINK

ID14089S6V826 / WHOA4A_PLI
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.):
O [0] Never
O <sub>[1]</sub> Once or Twice
O <sub>[2]</sub> Monthly
O <sub>[3]</sub> Weekly
O [4] Daily or Almost Daily
b. Alcoholic beverages (beer, wine, spirits, etc.):
O [0] Never
O [1] Once or Twice
O [2] Monthly
O <sub>[3]</sub> Weekly
O <sub>[4]</sub> Daily or Almost Daily
ID14089S6V828 / WHOA4C_PLI
c. Cannabis (marijuana, pot, grass, hash, etc.) :
O [0] Never
O <sub>[1]</sub> Once or Twice
O <sub>[2]</sub> Monthly
O <sub>[3]</sub> Weekly
O [4] Daily or Almost Daily
ID14089S6V829 / WHOA4D_PLI
d. Cocaine (coke, crack, etc.) :
O <sub>[0]</sub> Never
O <sub>[1]</sub> Once or Twice
O [2] Monthly
O [3] Weekly
O [4] Daily or Almost Daily
C [4] Daily of Alfilost Daily
ID1408956V830 / WHOA4E_PLI
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.):
O [0] Never
O <sub>[1]</sub> Once or Twice
O <sub>[2]</sub> Monthly
O [3] Weekly
O [4] Daily or Almost Daily
ID14089S6V831 / WHOA4F_PLI
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.):
O [0] Never
O <sub>[1]</sub> Once or Twice
O <sub>[2]</sub> Monthly
O <sub>[3]</sub> Weekly
O [4] Daily or Almost Daily
ID14089S6V832 / WHOA4G_PLI
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.):
O m Never

Protocole : RLINK	Code centre :	Patient :
O [1] Once or Twice O [2] Monthly O [3] Weekly O [4] Daily or Almost Dail  ID1408956V833 / WHOA4H_PLI h. Hallucinogens (LSD, acid, mush O [0] Never O [1] Once or Twice O [2] Monthly O [3] Weekly O [4] Daily or Almost Dail  ID1408956V834 / WHOA4I_PLI i. Opioids (heroin, morphine, me O [0] Never O [1] Once or Twice O [2] Monthly O [3] Weekly O [4] Daily or Almost Dail	nrooms, PCP, Special K, etc.) :  y thadone, codeine, etc.) :	Patient:
j. Other - specify :		
j. Other specify.		
iD1408956V837 / WHOA4J_PLI j. used:  O [0] Never O [1] Once or Twice O [2] Monthly O [3] Weekly O [4] Daily or Almost Dail	У	
	Question_5	
use of (first drug, second drug, e  ID1408956V840 / WHOA5B_PLI  b. Alcoholic beverages (beer, wire  O [0] Never  O [1] Once or Twice  O [2] Monthly  O [3] Weekly  O [4] Daily or Almost Dail	w often have you failed to do what was noretc)?  ne, spirits, etc.):	rmally expected of you because of your
c. Cannabis (marijuana, pot, gras	s, hash, etc.) :	

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Protocole: RLINK	Code centre :	Patient :
_		
O <sub>[1]</sub> Once or Twice		
O <sub>[2]</sub> Monthly		
O [3] Weekly		
O <sub>[4]</sub> Daily or Almost Daily		
ID14089S6V842 / WHOA5D_PLI		
d. Cocaine (coke, crack, etc.) :		
O [0] Never		
O <sub>[1]</sub> Once or Twice		
O <sub>[2]</sub> Monthly		
O <sub>[3]</sub> Weekly		
O [4] Daily or Almost Daily		
ID14089S6V843 / WHOA5E_PLI		
e. Amphetamine type stimulants (s	speed, diet pills, ecstasy, etc.):	
O [0] Never		
$O_{[1]}$ Once or Twice		
O <sub>[2]</sub> Monthly		
O <sub>[3]</sub> Weekly		
O [4] Daily or Almost Daily		
ID14089S6V844 / WHOA5F_PLI		
f. Inhalants (nitrous, glue, petrol, p	aint thinner, etc.) :	
O [0] Never		
O <sub>[1]</sub> Once or Twice		
O <sub>[2]</sub> Monthly		
O <sub>[3]</sub> Weekly		
O <sub>[4]</sub> Daily or Almost Daily		
ID14089S6V845 / WHOA5G_PLI		
g. Sedatives or Sleeping Pills (Valius	m, Serepax, Rohypnol, etc.) :	
O [0] Never		
O <sub>[1]</sub> Once or Twice		
O <sub>[2]</sub> Monthly		
O [3] Weekly		
O <sub>[4]</sub> Daily or Almost Daily		
ID14089S6V846 / WHOA5H_PLI		
h. Hallucinogens (LSD, acid, mushro	ooms, PCP, Special K, etc.) :	
O [0] Never		
O [1] Once or Twice		
O <sub>[2]</sub> Monthly		
O [3] Weekly		
O <sub>[4]</sub> Daily or Almost Daily		
ID14089S6V847 / WHOA5I_PLI		
i. Opioids (heroin, morphine, meth	adone, codeine, etc.) :	
O [0] Never		
O <sub>[1]</sub> Once or Twice		
O [2] Monthly		

Protocole : RLINK	Code centre :	Patient :
O [3] Weekly O [4] Daily or Almost Daily  ID1408956V849 / WHOASJOTH_PLI j. Other - specify:		
iD1408956V850 / WHOA5J_PLI j. used:  O [0] Never O [1] Once or Twice O [2] Monthly O [3] Weekly O [4] Daily or Almost Daily		
	Question_6	
6. Has a friend or relative or anyone	e else ever expressed concern about you	r use of (first drug, second drug, etc)?
a. Tobacco products (cigarettes, che  O [0] No, never  O [1] Yes, in the past 6 mont  O [2] Yes, but not in the past	hs	
b. Alcoholic beverages (beer, wine, so [1] Yes, in the past 6 mont [2] Yes, but not in the past	spirits, etc.):	
c. Cannabis (marijuana, pot, grass, hogology) No, never  [1] Yes, in the past 6 mont  [2] Yes, but not in the past	hs	
d. Cocaine (coke, crack, etc.):  O [0] No, never  O [1] Yes, in the past 6 mont O [2] Yes, but not in the past		
e. Amphetamine type stimulants (spontage of the past 6 mont of the pas	hs	
ID1408956V857 / WHOA6F_PLI f. Inhalants (nitrous, glue, petrol, pa	int thinner. etc.) :	

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Protocole : RLINK	Code centre :	Patient :
O [0] No, never		
O <sub>[1]</sub> Yes, in the past 6 months		
O [2] Yes, but not in the past 6 mont	-h.c	
	.115	
g. Sedatives or Sleeping Pills (Valium, Serepa	av Rohvonol etc):	
O 101 No, never	ix, Nonyphol, etc.) .	
O <sub>[1]</sub> Yes, in the past 6 months		
$O_{[2]}Yes$ , but not in the past 6 mont	:hs	
ID14089S6V859 / WHOA6H_PLI		
h. Hallucinogens (LSD, acid, mushrooms, PCI	P, Special K, etc.) :	
O [0] No, never		
$O_{\scriptscriptstyle{[1]}}$ Yes, in the past 6 months		
$O_{\scriptscriptstyle{\mathtt{[2]}}}$ Yes, but not in the past 6 mont	:hs	
ID14089S6V860 / WHOA6I_PLI		
i. Opioids (heroin, morphine, methadone, co	odeine, etc.) :	
O [0] No, never		
$O_{[1]}$ Yes, in the past 6 months		
O <sub>[2]</sub> Yes, but not in the past 6 mont	:hs	
ID14089S6V862 / WHOA6JOTH_PLI		
j. Other - specify :		
ID14089S6V863 / WHOA6J_PLI		
j. used :		
O [0] No, never		
O [1] Yes, in the past 6 months		
$O_{[2]}$ Yes, but not in the past 6 mont	hs	
- [2] res) sate not in the past of mone		
	Question_7	
7. Have you ever tried to cut down on using	g (first drug, second drug, etc) but	failed?
ID14089S6V865 / WHOA7A_PLI		
a. Tobacco products (cigarettes, chewing tol	bacco, cigars, etc.) :	
O <sub>[0]</sub> No, never		
O <sub>[1]</sub> Yes, in the past 6 months		
O [2] Yes, but not in the past 6 month	-hc	
C [2] res, but not in the past o mont	.115	
ID14089S6V866 / WHOA7B_PLI	1	
b. Alcoholic beverages (beer, wine, spirits, e	tc.):	
O [0] No, never		
$O_{1}$ Yes, in the past 6 months		
$O_{\scriptscriptstyle{[2]}}$ Yes, but not in the past 6 mont	:hs	
ID14089S6V867 / WHOA7C_PLI		
c. Cannabis (marijuana, pot, grass, hash, etc	.):	
Om No never		

Protocole : RLINK	Code centre :	Patient :
O [1] Yes, in the past 6 mo	nths	
$O_{[2]}$ Yes, but not in the pa	ast 6 months	
ID14089S6V868 / WHOA7D_PLI		
d. Cocaine (coke, crack, etc.) :		
O [0] No, never		
O [1] Yes, in the past 6 mo		
$O_{2}$ Yes, but not in the pa	ast 6 months	
ID14089S6V869 / WHOA7E_PLI		
e. Amphetamine type stimulants (	speed, diet pills, ecstasy, etc.):	
O [0] No, never		
O <sub>[1]</sub> Yes, in the past 6 mo		
$O_{[2]}$ Yes, but not in the pa	ast 6 months	
ID1408956V870 / WHOA7F_PLI	anint thinner ataly.	
f. Inhalants (nitrous, glue, petrol, polynom, never	paint thinner, etc.) :	
$O_{[1]}$ Yes, in the past 6 mo	nthe	
$O_{[2]}$ Yes, but not in the part		
	ast o months	
g. Sedatives or Sleeping Pills (Valid	um. Serepax. Rohypnol. etc.) :	
O <sub>[0]</sub> No, never	any deception non-typhony ecoly i	
O <sub>[1]</sub> Yes, in the past 6 mo	nths	
$O_{[2]}$ Yes, but not in the pa		
ID14089S6V872 / WHOA7H_PLI		
h. Hallucinogens (LSD, acid, mushi	rooms, PCP, Special K, etc.) :	
O [0] No, never		
$O_{\scriptscriptstyle{\mathtt{[1]}}}Yes$ , in the past 6 mo	nths	
$O_{\scriptscriptstyle{[2]}}$ Yes, but not in the pa	ast 6 months	
ID14089S6V873 / WHOA7I_PLI		
i. Opioids (heroin, morphine, met	hadone, codeine, etc.) :	
O [0] No, never		
O [1] Yes, in the past 6 mo		
O <sub>[2]</sub> Yes, but not in the pa	ast 6 months	
ID14089S6V875 / WHOA7JOTH_PLI		
j. Other - specify :		
The appearance of the same and		
iD14089S6V876 / WHOA7J_PLI j. used :		
O [0] No, never		
O <sub>[1]</sub> Yes, in the past 6 mo	nths	
O <sub>[2]</sub> Yes, but not in the pa		
	Question_8	

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Protocole : RLINK	Code centre :	Patient :
8. Have you ever used any drug by injection? (  O [0] No, never  O [1] Yes, in the past 6 months  O [2] Yes, but not in the past 6 months  ID1408956V879 / WHOABINI_PLI  Pattern of injecting:  O [1] 4 days per month, on average, over the content of the content o	ver the last 3 months(or less)	
	SCORE	
ID1408956V880 / SCORE1_PLI a. Tobacco SCORE :    ID1408956V881 / SCORE2_PLI b. Alcohol SCORE :    ID1408956V882 / SCORE3_PLI c. Cannabis SCORE :    ID1408956V883 / SCORE4_PLI d. Cocaine SCORE :    ID1408956V884 / SCORE5_PLI e. Amphetamine SCORE :    ID1408956V885 / SCORE6_PLI f. Inhalants SCORE :    ID1408956V886 / SCORE7_PLI g. Sedatives SCORE :    ID1408956V887 / SCORE8_PLI h. Hallucinogens SCORE :    ID1408956V888 / SCORE9_PLI i. Opioids SCORE :    ID1408956V889 / SCORE10_PLI j. Other drugs SCORE :		
Questionna	ires - Patient rated 14089S6FC12	28
5. Experience	of internal states: ISS 14089S6F6	C132
Date of completion of ISS questionnaire (post  The corresponding value is entered in the eCi  ID1408956V920 / ISS1_PLI  1. Today my mood is changeable :   _		

Généré le : 2024-10-17T09:00:35+02:00 par CleanWeb

Protocole: RLINK Code centre : \_\_\_ Patient : ID14089S6V921 / ISS2\_PLI 2. Today I feel irritable : |\_\_|\_\_| ID14089S6V922 / ISS3\_PLI 3. Today I feel like a capable person : | | | | ID14089S6V923 / ISS4\_PLI 4. Today I feel like people are out to get me: | | | | ID14089S6V924 / ISS5\_PLI 5. Today I actually feel great inside : |\_\_|\_\_| ID14089S6V925 / ISS6\_PLI 6. Today I feel impulsive: | | | | ID14089S6V926 / ISS7\_PLI 7. Today I feel depressed: | | | | ID14089S6V927 / ISS8\_PLI 8. Today my thoughts are going fast: |\_\_|\_| ID14089S6V928 / ISS9\_PLI 9. Today it seems like nothing will ever work out for me : |\_\_\_|\_\_| ID14089S6V929 / ISS10\_PLI 10. Today I feel overactive : | | | | ID14089S6V930 / ISS11\_PLI 11. Today I feel as if the world is against me: ID14089S6V931 / ISS12\_PLI 12. Today I feel "sped up" inside : |\_\_|\_| ID14089S6V932 / ISS13\_PLI 13. Today I feel restless: | | | | ID14089S6V933 / ISS14\_PLI 14. Today I feel argumentative : |\_\_|\_\_| ID14089S6V934 / ISS15\_PLI 15. Today I feel energized : |\_\_|\_| ID14089S6V935 / ISS16\_PLI 16. Today I feel ... depressed/down (0) to manic/high (100): | | | | 6.1. Lithium adherence: TRQ 14089S6FC134 ID14089S6V947 / DATTRQ\_PLI Date of completion of TRQ (Medication adherence) questionnaire: \_\_\_\_/\_\_\_/ ID14089S6V948 / TRQ\_PLI About Lithium treatment: You currently take Lithium? : O [1] Yes O [0] No ID14089S6V949 / TRQ1\_PLI 1. Do you have any trouble taking your prescribed Lithium? : O [1] Yes O [0] No ID14089S6V950 / TRQ2\_PLI 2. Do you ever try to cope on your own without your Lithium treatment? : O [1] Yes O [0] No ID14089S6V951 / TRQ3\_PLI 3. What is the current dose of Lithium you have been prescribed? : | | | | mg/day ID14089S6V952 / TRQ4\_PLI 4. How many days per week in the previous month have you forgotten to take or missed taking any of your Lithium tablets (for any reason) for the whole day?:

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Protocole : RLINK	Code centre :	Patient :
O [2] 1 or 2 days each week O [3] 3 or more days each v  ID1408956V953 / TRQ5_PLI  5. TOTAL NUMBER OF DAYS I have ID1408956V954 / TRQ6_PLI  6. Are there any days in the past m lithium tablets than was prescribed O [1] None, I have taken the O [2] 1 or 2 days each week O [3] 3 or more days each v  ID1408956V955 / TRQ7_PLI	NOT taken any Lithium this month:   _  onth when you have taken a lower dose of L for you?: e recommended Lithium dose/tablets every	day in the last month
6.	2. Medication adherence:BMQ 14089S6FC1	35
ID14089S6V958 / DATBMQ_PLI	onnaire (post-lithium) :/	
2. Having to take medicines worries  [1] strongly agree  [2] agree  [3] neutral  [4] disagree  [5] strongly disagree  ID1408956V962 / BMQ3_PLI  3. My life would be impossible with  [1] strongly agree  [2] agree  [3] neutral  [4] disagree  [5] strongly disagree		
4. Without my medicines I would b  O [1] strongly agree  O [2] agree  O [3] neutral	e very ill :	

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Protocole : RLINK	Code centre :	Patient :
O <sub>[4]</sub> disagree		
O <sub>[5]</sub> strongly disagree		
ID14089S6V964 / BMQ5_PLI		
	ong-term effects of my medicines :	
O <sub>[1]</sub> strongly agree	,	
O <sub>[2]</sub> agree		
O <sub>[3]</sub> neutral		
O <sub>[4]</sub> disagree		
O <sub>[5]</sub> strongly disagree		
ID1408956V965 / BMQ6_PLI  6. My medicines are a mystery to	me:	
O <sub>[1]</sub> strongly agree		
O <sub>[2]</sub> agree		
O <sub>[3]</sub> neutral		
O <sub>[4]</sub> disagree		
O <sub>[5]</sub> strongly disagree		
7. My health in the future will dep	oend on my medicines :	
O <sub>[1]</sub> strongly agree	,	
O <sub>[2]</sub> agree		
O <sub>[3]</sub> neutral		
O <sub>[4]</sub> disagree		
O <sub>[5]</sub> strongly disagree		
ID14089S6V967 / BMQ8_PLI		
8. My medicines disrupt my life :		
O <sub>[1]</sub> strongly agree		
O <sub>[2]</sub> agree		
O [3] neutral		
O <sub>[4]</sub> disagree		
O <sub>[5]</sub> strongly disagree		
ID14089S6V968 / BMQ9_PLI		
	ming too dependent on my medicines :	
O <sub>[1]</sub> strongly agree		
O <sub>[2]</sub> agree		
O <sub>[3]</sub> neutral		
O <sub>[4]</sub> disagree		
O <sub>[5]</sub> strongly disagree		
ID14089S6V969 / BMQ10_PLI		
10. My medicines protect me from	m becoming worse :	
O <sub>[1]</sub> strongly agree		
O <sub>[2]</sub> agree		
O <sub>[3]</sub> neutral		
O <sub>[4]</sub> disagree		
O <sub>[5]</sub> strongly disagree		

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Protocole : RLINK	Code centre :	Patient :
11. Doctors use too many medicines :  O[1] strongly agree O[2] agree O[3] neutral O[4] disagree O[5] strongly disagree		
12. People who take medicines should st  O [1] strongly agree  O [2] agree	cop their treatment for a while, every	now and again :
O <sub>[3]</sub> neutral O <sub>[4]</sub> disagree O <sub>[5]</sub> strongly disagree		
13. Most medicines are addictive:  O[1] strongly agree O[2] agree O[3] neutral O[4] disagree O[5] strongly disagree		
ID1408956V973 / BMQ14_PLI  14. Natural remedies are safer than med  O [1] strongly agree  O [2] agree  O [3] neutral  O [4] disagree  O [5] strongly disagree	licines :	
15. Medicines do more harm than good :  O[1] strongly agree O[2] agree O[3] neutral O[4] disagree O[5] strongly disagree	:	
16. All medicines are poisons:  O[1] strongly agree O[2] agree O[3] neutral O[4] disagree O[5] strongly disagree		
17. Doctors place too much trust on med O [1] strongly agree	dicines :	

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Protocole : RLINK	Code centre :	Patient :
O [2] agree O [3] neutral O [4] disagree O [5] strongly disagree		
18. If doctors had more time with particles of the state	atients, they would prescribe fewer med	licines :
O <sub>[2]</sub> agree O <sub>[3]</sub> neutral		
O <sub>[4]</sub> disagree O <sub>[5]</sub> strongly disagree		
	7. Side Effects: PRISE-M 14089S6FC14	16
Side Effects: Indicated by patient, c	ollected by the clinician!	
ID1408956V1071 / DATPM_PLI Date of completion of PRISE-M ques	•	,
INSTRUCTIONS: Rate the following	symptoms that you have experienced o	over the last week.
1. GASTROINTESTINAL		
Diarrhea: $O_{[1]}$ Not present $O_{[2]}$	Tolerable O <sub>[3]</sub> Distressing	
Constipation : O [1] Not present	O <sub>[2]</sub> Tolerable O <sub>[3]</sub> Distressing	
Dry mouth : $O_{[1]}$ Not present $O_{[1]}$	<sup>2</sup> ] Tolerable O <sub>[3]</sub> Distressing	
Nausea/ Vomiting : $O_{[1]}$ Not present	nt $O_{[2]}$ Tolerable $O_{[3]}$ Distressing	
2. HEART		
Palpitations : O [1] Not present O	[2] Tolerable $O_{[3]}$ Distressing	
Dizziness on standing : O [1] Not pre	esent $O_{[2]}$ Tolerable $O_{[3]}$ Distressing	5
Chest pain : $O_{[1]}$ Not present $O_{[1]}$	2] Tolerable O <sub>[3]</sub> Distressing	
3. SKIN		
$\begin{array}{c} \text{ID14089S6V1080 / PMRASH\_PLI} \\ \text{Rash}: \bigcirc_{\text{[1]}} \text{Not present} \bigcirc_{\text{[2]}} \text{Tole} \end{array}$	rable O <sub>[3] Distressing</sub>	
ID1408956V1081 / PMPERSP_PLI Increased perspiration : $O_{[1]}$ Not p	resent O <sub>[2]</sub> Tolerable O <sub>[3]</sub> Distressin	ng
Itching: O [1] Not present O [2] To	olerable O <sub>[3]</sub> Distressing	

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Protocole : RLINK Code centre : \_\_\_\_\_ Patient : \_\_\_\_\_

$\begin{array}{l} {\tt ID1408956V1083/PMDRYS\_PLI} \\ {\tt Dry~skin}: O_{\tt [1]} {\tt Not~present} & O_{\tt [2]} {\tt Tolerable} & O_{\tt [3]} {\tt Distressing} \end{array}$
4. NERVOUS SYSTEM
$\begin{array}{c} {}_{\text{ID1408956V1084 / PMHEAD\_PLI}} \\ {\text{Headache}: } \bigcirc_{\text{[1]}} {\text{Not present}} \bigcirc_{\text{[2]}} {\text{Tolerable}} \bigcirc_{\text{[3]}} {\text{Distressing}} \end{array}$
Tremors: $O_{[1]}$ Not present $O_{[2]}$ Tolerable $O_{[3]}$ Distressing
$\begin{array}{c} {\tt ID14089S6V1086 / PMPCOOR\_PLI} \\ {\tt Poor coordination: O_{[1]} Not \ present O_{[2]} Tolerable O_{[3]} \ Distressing} \end{array}$
$\begin{array}{c} {\sf ID14089S6V1087/PMDIZZ\_PLI} \\ {\sf Dizziness}: O_{\tt [1]} {\sf Not\ present} & O_{\tt [2]} {\sf Tolerable} & O_{\tt [3]} {\sf Distressing} \end{array}$
5. EYES/ EARS
$\begin{array}{c} {}_{\text{ID1408956V1088 / PMBLURR\_PLI}} \\ {}_{\text{Blurred vision}}: O_{\text{[1]}} \\ {}_{\text{Not present}} O_{\text{[2]}} \\ {}_{\text{Tolerable}} O_{\text{[3]}} \\ {}_{\text{Distressing}} \end{array}$
Ringing in ears : $O_{[1]}$ Not present $O_{[2]}$ Tolerable $O_{[3]}$ Distressing
6. GENITAL/ URINARY
Difficulty urinating : $O_{[1]}$ Not present $O_{[2]}$ Tolerable $O_{[3]}$ Distressing
Painful urination : $O_{[1]}$ Not present $O_{[2]}$ Tolerable $O_{[3]}$ Distressing
ID1408956V1092 / PMFREQURIN_PLI  Frequent urination : $O_{[1]}$ Not present $O_{[2]}$ Tolerable $O_{[3]}$ Distressing
$ \begin{array}{c} {}_{\text{ID14089S6V1093 / PMMENS\_PLI}} \\ {}_{\text{Menstrual irregularity}} : O_{\text{[1]}} \\ {}_{\text{Not present}} O_{\text{[2]}} \\ {}_{\text{Tolerable}} O_{\text{[3]}} \\ {}_{\text{Distressing}} \end{array} $
7. SLEEP
Difficulty sleeping : $O_{[1]}$ Not present $O_{[2]}$ Tolerable $O_{[3]}$ Distressing
Sleeping too much : $O_{[1]}$ Not present $O_{[2]}$ Tolerable $O_{[3]}$ Distressing
8. SEXUAL FUNCTIONING
Loss of sexual desire : $O_{[1]}$ Not present $O_{[2]}$ Tolerable $O_{[3]}$ Distressing
$ \begin{array}{c} {}_{\text{ID1408956V1097 / PMTORG\_PLI}} \\ {}_{\text{Trouble achieving orgasm}}: O_{\text{[1]}} \\ {}_{\text{Not present}} O_{\text{[2]}} \\ {}_{\text{Tolerable}} O_{\text{[3]}} \\ {}_{\text{Distressing}} \end{array} $
Trouble with erections : $O_{[1]}$ Not present $O_{[2]}$ Tolerable $O_{[3]}$ Distressing
9. OTHER
Anxiety: O 111 Not present O 121 Tolerable O 131 Distressing

Protocole : RLINK	Code centre :	Patient :
ID14089S6V1101 / PMCONCENT_PLI Poor concentration : O [1] Not pre	sent $O_{2}$ Tolerable $O_{3}$ Distressing	
ID1408956V1102 / PMGENMAL_PLI General malaise : O [1] Not presen	t $O_{2}$ Tolerable $O_{3}$ Distressing	
Restlessness : $O_{[1]}$ Not present	O <sub>[2]</sub> Tolerable O <sub>[3]</sub> Distressing	
Fatigue : $O_{[1]}$ Not present $O_{[2]}$	Tolerable O <sub>[3]</sub> Distressing	
Decreased energy : O [1] Not prese	ent $O_{[2]}$ Tolerable $O_{[3]}$ Distressing	
Other: $O_{[1]}$ Not present $O_{[2]}$ To	olerable O <sub>[3]</sub> Distressing	
Other, please specify:		
	8. Functioning: Who-DAS 2.0 14089S6FC1	147
This questionnaire asks about diff other health problems that may b with alcohol or drugs. Think back	iculties due to health conditions. Health of e short or long lasting, injuries, mental or over the past 30 days and answer these quiving activities. For each question, please of	r emotional problems, and problems uestions, thinking about how much
In the past 30 days, how much diff		there only one response.
1. Standing for long periods such a long period such		
2. Taking care of your household re  O [1] None  O [2] Mild  O [3] Moderate  O [4] Severe  O [5] Extreme or cannot do		
3. Learning a new task, for example $O_{[1]}$ None $O_{[2]}$ Mild $O_{[3]}$ Moderate	e, learning how to get to a new place? :	

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Protocole : RLINK	Code centre :	Patient :
O <sub>[4]</sub> Severe		
O [5] Extreme or cannot	do	
ID14089S6V1117 / WHODQ4_PLI		
	ou have joining in community activities (for exa	ample, festivities, religious or other
activities) in the same way as any	yone else can? :	
O <sub>[1]</sub> None		
O <sub>[2]</sub> Mild		
O <sub>[3]</sub> Moderate		
O <sub>[4]</sub> Severe		
O [5] Extreme or cannot	do	
ID14089S6V1118 / WHODQ5_PLI		
_	otionally affected by your health problems? :	
O <sub>[1]</sub> None		
O <sub>[2]</sub> Mild		
O <sub>[3]</sub> Moderate		
O <sub>[4]</sub> Severe		
O [5] Extreme or cannot	do	
ID14089S6V1119 / WHODQ6_PLI		
6. Concentrating on doing somet	hing for ten minutes? :	
O <sub>[1]</sub> None		
O <sub>[2]</sub> Mild		
O [3] Moderate		
O <sub>[4]</sub> Severe		
O [5] Extreme or cannot	do	
ID14089S6V1120 / WHODQ7_PLI		
7. Walking a long distance such a	is a kilometer [or equivalent]? :	
O <sub>[1]</sub> None		
O <sub>[2]</sub> Mild		
O <sub>[3]</sub> Moderate		
O <sub>[4]</sub> Severe		
O [5] Extreme or cannot	do	
ID14089S6V1121 / WHODQ8_PLI		
8. Washing your whole body?:		
O [1] None		
O <sub>[2]</sub> Mild		
O <sub>[3]</sub> Moderate		
O [4] Severe		
O <sub>[5]</sub> Extreme or cannot	do	
ID1408956V1122 / WHODQ9_PLI		
9. Getting dressed?:		
$O_{[1]}$ None $O_{[2]}$ Mild		
_		
O <sub>[3]</sub> Moderate		
O <sub>[4]</sub> Severe O <sub>[5]</sub> Extreme or cannot o	da	
✓ ISLEXITETILE OF CALINOL (	au	

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Protocole : RLINK	Code centre :	Patient :
ID14089S6V1123 / WHODQ10_PLI  10. Dealing with people you do n  O [1] None  O [2] Mild  O [3] Moderate  O [4] Severe  O [5] Extreme or cannot		
11. Maintaining a friendship?:  O [1] None O [2] Mild O [3] Moderate O [4] Severe O [5] Extreme or cannot	do	
ID1408956V1125 / WHODQ12_PLI  12. Your day-to-day work?:  O [1] None O [2] Mild O [3] Moderate O [4] Severe O [5] Extreme or cannot	do	
ID14089S6V1127 / WHODH2_PLI	how many days were these difficulties present many days were you totally unable to carry ou _	
	nting the days that you were totally unable, for ork because of any health condition?:   _	r how many days did you cut back or
9. (	Childhood trauma questionnaire: CTQ 14089S	6FC136
ID1408956V892 / CTQEP_PLI  Has the patient been out of an e ID1408956V891 / CTQYN_PLI	inistered ONLY if qIDS score ≤10 and BRMS score spisode for at least 4 weeks? : O [1] Yes O [0]	
Complete the CTQ questionnaire		naire is not completed
This part is repeated at each sui	bsequent evaluation up to M6 if the question  CTQ	naire is not completed.
	CiQ	
Date of completion of CTQ ques  When I was growing up	tionnaire (post lithium)://	

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Code centre : \_\_\_\_\_

Patient :

ID14089S6V980 / CTQ1\_PLI 1. I didn't have enough to eat: O [1] Never True O<sub>[2]</sub> Rarely True O<sub>[3]</sub> Some-times True O<sub>[4]</sub> Often True O<sub>[5]</sub> Very Often True ID14089S6V981 / CTQ2\_PLI 2. I knew that there was someone to take care of me and protect me: O<sub>[1]</sub> Never True O<sub>[2]</sub> Rarely True O<sub>[3]</sub> Some-times True O<sub>[4]</sub> Often True O<sub>[5]</sub> Very Often True ID14089S6V982 / CTQ3\_PLI 3. People in my family called me things like "stupid", "lazy", or "ugly": O<sub>[1]</sub> Never True O<sub>[2]</sub> Rarely True O<sub>[3]</sub> Some-times True O<sub>[4]</sub> Often True O [5] Very Often True ID14089S6V983 / CTQ4\_PLI 4. My parents were too drunk or high to take care of the family: O<sub>[1]</sub> Never True O<sub>[2]</sub> Rarely True O<sub>[3]</sub> Some-times True O<sub>[4]</sub> Often True O<sub>[5]</sub> Very Often True ID14089S6V984 / CTQ5\_PLI 5. There was someone in my family who helped me feel that I was important or special: O<sub>[1]</sub> Never True O<sub>[2]</sub> Rarely True O<sub>[3]</sub> Some-times True O<sub>[4]</sub> Often True O<sub>[5]</sub> Very Often True ID14089S6V985 / CTQ6\_PLI 6. I had to wear dirty clothes: O<sub>[1]</sub> Never True O<sub>[2]</sub> Rarely True O<sub>[3]</sub> Some-times True O<sub>[4]</sub> Often True O<sub>[5]</sub> Very Often True ID14089S6V986 / CTQ7\_PLI 7. I felt loved: O<sub>[1]</sub> Never True

Protocole : RLINK	Code centre :	Patient :
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
ID14089S6V987 / CTQ8_PLI		
8. I thought that my parents wish	ed I had never been born :	
O [1] Never True		
O [2] Rarely True		
$O_{[3]}$ Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
ID14089S6V988 / CTQ9_PLI		
_	my family that I had to see a doctor or go to the hosp	oital :
O [1] Never True		
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
ID14089S6V989 / CTQ10_PLI	entre en et en	
10. There was nothing I wanted to	o change about my family :	
O Never True		
O [2] Rarely True		
O <sub>[3]</sub> Some-times True O <sub>[4]</sub> Often True		
_		
O <sub>[5]</sub> Very Often True		
ID14089S6V990 / CTQ11_PLI  11 People in my family hit me so	hard that it left me with bruises or marks :	
O <sub>[1]</sub> Never True	Hard that there me with braises of marks.	
O [2] Rarely True		
O <sub>[3]</sub> Some-times True		
O [4] Often True		
O [5] Very Often True		
,		
12 I was nunished with a helt a h	poard, a cord, or some other hard object :	
O <sub>[1]</sub> Never True	source, a corra, or come ource mana coject.	
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
ID14089S6V992 / CTQ13_PLI		
13. People in my family looked ou	it for each other :	
O <sub>[1]</sub> Never True		
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		

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Protocole : RLINK	Code centre :	Patient :
O <sub>[4]</sub> Often True		
O [5] Very Often True		
ID14089S6V993 / CTQ14_PLI		
14. People in my family said hurtful o	or insulting things to me :	
O <sub>[1]</sub> Never True		
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
ID14089S6V994 / CTQ15_PLI		
15. I believe that I was physically abu	sed:	
O [1] Never True		
O [2] Rarely True		
O [3] Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
ID14089S6V995 / CTQ16_PLI		
16. I had the perfect childhood :		
O [1] Never True		
O Carra times True		
O Stan True		
O [4] Often True O [5] Very Often True		
ID1408956V996 / CTQ17_PLI  17 I got hit or beaten so hadly that it	t was notice by someone like a teacher, r	neighbor, or doctor:
O <sub>[1]</sub> Never True	. was notice by someone like a teacher, i	reignbor, or doctor.
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O <sub>[5]</sub> Very Often True		
ID14089S6V997 / CTQ18_PLI		
18. I felt that someone in my family h	nated me :	
O <sub>[1]</sub> Never True		
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
ID14089S6V998 / CTQ19_PLI		
19. People in my family felt close to e	each other :	
O [1] Never True		
O [2] Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		

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Protocole : RLINK	Code centre :	Patient :
ID14089S6V999 / CTQ20_PLI  20. Someone tried to touch me in a sexual wa	ay, or tried to make me touch them :	
O <sub>[1]</sub> Never True	•	
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
•		
101408956V1000 / CTQ21_PLI 21 Someone threatened to burt me or tell lie	es about me unless I did something sexual with th	iem :
O <sub>[1]</sub> Never True	as about the diffess I did something sexual with th	CIII .
O [2] Rarely True		
O [3] Some-times True		
O [4] Often True		
O [5] Very Often True		
·		
1D14089S6V1001 / CTQ22_PLI  22. I had the best family in the world:		
O <sub>[1]</sub> Never True		
O [2] Rarely True		
O [3] Some-times True		
O [4] Often True		
O [5] Very Often True		
ID1408956V1002 / CTQ23_PLI  23. Someone tried to make me do sexual thir	age or watch covual things :	
O <sub>[1]</sub> Never True	igs of watch sexual tilligs .	
O [2] Rarely True		
O <sub>[3]</sub> Some-times True		
O [4] Often True		
O [5] Very Often True		
ID1408956V1003 / CTQ24_PLI 24. Someone molested me :		
O <sub>[1]</sub> Never True		
O [2] Rarely True		
O [3] Some-times True		
O [4] Often True		
O [5] Very Often True		
o [5] very Often True		
ID1408956V1004 / CTQ25_PLI		
25. I believe that I was emotionally abused :  O [1] Never True		
O [2] Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
ID1408956V1005 / CTQ26_PLI	atou if I woulded it.	
26. There was someone to take me to the do	ctor ii i needed it :	
O [1] Never True		

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Protocole : RLINK	Code centre :	Patient :
	_	
O [2] Rarely True		
$O_{[3]}$ Some-times True		
O <sub>[4]</sub> Often True		
O <sub>[5]</sub> Very Often True		
ID1408956V1006 / CTQ27_PLI  27. I believe that I was sexually abuse	sad:	
O <sub>[1]</sub> Never True	icu .	
O [2] Rarely True		
O [3] Some-times True		
O [4] Often True		
O [5] Very Often True		
ID14089S6V1007 / CTQ28_PLI		
28. My family was a source of streng	gth and support :	
O <sub>[1]</sub> Never True		
O [2] Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O <sub>[5]</sub> Very Often True		
ID1408956V1008 / CTQTSCAN_PLI Total score (sum of the Abuse and	Neglect scores):   _	
ID14089S6V1009 / CTQDENSC_PLI		
Denial score:   _		
	Subscale scoring	
	Subscure Scotting	
ID1408956V1010 / CTQEASC_PLI Emotional Abuse (score) :   _  ID1408956V1011 / CTQPHASC_PLI		
Physical Abuse (score) :   _		
Sexual Abuse (score) :   _		
ID14089S6V1013 / CTQENSC_PLI Emotional Neglect (score) :		
ID14089S6V1014 / CTQPNSC_PLI Physical Neglect (score):   _		

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Protocole: RLINK Code centre : \_\_\_\_ Patient : M1 [ID14089S6F17 / F M1] ID14089S6V5738 / VISITYN\_M1 Visit / Telephone interview performed? : O [1] Yes O [0] No ID14089S6V5740 / DATVIS\_M1 Date of visit : \_\_\_\_/\_\_\_ ID14089S6V5741 / LIFEYN\_M1 Perform the Life II evaluation?: O [1] Yes O [0] No The Life-II data will be collected retrospectively at the next visit. **Current medication and doses 14089S6FC1600** ID14089S6V5742 / CURRMED\_M1 Does the patient have a current medication? : O [1] Yes O [0] No Please list below use of any medications taken over the last month at least once a week [1] ID14089S6V5748 / TAB\_MED\_M1 ID14089S6V5743 / INN Name of pharmaceutical substances (INN): ID14089S6V5744 / TOTDOSE Total daily dose : |\_\_|\_|\_|,|\_\_| ID14089S6V5745 / UNIT Unit: O<sub>[003]</sub> mg O<sub>[002]</sub> g O<sub>[001]</sub> kg O<sub>[004] µg</sub> O<sub>[005]</sub> ng O<sub>[006]</sub> pg O<sub>[007]</sub> mg/kg O<sub>[008]</sub> μg/kg O [009] mg/m2 O<sub>[010]</sub> μg/m2 O<sub>[011]</sub> O [012] ml O<sub>[013]</sub> µl O<sub>[014]</sub> Bq O<sub>[015]</sub> GBq O<sub>[016]</sub> MBq O<sub>[017]</sub> kBq O<sub>[018]</sub> Ci

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O<sub>[019]</sub> mCi

Protocole : RLINK	Code centre :		Patient :
$\bigcirc$ [020] μCi $\bigcirc$ [021] nCi $\bigcirc$ [022] mol $\bigcirc$ [023] mmol $\bigcirc$ [024] μmol $\bigcirc$ [025] UI $\bigcirc$ [026] kUI $\bigcirc$ [027] MUI $\bigcirc$ [028] UI/kg $\bigcirc$ [029] meq $\bigcirc$ [030] % $\bigcirc$ [031] drops			
How frequency this medication i other	s taken? : $O_{[1]}$ daily $O_{[3]}$	g about once a week	$O_{[3]}$ about once a month $O_{[4]}$
Other frequency, please specify			
E	xperience of suicidality: Co	olumbia 14089S6FC18	351
ID1408956V6433 / DATSSRS_M1 Date of completion of Columbia SUICIDE IDEATION DEFINITIONS		_// t month	
1. Have you wished you were de	ad or wished you could go	to sleep and not wake	e up? : O [1] Yes O [0] No
1D1408956V6436 / SSRS2_M1  2. Have you actually had any tho	ughts of killing yourself? :	O [1] Yes O [0] No	
ID1408956V6437 / SSRS3_M1  3. Have you been thinking about	how you might kill yourse	f?: O <sub>[1]</sub> Yes O <sub>[0]</sub> N	lo
ID1408956V6438 / SSRS4_M1  4. Have you had these thoughts a	and had some intention of	acting on them?:〇	[1] Yes O [0] No
5. Have you started to work out oplan?: O [1] Yes O [0] No	or worked out the details o	f how to kill yourself?	Do you intend to carry out this
ID1408956V6440 / SSRS6_M1  6. Have you ever done anything, [0] NO	started to do anything, or	prepared to do anythi	ing to end your life? : O[1] Yes O
How long ago did you do any of to [1] Over a year ago  [2] Between three more [3] Within the last three	nths and a year ago		

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Patient : Code centre : Protocole: RLINK Longitudinal Interval Follow-up Evaluation: LIFE II 14089S6FC1601 ID14089S6V5749 / DATLIFE\_M1 Date Life II evaluation (M1): \_\_\_\_/\_\_\_\_ By convention if you hesitate between 2 rating, it is decided to select the upper one. Note: The week 1 is the week closest to the date of the current visit You will complete the LIFE II for the weeks at the dates ID14089S6V6425 / DATL2W1\_M1 Date of week 1 : \_\_\_\_/\_\_\_\_ ID14089S6V6426 / DATL2W2\_M1 Date of week 2 : \_\_\_\_/\_\_\_\_ ID14089S6V6427 / DATL2W3\_M1 Date of week 3 : \_\_\_\_/\_\_\_/ ID14089S6V6428 / DATL2W4\_M1 Date of week 4 : \_\_\_\_/\_\_\_\_ ID14089S6V6429 / DATL2W5\_M1 Date of week 5 : \_\_\_\_/\_\_\_\_ ID14089S6V6430 / DATL2W6\_M1 Date of week 6 : \_\_\_\_/\_\_\_/\_\_\_\_ ID14089S6V6431 / DATL2W7\_M1 Date of week 7 : \_\_\_\_/\_\_\_\_ ID14089S6V6432 / DATL2W8\_M1 Date of week 8 : \_\_\_\_/\_\_\_\_ A. MOOD 14089S6FC1603 1. DEPRESSED MOOD (qIDS item 5) LOW MOOD: Week 1 ID14089S6V5751 / DATQIDS5W1\_M1 Date (w1): \_\_\_\_/\_\_\_\_ ID14089S6V5752 / QIDS5W1\_M1 1. Depressed Mood (w1): O<sub>[0]</sub> (0) Does not feel sad O<sub>[1]</sub>(1) Feels sad less than half the time O<sub>[2]</sub>(2) Feels sad more than half the time O<sub>[3]</sub>(3) Feels intensely sad virtually all the time ID14089S6V5753 / DAYQIDS5W1\_M1

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Days (w1/ 1.Depressed Mood) : |\_\_|

Protocole : RLINK	Code centre :	Patient :
	LOWEROOD W. J. 2	
	LOW MOOD: Week 2	
ID14089S6V5754 / DATQIDS5W2_M1 Date (w2)://		
ID14089S6V5755 / QIDS5W2_M1		
1. Depressed Mood (w2):  O [0] (0) Does not feel sa	Ь	
$O_{[1]}(1)$ Feels sad less th		
$O_{[2]}(2)$ Feels sad more t		
O <sub>[3]</sub> (3) Feels intensely s	ad virtually all the time	
ID14089S6V5756 / DAYQIDS5W2_M1		
Days (w2/ 1.Depressed Mood):		
	LOW MOOD: Week 3	
ID1408956V5757 / DATQIDS5W3_M1 Date (w3): //		
ID14089S6V5758 / QIDS5W3_M1		
1. Depressed Mood (w3):		
O <sub>[0]</sub> (0) Does not feel sa	d	
$O_{[1]}(1)$ Feels sad less th		
O <sub>[2]</sub> (2) Feels sad more t		
O <sub>[3]</sub> (3) Feels intensely s	ad virtually all the time	
ID14089S6V5759 / DAYQIDS5W3_M1		
Days (w3/ 1.Depressed Mood):		
	LOW MOOD: Week 4	
ID44000CCVETCO / DATOIDCEWA A44		
Date (w4)://		
ID14089S6V5761 / QIDS5W4_M1		
1. Depressed Mood (w4):		
O [0] (0) Does not feel sa		
O <sub>[1]</sub> (1) Feels sad less th		
O <sub>[2]</sub> (2) Feels sad more to		
O <sub>[3]</sub> (3) Feels intensely s	au virtually all the time	
Days (w4/ 1.Depressed Mood):	1.1	
, , , , ,		
	LOW MOOD: Week 5	

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Protocole : RLINK	Code centre :	Patient :
ID14089S6V5763 / DATQIDS5W5_M1 Date (w5)://		
1. Depressed Mood (w5):  O[0](0) Does not feel so O[1](1) Feels sad less th O[2](2) Feels sad more O[3](3) Feels intensely	nan half the time	
Days (w5/ 1.Depressed Mood)	:  _	
	LOW MOOD: Week 6	
ID14089S6V5766 / DATQIDS5W6_M1 Date (w6):/	ad nan half the time than half the time sad virtually all the time	
	LOW MOOD: Week 7	
ID14089S6V5769 / DATQIDS5W7_M1 Date (w7):/	ad nan half the time than half the time sad virtually all the time	
	LOW MOOD: Week 8	
ID14089S6V5772 / DATQIDS5W8_M1 Date (w8)://		

Protocole : RLINK	Code centre :	Patient :
ID1408956V5773 / QIDS5W8_M1		
1. Depressed Mood (w8):  O [0] (0) Does not feel sa	٨	
O <sub>[1]</sub> (1) Feels sad less th		
O <sub>[2]</sub> (2) Feels sad more t		
O <sub>[3]</sub> (3) Feels intensely s	ad virtually all the time	
ID1408956V5774 / DAYQID55W8_M1		
Days (w8/ 1.Depressed Mood):		
	2. ELEVATED MOOD (BRMS item 6)	
	HIGH MOOD: Week 1	
ID14089S6V5775 / DATBRMS6W1_M1		
Date (w1):/		
ID14089S6V5776 / BRMS6W1_M1		
2. Elevated Mood (w1) :		
O <sub>[0]</sub> (0) Neutral mood		
O <sub>[1]</sub> (1) Slightly elevated	mood, optimistic, but still adapted to situation	
	rated mood, joking, laughing	
O <sub>[3]</sub> (3) Markedly elevat	ed mood, exuberant both in manner and speech	
	ted mood, quite irrelevant to situation	
ID14089S6V5777 / DAYBRMS6W1 M1		
Days (w1/ 2.Elevated Mood):	_	
	HIGH MOOD: Week 2	
ID14089S6V5778 / DATBRMS6W2_M1		
Date (w2) :/		
ID14089S6V5779 / BRMS6W2_M1  2. Elevated Mood (w2):		
O [0] (0) Neutral mood		
,	mood, optimistic, but still adapted to situation	
_	rated mood, joking, laughing	
	ed mood, exuberant both in manner and speech	
	ted mood, quite irrelevant to situation	
	22.07 4.002 3.3.4.00 3.3.4.000	
Days (w2/ 2.Elevated Mood) :	I	
, , , , , , , , , , , , , , , , , , , ,	<del></del>	

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Protocole: RLINK Code centre : \_\_\_\_\_ Patient : \_\_\_\_\_ **HIGH MOOD: Week 3** ID14089S6V5781 / DATBRMS6W3\_M1 Date (w3): \_\_\_\_/\_\_\_ ID14089S6V5782 / BRMS6W3\_M1 2. Elevated Mood (w3): O<sub>[0]</sub> (0) Neutral mood O<sub>[1]</sub>(1) Slightly elevated mood, optimistic, but still adapted to situation O<sub>[2]</sub>(2) Moderately elevated mood, joking, laughing O<sub>[3]</sub>(3) Markedly elevated mood, exuberant both in manner and speech O<sub>[4]</sub> (4) Extremely elevated mood, quite irrelevant to situation ID14089S6V5783 / DAYBRMS6W3\_M1 Days (w3/ 2.Elevated Mood): |\_\_| **HIGH MOOD: Week 4** ID14089S6V5784 / DATBRMS6W4\_M1 Date (w4) : \_\_\_\_/\_\_\_\_ ID14089S6V5785 / BRMS6W4\_M1 2. Elevated Mood (w4): O<sub>[0]</sub> (0) Neutral mood O<sub>[1]</sub>(1) Slightly elevated mood, optimistic, but still adapted to situation O<sub>[2]</sub>(2) Moderately elevated mood, joking, laughing O<sub>[3]</sub>(3) Markedly elevated mood, exuberant both in manner and speech O<sub>[4]</sub> (4) Extremely elevated mood, quite irrelevant to situation ID14089S6V5786 / DAYBRMS6W4\_M1 Days (w4/ 2.Elevated Mood) : | | **HIGH MOOD: Week 5** ID14089S6V5787 / DATBRMS6W5 M1 Date (w5): \_\_\_\_/\_\_\_\_ ID14089S6V5788 / BRMS6W5\_M1 2. Elevated Mood (w5): O<sub>[0]</sub> (0) Neutral mood O<sub>[1]</sub>(1) Slightly elevated mood, optimistic, but still adapted to situation O<sub>[2]</sub>(2) Moderately elevated mood, joking, laughing  $O_{[3]}(3)$  Markedly elevated mood, exuberant both in manner and speech O<sub>[4]</sub>(4) Extremely elevated mood, quite irrelevant to situation

Days (w5/ 2.Elevated Mood): |\_\_|

ID14089S6V5789 / DAYBRMS6W5 M1

Protocole: RLINK Code centre : \_\_\_\_\_ Patient : \_\_\_\_\_ **HIGH MOOD: Week 6** ID14089S6V5790 / DATBRMS6W6\_M1 Date (w6): \_\_\_\_/\_\_\_ ID14089S6V5791 / BRMS6W6\_M1 2. Elevated Mood (w6): O<sub>[0]</sub> (0) Neutral mood O<sub>[1]</sub>(1) Slightly elevated mood, optimistic, but still adapted to situation O<sub>[2]</sub>(2) Moderately elevated mood, joking, laughing O<sub>[3]</sub>(3) Markedly elevated mood, exuberant both in manner and speech O<sub>[4]</sub> (4) Extremely elevated mood, quite irrelevant to situation ID14089S6V5792 / DAYBRMS6W6\_M1 Days (w6/ 2.Elevated Mood): |\_\_| **HIGH MOOD: Week 7** ID14089S6V5793 / DATBRMS6W7\_M1 Date (w7): \_\_\_\_/\_\_\_\_ ID14089S6V5794 / BRMS6W7\_M1 2. Elevated Mood (w7): O<sub>[0]</sub> (0) Neutral mood O<sub>[1]</sub>(1) Slightly elevated mood, optimistic, but still adapted to situation O<sub>[2]</sub>(2) Moderately elevated mood, joking, laughing O<sub>[3]</sub>(3) Markedly elevated mood, exuberant both in manner and speech O<sub>[4]</sub> (4) Extremely elevated mood, quite irrelevant to situation ID14089S6V5795 / DAYBRMS6W7\_M1 Days (w7/ 2.Elevated Mood) : | | **HIGH MOOD: Week 8** ID14089S6V5796 / DATBRMS6W8 M1 Date (w8): \_\_\_\_/\_\_\_\_ ID14089S6V5797 / BRMS6W8\_M1 2. Elevated Mood (w8): O<sub>[0]</sub> (0) Neutral mood O<sub>[1]</sub>(1) Slightly elevated mood, optimistic, but still adapted to situation O<sub>[2]</sub>(2) Moderately elevated mood, joking, laughing  $O_{[3]}(3)$  Markedly elevated mood, exuberant both in manner and speech O<sub>[4]</sub>(4) Extremely elevated mood, quite irrelevant to situation ID14089S6V5798 / DAYBRMS6W8 M1

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Days (w8/ 2.Elevated Mood): |\_\_|

Protocole : RLINK	Code centre :	Patient :
	B. SLEEP 14089S6FC1623	
	3. Sleep-onset insomnia (qIDS item 1)	
	Week 1	
Date (w1): / /		
ID14089S6V5800 / QIDS1W1_M1		
3. Sleep-onset insomnia (w1):		
_	nger than 30 minutes to fall asleep	
	30 minutes to fall asleep, less than half the time	
	30 minutes to fall asleep, more than half the time	
	an 60 minutes to fall asleep, more than half the ti	me
Days (w1 / 3.Sleep-onset inson	nnia) :	
Days (W1) Sisteep Stiset History		
	Week 2	
ID14089S6V5802 / DATQIDS1W2_M1		
Date (w2) :/		
3. Sleep-onset insomnia (w2):		
	nger than 30 minutes to fall asleep	
	30 minutes to fall asleep, less than half the time	
	30 minutes to fall asleep, more than half the time	
	an 60 minutes to fall asleep, more than half the til	
ID14089S6V5804 / DAYQIDS1W2 M1	1,	
Days (w2 / 3.Sleep-onset inson	nnia) :	
	Week 3	
ID14089S6V5805 / DATQIDS1W3_M1		
Date (w3):/		
ID14089S6V5806 / QIDS1W3_M1  2. Sloop opent incompia (w2):		
3. Sleep-onset insomnia (w3):	nger than 30 minutes to fall asleep	
_	30 minutes to fall asleep, less than half the time	
- [1](1) Takes at least	so minates to rail asiecp, less than half the tillle	

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Protocole : RLINK	Code centre :	Patient :
	minutes to fall asleep, more than half the time	
$O_{[3]}(3)$ Takes more than	60 minutes to fall asleep, more than half the time	
ID14089S6V5807 / DAYQIDS1W3_M1		
Days (w3 / 3.Sleep-onset insomni	a) :	
	Week 4	
ID14089S6V5808 / DATQIDS1W4_M1 Date (w4): / /		
ID14089S6V5809 / QIDS1W4_M1		
3. Sleep-onset insomnia (w4) :		
O <sub>[0]</sub> (0) Never takes long	er than 30 minutes to fall asleep	
$O_{[1]}(1)$ Takes at least 30	minutes to fall asleep, less than half the time	
$O_{[2]}(2)$ Takes at least 30	minutes to fall asleep, more than half the time	
$O_{[3]}(3)$ Takes more than	60 minutes to fall asleep, more than half the time	
ID14089S6V5810 / DAYQIDS1W4_M1		
Days (w4 / 3.Sleep-onset insomni	a) :	
		<u>-</u>
	Week 5	
ID14089S6V5811 / DATQIDS1W5_M1		
Date (w5) :/	_	
ID14089S6V5812 / QIDS1W5_M1		
3. Sleep-onset insomnia (w5):		
	er than 30 minutes to fall asleep	
	minutes to fall asleep, less than half the time	
	minutes to fall asleep, more than half the time	
$O_{[3]}(3)$ Takes more than	60 minutes to fall asleep, more than half the time	
ID14089S6V5813 / DAYQIDS1W5_M1		
Days (w5 / 3.Sleep-onset insomni	a):	
		<del></del>
	Week 6	
ID14089S6V5814 / DATQIDS1W6_M1		
Date (w6):/	_	
ID14089S6V5815 / QIDS1W6_M1		
3. Sleep-onset insomnia (w6):		
_	er than 30 minutes to fall asleep	
	minutes to fall asleep, less than half the time	
_	minutes to fall asleep, more than half the time	
$\cup_{[3]}(3)$ Takes more than	60 minutes to fall asleep, more than half the time	

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	Code centre :	Patient :
Days (w6 / 3.Sleep-onset insomnia):		
	Week 7	
ID14089S6V5817 / DATQIDS1W7_M1 Date (w7)://		
3. Sleep-onset insomnia (w7):		
O <sub>[0]</sub> (0) Never takes longer than 3	30 minutes to fall asleep	
	to fall asleep, less than half the time	е
O <sub>[2]</sub> (2) Takes at least 30 minutes	to fall asleep, more than half the tir	me
O <sub>[3]</sub> (3) Takes more than 60 minu	ites to fall asleep, more than half the	e time
D14089S6V5819 / DAYQIDS1W7_M1 Days (w7 / 3.Sleep-onset insomnia) :		
	Week 8	
ID1408956V5820 / DATQIDS1W8_M1  Date (w8):/	30 minutes to fall asleep	
O [2] (2) Takes at least 30 minutes O [3] (3) Takes more than 60 minu  ID1408956V5822 / DAYQIDS1W8_M1  Days (w8 / 3.Sleep-onset insomnia) :	to fall asleep, less than half the time to fall asleep, more than half the time tes to fall asleep, more than half the	me e time
O [2] (2) Takes at least 30 minutes O [3] (3) Takes more than 60 minu  ID1408956V5822 / DAYQIDS1W8_M1  Days (w8 / 3.Sleep-onset insomnia) :	to fall asleep, less than half the time to fall asleep, more than half the time tes to fall asleep, more than half the	me e time
O [2] (2) Takes at least 30 minutes O [3] (3) Takes more than 60 minu  ID1408956V5822 / DAYQIDS1W8_M1  Days (w8 / 3.Sleep-onset insomnia) :	to fall asleep, less than half the time to fall asleep, more than half the time tes to fall asleep, more than half the distance to fall asleep, more than half the time to fall asleep, more than half the distance to fall asleep.	me e time
O [2] (2) Takes at least 30 minutes O [3] (3) Takes more than 60 minu  ID1408956V5822 / DAYQIDS1W8_M1  Days (w8 / 3.Sleep-onset insomnia) :	to fall asleep, less than half the time to fall asleep, more than half the time tes to fall asleep, more than half the	me e time
O [2] (2) Takes at least 30 minutes O [3] (3) Takes more than 60 minu  ID1408956V5822 / DAYQIDS1W8_M1  Days (w8 / 3.Sleep-onset insomnia) :	id-nocturnal insomnia (qIDS item 2)  Week 1	me e time

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Protocole : RLINK	Code centre :	Patient :
O (2) Wakes up at lea	st once a night, but goes back to sleep easily	
		the state of the s
(3) Awakens more t	chan once a night and stays awake for 20 minu	tes or more, more than half the time
ID14089S6V5825 / DAYQIDS2W1_M1		
Days (w1 / 4.Mid-nocturnal insor	mnia) :	
	Week 2	
ID14089S6V5826 / DATQIDS2W2_M1		
Date (w2) :/		
ID14089S6V5827 / QIDS2W2_M1		
4. Mid-nocturnal insomnia (w2):	:	
O <sub>[0]</sub> (0) Does not wake u		
	eep with few awakenings	
	st once a night, but goes back to sleep easily	
	than once a night and stays awake for 20 minu	ites or more more than half the time
(3) Awakens more t	.nan once a night and stays awake for 20 minu	tes or more, more than hall the time
ID1408956V5828 / DAYQIDS2W2_M1		
Days (w2 / 4.Mid-nocturnal insor	mnia) :	
	Week 3	
ID14089S6V5829 / DATQIDS2W3_M1		
Date (w3) :/		
ID14089S6V5830 / QIDS2W3_M1		
4. Mid-nocturnal insomnia (w3) :		
O [0] (0) Does not wake u	up at night	
	eep with few awakenings	
	st once a night, but goes back to sleep easily	
	than once a night and stays awake for 20 minu	ites or more more than half the time
	man office a might and stays awake for 20 minu	tes or more, more than han the time
Days (w3 / 4.Mid-nocturnal insor	mnia) ·	
Days (W3 / 4.iviid-floctumai ilisoi	iiiiaj .	
	Mode 4	
	Week 4	
ID14089S6V5832 / DATQIDS2W4_M1		
Date (w4) :/		
ID14089S6V5833 / QIDS2W4_M1		
4. Mid-nocturnal insomnia (w4) :	:	
O [0] (0) Does not wake u	up at night	
	eep with few awakenings	
	st once a night, but goes back to sleep easily	
_	than once a night and stays awake for 20 minu	ites or more, more than half the time

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Protocole : RLINK	Code centre :	Patient :
ID14089S6V5834 / DAYQIDS2W4_M1 Days (w4 / 4.Mid-nocturnal insomnia	n) :	
	Week 5	
	Weeks	
ID14089S6V5835 / DATQIDS2W5_M1 Date (w5):/		
ID1408956V5836 / QIDS2W5_M1		
4. Mid-nocturnal insomnia (w5):  O [0] (0) Does not wake up at	night	
$O_{[1]}(1)$ Restless, light sleep v		
	nce a night, but goes back to sleep easily	<b>√</b>
		nutes or more, more than half the time
ID14089S6V5837 / DAYQIDS2W5_M1		
Days (w5 / 4.Mid-nocturnal insomnia	):	
	Week 6	
ID14089S6V5838 / DATQIDS2W6_M1 Date (w6)://  ID14089S6V5839 / QIDS2W6_M1 4. Mid-nocturnal insomnia (w6):		
$O_{\left[\mathtt{0}\right]}\left(\mathtt{0}\right)$ Does not wake up at	night	
O <sub>[1]</sub> (1) Restless, light sleep v	_	
	nce a night, but goes back to sleep easily	
O <sub>[3]</sub> (3) Awakens more than	once a night and stays awake for 20 min	nutes or more, more than half the time
ID1408956V5840 / DAYQIDS2W6_M1	<b>.</b>	
Days (w6 / 4.Mid-nocturnal insomnia	):	
	Week 7	
ID14089S6V5841 / DATQIDS2W7_M1 Date (w7):/		
ID14089S6V5842 / QIDS2W7_M1		
4. Mid-nocturnal insomnia (w7) :		
O [0] (0) Does not wake up at		
O <sub>[1]</sub> (1) Restless, light sleep v	with few awakenings nce a night, but goes back to sleep easily	
		y nutes or more, more than half the time
	once a night and stays awake for 20 Mil	nates of more, more than half the time
Days (w7 / 4.Mid-nocturnal insomnia	n) :	

Protocole : RLINK	Code centre :	Patient :
	Week 8	
ID1408956V5844 / DATQIDS2W8_M1 Date (w8)://	_	
ID1408956V5845 / QIDS2W8_M1 4. Mid-nocturnal insomnia (w8):		
O [0] (0) Does not wake up	at night	
O [1] (1) Restless, light slee		
	conce a night, but goes back to sleep easily	
	an once a night and stays awake for 20 min	lutes or more, more than half the time
Days (w8 / 4.Mid-nocturnal insom	nia) :	
	5. Early-morning insomnia (qIDS item 3)	)
	Week 1	
Date (w1)://	_	
ID14089S6V5848 / QIDS3W1_M1		
5. Early-morning insomnia (w1):	times analysis as many their 20 minutes h	ofore possessing
	time, awakens no more than 30 minutes be time, awakens more than 30 minutes before	
	1 hour before need be, more than half the t	
_	2 hours before need be, more than half the	
ID14089S6V5849 / DAYQIDS3W1_M1		
Days (w1 / 5.Early-morning insom	nia) :	
		<del>-</del>
	Week 2	
ID14089S6V5850 / DATQIDS3W2_M1 Date (w2)://		
ID14089S6V5851 / QIDS3W2 M1	_	
5. Early-morning insomnia (w2):		
	time, awakens no more than 30 minutes be	
	e time, awakens more than 30 minutes bef	
_	1 hour before need be, more than half the t	
(3) Awakens at least	2 hours before need be, more than half the	: ите

Protocole : RLINK	Code centre :	Patient :
ID14089S6V5852 / DAYQIDS3W2_M1 Days (w2 / 5.Early-morning insomn	ia) :	
	Week 3	
$O_{1}(1)$ More than half the $O_{2}(2)$ Awakens at least 1	time, awakens no more than 30 minutes be time, awakens more than 30 minutes befo hour before need be, more than half the t hours before need be, more than half the	ore need be time
	Week 4	
$O_{11}(1)$ More than half the $O_{21}(2)$ Awakens at least 1	time, awakens no more than 30 minutes be time, awakens more than 30 minutes before need be, more than half the thours before need be, more than half the	ore need be time
	Week 5	
$O_{[1]}(1)$ More than half the $O_{[2]}(2)$ Awakens at least 1	time, awakens no more than 30 minutes be time, awakens more than 30 minutes befo hour before need be, more than half the t hours before need be, more than half the	ore need be time

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Protocole : RLINK	Code centre :	Patient :
	Week 6	
ID14089S6V5862 / DATQIDS3W6_M1		
Date (w6):/		
5. Early-morning insomnia (w6)	):	
	the time, awakens no more than 30 minutes befo	
	f the time, awakens more than 30 minutes befor	
_	ast 1 hour before need be, more than half the tin	
O <sub>[3]</sub> (3) Awakens at lea	ast 2 hours before need be, more than half the ti	ime
Days (w6 / 5.Early-morning insc	omnia) ·	
Days (wo / J.Larry-morning insc	511111a) .	
	Week 7	
ID14089S6V5865 / DATQIDS3W7_M1		
Date (w7) :/		
ID1408956V5866 / QIDS3W7_M1  5. Early-morning insomnia (w7)	1.	
	, · the time, awakens no more than 30 minutes bef	ore necessary
	f the time, awakens more than 30 minutes befor	
	ast 1 hour before need be, more than half the tin	
O [3] (3) Awakens at lea	ast 2 hours before need be, more than half the ti	ime
ID14089S6V5867 / DAYQIDS3W7_M1		
Days (w7 / 5.Early-morning inso	omnia) :	
	Week 8	
ID14089S6V5868 / DATQIDS3W8_M1		
Date (w8) :/		
ID1408956V5869 / QIDS3W8_M1  5. Early-morning insomnia (w8)	):	
$O_{[0]}(0)$ Less than half t	the time, awakens no more than 30 minutes befo	ore necessary
	f the time, awakens more than 30 minutes befor	
_	ast 1 hour before need be, more than half the tin	
O <sub>[3]</sub> (3) Awakens at lea	ast 2 hours before need be, more than half the ti	ime
ID14089S6V5870 / DAYQIDS3W8_M1	omnia) :	
Days (w8 / 5.Early-morning inso	ліппа) .	
<del></del>		

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Protocole : RLINK	Code centre :	Patient :
	6. Hypersomnia (qIDS item 4)	
	Week 1	
	week 1	
ID14089S6V5871 / DATQIDS4W1_M1 Date (w1)://		
ID1408956V5872 / QIDS4W1_M1  6. Hypersomnia (w1) :		
	nan 7-8 hours/night, without naps	
	nan 10 hours in a 24-hour period (including r	
	nan 12 hours in a 24-hour period (including r	
	12 hours in a 24-hour period (including naps	s)
ID1408956V5873 / DAYQIDS4W1_M1 Days (w1 / 6.Hypersomnia) :		
bays (with our yperson may :		
	Week 2	
$O_{[1]}(1)$ Sleeps no longer th $O_{[2]}(2)$ Sleeps no longer th	nan 7-8 hours/night, without naps nan 10 hours in a 24-hour period (including r nan 12 hours in a 24-hour period (including r 12 hours in a 24-hour period (including naps	naps)
	Week 3	
ID14089S6V5877 / DATQIDS4W3_M1 Date (w3)://	-	
ID14089S6V5878 / QIDS4W3_M1		
6. Hypersomnia (w3):	nan 7-8 hours/night, without naps	
	nan 10 hours in a 24-hour period (including r	naps)
	nan 12 hours in a 24-hour period (including r	
	12 hours in a 24-hour period (including nap	
Days (w3 / 6.Hypersomnia) :		

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Patient : \_\_\_\_\_

Code centre : \_\_\_\_\_

Week 4 ID14089S6V5880 / DATQIDS4W4\_M1 Date (w4): / / ID14089S6V5881 / QIDS4W4\_M1 6. Hypersomnia (w4): O<sub>[0]</sub>(0) Sleeps no longer than 7-8 hours/night, without naps  $O_{[1]}(1)$  Sleeps no longer than 10 hours in a 24-hour period (including naps)  $O_{[2]}(2)$  Sleeps no longer than 12 hours in a 24-hour period (including naps) O<sub>[3]</sub>(3) Sleeps longer than 12 hours in a 24-hour period (including naps) ID14089S6V5882 / DAYQIDS4W4\_M1 Days (w4 / 6.Hypersomnia) : |\_\_| Week 5 ID14089S6V5883 / DATQIDS4W5\_M1 Date (w5): \_\_\_\_/\_\_\_ ID14089S6V5884 / QIDS4W5\_M1 6. Hypersomnia (w5): O [0] (0) Sleeps no longer than 7-8 hours/night, without naps  $O_{[1]}(1)$  Sleeps no longer than 10 hours in a 24-hour period (including naps) O<sub>[2]</sub>(2) Sleeps no longer than 12 hours in a 24-hour period (including naps) O<sub>[3]</sub>(3) Sleeps longer than 12 hours in a 24-hour period (including naps) ID14089S6V5885 / DAYQIDS4W5\_M1 Days (w5 / 6.Hypersomnia) : | | Week 6 ID14089S6V5886 / DATQIDS4W6\_M1 Date (w6): \_\_\_\_/\_\_\_\_ ID14089S6V5887 / QIDS4W6\_M1 6. Hypersomnia (w6): O<sub>[0]</sub> (0) Sleeps no longer than 7-8 hours/night, without naps  $O_{[1]}(1)$  Sleeps no longer than 10 hours in a 24-hour period (including naps)  $O_{[2]}(2)$  Sleeps no longer than 12 hours in a 24-hour period (including naps) O<sub>[3]</sub> (3) Sleeps longer than 12 hours in a 24-hour period (including naps) ID14089S6V5888 / DAYQIDS4W6\_M1 Days (w6 / 6.Hypersomnia) : |\_\_| Week 7

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Protocole : RLINK	Code centre :	Patient :
ID14089S6V5889 / DATQIDS4W7_M1 Date (w7)://		
1D1408956V5890 / QIDS4W7_M1 6. Hypersomnia (w7) :		
• •	er than 7-8 hours/night, without naps	
_	er than 10 hours in a 24-hour period (including na	ips)
	er than 12 hours in a 24-hour period (including na	· ·
$O_{[3]}(3)$ Sleeps longer th	han 12 hours in a 24-hour period (including naps)	
Days (w7 / 6.Hypersomnia) :  _	_	
	Week 8	
ID1408956V5892 / DATQIDS4W8_M1 Date (w8)://		
6. Hypersomnia (w8) :		
• • • • • • • • • • • • • • • • • • • •	er than 7-8 hours/night, without naps	
	er than 10 hours in a 24-hour period (including na	ips)
	er than 12 hours in a 24-hour period (including na	
O <sub>[3]</sub> (3) Sleeps longer th	han 12 hours in a 24-hour period (including naps)	
ID14089S6V5894 / DAYQIDS4W8_M1		
Days (w8 / 6.Hypersomnia) :  _	_	
	7. Sleep (Average of last 3 nights) (BRMS item 9	9)
	Wools 1	
	Week 1	
ID14089S6V5895 / DATBRMS9W1_M1 Date (w1)://		
ID14089S6V5896 / BRMS9W1_M1  7. Sleep average of last 3 nights	(w1):	
O [0] (0) Habitual duration	on of sleep	
O <sub>[1]</sub> (1) Duration of slee		
O <sub>[2]</sub> (2) Duration of slee		
O <sub>[3]</sub> (3) Duration of slee	ep reduced by 75%	
O <sub>[4]</sub> (4) No sleep		
Days (w1 / 7.Sleep average of la	ust 3 nights) :	

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Code centre : \_\_\_\_\_

Patient : \_\_\_\_

Week 2 ID14089S6V5898 / DATBRMS9W2\_M1 Date (w2) : \_\_\_\_/\_\_\_ ID14089S6V5899 / BRMS9W2\_M1 7. Sleep average of last 3 nights (w2): O<sub>[0]</sub> (0) Habitual duration of sleep  $O_{[1]}(1)$  Duration of sleep reduced by 25%  $O_{[2]}(2)$  Duration of sleep reduced by 50% O<sub>[3]</sub> (3) Duration of sleep reduced by 75% O<sub>[4]</sub>(4) No sleep ID14089S6V5900 / DAYBRMS9W2\_M1 Days (w2 / 7.Sleep average of last 3 nights) : |\_\_\_| Week 3 ID14089S6V5901 / DATBRMS9W3\_M1 Date (w3): \_\_\_\_/\_\_\_\_ ID14089S6V5902 / BRMS9W3\_M1 7. Sleep average of last 3 nights (w3): O<sub>[0]</sub> (0) Habitual duration of sleep  $O_{[1]}(1)$  Duration of sleep reduced by 25% O<sub>[2]</sub>(2) Duration of sleep reduced by 50%  $O_{[3]}(3)$  Duration of sleep reduced by 75% O<sub>[4]</sub> (4) No sleep ID14089S6V5903 / DAYBRMS9W3\_M1 Days (w3 / 7.Sleep average of last 3 nights) : | | Week 4 ID14089S6V5904 / DATBRMS9W4 M1 Date (w4): \_\_\_\_/\_\_\_ ID14089S6V5905 / BRMS9W4\_M1 7. Sleep average of last 3 nights (w4): O<sub>[0]</sub> (0) Habitual duration of sleep  $O_{[1]}(1)$  Duration of sleep reduced by 25%  $O_{[2]}(2)$  Duration of sleep reduced by 50% O<sub>[3]</sub> (3) Duration of sleep reduced by 75% O<sub>[4]</sub> (4) No sleep ID14089S6V5906 / DAYBRMS9W4 M1 Days (w4 / 7.Sleep average of last 3 nights) : |\_\_\_|

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Patient :

Code centre : \_\_\_\_\_

Week 5 ID14089S6V5907 / DATBRMS9W5\_M1 Date (w5): \_\_\_\_/\_\_\_ ID14089S6V5908 / BRMS9W5\_M1 7. Sleep average of last 3 nights (w5): O<sub>[0]</sub> (0) Habitual duration of sleep  $O_{[1]}(1)$  Duration of sleep reduced by 25%  $O_{[2]}(2)$  Duration of sleep reduced by 50% O<sub>[3]</sub> (3) Duration of sleep reduced by 75% O<sub>[4]</sub>(4) No sleep ID14089S6V5909 / DAYBRMS9W5\_M1 Days (w5 / 7.Sleep average of last 3 nights) : |\_\_\_| Week 6 ID14089S6V5910 / DATBRMS9W6\_M1 Date (w6) : \_\_\_\_/\_\_\_ ID14089S6V5911 / BRMS9W6\_M1 7. Sleep average of last 3 nights (w6): O<sub>[0]</sub> (0) Habitual duration of sleep  $O_{[1]}(1)$  Duration of sleep reduced by 25%  $O_{[2]}(2)$  Duration of sleep reduced by 50%  $O_{[3]}(3)$  Duration of sleep reduced by 75% O<sub>[4]</sub> (4) No sleep ID14089S6V5912 / DAYBRMS9W6\_M1 Days (w6 / 7.Sleep average of last 3 nights) : | | Week 7 ID14089S6V5913 / DATBRMS9W7 M1 Date (w7): \_\_\_\_/\_\_\_\_ ID14089S6V5914 / BRMS9W7\_M1 7. Sleep average of last 3 nights (w7): O<sub>[0]</sub> (0) Habitual duration of sleep  $O_{[1]}(1)$  Duration of sleep reduced by 25%  $O_{[2]}(2)$  Duration of sleep reduced by 50% O<sub>[3]</sub> (3) Duration of sleep reduced by 75% O<sub>[4]</sub> (4) No sleep ID14089S6V5915 / DAYBRMS9W7 M1 Days (w7 / 7.Sleep average of last 3 nights) : |\_\_\_|

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Protocole : RLINK	Code centre :	Patient :
	Week 0	
	Week 8	
ID14089S6V5916 / DATBRMS9W8_M1		
Date (w8) :/		
ID14089S6V5917 / BRMS9W8_M1		
7. Sleep average of last 3 nights (w8		
O <sub>[1]</sub> (1) Duration of sleep re	•	
$O_{[2]}(2)$ Duration of sleep re		
$O_{[3]}(3)$ Duration of sleep re	educed by 75%	
O [4] (4) No sleep		
ID14089S6V5918 / DAYBRMS9W8_M1	esta A - 1 - 1	
Days (w8 / 7.Sleep average of last 3	nights) :	
C. (I	Psycho)motor activity / energy 14089S6F0	C1670
- 1		
	O. Franco /fation bility / pIDC item (4.4)	
	8. Energy/fatigability (qIDS item 14)	
	Week 1	
Date (w1):/		
ID14089S6V5920 / QIDS14W1_M1		
8. Energy/fatigability (w1) :		
O [0] (0) No change in usual		
O <sub>[1]</sub> (1) Tires more easily th		
	personal effort to initiate or maintain usual t most of usual daily activities due to lack o	
	. most of usual daily activities due to lack (	or energy
Days (w1 / 8.Energy/fatigability) :		
	Week 2	
Date (w2):/		
ID14089S6V5923 / QIDS14W2_M1		
8. Energy/fatigability (w2):		
O [0] (0) No change in usual		
O <sub>[1]</sub> (1) Tires more easily th	nan usual	

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Protocole : RLINK	Code centre :	Patient :			
O <sub>[2]</sub> (2) Makes significant personal effort to initiate or maintain usual daily activities O <sub>[3]</sub> (3) Unable to carry out most of usual daily activities due to lack of energy  ID1408956V5924 / DAYQIDS14W2_M1  Days (w2 / 8.Energy/fatigability) :					
	Week 3				
	ual level of energy				
Days (w3 / 8.Energy/fatigability)					
	Week 4				
	than usual t personal effort to initiate or maintain usual out most of usual daily activities due to lack o				
	Week 5				

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Protocole : RLINK	Code centre :	Patient :		
ID14089S6V5933 / DAYQIDS14W5_M1 Days (w5 / 8.Energy/fatigability) :	_			
	Week 6			
	an usual ersonal effort to initiate or maintain usua most of usual daily activities due to lack			
	Week 7			
ID1408956V5937 / DATQID514W7_M1  Date (w7):				
	Week 8			
O <sub>[3]</sub> (3) Unable to carry out	an usual ersonal effort to initiate or maintain usu most of usual daily activities due to lack			
Days (w8 / 8.Energy/fatigability):	_			

Protocole : RLINK	Code centre :	Patient :			
	9 Psychomotor slowing (aIDS item 15)				
9. Psychomotor slowing (qIDS item 15)					
	Week 1				
ID1408956V5943 / DATQIDS15W1_M1  Date (w1)://					
ID14089S6V5944 / QIDS15W1_M1					
9. Psychomotor slowing (w1):					
	of thinking, gesturing, and speaking				
_	slowed thinking, and voice modulation is reduce				
_	seconds to respond to most questions; reports	_			
O <sub>[3]</sub> (3) Is largely unre	sponsive to most questions without strong enco	ouragement			
ID14089S6V5945 / DAYQIDS15W1_M1					
Days (w1 / 9.Psychomotor slov	ving) :				
	Week 2				
ID14089S6V5946 / DATQIDS15W2_M1					
Date (w2) ://					
ID14089S6V5947 / QIDS15W2_M1					
9. Psychomotor slowing (w2):					
	of thinking, gesturing, and speaking				
	slowed thinking, and voice modulation is reduce				
	seconds to respond to most questions; reports				
$O_{[3]}(3)$ Is largely unre	sponsive to most questions without strong enco	ouragement			
ID14089S6V5948 / DAYQIDS15W2_M1					
Days (w2 / 9.Psychomotor slov	ving) :				
	Week 3				
	vveek 3				
Date (w3): / /					
. ,					
9. Psychomotor slowing (w3):					
O [0] (0) Normal speed of thinking, gesturing, and speaking					
$O_{[1]}(1)$ Patient notes slowed thinking, and voice modulation is reduced					
$O_{[2]}(2)$ Takes several seconds to respond to most questions; reports slowed thinking					
O <sub>[3]</sub> (3) Is largely unresponsive to most questions without strong encouragement					

Protocole : RLINK	Code centre :	Patient :		
Days (w3 / 9.Psychomotor slowing) :				
	Week 4			
ID1408956V5952 / DATQIDS15W4_M1 Date (w4)://				
ID14089S6V5953 / QIDS15W4_M1				
9. Psychomotor slowing (w4):				
O [0] (0) Normal speed of thinking				
	nking, and voice modulation is redu			
	respond to most questions; reports			
(3) Is largely unresponsive to	most questions without strong en	couragement		
ID1408956V5954 / DAYQIDS15W4_M1				
Days (w4 / 9.Psychomotor slowing) :	i e e e e e e e e e e e e e e e e e e e			
	Week 5			
	33 00.10			
ID14089S6V5955 / DATQIDS15W5_M1 Date (w5)://				
ID14089S6V5956 / QIDS15W5_M1				
9. Psychomotor slowing (w5):				
$\bigcirc_{[0]}$ (0) Normal speed of thinking				
$O_{[1]}(1)$ Patient notes slowed thir	nking, and voice modulation is redu	iced		
	respond to most questions; reports	_		
$O_{[3]}(3)$ Is largely unresponsive to	most questions without strong en	couragement		
ID14089S6V5957 / DAYQIDS15W5_M1				
Days (w5 / 9.Psychomotor slowing) :				
	Week 6			
ID14089S6V5958 / DATQIDS15W6_M1				
Date (w6) :/				
ID14089S6V5959 / QIDS15W6_M1				
9. Psychomotor slowing (w6):	and the second constant			
O [0] (0) Normal speed of thinking		and.		
	nking, and voice modulation is redu			
	respond to most questions; reports most questions without strong en	_		
	i most questions without strong en	lcouragement		
Days (w6 / 9.Psychomotor slowing) :				

Protocole : RLINK	Code centre :	Patient :
	Week 7	
$O_{[1]}(1)$ Patient notes slo $O_{[2]}(2)$ Takes several se	f thinking, gesturing, and speaking bwed thinking, and voice modulation is reduce conds to respond to most questions; reports soonsive to most questions without strong enco	lowed thinking
	Week 8	
$O_{[1]}(1)$ Patient notes slo $O_{[2]}(2)$ Takes several se	f thinking, gesturing, and speaking owed thinking, and voice modulation is reduce conds to respond to most questions; reports sonsive to most questions without strong enco	lowed thinking
	10. Psychomotor agitation (qIDS item 16)	
	Week 1	
$O_{[1]}(1)$ Fidgets, wrings h $O_{[2]}(2)$ Describes impuls		ness

Protocole : RLINK	Code centre :	Patient :
ID14089S6V5969 / DAYQIDS16W1_M1 Days (w1 / 10.Psychomotor agitation	on) :	
	Week 2	
$O_{[1]}(1)$ Fidgets, wrings har $O_{[2]}(2)$ Describes impulse	d or disorganization in thinking or gesturing nds and shifts positions often to move about and displays motor restlessn ted; paces about with or without permissior	ness
	Week 3	
$O_{[1]}(1)$ Fidgets, wrings har $O_{[2]}(2)$ Describes impulse	d or disorganization in thinking or gesturing nds and shifts positions often to move about and displays motor restlessned; paces about with or without permission	ness
	Week 4	
$O_{[1]}(1)$ Fidgets, wrings har $O_{[2]}(2)$ Describes impulse	d or disorganization in thinking or gesturing ods and shifts positions often to move about and displays motor restlessneted; paces about with or without permissior	ness

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Protocole : RLINK	Code centre :	Patient :
	Week 5	
$O_{11}(1)$ Fidgets, wrings have $O_{21}(2)$ Describes impuls	eed or disorganization in thinking or gesturing ands and shifts positions often e to move about and displays motor restless eated; paces about with or without permissio	ness
	Week 6	
O <sub>[1]</sub> (1) Fidgets, wrings has O <sub>[2]</sub> (2) Describes impuls	eed or disorganization in thinking or gesturing ands and shifts positions often e to move about and displays motor restless eated; paces about with or without permissio	ness
	Week 7	
$O_{1}(1)$ Fidgets, wrings has $O_{2}(2)$ Describes impuls	eed or disorganization in thinking or gesturing ands and shifts positions often e to move about and displays motor restlesse eated; paces about with or without permission):	ness

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Protocole : RLINK	Code centre :	Patient :
	Week 8	
ID14089S6V5988 / DATQIDS16W8_M1		
Date (w8) :/	_	
ID1408956V5989 / QIDS16W8_M1		
10. Psychomotor agitation (w8):	d or disorganization in thinking or gesturing	Ţ
_	nds and shifts positions often	•
	to move about and displays motor restlessr	
O <sub>[3]</sub> (3) Unable to stay sea	ted; paces about with or without permission	n
ID1408956V5990 / DAYQIDS16W8_M1 Days (w8 / 10.Psychomotor agitation	on) :	
11. E	LEVATED ENERGY / Activity -motor (BRMS	item 1)
	Week 1	
ID1408956V5991 / DATBRMS1W1_M1 Date (w1): / /		
ID14089S6V5992 / BRMS1W1_M1	-	
11. ELEVATED ENERGY / Activity-m	• •	
	vity, adequate facial expression	
	motor activity, lively facial expression ve motor activity, lively gestures	
	motor activity, invely gestures motor activity, on the move most of the tin	me. Rises one or several times during
interview		
$O_{[4]}(4)$ Constantly active,	restlessly energetic. Even if urged, patient c	cannot sit still.
ID1408956V5993 / DAYBRMS1W1_M1 Days (W1 / 11.ELEVATED ENERGY /	Activity-motor) :	
bays (W1) 1111111 W111 LINEWOY	rearray motor, r	
	Week 2	
Date (w2)://	_	
ID14089S6V5995 / BRMS1W2_M1		
11. ELEVATED ENERGY / Activity-m		
	ivity, adequate facial expression motor activity, lively facial expression	
	ve motor activity, lively gestures	
	motor activity, on the move most of the tin	ne. Rises one or several times during

Protocole : RLINK	Code centre :	Patient :
interview O [4] (4) Constantly activ  ID1408956V5996 / DAYBRMS1W2_M1 Days (w2 / 11.ELEVATED ENERGY	e, restlessly energetic. Even if urged, patient car	nnot sit still.
-	Week 3	
ID14089S6V5997 / DATBRMS1W3_M1 Date (w3)://		
O <sub>[1]</sub> (1) Slightly increase	-motor (w3): ctivity, adequate facial expression ed motor activity, lively facial expression ssive motor activity, lively gestures	
O <sub>[3]</sub> (3) Outright excessi interview O <sub>[4]</sub> (4) Constantly activ	ve motor activity, invely gestures  ve motor activity, on the move most of the time  e, restlessly energetic. Even if urged, patient car	
Days (w3 / 11.ELEVATED ENERGY	/ / Activity-motor) :	
	Week 4	
O <sub>[1]</sub> (1) Slightly increase O <sub>[2]</sub> (2) Somewhat exces O <sub>[3]</sub> (3) Outright excessi interview	-motor (w4): ctivity, adequate facial expression ed motor activity, lively facial expression ssive motor activity, lively gestures ve motor activity, on the move most of the time	
ID14089S6V6002 / DAYBRMS1W4_M1 Days (w4 / 11.ELEVATED ENERGY	/ / Activity-motor):	
	Week 5	
ID1408956V6003 / DATBRMS1W5_M1 Date (w5):// ID1408956V6004 / BRMS1W5_M1 11. ELEVATED ENERGY / Activity-		

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Protocole : RLINK	Code centre :	Patient :
$O_{[1]}(1)$ Slightly increase $O_{[2]}(2)$ Somewhat excessinterview	activity, adequate facial expression sed motor activity, lively facial expression cessive motor activity, lively gestures ssive motor activity, on the move most of the time tive, restlessly energetic. Even if urged, patient cases of the company of the case of the time of the company of the time of the tim	
	Week 6	
O <sub>[1]</sub> (1) Slightly increase O <sub>[2]</sub> (2) Somewhat excoolinterview	ty-motor (w6):  activity, adequate facial expression sed motor activity, lively facial expression cessive motor activity, lively gestures ssive motor activity, on the move most of the tim tive, restlessly energetic. Even if urged, patient ca	
	Week 7	
O <sub>[1]</sub> (1) Slightly increase O <sub>[2]</sub> (2) Somewhat excoolinterview	ractivity, adequate facial expression sed motor activity, lively facial expression cessive motor activity, lively gestures saive motor activity, on the move most of the time tive, restlessly energetic. Even if urged, patient calcivity.	
	Week 8	

ID1408956V6012 / DATBRMS1W8_M1 Date (w8):/	
ID1408956V6013 / BRMS1W8_M1	
11. ELEVATED ENERGY / Activity-motor (w8):  O [0] (0) Normal motor activity, adequate facial expression	
O [1] (1) Slightly increased motor activity, lively facial expression	
O [1] (1) Slightly increased motor activity, lively racial expression O [2] (2) Somewhat excessive motor activity, lively gestures	
	ina
$O_{[3]}(3)$ Outright excessive motor activity, on the move most of the time. Rises one or several times duri interview	ng
O <sub>[4]</sub> (4) Constantly active, restlessly energetic. Even if urged, patient cannot sit still.	
Days (w8 / 11.ELEVATED ENERGY / Activity-motor) :	
12. ELEVATED ENERGY / Activity -verbal (BRMS item 2)	
Week 1	
ID1408956V6015 / DATBRMS2W1_M1 Date (w1):/  ID1408956V6016 / BRMS2W1_M1 12. ELEVATED ENERGY / Activity-verbal (w1):	
O <sub>[0]</sub> (0) Normal verbal activity	
O <sub>[1]</sub> (1) Somewhat talkative	
O <sub>[2]</sub> (2) Very talkative, no spontaneous intervals in the conversation	
O <sub>[3]</sub> (3) Difficult to interrupt	
O <sub>[4]</sub> (4) Impossible to interrupt, completely dominates conversation	
Days (w1 / 12.ELEVATED ENERGY / Activity-verbal) :	
Week 2	
Week 2  ID1408956V6018 / DATBRMS2W2_M1  Date (w2):/	
ID1408956V6018 / DATBRMS2W2_M1	
ID1408956V6018 / DATBRMS2W2_M1 Date (w2):/ ID1408956V6019 / BRMS2W2_M1	
ID1408956V6018 / DATBRMS2W2_M1 Date (w2):/  ID1408956V6019 / BRMS2W2_M1 12. ELEVATED ENERGY / Activity-verbal (w2):	
ID14089S6V6018 / DATBRMS2W2_M1 Date (w2):/ ID14089S6V6019 / BRMS2W2_M1 12. ELEVATED ENERGY / Activity-verbal (w2):  O [0] (0) Normal verbal activity	
ID14089S6V6018 / DATBRMS2W2_M1 Date (w2):/  ID14089S6V6019 / BRMS2W2_M1  12. ELEVATED ENERGY / Activity-verbal (w2):  O [0] (0) Normal verbal activity O [1] (1) Somewhat talkative	

Protocole : RLINK	Code centre :	Patient :
ID14089S6V6020 / DAYBRMS2W2_M1 Days (w2 / 12.ELEVATED ENERGY / Ac	tivity-verbal):	
	Week 3	
	Week 3	
ID1408956V6021 / DATBRMS2W3_M1 Date (w3):/		
ID1408956V6022 / BRMS2W3_M1  12. ELEVATED ENERGY / Activity-verb	al (w2) ·	
O <sub>[0]</sub> (0) Normal verbal activit		
O <sub>[1]</sub> (1) Somewhat talkative	у	
	ontaneous intervals in the conversation	on
O <sub>[3]</sub> (3) Difficult to interrupt		
O <sub>[4]</sub> (4) Impossible to interru	pt, completely dominates conversation	on
ID1408956V6023 / DAYBRMS2W3_M1 Days (w3 / 12.ELEVATED ENERGY / Ac		
	Week 4	
O <sub>[3]</sub> (3) Difficult to interrupt	ontaneous intervals in the conversation to the conversation to the conversation of the	
	Week 5	
ID1408956V6027 / DATBRMS2W5_M1 Date (w5):/		
12. ELEVATED ENERGY / Activity-verb		
O <sub>[0]</sub> (0) Normal verbal activit	У	
O <sub>[1]</sub> (1) Somewhat talkative		
	ontaneous intervals in the conversation	on
O <sub>[3]</sub> (3) Difficult to interrupt	nt completely demainstrates as a second	0.0
(4) impossible to interru	pt, completely dominates conversation	UII

Protocole : RLINK	Code centre :	Patient :
ID14089S6V6029 / DAYBRMS2W5_M1 Days (w5 / 12.ELEVATED ENERGY / Act	tivity-verbal) :	
	Week 6	
O <sub>[3]</sub> (3) Difficult to interrupt	ntaneous intervals in the conversant, completely dominates conversa	
	Week 7	
$O_{[3]}(3)$ Difficult to interrupt	ntaneous intervals in the conversant, completely dominates conversa	
	Week 8	
O <sub>[3]</sub> (3) Difficult to interrupt		

Protocole : RLINK	Code centre :	Patient :
ID14089S6V6038 / DAYBRMS2W8_M1 Days (w8 / 12.ELEVATED ENER	RGY / Activity-verbal):	
	D. ACTIVITIES / work 14089S6FC1717	
	13. Involvement (qIDS item 13)	
	Week 1	
$O_{[1]}(1)$ Notices a red $O_{[2]}(2)$ Finds only 1 c	om usual level of interest in other people and active uction in former interests/activities or 2 former interests remain no interest in formerly pursued activities	vities
	Week 2	
$\bigcirc_{[1]}(1)$ Notices a red $\bigcirc_{[2]}(2)$ Finds only 1 c	om usual level of interest in other people and active uction in former interests/activities or 2 former interests remain no interest in formerly pursued activities	vities
	Week 3	
ID14089S6V6045 / DATQIDS13W3_M1 Date (w3)://		

Protocole : RLINK	Code centre :	Patient :
13. Involvement (w3):  O [0] (0) No change from usual level or O [1] (1) Notices a reduction in former O [2] (2) Finds only 1 or 2 former inter O [3] (3) Has virtually no interest in formal or the control of the cont	rests remain	
	Week 4	
ID1408956V6048 / DATQIDS13W4_M1	rests remain	
	Week 5	
ID1408956V6051 / DATQIDS13W5_M1	rests remain	
	Week 6	
ID1408956V6054 / DATQIDS13W6_M1  Date (w6):/  ID1408956V6055 / QIDS13W6_M1  13. Involvement (w6):  O[0] (0) No change from usual level of	of interest in other people and activities	

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Protocole : RLINK	Code centre :	Patient :
$O_{11}(1)$ Notices a reduction in forme	r interests/activities	
$O_{[2]}(2)$ Finds only 1 or 2 former inte		
O <sub>[3]</sub> (3) Has virtually no interest in fo		
	miletty pursued detivities	
Days (w6 / 13.Involvement) :		
bays (we'y isimiteries.e., i i i i i i i i i i i i i i i i i i i		
	Week 7	
ID14089S6V6057 / DATQIDS13W7_M1		
Date (w7) :/		
ID1408956V6058 / QIDS13W7_M1		
13. Involvement (w7) :		
O [0] (0) No change from usual level o		ities
$O_{[1]}(1)$ Notices a reduction in forme		
$O_{[2]}(2)$ Finds only 1 or 2 former inte		
$O_{[3]}(3)$ Has virtually no interest in fo	ormerly pursued activities	
ID1408956V6059 / DAYQIDS13W7_M1		
Days (w7 / 13.Involvement) :		
·		
	Week 8	
ID14089S6V6060 / DATQIDS13W8_M1		
ID1408956V6060 / DATQIDS13W8_M1 Date (w8):/		
Date (w8):/		
Date (w8):/		
Date (w8):/		ities
Date (w8):/	r interests/activities	ities
Date (w8):/	r interests/activities rests remain	ities
Date (w8):/	r interests/activities rests remain	ities
Date (w8):/	r interests/activities rests remain	ities
Date (w8):/	r interests/activities rests remain	ities
Date (w8):/	r interests/activities rests remain	ities
Date (w8):/	r interests/activities rests remain	ities
Date (w8):/	r interests/activities rests remain	ities
Date (w8):/  ID1408956V6061 / QID513W8_M1  13. Involvement (w8):  Q [0] (0) No change from usual level of QID1 (1) Notices a reduction in forme QID1 (2) Finds only 1 or 2 former inte QID1408956V6062 / DAYQIDS13W8_M1  Days (w8 / 13.Involvement):	r interests/activities rests remain	
Date (w8):/  ID1408956V6061 / QID513W8_M1  13. Involvement (w8):  Q [0] (0) No change from usual level of QID1 (1) Notices a reduction in forme QID1 (2) Finds only 1 or 2 former inte QID1408956V6062 / DAYQIDS13W8_M1  Days (w8 / 13.Involvement):	r interests/activities rests remain ormerly pursued activities	
Date (w8):/  ID1408956V6061 / QID513W8_M1  13. Involvement (w8):  Q [0] (0) No change from usual level of QID1 (1) Notices a reduction in forme QID1 (2) Finds only 1 or 2 former inte QID1408956V6062 / DAYQIDS13W8_M1  Days (w8 / 13.Involvement):	r interests/activities rests remain prmerly pursued activities  AL ACTIVITIES / HOBBIES (BRMS ite	
Date (w8):/  ID1408956V6061 / QID513W8_M1  13. Involvement (w8):  Q [0] (0) No change from usual level of QID1 (1) Notices a reduction in forme QID1 (2) Finds only 1 or 2 former inte QID1408956V6062 / DAYQIDS13W8_M1  Days (w8 / 13.Involvement):	r interests/activities rests remain ormerly pursued activities	
Date (w8):	r interests/activities rests remain prmerly pursued activities  AL ACTIVITIES / HOBBIES (BRMS ite	
Date (w8):/  ID1408956V6061 / QID513W8_M1  13. Involvement (w8):  Q [0] (0) No change from usual level of QID1 (1) Notices a reduction in forme QID1 (2) Finds only 1 or 2 former inte QID1408956V6062 / DAYQIDS13W8_M1  Days (w8 / 13.Involvement):	r interests/activities rests remain prmerly pursued activities  AL ACTIVITIES / HOBBIES (BRMS ite	

Protocole : RLINK	Code centre :	Patient :
	_	_
14. Work/ Usual activities/ Hobbie	os (w1) ·	
O [0] (0) Normal work activ		
	drive, but work quality is slightly reduced, a	as motivation is changing and the
patient somewhat distractible	urive, but work quality is slightly reduced, a	as motivation is changing and the
•	out motivating clearly fluctuating. The patier	at difficulties in judging own work
quality and the quality is indeed lo		it difficulties in judging own work
	clearly reduced, and from time to time the p	patient loses control: has to stop work
	hospitalised, he can participate for some ho	
	ought to be) hospitalised and unable to par	
ID14089S6V6065 / DAYBRMS11W1_M1		·
Days (w1 / 14.Work/ Usual activiti	es/ Hobbies):	
, , , , , , , , , , , , , , , , , , , ,	· . <u></u> -	
	Week 2	
ID14089S6V6066 / DATBRMS11W2_M1		
Date (w2) :/		
ID14089S6V6067 / BRMS11W2_M1		
14. Work/ Usual activities/ Hobbie		
O [0] (0) Normal work acti		
O [1] (1) Slightly increased	drive, but work quality is slightly reduced, a	as motivation is changing and the
patient somewhat distractible		
	out motivating clearly fluctuating. The patier	nt difficulties in judging own work
quality and the quality is indeed lo	•	
	clearly reduced, and from time to time the p	
·	hospitalised, he can participate for some ho	
$\mathcal{O}_{[4]}(4)$ The patient is (or	ought to be) hospitalised and unable to par	ticipate in ward activities
ID1408956V6068 / DAYBRMS11W2_M1		
Days (w2 / 14.Work/ Usual activiti	es/ Hobbies) :	
	Week 3	
	week 3	
Date (w3):/		
	_	
14. Work/ Usual activities/ Hobbie	os (w2) ·	
O [0] (0) Normal work activ		
	drive, but work quality is slightly reduced, a	as motivation is changing and the
patient somewhat distractible	arive, but work quality is slightly reduced, a	as motivation is changing and the
•	out motivating clearly fluctuating. The patier	at difficulties in judging own work
quality and the quality is indeed lo		aearties in Jaaging Own Work
	clearly reduced, and from time to time the p	patient loses control: has to stop work
	hospitalised, he can participate for some ho	
	ought to be) hospitalised and unable to par	

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Protocole : RLINK	Code centre :	Patient :
ID14089S6V6071 / DAYBRMS11W3_M1 Days (w3 / 14.Work/ Usual activi	ties/ Hobbies):	
	Week 4	
ID14089S6V6072 / DATBRMS11W4_M1 Date (w4):///		
patient somewhat distractible $O_{[2]}(2)$ Increased drive, quality and the quality is indeed $O_{[3]}(3)$ Work capacity is and be sick-listed. If the patient i	tivity d drive, but work quality is slightly reduced, but motivating clearly fluctuating. The patie lowered. Often quarrels at work clearly reduced, and from time to time the s hospitalised, he can participate for some h r ought to be) hospitalised and unable to par	ent difficulties in judging own work patient loses control; has to stop work nours per day in ward activities
	Week 5	
patient somewhat distractible $O_{[2]}(2)$ Increased drive, quality and the quality is indeed $O_{[3]}(3)$ Work capacity is and be sick-listed. If the patient i	tivity d drive, but work quality is slightly reduced, but motivating clearly fluctuating. The patie lowered. Often quarrels at work clearly reduced, and from time to time the s hospitalised, he can participate for some h r ought to be) hospitalised and unable to par	ent difficulties in judging own work patient loses control; has to stop work nours per day in ward activities
	Week 6	
ID1408956V6078 / DATBRMS11W6_M1 Date (w6)://		

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Protocole : RLINK	Code centre :	Patient :
14. Work/ Usual activities/ Hobbi	ies (we) :	
O [0] (0) Normal work act		
	d drive, but work quality is slightly reduced, as	motivation is changing and the
patient somewhat distractible	a drive, but work quality is slightly reduced, as	Thouvacion is changing and the
•	but motivating clearly fluctuating. The patient	difficulties in judging own work
quality and the quality is indeed		difficulties in Judging Own Work
	clearly reduced, and from time to time the pa	atient loses control: has to stop work
	s hospitalised, he can participate for some hou	
	r ought to be) hospitalised and unable to parti	
ID14089S6V6080 / DAYBRMS11W6_M1		'
Days (w6 / 14.Work/ Usual activi	ties/ Hobbies):	
, , , ,	, ,,	
	Week 7	
ID14089S6V6081 / DATBRMS11W7_M1		
Date (w7) :/		
ID14089S6V6082 / BRMS11W7_M1		
14. Work/ Usual activities/ Hobbi		
O [0] (0) Normal work act		
	d drive, but work quality is slightly reduced, as	motivation is changing and the
patient somewhat distractible		
	but motivating clearly fluctuating. The patient	: difficulties in judging own work
quality and the quality is indeed	•	
	clearly reduced, and from time to time the pass hospitalised, he can participate for some hou	
•	r ought to be) hospitalised and unable to parti	. ,
(a) The patient is (o	ought to be, hospitalised and unable to parti	cipate in ward activities
Days (w7 / 14.Work/ Usual activity)	ties / Hobbies) ·	
Days (W/ / 14. WORK) Osual activi	ties, Hobbies, .	
	Week 8	
ID1408956V6084 / DATBRMS11W8_M1		
Date (w8) :/		
ID14089S6V6085 / BRMS11W8_M1		
14. Work/ Usual activities/ Hobbi		
O [0] (0) Normal work act	•	
$O_{[1]}(1)$ Slightly increase	d drive, but work quality is slightly reduced, as	motivation is changing and the
patient somewhat distractible		
	but motivating clearly fluctuating. The patient	: difficulties in judging own work
quality and the quality is indeed	·	
	clearly reduced, and from time to time the pa	
	s hospitalised, he can participate for some hou	
$\bigcup_{[4]}(4)$ The patient is (o	r ought to be) hospitalised and unable to parti	cipate in ward activities

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Protocole : RLINK	Code centre :	Patient :
ID1408956V6086 / DAYBRMS11W8_M1 Days (w8 / 14.Work/ Usual activ	vities/ Hobbies):	
	E. Thought / Cognition 14089S6FC1737	
15.	CONCENTRATION/DECISION MAKING ( (qIDS it	tem 10)
	Week 1	
$O_{[1]}(1)$ Occasionally fe $O_{[2]}(2)$ Most of the time	king (w1): Isual capacity to concentrate and decide Rels indecisive or notes that attention often wand The struggles to focus attention or make decision That is trate well enough to read or cannot make even	ns
	Week 2	
$O_{[1]}(1)$ Occasionally fe $O_{[2]}(2)$ Most of the time	king (w2): Isual capacity to concentrate and decide Rels indecisive or notes that attention often wand The struggles to focus attention or make decisions The struggles to focus attention or make decisions	ns .
	Week 3	
ID14089S6V6093 / DATQIDS10W3_M1 Date (w3)://		

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Protocole : RLINK	Code centre :	Patient :
$O_{[1]}(1)$ Occasionally feels $O_{[2]}(2)$ Most of the time s	al capacity to concentrate and decide indecisive or notes that attention often war struggles to focus attention or make decision te well enough to read or cannot make even	ns
	Week 4	
$O_{[1]}(1)$ Occasionally feels $O_{[2]}(2)$ Most of the time s	g (w4): Il capacity to concentrate and decide Indecisive or notes that attention often war struggles to focus attention or make decision te well enough to read or cannot make even	ns
	Week 5	
$O_{[1]}(1)$ Occasionally feels $O_{[2]}(2)$ Most of the time s	al capacity to concentrate and decide indecisive or notes that attention often war struggles to focus attention or make decision te well enough to read or cannot make even	ns
	Week 6	
ID1408956V6102 / DATQIDS10W6_M1  Date (w6)://  ID1408956V6103 / QIDS10W6_M1  15. Concentration/decision making  O [0] (0) No change in usua	– g (w6) : al capacity to concentrate and decide	

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Protocole : RLINK	Code centre :	Patient :
0 (0) 0		
O <sub>[1]</sub> (1) Occasionally feels indecisive		ers
O [2] (2) Most of the time struggles t		
O [3] (3) Cannot concentrate well en	ough to read or cannot make even m	inor decisions
ID14089S6V6104 / DAYQIDS10W6_M1		
Days (w6 / 15.Concentration/decision makin	g):	
, , ,		
	Week 7	
	Week 7	
ID14089S6V6105 / DATQIDS10W7_M1		
Date (w7) :/		
ID14089S6V6106 / QIDS10W7_M1		
15. Concentration/decision making (w7):		
O <sub>[0]</sub> (0) No change in usual capacity	to concentrate and decide	
O <sub>[1]</sub> (1) Occasionally feels indecisive		arc
$O_{[2]}(2)$ Most of the time struggles t		513
(3) Cannot concentrate well en	ough to read or cannot make even m	linor decisions
ID14089S6V6107 / DAYQIDS10W7_M1		
Days (w7 / 15.Concentration/decision making	g):	
	Week 8	
	Week 8	
	Week 8	
ID1408956V6108 / DATQIDS10W8_M1 Dato (w8): / /	Week 8	
Date (w8):/	Week 8	
Date (w8):/	Week 8	
Date (w8):/		
Date (w8):/	to concentrate and decide	
Date (w8):/	to concentrate and decide or notes that attention often wande	ers
Date (w8):/	to concentrate and decide or notes that attention often wande	ers
Date (w8):/	to concentrate and decide or notes that attention often wande o focus attention or make decisions	
Date (w8):/	to concentrate and decide or notes that attention often wande o focus attention or make decisions	
Date (w8):/	to concentrate and decide or notes that attention often wande o focus attention or make decisions ough to read or cannot make even m	
Date (w8):/	to concentrate and decide or notes that attention often wande o focus attention or make decisions ough to read or cannot make even m	
Date (w8):/	to concentrate and decide or notes that attention often wande o focus attention or make decisions ough to read or cannot make even m	
Date (w8):/	to concentrate and decide or notes that attention often wande o focus attention or make decisions ough to read or cannot make even m	
Date (w8):/	to concentrate and decide or notes that attention often wande o focus attention or make decisions ough to read or cannot make even m	
Date (w8):/	to concentrate and decide or notes that attention often wande o focus attention or make decisions ough to read or cannot make even m	
Date (w8):/	to concentrate and decide or notes that attention often wande o focus attention or make decisions ough to read or cannot make even m	
Date (w8):/	to concentrate and decide or notes that attention often wande o focus attention or make decisions ough to read or cannot make even m	
Date (w8):/	to concentrate and decide or notes that attention often wande o focus attention or make decisions ough to read or cannot make even m	
Date (w8):/	to concentrate and decide or notes that attention often wande o focus attention or make decisions ough to read or cannot make even m g):	
Date (w8):	to concentrate and decide or notes that attention often wande o focus attention or make decisions ough to read or cannot make even m g):	
Date (w8):/	to concentrate and decide or notes that attention often wande o focus attention or make decisions ough to read or cannot make even m g):	

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Protocole : RLINK	Code centre :	Patient :
ID1408956V6112 / BRMS3W1_M1		
16. Flight of Thoughts (w1):	(i. i (i)	
O [0] (0) Cohesive speech,		
	s, explanations and elaborations without los	ing connection with the topic of
conversation. The speech is still co		
	is difficult for the patient to stick to the topic	c, as the patient is distracted by
	s, clangs, puns, pieces of verse or music).	
(3) The fine of though	nt is regularly disrupted by diversionary asso	ociations
	possible to follow the patient's line of thoug	tht, as the patient constantly lumps
from one topic subject to another		
ID14089S6V6113 / DAYBRMS3W1_M1		
Days (w1 / 16.Flight of Thoughts)	:	
	Week 2	
ID14089S6V6114 / DATBRMS3W2_M1		
Date (w2) :/	_	
ID14089S6V6115 / BRMS3W2_M1		
16. Flight of Thoughts (w2):		
$O_{[0]}(0)$ Cohesive speech,	no flight of thoughts	
	s, explanations and elaborations without los	ing connection with the topic of
conversation. The speech is still co		
$O_{[2]}(2)$ Now and again it i	is difficult for the patient to stick to the topic	c, as the patient is distracted by
	s, clangs, puns, pieces of verse or music).	
O <sub>[3]</sub> (3) The fine of though	nt is regularly disrupted by diversionary asso	ociations
	possible to follow the patient's line of thoug	
from one topic subject to another		,, ,
ID14089S6V6116 / DAYBRMS3W2 M1		
Days (w2 / 16.Flight of Thoughts)	:	
2,42	<del></del> -	
		<del></del>
	Week 3	
ID14089S6V6117 / DATBRMS3W3_M1		
Date (w3) :/	_	
ID14089S6V6118 / BRMS3W3_M1		
16. Flight of Thoughts (w3) :		
$O_{[0]}(0)$ Cohesive speech,	no flight of thoughts	
	s, explanations and elaborations without los	ing connection with the tonic of
conversation. The speech is still co		and connection with the topic of
	is difficult for the patient to stick to the topic	c as the nationt is distracted by
	is difficult for the patient to stick to the topics, clangs, puns, pieces of verse or music).	e, as the patient is distracted by
	nt is regularly disrupted by diversionary asso	ociations
	possible to follow the patient's line of thoug	git, as the patient constantly lumps
from one topic subject to another		

Protocole : RLINK	Code centre :	Patient :
ID1408956V6119 / DAYBRMS3W3_M1 Days (w3 / 16.Flight of Thoughts)	:	
	Week 4	
ID14089S6V6120 / DATBRMS3W4_M1 Date (w4)://	_	
16. Flight of Thoughts (w4):		
$\bigcirc$ [0] (0) Cohesive speech,		
$O_{[1]}(1)$ Lively descriptions conversation. The speech is still co	s, explanations and elaborations without look whesive.	sing connection with the topic of
	is difficult for the patient to stick to the topes, clangs, puns, pieces of verse or music).	ic, as the patient is distracted by
	nt is regularly disrupted by diversionary asso	
$O_{4}$ (4) It is difficult or im from one topic subject to another	possible to follow the patient's line of thou	ght, as the patient constantly lumps
Days (w4 / 16.Flight of Thoughts)	:  _	
	Mada F	
	Week 5	
ID14089S6V6123 / DATBRMS3W5_M1 Date (w5)://	_	
1D1408956V6124 / BRMS3W5_M1 16. Flight of Thoughts (w5) :		
$\bigcirc_{[0]}(0)$ Cohesive speech,		
$O_{[1]}(1)$ Lively descriptions conversation. The speech is still co	s, explanations and elaborations without look phesive.	sing connection with the topic of
	is difficult for the patient to stick to the topes, clangs, puns, pieces of verse or music).	ic, as the patient is distracted by
	ht is regularly disrupted by diversionary asso	
$O_{[4]}(4)$ It is difficult or im from one topic subject to another	possible to follow the patient's line of thou	ght, as the patient constantly lumps
ID1408956V6125 / DAYBRMS3W5_M1 Days (w5 / 16.Flight of Thoughts)	:	
	Week 6	
ID14089S6V6126 / DATBRMS3W6_M1 Date (w6)://	_	

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Protocole : RLINK	Code centre :	Patient :
ID1408956V6127 / BRMS3W6_M1  16. Flight of Thoughts (w6): $O_{[0]}(0)$ Cohesive speech $O_{[1]}(1)$ Lively description  conversation. The speech is still $O_{[2]}(2)$ Now and again in random associations (often rhymology) $O_{[3]}(3)$ The fine of thoughts	n, no flight of thoughts ons, explanations and elaborations without losi cohesive. t is difficult for the patient to stick to the topic nes, clangs, puns, pieces of verse or music). ght is regularly disrupted by diversionary associated mpossible to follow the patient's line of though	ng connection with the topic of , as the patient is distracted by ciations
	Mock 7	
	Week 7	
conversation. The speech is still $O_{[2]}(2)$ Now and again a random associations (often rhymograph) $O_{[3]}(3)$ The fine of thou	ons, explanations and elaborations without losing cohesive.  t is difficult for the patient to stick to the topic nes, clangs, puns, pieces of verse or music).  ght is regularly disrupted by diversionary associated as a suppossible to follow the patient's line of thougher.	, as the patient is distracted by
	Week 8	
conversation. The speech is still $O_{[2]}(2)$ Now and again a random associations (often rhyn $O_{[3]}(3)$ The fine of thou	ons, explanations and elaborations without losing cohesive.  It is difficult for the patient to stick to the topic nes, clangs, puns, pieces of verse or music).  If the patient to stick to the topic ness, clangs, puns, pieces of verse or music).  If the patient is regularly disrupted by diversionary associated as a state of though the patient is line of the patient	, as the patient is distracted by ciations

Protocole : RLINK	Code centre :	Patient :
ID14089S6V6134 / DAYBRMS3W8_M1 Days (w8 / 16.Flight of Thoug	hts) :	
	F. OUTLOOK (self) 14089S6FC1757	
	17. OUTLOOK (SELF) - GUILT (qIDS item 11)	
	Week 1	
$O_{[1]}(1)$ Is more self-by $O_{[2]}(2)$ Largely believes	: equally worthwhile and deserving as others blaming than usual ves that he/she causes problems for others ver major and minor defects in self	
	Week 2	
$O_{[1]}(1)$ Is more self-by $O_{[2]}(2)$ Largely believes	equally worthwhile and deserving as others blaming than usual ves that he/she causes problems for others ver major and minor defects in self	
	Week 3	
ID14089S6V6141 / DATQIDS11W3_M1 Date (w3)://		

Protocole : RLINK	Code centre :	Patient :
ID1408956V6142 / QIDS11W3_M1  17. Outlook (self) - Guilt (w3):  O [0] (0) Sees self as equally worthwh O [1] (1) Is more self-blaming than use O [2] (2) Largely believes that he/she O [3] (3) Ruminates over major and m  ID1408956V6143 / DAYQIDS11W3_M1 Days (w3 / 17.Outlook (self) - Guilt):	ual causes problems for others	
	Week 4	
ID1408956V6144 / DATQIDS11W4_M1  Date (w4):/  ID1408956V6145 / QIDS11W4_M1  17. Outlook (self) - Guilt (w4):  Q[0] (0) Sees self as equally worthwh Q[1] (1) Is more self-blaming than use Q[2] (2) Largely believes that he/she Q[3] (3) Ruminates over major and m  ID1408956V6146 / DAYQIDS11W4_M1  Days (w4 / 17.Outlook (self) - Guilt):	ual causes problems for others	
	Week 5	
ID1408956V6147 / DATQIDS11W5_M1 Date (w5):/  ID1408956V6148 / QIDS11W5_M1  17. Outlook (self) - Guilt (w5):  Q[0] (0) Sees self as equally worthwh Q[1] (1) Is more self-blaming than use Q[2] (2) Largely believes that he/she Q[3] (3) Ruminates over major and m  ID1408956V6149 / DAYQIDS11W5_M1 Days (w5 / 17.Outlook (self) - Guilt):	ual causes problems for others	
	Week 6	
ID1408956V6150 / DATQIDS11W6_M1 Date (w6)://  ID1408956V6151 / QIDS11W6_M1 17. Outlook (self) - Guilt (w6):  O [0] (0) Sees self as equally worthwh	ile and deserving as others	

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Protocole : RLINK	Code centre :	Patient :
$O_{[1]}(1)$ Is more self-blaming	than usual	
	t he/she causes problems for others	
O <sub>[3]</sub> (3) Ruminates over maj		
Days (w6 / 17.Outlook (self) - Guilt)	•	
Days (we'y 17 Tourison (sem) Came,		
	Week 7	
ID14089S6V6153 / DATQIDS11W7_M1		
Date (w7) :/		
ID14089S6V6154 / QIDS11W7_M1		
17. Outlook (self) - Guilt (w7) :		
_	worthwhile and deserving as others	
O <sub>[1]</sub> (1) Is more self-blaming		
_	t he/she causes problems for others	
O <sub>[3]</sub> (3) Ruminates over maj	or and minor defects in self	
ID14089S6V6155 / DAYQIDS11W7_M1		
Days (w7 / 17.Outlook (self) - Guilt)	:	
	Wook 9	
	Week 8	
	Week 8	
ID1408956V6156 / DATQIDS11W8_M1 Data (w.Y.) : / /	Week 8	
Date (w8):/	Week 8	
Date (w8)://	Week 8	
Date (w8)://		
Date (w8)://	worthwhile and deserving as others	
Date (w8)://	worthwhile and deserving as others than usual	
Date (w8)://	worthwhile and deserving as others than usual the/she causes problems for others	
Date (w8)://	worthwhile and deserving as others than usual the/she causes problems for others	
Date (w8)://	worthwhile and deserving as others than usual the/she causes problems for others or and minor defects in self	
Date (w8)://	worthwhile and deserving as others than usual the/she causes problems for others or and minor defects in self	
Date (w8)://	worthwhile and deserving as others than usual the/she causes problems for others or and minor defects in self	
Date (w8)://	worthwhile and deserving as others than usual the/she causes problems for others or and minor defects in self	
Date (w8)://	worthwhile and deserving as others g than usual t he/she causes problems for others or and minor defects in self	
Date (w8)://	worthwhile and deserving as others than usual the/she causes problems for others or and minor defects in self	
Date (w8)://	worthwhile and deserving as others g than usual t he/she causes problems for others or and minor defects in self	
Date (w8)://	worthwhile and deserving as others g than usual t he/she causes problems for others or and minor defects in self	
Date (w8)://	worthwhile and deserving as others than usual the/she causes problems for others or and minor defects in self:      18. SUICIDE (qIDS item 12)	
Date (w8)://	worthwhile and deserving as others than usual the/she causes problems for others or and minor defects in self:      18. SUICIDE (qIDS item 12)	

Protocole : RLINK	Code centre :	Patient :
	Week 2	
	of suicide or death	
	Week 3	
	Week 3	
	Week 4	
ID1408956V6168 / DATQIDS12W4_M1 Date (w4)://		

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Protocole : RLINK	Code centre :	Patient :
	Week 5	
	f suicide or death	
	Week 6	
	Week 7	
ID1408956V6177 / DATQIDS12W7_M1 Date (w7)://		

Protocole : RLINK	Code centre :	Patient :	
ID1408956V6178 / QIDS12W7_M1  18. Suicide (w7):  Q [0] (0) Does not think of suicide or death Q [1] (1) Feels life is empty or is not worth living Q [2] (2) Thinks of suicide/death several times a week for several minutes Q [3] (3) Thinks of suicide/death several times a day in depth, or has made specific plans for or attempted suicide.  ID1408956V6179 / DAYQIDS12W7_M1 Days (w7 / 18.Suicide):			
	Week 8		
ID1408956V6180 / DATQIDS12W8_M1  Date (w8):/			
	CELE ECTERNAL OR AND LOCATIVE PROMESTIC		
19.	SELF-ESTEEM/ GRANDIOSITY (BRMS ite	m /)	
	Week 1		
ID1408956V6183 / DATBRMS7W1_M1 Date (w1):/	elf-esteem, slightly boasting ed self-esteem, boasting; frequent use of c ideas	superlatives	

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Code centre : \_\_\_\_\_

Week 2 ID14089S6V6186 / DATBRMS7W2\_M1 Date (w2) : \_\_\_\_/\_\_\_\_ ID14089S6V6187 / BRMS7W2\_M1 19. Self-esteem (w2): O<sub>[0]</sub> (0) Normal self-esteem O<sub>[1]</sub>(1) Slightly increased self-esteem, slightly boasting O<sub>[2]</sub>(2) Moderately increased self-esteem, boasting; frequent use of superlatives O<sub>[3]</sub>(3) Bragging, unrealistic ideas O<sub>[4]</sub> (4) Grandiose ideas which cannot be corrected ID14089S6V6188 / DAYBRMS7W2\_M1 Days (w2 / 19.Self-esteem) : |\_\_| Week 3 ID14089S6V6189 / DATBRMS7W3\_M1 Date (w3): \_\_\_\_/\_\_\_\_ ID14089S6V6190 / BRMS7W3\_M1 19. Self-esteem (w3): O<sub>[0]</sub> (0) Normal self-esteem O<sub>[1]</sub>(1) Slightly increased self-esteem, slightly boasting O<sub>[2]</sub>(2) Moderately increased self-esteem, boasting; frequent use of superlatives O<sub>[3]</sub> (3) Bragging, unrealistic ideas O<sub>[4]</sub> (4) Grandiose ideas which cannot be corrected ID14089S6V6191 / DAYBRMS7W3\_M1 Days (w3 / 19.Self-esteem) : | | Week 4 ID14089S6V6192 / DATBRMS7W4 M1 Date (w4): \_\_\_\_/\_\_\_\_ ID14089S6V6193 / BRMS7W4\_M1 19. Self-esteem (w4): O<sub>[0]</sub> (0) Normal self-esteem O<sub>[1]</sub>(1) Slightly increased self-esteem, slightly boasting O<sub>[2]</sub>(2) Moderately increased self-esteem, boasting; frequent use of superlatives O<sub>[3]</sub>(3) Bragging, unrealistic ideas O<sub>[4]</sub> (4) Grandiose ideas which cannot be corrected ID14089S6V6194 / DAYBRMS7W4 M1 Days (w4 / 19.Self-esteem) : |\_\_|

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Protocole: RLINK

Patient : \_\_\_\_\_

Patient : \_\_\_\_\_

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Code centre : \_\_\_\_\_

Week 5 ID14089S6V6195 / DATBRMS7W5\_M1 Date (w5): \_\_\_\_/\_\_\_ ID14089S6V6196 / BRMS7W5\_M1 19. Self-esteem (w5): O<sub>[0]</sub> (0) Normal self-esteem O<sub>[1]</sub>(1) Slightly increased self-esteem, slightly boasting O<sub>[2]</sub>(2) Moderately increased self-esteem, boasting; frequent use of superlatives O<sub>[3]</sub>(3) Bragging, unrealistic ideas O<sub>[4]</sub> (4) Grandiose ideas which cannot be corrected ID14089S6V6197 / DAYBRMS7W5\_M1 Days (w5 / 19.Self-esteem) : |\_\_| Week 6 ID14089S6V6198 / DATBRMS7W6\_M1 Date (w6) : \_\_\_\_/\_\_\_\_ ID14089S6V6199 / BRMS7W6\_M1 19. Self-esteem (w6): O<sub>[0]</sub> (0) Normal self-esteem O<sub>[1]</sub>(1) Slightly increased self-esteem, slightly boasting O<sub>[2]</sub>(2) Moderately increased self-esteem, boasting; frequent use of superlatives O<sub>[3]</sub> (3) Bragging, unrealistic ideas O<sub>[4]</sub> (4) Grandiose ideas which cannot be corrected ID14089S6V6200 / DAYBRMS7W6\_M1 Days (w6 / 19.Self-esteem) : | | Week 7 ID14089S6V6201 / DATBRMS7W7 M1 Date (w7) : \_\_\_\_/\_\_\_\_ ID14089S6V6202 / BRMS7W7\_M1 19. Self-esteem (w7): O<sub>[0]</sub> (0) Normal self-esteem O<sub>[1]</sub>(1) Slightly increased self-esteem, slightly boasting O<sub>[2]</sub>(2) Moderately increased self-esteem, boasting; frequent use of superlatives O<sub>[3]</sub>(3) Bragging, unrealistic ideas O<sub>[4]</sub> (4) Grandiose ideas which cannot be corrected ID14089S6V6203 / DAYBRMS7W7 M1 Days (w7 / 19.Self-esteem) : |\_\_|

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Protocole: RLINK

Protocole : RLINK	Code centre :	Patient :
	Week 8	
Date (w8):/		
ID14089S6V6205 / BRMS7W8_M1		
19. Self-esteem (w8):  O[0] (0) Normal self-esteem		
O <sub>[1]</sub> (1) Slightly increased se	If-esteem slightly hoasting	
	ed self-esteem, boasting; frequent use of su	perlatives
O <sub>[3]</sub> (3) Bragging, unrealistic		•
$O_{4}$ (4) Grandiose ideas whi	ich cannot be corrected	
ID1408956V6206 / DAYBRMS7W8_M1		
Days (w8 / 19.Self-esteem) :		
	G. BEHAVIOR (others) 14089S6FC1786	
	20. VOICE / NOISE LEVEL (BRMS item 4)	
	Week 1	
ID14089S6V6207 / DATBRMS4W1_M1		
Date (w1):/		
ID1408956V6208 / BRMS4W1_M1 20. Voice / Noise level (w1) :		
O [0] (0) Natural volume of vo	oice	
O <sub>[1]</sub> (1) Speaks loudly withou	ut being noisy	
	a distance, and somewhat noisy	
	scernible at a long distance, is noisy, singing	
	g, or using other source of noise due to hoar	rseness
Days (w1 / 20. Voice / Noise level) :		
	Week 2	
	Week 2	
ID14089S6V6210 / DATBRMS4W2_M1		
Date (w2) :/		
ID14089S6V6211 / BRMS4W2_M1		
20. Voice / Noise level (w2):		

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Protocole : RLINK	Code centre :	Patient :
O <sub>[1]</sub> (1) Speaks loudly without	heing noisy	
$O_{[2]}(2)$ Voice discernible at a $O_{[2]}(2)$		
	ernible at a long distance, is noisy, singir	ng.
(4) Shouting, screaming, o	or using other source of noise due to ho	parseness
ID14089S6V6212 / DAYBRMS4W2_M1		
Days (w2 / 20.Voice / Noise level) :	_l	
	Week 3	
ID14089S6V6213 / DATBRMS4W3_M1		
Date (w3) :/		
ID14089S6V6214 / BRMS4W3 M1		
20. Voice / Noise level (w3):		
O [0] (0) Natural volume of voice	ce	
O <sub>[1]</sub> (1) Speaks loudly without		
$O_{[2]}(2)$ Voice discernible at a $O_{[2]}(2)$		
	ernible at a long distance, is noisy, singir	na
	or using other source of noise due to ho	
• [4] (4) Shouting, Screaming, o	r using other source of hoise due to no	arseness
ID14089S6V6215 / DAYBRMS4W3_M1		
Days (w3 / 20.Voice / Noise level) :  _	_l	
	Week 4	
ID14089S6V6216 / DATBRMS4W4_M1		
Date (w4) :/		
ID14089S6V6217 / BRMS4W4_M1		
20. Voice / Noise level (w4):		
O [0] (0) Natural volume of voice	re	
$O_{\scriptscriptstyle{\mathtt{[1]}}}$ (1) Speaks loudly without	being noisy	
O <sub>[2]</sub> (2) Voice discernible at a c	distance, and somewhat noisy	
O <sub>[3]</sub> (3) Vociferous, voice disce	ernible at a long distance, is noisy, singir	ng
	or using other source of noise due to ho	
ID14089S6V6218 / DAYBRMS4W4_M1		
Days (w4 / 20.Voice / Noise level) :	I	
bays (ii i i j zerrelee j i leise level) i	_1	
	Mark F	
	Week 5	
ID14089S6V6219 / DATBRMS4W5_M1		
Date (w5) :/		
ID14089S6V6220 / BRMS4W5_M1		
20. Voice / Noise level (w5):		

Protocole : RLINK	Code centre :	Patient :
O <sub>[3]</sub> (3) Vociferous, voice dis	ut being noisy a distance, and somewhat noisy scernible at a long distance, is noisy, sing s, or using other source of noise due to h	
	Week 6	
O <sub>[3]</sub> (3) Vociferous, voice dis	ut being noisy a distance, and somewhat noisy scernible at a long distance, is noisy, sing s, or using other source of noise due to h	
	Week 7	
O <sub>[3]</sub> (3) Vociferous, voice dis	ut being noisy a distance, and somewhat noisy scernible at a long distance, is noisy, sing s, or using other source of noise due to h	
	Week 8	
ID1408956V6228 / DATBRMS4W8_M1 Date (w8)://		

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Protocole : RLINK	Code centre :	Patient :
	reing noisy stance, and somewhat noisy nible at a long distance, is noisy, singing using other source of noise due to hoarsenes	SS
21. HOS	STILITY/DESTRUCTIVENESS (BRMS item 5)	
	Week 1	
ID1408956V6231 / DATBRMS5W1_M1  Date (w1):/  ID1408956V6232 / BRMS5W1_M1  21. Hostility/destructiveness (w1):	irritable, but control is maintained rritable. Provocation tolerated eats, but can be calmed down Physically destructive	
	Week 2	
ID1408956V6234 / DATBRMS5W2_M1  Date (w2):/  ID1408956V6235 / BRMS5W2_M1  21. Hostility/destructiveness (w2):	irritable, but control is maintained rritable. Provocation tolerated eats, but can be calmed down Physically destructive	

Code centre : \_\_\_\_\_

Week 3 ID14089S6V6237 / DATBRMS5W3\_M1 Date (w3): / / ID14089S6V6238 / BRMS5W3\_M1 21. Hostility/destructiveness (w3): O<sub>[0]</sub> (0) No signs of impatience or hostility O<sub>[1]</sub>(1) Somewhat impatient or irritable, but control is maintained O<sub>[2]</sub>(2) Markedly impatient or irritable. Provocation tolerated O<sub>[3]</sub>(3) Provocative, makes threats, but can be calmed down O<sub>[4]</sub> (4) Overt physical violence. Physically destructive ID14089S6V6239 / DAYBRMS5W3\_M1 Days (w3 / 21.Hostility/destructiveness) : |\_\_\_| Week 4 ID14089S6V6240 / DATBRMS5W4\_M1 Date (w4) : \_\_\_\_/\_\_\_ ID14089S6V6241 / BRMS5W4\_M1 21. Hostility/destructiveness (w4): O<sub>[0]</sub> (0) No signs of impatience or hostility O<sub>[1]</sub>(1) Somewhat impatient or irritable, but control is maintained O<sub>[2]</sub>(2) Markedly impatient or irritable. Provocation tolerated O<sub>[3]</sub>(3) Provocative, makes threats, but can be calmed down O<sub>[4]</sub> (4) Overt physical violence. Physically destructive ID14089S6V6242 / DAYBRMS5W4\_M1 Days (w4 / 21.Hostility/destructiveness) : | | Week 5 ID14089S6V6243 / DATBRMS5W5 M1 Date (w5): \_\_\_\_/\_\_\_\_ ID14089S6V6244 / BRMS5W5 M1 21. Hostility/destructiveness (w5): O<sub>[0]</sub> (0) No signs of impatience or hostility O<sub>[1]</sub>(1) Somewhat impatient or irritable, but control is maintained O<sub>[2]</sub>(2) Markedly impatient or irritable. Provocation tolerated O<sub>[3]</sub>(3) Provocative, makes threats, but can be calmed down O<sub>[4]</sub> (4) Overt physical violence. Physically destructive ID14089S6V6245 / DAYBRMS5W5 M1 Days (w5 / 21.Hostility/destructiveness) : |\_\_\_|

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Protocole: RLINK

Patient : \_\_\_\_\_

Code centre : \_\_\_\_\_

Week 6 ID14089S6V6246 / DATBRMS5W6\_M1 Date (w6): \_\_\_\_/\_\_\_ ID14089S6V6247 / BRMS5W6\_M1 21. Hostility/destructiveness (w6): O<sub>[0]</sub> (0) No signs of impatience or hostility O<sub>[1]</sub>(1) Somewhat impatient or irritable, but control is maintained O<sub>[2]</sub>(2) Markedly impatient or irritable. Provocation tolerated O<sub>[3]</sub>(3) Provocative, makes threats, but can be calmed down O<sub>[4]</sub> (4) Overt physical violence. Physically destructive ID14089S6V6248 / DAYBRMS5W6\_M1 Days (w6 / 21.Hostility/destructiveness) : |\_\_\_| Week 7 ID14089S6V6249 / DATBRMS5W7\_M1 Date (w7): \_\_\_\_/\_\_\_\_ ID14089S6V6250 / BRMS5W7\_M1 21. Hostility/destructiveness (w7): O<sub>[0]</sub> (0) No signs of impatience or hostility O<sub>[1]</sub>(1) Somewhat impatient or irritable, but control is maintained O<sub>[2]</sub>(2) Markedly impatient or irritable. Provocation tolerated O<sub>[3]</sub>(3) Provocative, makes threats, but can be calmed down O<sub>[4]</sub> (4) Overt physical violence. Physically destructive ID14089S6V6251 / DAYBRMS5W7\_M1 Days (w7 / 21.Hostility/destructiveness) : | | Week 8 ID14089S6V6252 / DATBRMS5W8 M1 Date (w8): \_\_\_\_/\_\_\_ ID14089S6V6253 / BRMS5W8\_M1 21. Hostility/destructiveness (w8): O<sub>[0]</sub> (0) No signs of impatience or hostility O<sub>[1]</sub>(1) Somewhat impatient or irritable, but control is maintained O<sub>[2]</sub>(2) Markedly impatient or irritable. Provocation tolerated O<sub>[3]</sub>(3) Provocative, makes threats, but can be calmed down O<sub>[4]</sub> (4) Overt physical violence. Physically destructive ID14089S6V6254 / DAYBRMS5W8 M1 Days (w8 / 21.Hostility/destructiveness) : |\_\_\_|

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Protocole: RLINK

Patient : \_\_\_\_\_

Protocole : RLINK	Code centre :	Patient:
	22. CONTACT (BRMS item 8)	
	Week 1	
Date (w1):/		
ID14089S6V6256 / BRMS8W1_M1		
22. Contact (w1) :		
O <sub>[0]</sub> (0) Normal contact		
O <sub>[1]</sub> (1) Slightly meddling, p		
O <sub>[2]</sub> (2) Moderately meddli		
	ging, directing, but still in context with the	
O [4] (4) Extremely dominat	ing and manipulating, without context w	ith the setting
ID14089S6V6257 / DAYBRMS8W1_M1		
Days (w1 / 22.Contact) :		
	Week 2	
	WCCK 2	
104 400000 (7070 / 0.47000000 0.44		
Date (w2): / /		
ID14089S6V6259 / BRMS8W2 M1		
22. Contact (w2) :		
O <sub>[0]</sub> (0) Normal contact		
O [1] (1) Slightly meddling, ړ	outting his oar in	
O <sub>[2]</sub> (2) Moderately meddli	ing and arguing	
O <sub>[3]</sub> (3) Dominating, arranging, directing, but still in context with the setting		
O <sub>[4]</sub> (4) Extremely dominat	ing and manipulating, without context w	ith the setting
ID1408956V6260 / DAYBRMS8W2_M1		
Days (w2 / 22.Contact) :		
	Week 3	
ID1408956V6261 / DATBRMS8W3_M1		
Date (w3) :/		
ID1408956V6262 / BRMS8W3_M1		
22. Contact (w3):  O [0] (0) Normal contact		
$O_{[0]}(0)$ Normal contact $O_{[1]}(1)$ Slightly meddling, $\mu$	outting his parin	
$O_{[1]}(1)$ Slightly meddling, p		
- [2] (2) IVIOUEL ALEIY HIEUUH	ing and arguing	

Protocole : RLINK	Code centre :	Patient :
	anging, directing, but still in context with the set	=
	Week 4	
	g, putting his oar in	
	Week 5	
	g, putting his oar in	
	Week 6	
ID1408956V6270 / DATBRMS8W6_M1  Date (w6)://  ID1408956V6271 / BRMS8W6_M1  22. Contact (w6):  O [0] (0) Normal contact O [1] (1) Slightly meddling		

Protocole : RLINK	Code centre :	Patient :
	ddling and arguing ranging, but still in context with the sinating and manipulating, without context with	
	Week 7	
	ng, putting his oar in	
	Week 8	
	ng, putting his oar in	
	23. SEXUAL INTEREST (BRMS item 10)	
	Week 1	

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Protocole : RLINK	Code centre :	Patient :
ID1408956V6279 / DATBRMS10W1_M1 Date (w1): / /		
ID1408956V6280 / BRMS10W1_M1  23. Sexual Interest (w1):  O [0] (0) Habitual sexual O [1] (1) Slight increase O [2] (2) Moderate increase O [3] (3) Marked increase	l interest and activity in sexual interest and activity ease in sexual interest and activity se in sexual interest and activity, as shown in manded activity.	anner and
	Week 2	
O <sub>[2]</sub> (2) Moderate increase O <sub>[3]</sub> (3) Marked increase	in sexual interest and activity ease in sexual interest and activity se in sexual interest and activity, as shown in made dinadequately occupied by sexuality	anner and
	Week 3	
O <sub>[2]</sub> (2) Moderate increase O <sub>[3]</sub> (3) Marked increase	in sexual interest and activity ease in sexual interest and activity se in sexual interest and activity, as shown in mand in and activity.	anner and
	Wook 4	

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Protocole : RLINK	Code centre :	Patient :
IDAAOOOGUCAAA (DATEDAAOOUA AA		
Date (w4):/		
ID14089S6V6289 / BRMS10W4_M1		
23. Sexual Interest (w4):		
O (0) Habitual sexual i	•	
	n sexual interest and activity ase in sexual interest and activity	
	e in sexual interest and activity, as shown in mar	nner and
_	inadequately occupied by sexuality	mer and
ID14089S6V6290 / DAYBRMS10W4_M1		
Days (w4 / 23.Sexual Interest):		
	Week 5	
	Week 3	
ID14089S6V6291 / DATBRMS10W5_M1		
Date (w5)://		
ID14089S6V6292 / BRMS10W5_M1		
23. Sexual Interest (w5):		
O <sub>[0]</sub> (0) Habitual sexual i	interest and activity n sexual interest and activity	
	ase in sexual interest and activity	
	e in sexual interest and activity, as shown in mar	nner and
	inadequately occupied by sexuality	
ID14089S6V6293 / DAYBRMS10W5_M1		
Days (w5 / 23.Sexual Interest):		
	Week 6	
ID14089S6V6294 / DATBRMS10W6_M1		
Date (w6) :/		
1D1408956V6295 / BRMS10W6_M1 23. Sexual Interest (w6):		
O <sub>[0]</sub> (0) Habitual sexual i	interest and activity	
_	n sexual interest and activity	
	ase in sexual interest and activity	
O <sub>[3]</sub> (3) Marked increase	e in sexual interest and activity, as shown in mar	nner and
$O_{4}$ (4) Completely and	inadequately occupied by sexuality	
ID14089S6V6296 / DAYBRMS10W6_M1		
Days (w6 / 23.Sexual Interest):	II	
	Week 7	

Protocole : RLINK	Code centre :	Patient :
ID1408956V6297 / DATBRMS10W7_M1 Date (w7):/	_	_
ID14089S6V6298 / BRMS10W7_M1		
23. Sexual Interest (w7):	and and and the	
O [0] (0) Habitual sexual inter	•	
$O_{[1]}(1)$ Slight increase in sexion $O_{[2]}(2)$ Moderate increase in		
	exual interest and activity, as shown in	manner and
	equately occupied by sexuality	manner and
	equatery occupied by sexuality	
Days (w7 / 23.Sexual Interest) :		
	Week 8	
Date (w8):/		
ID14089S6V6301 / BRMS10W8_M1		
23. Sexual Interest (w8) :		
O [0] (0) Habitual sexual inter		
O <sub>[1]</sub> (1) Slight increase in sex		
O <sub>[2]</sub> (2) Moderate increase in	•	
	exual interest and activity, as shown in	manner and
(4) Completely and inade	equately occupied by sexuality	
Days (w8 / 23.Sexual Interest) :		
	H. Appetite/ Weight 14089S6FC1824	ı
For each Week: only rate either INCR	REASE or DECREASE for both APPETITE	and WEIGHT
24/25. APP	PETITE - DECREASED/ INCREASED (qIDS	S item 6 & 7)
	Week 1	
ID1408956V6304 / QIDS67W1_M1  APPETITE (w1) : $O_{[1]}$ Decreased $C$	) [2] Increased	
ID14089S6V6305 / DATQIDS67W1_M1 Date (w1):/		
1D1408956V6306 / QIDS6W1_M1 24. Appetite (decreased) (w1) :		

Protocole : RLINK	Code centre :	Patient :	
O [0] (0) No change from usual appetite O [1] (1) Eats somewhat less often and/or lesser amounts than usual O [2] (2) Eats much less than usual and only with personal effort O [3] (3) Eats rarely within a 24-hour period, and only with extreme personal effort or with persuasion by others  ID1408956V6307 / QID57W1_M1 25. Appetite (increased) (w1): O [0] (0) No change from usual appetite O [1] (1) More frequently feels a need to eat than usual O [2] (2) Regularly eats more often and/or greater amounts than usual O [3] (3) Feels driven to overeat at and between meals  ID1408956V6308 / DAYQID567W1_M1 Days (w1 / APPETITE):			
	Week 2		
ID1408956V6309 / QID567W2_M1  APPETITE (w2): O [1] Decreased O [2] Increased  ID1408956V6310 / DATQID567W2_M1  Date (w2):			
	Week 3		
ID1408956V6314 / QIDS67W3_M1  APPETITE (w3) : O [1] Decreased  ID1408956V6315 / DATQIDS67W3_M1  Date (w3) ://	O <sub>[2]</sub> Increased		

Protocole : RLINK	Code centre :	Patient :
24. Appetite (decreased) (w3):  O[0](0) No change from usual appetite O[1](1) Eats somewhat less often and/or lesser amounts than usual O[2](2) Eats much less than usual and only with personal effort O[3](3) Eats rarely within a 24-hour period, and only with extreme personal effort or with persuasion by others  ID1408956V6317 / QIDS7W3_M1 25. Appetite (increased) (w3): O[0](0) No change from usual appetite O[1](1) More frequently feels a need to eat than usual O[2](2) Regularly eats more often and/or greater amounts than usual O[3](3) Feels driven to overeat at and between meals		
Days (w3 / APPETITE) :		
	Week 4	
	Week 4	
O [2] (2) Eats much less O [3] (3) Eats rarely with others  ID1408956V6322 / QIDS7W4_M1  25. Appetite (increased) (w4):  O [0] (0) No change from O [1] (1) More frequent O [2] (2) Regularly eats	: m usual appetite at less often and/or lesser amounts than usual s than usual and only with personal effort thin a 24-hour period, and only with extreme pers	sonal effort or with persuasion by
ID14089S6V6323 / DAYQIDS67W4_M1	, over-cut at and between means	
Days (w4 / APPETITE) :		
	Week 5	
ID1408956V6324 / QIDS67W5_M1  APPETITE (w5) : O [1] Decreas		

Protocole : RLINK	Code centre :	Patient :
ID14089S6V6325 / DATQIDS67W5_M1 Date (w5):/		
ID1408956V6326 / QID56W5_M1 24. Appetite (decreased) (w4):		
O <sub>[0]</sub> (0) No change from usual a	nnetite	
	en and/or lesser amounts than usual	
$O_{[2]}(2)$ Eats much less than usu		
	nour period, and only with extreme p	ersonal effort or with persuasion by
others		
ID14089S6V6327 / QIDS7W5_M1		
25. Appetite (increased) (w4) :		
O (0) No change from usual a	• •	
$O_{[1]}(1)$ More frequently feels a		al .
O [3] (3) Feels driven to overeat	en and/or greater amounts than usua	al .
	at and between means	
Days (w5 / APPETITE) :		
, ( , , ,		
	Week 6	
ID1408956V6329 / QIDS67W6_M1  APPETITE (w6) : O [1] Decreased O [2]  ID1408956V6330 / DATQIDS67W6_M1  Date (w6) :/	Increased	
1D1408956V6331 / QIDS6W6_M1 24. Appetite (decreased) (w6) :		
O <sub>[0]</sub> (0) No change from usual a	ppetite	
	en and/or lesser amounts than usual	
O <sub>[2]</sub> (2) Eats much less than usu		
O <sub>[3]</sub> (3) Eats rarely within a 24-h	nour period, and only with extreme pe	ersonal effort or with persuasion by
others		
1D14089S6V6332 / QIDS7W6_M1 25. Appetite (increased) (w6) :		
O [0] (0) No change from usual a	ppetite	
O <sub>[1]</sub> (1) More frequently feels a	need to eat than usual	
O <sub>[2]</sub> (2) Regularly eats more ofto	en and/or greater amounts than usua	al
$O_{[3]}(3)$ Feels driven to overeat	at and between meals	
Days (w6 / APPETITE) :		
	Week 7	

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Protocole : RLINK	Code centre :	Patient :
ID1408956V6334 / QIDS67W7_M1  APPETITE (w7) : O [1] Decreased	O <sub>[2]</sub> Increased	
ID1408956V6335 / DATQIDS67W7_M1 Date (w7):/	_	
O <sub>[2]</sub> (2) Eats much less the O <sub>[3]</sub> (3) Eats rarely within others  ID1408956V6337 / QID57W7_M1  25. Appetite (increased) (w7):  O <sub>[0]</sub> (0) No change from u O <sub>[1]</sub> (1) More frequently for O <sub>[2]</sub> (2) Regularly eats more	ess often and/or lesser amounts than usual an usual and only with personal effort a 24-hour period, and only with extreme per	sonal effort or with persuasion by
	Week 8	
O <sub>[2]</sub> (2) Eats much less th	usual appetite ess often and/or lesser amounts than usual an usual and only with personal effort	
O <sub>[3]</sub> (3) Eats rarely within others	a 24-hour period, and only with extreme per	sonal effort or with persuasion by
O <sub>[2]</sub> (2) Regularly eats mo	usual appetite feels a need to eat than usual ore often and/or greater amounts than usual vereat at and between meals	

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Protocole : RLINK Code centre : \_\_\_\_\_ Patient : \_\_\_\_\_

# 26/27. Weight - DECREASED/ INCREASED (qIDS item 8 & 9)

Week 1
$\begin{array}{c} {}_{\text{ID1408956V6344/QiD589W1\_M1}} \\ {\text{WEIGHT (w1)}} : \bigcirc_{\text{[1]}} {\text{Decreased}} \bigcirc_{\text{[2]}} {\text{Increased}} \end{array}$
Date (w1):/
ID1408956V6346 / QID58W1_M1  26. Weight (decrease) (w1):  O[0] (0) Has experienced no weight change O[1] (1) Feels as if some slight weight loss occurred O[2] (2) Has lost 2 pounds (1 kg) or more O[3] (3) Has lost 5 pounds (2 kg) or more
ID1408956V6347 / QIDS9W1_M1  27. Weight (increase) (w1):  O[0] (0) Has experienced no weight change O[1] (1) Feels as if some slight weight gain has occurred O[2] (2) Has gained 2 pounds (1 kg) or more O[3] (3) Has gained 5 pounds (2 kg) or more
ID1408956V6348 / DAYQIDS89W1_M1  Days (w1 / WEIGHT) :
Week 2
$ \begin{array}{c} \text{ID1408956V6349 / QIDS89W2\_M1} \\ \text{WEIGHT (w2) : } \bigcirc_{\text{[1]}} \text{Decreased} \\ \bigcirc_{\text{[2]}} \text{Increased} \\ \\ \text{ID1408956V6350 / DATQIDS89W2\_M1} \end{array} $
Date (w2):/

#### ID14089S6V6352 / QIDS9W2\_M1

## 27. Weight (increase) (w2):

 $O_{[0]}(0)$  Has experienced no weight change

 $O_{[2]}(2)$  Has lost 2 pounds (1 kg) or more  $O_{[3]}(3)$  Has lost 5 pounds (2 kg) or more

 $O_{[1]}(1)$  Feels as if some slight weight gain has occurred

O<sub>[1]</sub>(1) Feels as if some slight weight loss occurred

- $O_{[2]}(2)$  Has gained 2 pounds (1 kg) or more
- $O_{[3]}(3)$  Has gained 5 pounds (2 kg) or more

Protocole : RLINK	Code centre :	Patient :
ID14089S6V6353 / DAYQIDS89W2_M1 Days (w2 / WEIGHT) :		
	Week 3	
ID1408956V6354 / QIDS89W3_M1 WEIGHT (w3) : O [1] Decreased	d O <sub>[2]</sub> Increased	
ID1408956V6355 / DATQIDS89W3_M1 Date (w3)://		
1D1408956V6356 / QIDS8W3_M1  26. Weight (decrease) (w3):  O [0] (0) Has experience O [1] (1) Feels as if some O [2] (2) Has lost 2 pour O [3] (3) Has lost 5 pour	e slight weight loss occurred ads (1 kg) or more	
1D1408956V6357 / QIDS9W3_M1  27. Weight (increase) (w3):  O [0] (0) Has experience O [1] (1) Feels as if some O [2] (2) Has gained 2 po O [3] (3) Has gained 5 po	e slight weight gain has occurred ounds (1 kg) or more	
Days (w3 / WEIGHT) :		
	Week 4	
ID1408956V6359 / QIDS89W4_M1  WEIGHT (w4) : O [1] Decreased ID1408956V6360 / DATQIDS89W4_M1	d O [2] Increased	
Date (w4) :/		
101408956V6361 / QIDS8W4_M1  26. Weight (decrease) (w4):  O [0] (0) Has experience O [1] (1) Feels as if some O [2] (2) Has lost 2 pour O [3] (3) Has lost 5 pour	e slight weight loss occurred ads (1 kg) or more	
1D1408956V6362 / QIDS9W4_M1  27. Weight (increase) (w4):  O [0] (0) Has experience O [1] (1) Feels as if some O [2] (2) Has gained 2 per O [3] (3) Has gained 5 per	e slight weight gain has occurred ounds (1 kg) or more	

Protocole : RLINK	Code centre :	Patient :
ID1408956V6363 / DAYQIDS89W4_M1 Days (w4 / WEIGHT) :		
	Week 5	
ID14089S6V6364 / QIDS89W5_M1 WEIGHT (w5): $\bigcirc$ [1] Decreased	O [2] Increased	
Date (w5)://		
1D1408956V6366 / QIDS8W5_M1  26. Weight (decrease) (w5):  O [0] (0) Has experience O [1] (1) Feels as if some O [2] (2) Has lost 2 poun O [3] (3) Has lost 5 poun	slight weight loss occurred ds (1 kg) or more	
1D1408956V6367 / QIDS9W5_M1  27. Weight (increase) (w5):  O [0] (0) Has experienced O [1] (1) Feels as if some O [2] (2) Has gained 2 pc O [3] (3) Has gained 5 pc	slight weight gain has occurred ounds (1 kg) or more	
Days (w5 / WEIGHT) :		
	Week 6	
ID1408956V6369 / QID589W6_M1 WEIGHT (w6) : O [1] Decreased	O <sub>[2]</sub> Increased	
ID14089S6V6370 / DATQIDS89W6_M1 Date (w6)://		
ID1408956V6371 / QID58W6_M1  26. Weight (decrease) (w6):  O[0] (0) Has experienced O[1] (1) Feels as if some O[2] (2) Has lost 2 poun O[3] (3) Has lost 5 poun	slight weight loss occurred ds (1 kg) or more	
1D1408956V6372 / QIDS9W6_M1  27. Weight (increase) (w6):  O [0] (0) Has experience O [1] (1) Feels as if some O [2] (2) Has gained 2 pc O [3] (3) Has gained 5 pc	slight weight gain has occurred ounds (1 kg) or more	

Protocole : RLINK	Code centre :	Patient :
ID1408956V6373 / DAYQIDS89W6_M1 Days (w6 / WEIGHT) :		
	Week 7	
ID1408956V6374 / QIDS89W7_M1 WEIGHT (w7) : O [1] Decreased	O <sub>[2]</sub> Increased	
Date (w7)://		
1D1408956V6376 / QIDS8W7_M1  26. Weight (decrease) (w7):  O [0] (0) Has experienced O [1] (1) Feels as if some O [2] (2) Has lost 2 pound O [3] (3) Has lost 5 pound	slight weight loss occurred ds (1 kg) or more	
101408956V6377 / QIDS9W7_M1  27. Weight (increase) (w7):  O [0] (0) Has experienced O [1] (1) Feels as if some O [2] (2) Has gained 2 po O [3] (3) Has gained 5 po	slight weight gain has occurred unds (1 kg) or more	
Days (w7 / WEIGHT) :		
	Week 8	
ID1408956V6379 / QIDS89W8_M1  WEIGHT (w8) : O [1] Decreased	O <sub>[2]</sub> Increased	
Date (w8) :/		
1D1408956V6381 / QIDS8W8_M1  26. Weight (decrease) (w8):  O [0] (0) Has experienced O [1] (1) Feels as if some O [2] (2) Has lost 2 pound O [3] (3) Has lost 5 pound	slight weight loss occurred ds (1 kg) or more	
1D1408956V6382 / QIDS9W8_M1  27. Weight (increase) (w8):  O [0] (0) Has experienced O [1] (1) Feels as if some O [2] (2) Has gained 2 po O [3] (3) Has gained 5 po	slight weight gain has occurred unds (1 kg) or more	

Protocole : RLINK	Code centre :	Patient :
ID1408956V6383 / DAYQIDS89W8_M1 Days (w8 / WEIGHT) :		
	TOTAL SCORES 14089S6FC1844	
	qIDS TOTAL SCORES	
	·	
ID14089S6V6385 / QIDSCW1_M1 qIDS Week 1 :   _		
qIDS Week 2 :   _		
qIDS Week 3 :   _		
qIDS Week 4 :   _		
qIDS Week 5 :   _		
ID1408956V6390 / QIDSCW6_M1 qIDS Week 6 :   _		
ID1408956V6391 / QIDSCW7_M1 qIDS Week 7 :   _		
qIDS Week 8 :   _		
	BRMS TOTAL SCORES	
BRMS Week 1 :   _		
BRMS Week 2 :   _		
BRMS Week 3 :   _		
BRMS Week 4 :   _		
BRMS Week 5 :   _		
BRMS Week 6 :   _		
ID14089S6V6399 / BRMSCW7_M1 BRMS Week 7 :   _		

Protocole : RLINK	Code centre :	Patient :
ID1408956V6400 / BRMSCW8_M1 BRMS Week 8 :   _		
LIFE-II SYMPTOM RATINGS		
	Depressive episode Score (1-5 rating):	
ID14089S6V6401 / DEPRESCW1_M1 Week 1 :		
ID14089S6V6402 / DEPRESCW2_M1 Week 2 :		
ID1408956V6403 / DEPRESCW3_M1 Week 3:		
ID1408956V6404 / DEPRESCW4_M1 Week 4:		
ID1408956V6405 / DEPRESCW5_M1 Week 5:		
ID1408956V6406 / DEPRESCW6_M1 Week 6 :		
ID1408956V6407 / DEPRESCW7_M1 Week 7:		
ID1408956V6408 / DEPRESCW8_M1 Week 8 :		
	Manic episode Score (1-5 rating):	
ID14089S6V6409 / MANICSCW1_M1 Week 1 :		
ID14089S6V6410 / MANICSCW2_M1 Week 2:		
ID1408956V6411 / MANICSCW3_M1 Week 3:		
ID14089S6V6412 / MANICSCW4_M1 Week 4:		
ID1408956V6413 / MANICSCW5_M1 Week 5:		
ID14089S6V6414 / MANICSCW6_M1 Week 6:		
ID14089S6V6415 / MANICSCW7_M1 Week 7:		
ID1408956V6416 / MANICSCW8_M1 Week 8 :		

\_\_\_\_\_

Protocole: RLINK Code centre : \_\_\_\_ Patient : **Hypomanic episode Score (1-3 rating):** ID14089S6V6417 / HYPOMSCW1\_M1 Week 1 : | | ID14089S6V6418 / HYPOMSCW2\_M1 Week 2 : | | ID14089S6V6419 / HYPOMSCW3\_M1 Week 3 : |\_\_| ID14089S6V6420 / HYPOMSCW4\_M1 Week 4 : |\_\_| ID14089S6V6421 / HYPOMSCW5\_M1 Week 5: | | ID14089S6V6422 / HYPOMSCW6\_M1 Week 6 : |\_\_| ID14089S6V6423 / HYPOMSCW7\_M1 Week 7: | | ID14089S6V6424 / HYPOMSCW8\_M1 Week 8: | | Cognitive functioning: SCIP 14089S6FC1863 Reminder: The SCIP can be administered ONLY if qIDS score ≤10 and BRMS score ≤9 ID14089S6V6443 / SCIPEP\_M1 Has the patient been out of an episode for at least 4 weeks? : O [1] Yes O [0] No ID14089S6V6444 / SCIPYN\_M1 Complete the SCIP questionnaire? : O [1] Yes O [0] No This part is repeated at each subsequent assessment up to M6 and until it is appropriate to use the above criteria. ID14089S6V6454 / DATSCIP\_M1 Date of SCIP administration (M1): \_\_\_\_/\_\_\_ **SCIP: TEST RESULTS** ID14089S6V6455 / VLTI1\_M1 1. (VLT-I) List learning test: Tr.1: |\_\_|\_| ID14089S6V6456 / VLTI2\_M1 1. (VLT-I) List learning test: Tr.2: |\_\_\_| ID14089S6V6457 / VLTI3\_M1 1. (VLT-I) List learning test: Tr.3: |\_\_\_| ID14089S6V6458 / VMT\_M1 2. (VMT) Consonant repetition test: | | |

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ID14089S6V6459 / VFT\_M1

3. (VFT) Verbal fluency test: |\_\_|\_\_|

Protocole : RLINK	Code centre :	Patient :
ID1408956V6460 / VLTD_M1 4. (VLT-D) Delayed list learning: Tr.4:   _  ID1408956V6461 / PST_M1 5. (PST) Visuomotor tracking test:   _		
	SCIP SCORES	
ID14089S6V6462 / VLTISC_M1  1. VLT_I Σ :   ,		
ID14089S6V6463 / WMTSC_M1  2. VMT Σ :    ,		
ID14089S6V6464 / VLDSC_M1 4. VLT_D Σ :    ,		
VLT Score Tr.4/Tr.3 :   _ ,		
ID1408956V6466 / PSTSC_M1  5. PST Σ :    ,		
	Z-SCORES	
ID14089S6V6467 / ZVLTI_M1  1. zVLT_I:   _,		
ID14089S6V6468 / ZWMT_M1  2. zWMT :   _,		
ID1408956V6469 / ZVFT_M1 3. zVFT:   _ ,		
ID14089S6V6470 / ZVLTD_M1 4. zVLT_D:   ,		
ID1408956V6471 / ZPST_M1  5. zPST:   _ ,		
ID1408956V6472 / ZAVG_M1  Mean Z-score :   _ ,		
Charles III and Care	manufacture Albert 1 and	201007
Standardized Assessment of Pe	rsonality - Abbreviated Scale (Moran) 14089S6F	C186/
Reminder: The SAPAS can be administered O	NLY if qIDS score ≤10 and BRMS score ≤9	
ID14089S6V6447 / SAPASEP_M1	-	
Has the patient been out of an episode for at	least 4 weeks? : O [1] Yes O [0] No	
ID1408956V6448 / SAPASYN_M1		
Complete the SAPAS questionnaire? : O[1] Ye	es O <sub>[0]</sub> No	

This part is repeated at each subsequent evaluation up to M6 if the questionnaire is not completed.

Protocole: RLINK	Code centre :	Patient :
ID14089S6V6473 / DATSAPAS_M1  Date of completion of SAPAS quest	cionnaire (M1) :/	
Please ask your patients the follow applies most of the time and in mo	wing questions. Only tick a response if the ost situations.	e patient thinks that the description
1. In general, do you have difficulty	$\gamma$ making and keeping friends? : $O_{[1]}$ Yes	O [0] No
ID14089S6V6476 / SAPAS2_M1  2. Would you normally describe yo	urself as a loner? : O [1] Yes O [0] No	
ID14089S6V6477 / SAPAS3_M1  3. In general, do you trust other pe	ople?: O[1]Yes O[0]No	
ID14089S6V6478 / SAPAS4_M1  4. Do you normally lose your temperature of the same of the sa	er easily? : O [1] Yes O [0] No	
ID14089S6V6479 / SAPAS5_M1  5. Are you normally an impulsive so	ort of person? : O [1] Yes O [0] No	
1D1408956V6480 / SAPAS6_M1  6. Are you normally a worrier? : C	) <sub>[1]</sub> Yes O <sub>[0]</sub> No	
1D1408956V6481 / SAPAS7_M1  7. In general, do you depend on otl	hers a lot? : O [1] Yes O [0] No	
8. In general, are you a perfectionis	st?: O [1] Yes O [0] No	
ID14089S6V6483 / TOTSAPAS_M1 SAPAS score :		
Child	hood trauma questionnaire: CTQ 14089S	6FC1868
ID14089S6V6451 / CTQEP_M1	stered ONLY if qIDS score ≤10 and BRMS store sode for at least 4 weeks? : O <sub>[1]</sub> Yes O <sub>[1]</sub>	
ID1408956V6452 / CTQYN_M1 Complete the CTQ questionnaire?	: O <sub>[1]</sub> Yes O <sub>[0]</sub> No	
This part is repeated at each subse	equent evaluation up to M6 if the questio	onnaire is not completed.
ID14089S6V6484 / DATCTQ_M1 Date of completion of CTQ questio	nnaire (M1) :/	
When I was growing up		
ID1408956V6486 / CTQ1_M1  1. I didn't have enough to eat:  O [1] Never True O [2] Rarely True O [3] Some-times True O [4] Often True O [5] Very Often True  ID1408956V6487 / CTQ2_M1  2. I know that there was someone to	to take care of me and protect me :	
2. I knew that there was someone t	to take care of me and protect me :	

Protocole : RLINK	Code centre :	Patient :
O [1] Never True		
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O <sub>[5]</sub> Very Often True		
ID14089S6V6488 / CTQ3_M1		
3. People in my family called me thi	ngs like "stupid", "lazy", or "ugly":	
O [1] Never True		
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O <sub>[5]</sub> Very Often True		
ID14089S6V6489 / CTQ4_M1		
4. My parents were too drunk or hig	gh to take care of the family :	
O [1] Never True		
O [2] Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
ID14089S6V6490 / CTQ5_M1		
_	who helped me feel that I was important or	r special :
O <sub>[1]</sub> Never True		
O [2] Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
ID14089S6V6491 / CTQ6_M1		
6. I had to wear dirty clothes :		
O <sub>[1]</sub> Never True		
O [2] Rarely True		
O [3] Some-times True		
O [4] Often True		
O [5] Very Often True		
ID1408956V6492 / CTQ7_M1		
7. I felt loved :		
O [1] Never True O [2] Rarely True		
O [3] Some-times True		
O [4] Often True		
O [5] Very Often True		
•		
8. I thought that my parents wished	I had never been born :	
O [1] Never True	Thad hever been both.	
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
- profile times frue		

Protocole : RLINK	Code centre :	Patient :
O <sub>[4]</sub> Often True		
O [5] Very Often True		
9. I got hit so hard by someone in m	ny family that I had to see a doctor or go to	the hospital :
O <sub>[1]</sub> Never True	, ,	·
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
ID14089S6V6495 / CTQ10_M1	ahan sa ahan kasu familin	
10. There was nothing I wanted to o	change about my family :	
O [1] Never True		
O [2] Rarely True		
O <sub>[3]</sub> Some-times True		
O [4] Often True		
O <sub>[5]</sub> Very Often True		
11. People in my family hit me so ha	ard that it left me with bruises or marks :	
O <sub>[1]</sub> Never True		
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
ID14089S6V6497 / CTQ12_M1		
	ard, a cord, or some other hard object :	
O Never True		
O Rarely True		
O [3] Some-times True		
O Man Officer True		
O <sub>[5]</sub> Very Often True		
13. People in my family looked out	for each other:	
O [1] Never True	TOT EACH OTHER .	
O [2] Rarely True		
O [3] Some-times True		
O [4] Often True		
O [5] Very Often True		
ID1408956V6499 / CTQ14_M1		
14. People in my family said hurtful	or insulting things to me :	
O <sub>[1]</sub> Never True		
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O <sub>I51</sub> Very Often True		

Protocole : RLINK	Code centre :	Patient :
ID14089S6V6500 / CTQ15_M1		
15. I believe that I was physically about	used :	
O [1] Never True		
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O <sub>[5]</sub> Very Often True		
ID14089S6V6501 / CTQ16_M1		
16. I had the perfect childhood :		
O <sub>[1]</sub> Never True		
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
•		
ID1408956V6502 / CTQ17_M1  17. I got hit or beaten so badly that i	it was notice by someone like a teacher, n	eighbor, or doctor :
O <sub>[1]</sub> Never True		
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O <sub>[5]</sub> Very Often True		
ID14089S6V6503 / CTQ18_M1		
18. I felt that someone in my family	hated me :	
O <sub>[1]</sub> Never True		
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
·		
ID1408956V6504 / CTQ19_M1 19. People in my family felt close to	each other:	
O <sub>[1]</sub> Never True	eden other.	
O [2] Rarely True		
O [3] Some-times True		
O M Officer True		
O [5] Very Often True		
ID1408956V6505 / CTQ20_M1	and the second section and the second second sections	
_	sexual way, or tried to make me touch the	em :
O <sub>[1]</sub> Never True		
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O [4] Often True		
O [5] Very Often True		
ID14089S6V6506 / CTQ21_M1		
_	e or tell lies about me unless I did somethi	ng sexual with them :
O [1] Never True		

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Protocole : RLINK	Code centre :	Patient :
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O [4] Often True		
O [5] Very Often True		
ID14089S6V6507 / CTQ22_M1		
22. I had the best family in the world	l:	
O [1] Never True		
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O [4] Often True		
O [5] Very Often True		
ID14089S6V6508 / CTQ23_M1		
23. Someone tried to make me do se	exual things or watch sexual things :	
O [1] Never True		
O [2] Rarely True		
O [3] Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
ID14089S6V6509 / CTQ24_M1		
24. Someone molested me :		
O <sub>[1]</sub> Never True		
O [2] Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O <sub>[5]</sub> Very Often True		
ID1408956V6510 / CTQ25_M1 25. I believe that I was emotionally a	hused:	
O <sub>[1]</sub> Never True	buseu .	
O [2] Rarely True		
O [3] Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
ID1408956V6511 / CTQ26_M1  26. There was someone to take me t	to the dector if I peeded it :	
O <sub>[1]</sub> Never True	o the doctor if theeded it.	
O [2] Rarely True		
O [3] Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
·		
1D14089S6V6512 / CTQ27_M1  27. I believe that I was sexually abus	ed:	
O <sub>[1]</sub> Never True	<del></del>	
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		

Protocole : RLINK	Code centre :
O <sub>[4]</sub> Often True O <sub>[5]</sub> Very Often True	
ID1408956V6513 / CTQ28_M1  28. My family was a source of strength and sup O [1] Never True O [2] Rarely True O [3] Some-times True O [4] Often True O [5] Very Often True	oport :
ID14089S6V6516 / CTQEASC_M1 Emotional Abuse (score) :   _	
ID14089S6V6517 / CTQPHASC_M1 Physical Abuse (score) :   _	
ID1408956V6518 / CTQSASC_M1 Sexual Abuse (score) :   _	
ID14089S6V6519 / CTQENSC_M1 Emotional Neglect (score) :   _	
ID14089S6V6520 / CTQPNSC_M1 Physical Neglect (score) :   _	
ID14089S6V6514 / CTQTSCAN_M1  Total score (sum of the Abuse and Neglect sco	ores) :
ID14089S6V6515 / CTQDENSC_M1  Denial score:   _	

Patient : \_\_\_\_\_

Protocole: RLINK Code centre : \_\_\_\_ Patient : M2 [ID14089S6F18 / F M2] ID14089S6V6521 / VISITYN\_M2 Visit / Telephone interview performed? : O [1] Yes O [0] No ID14089S6V6523 / DATVIS\_M2 Date of visit: ID14089S6V6524 / LIFEYN\_M2 Perform the Life II evaluation?: O [1] Yes O [0] No The Life-II data will be collected retrospectively at the next visit. **Current medication and doses 14089S6FC1873** ID14089S6V6525 / CURRMED\_M2 Does the patient have a current medication? : O [1] Yes O [0] No Please list below use of any medications taken over the last month at least once a week [1] ID14089S6V6531 / TAB\_MED\_M2 ID14089S6V6526 / INN Name of pharmaceutical substances (INN): ID14089S6V6527 / TOTDOSE Total daily dose : |\_\_|\_\_|,|\_\_| ID14089S6V6528 / UNIT Unit: O<sub>[003]</sub> mg O<sub>[002]</sub> g O<sub>[001]</sub> kg O<sub>[004] µg</sub> O<sub>[005]</sub> ng O<sub>[006]</sub> pg O<sub>[007]</sub> mg/kg O<sub>[008]</sub> μg/kg O<sub>[009]</sub> mg/m2 O<sub>[010]</sub> μg/m2 O<sub>[011]</sub> O [012] ml O<sub>[013]</sub> µl O<sub>[014]</sub> Bq O<sub>[015]</sub> GBq O<sub>[016]</sub> MBq O<sub>[017]</sub> kBq

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O<sub>[018]</sub> Ci O<sub>[019]</sub> mCi

Protocole : RLINK	Code cent	tre :	Patient :
O [020] μCi O [021] nCi O [022] mol O [023] mmol O [024] μmol O [025] UI O [026] kUI O [027] MUI O [028] UI/kg O [029] meq O [030] % O [031] drops			
How frequency this medication other	is taken? : $O_{[1]}$ daily	O [2] about once a week	$O_{[3]}$ about once a month $O_{[4]}$
ID14089S6V6530 / OTHFREQ If Other, please specify:			
E	xperience of suicidality	y: Columbia 14089S6FC21	24
ID14089S6V7216 / DATSSRS_M2 Date of completion of Columbia SUICIDE IDEATION DEFINITIONS ID14089S6V7218 / SSRS1_M2	S AND PROMPTS In the	•	
<ol> <li>Have you wished you were de ID14089S6V7219 / SSRS2_M2</li> <li>Have you actually had any the</li> </ol>			up?: O[1]Yes O[0]No
ID1408956V7220 / SSRS3_M2  3. Have you been thinking about			lo
ID1408956V7221 / SSRS4_M2 4. Have you had these thoughts	and had some intentior	of acting on them?:〇	[1] Yes O [0] No
ID1408956V7222 / SSRS5_M2  5. Have you started to work out plan? : O [1] Yes O [0] No	or worked out the deta	ils of how to kill yourself?	Do you intend to carry out this
ID1408956V7223 / SSRS6_M2  6. Have you ever done anything, [0] NO	started to do anything,	or prepared to do anythi	ing to end your life? : O [1] Yes O
How long ago did you do any of  O [1] Over a year ago O [2] Between three mo O [3] Within the last three	nths and a year ago		

Patient : Code centre : Protocole: RLINK Longitudinal Interval Follow-up Evaluation: LIFE II 14089S6FC1874 ID14089S6V6532 / DATLIFE\_M2 Date Life II evaluation (M2): \_\_\_\_/\_\_\_\_ By convention if you hesitate between 2 rating, it is decided to select the upper one. Note: The week 1 is the week closest to the date of the current visit You will complete the LIFE II for the weeks at the dates ID14089S6V7208 / DATL2W1\_M2 Date of week 1 : \_\_\_\_/\_\_\_\_ ID14089S6V7209 / DATL2W2\_M2 Date of week 2 : \_\_\_\_/\_\_\_\_ ID14089S6V7210 / DATL2W3\_M2 Date of week 3 : \_\_\_\_/\_\_\_/ ID14089S6V7211 / DATL2W4\_M2 Date of week 4 : \_\_\_\_/\_\_\_\_ ID14089S6V7212 / DATL2W5\_M2 Date of week 5 : \_\_\_\_/\_\_\_\_ ID14089S6V7213 / DATL2W6\_M2 Date of week 6 : \_\_\_\_/\_\_\_/\_\_\_\_ ID14089S6V7214 / DATL2W7\_M2 Date of week 7 : \_\_\_\_/\_\_\_\_ ID14089S6V7215 / DATL2W8\_M2 Date of week 8 : \_\_\_\_/\_\_\_\_ A. MOOD 14089S6FC1876 1. DEPRESSED MOOD (qIDS item 5) LOW MOOD: Week 1 ID14089S6V6534 / DATQIDS5W1\_M2 Date (w1): \_\_\_\_/\_\_\_\_ ID14089S6V6535 / QIDS5W1\_M2 1. Depressed Mood (w1): O<sub>[0]</sub> (0) Does not feel sad O<sub>[1]</sub>(1) Feels sad less than half the time O<sub>[2]</sub>(2) Feels sad more than half the time O<sub>[3]</sub>(3) Feels intensely sad virtually all the time ID14089S6V6536 / DAYQIDS5W1\_M2

Days (w1/ 1.Depressed Mood) : |\_\_|

Protocole : RLINK	Code centre :	Patient :
	LOW MOOD: Week 2	
ID14089S6V6537 / DATQIDS5W2_M2 Date (w2)://		
ID14089S6V6538 / QIDS5W2_M2		
1. Depressed Mood (w2):	- 1	
$O_{[0]}(0)$ Does not feel s $O_{[1]}(1)$ Feels sad less t		
$O_{[2]}(2)$ Feels sad more		
	sad virtually all the time	
Days (w2/ 1.Depressed Mood)	:  _	
	LOW MOOD: Week 3	
ID1408956V6540 / DATQIDS5W3_M2		
Date (w3):/		
1. Depressed Mood (w3):		
O <sub>[0]</sub> (0) Does not feel s	ad	
O <sub>[1]</sub> (1) Feels sad less t		
O <sub>[2]</sub> (2) Feels sad more		
O [3] (3) Feels intensely	sad virtually all the time	
Days (w3/ 1.Depressed Mood)	:	
	·	
	LOW MOOD: Week 4	
ID14089S6V6543 / DATQIDS5W4_M2		
Date (w4) :/		
1. Depressed Mood (w4):		
O <sub>[0]</sub> (0) Does not feel s	ad	
O <sub>[1]</sub> (1) Feels sad less t		
O <sub>[2]</sub> (2) Feels sad more		
	sad virtually all the time	
Days (w4/ 1.Depressed Mood)	:  _	
	LOW MOOD: Week 5	

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Protocole : RLINK	Code centre :	Patient :
ID14089S6V6546 / DATQIDS5W5_M2 Date (w5)://		
1. Depressed Mood (w5):  O [0] (0) Does not feel sa O [1] (1) Feels sad less th O [2] (2) Feels sad more o O [3] (3) Feels intensely sad	nan half the time than half the time	
Days (w5/ 1.Depressed Mood):		
	LOW MOOD: Week 6	
Date (w6):/	nd nan half the time than half the time sad virtually all the time	
	LOW MOOD: Week 7	
ID1408956V6552 / DATQIDS5W7_M2	nd nan half the time than half the time sad virtually all the time	
	LOW MOOD: Week 8	
ID1408956V6555 / DATQIDS5W8_M2 Date (w8)://		

Protocole : RLINK	Code centre :	Patient :
ID14089S6V6556 / QIDS5W8_M2		
1. Depressed Mood (w8):		
O [0] (0) Does not feel		
O <sub>[1]</sub> (1) Feels sad less		
O <sub>[2]</sub> (2) Feels sad mor		
(3) Feels intensel	y sad virtually all the time	
ID14089S6V6557 / DAYQIDS5W8_M2		
Days (w8/ 1.Depressed Mood)	· II	
	2. ELEVATED MOOD (BRMS item 6)	
	HIGH MOOD: Week 1	
ID14089S6V6558 / DATBRMS6W1_M2		
Date (w1) ://		
ID14089S6V6559 / BRMS6W1_M2		
2. Elevated Mood (w1):		
O [0] (0) Neutral mood		
	ed mood, optimistic, but still adapted to situation	1
	levated mood, joking, laughing	
	vated mood, exuberant both in manner and speed	h
$O_{4}$ (4) Extremely ele	vated mood, quite irrelevant to situation	
ID14089S6V6560 / DAYBRMS6W1_M2		
Days (w1/ 2.Elevated Mood):		
	HIGH MOOD: Week 2	
ID14089S6V6561 / DATBRMS6W2_M2		
Date (w2) :/	<del></del>	
ID14089S6V6562 / BRMS6W2_M2		
2. Elevated Mood (w2):		
O [0] (0) Neutral mood		
	red mood, optimistic, but still adapted to situation	1
	levated mood, joking, laughing	L
_	vated mood, exuberant both in manner and speed	'n
∪ [4] (4) Extremely ele	vated mood, quite irrelevant to situation	
ID14089S6V6563 / DAYBRMS6W2_M2		
Days (w2/ 2.Elevated Mood):	<u> </u>	

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Protocole: RLINK Code centre : \_\_\_\_\_ Patient : \_\_\_\_\_ **HIGH MOOD: Week 3** ID14089S6V6564 / DATBRMS6W3\_M2 Date (w3): \_\_\_\_/\_\_\_ ID14089S6V6565 / BRMS6W3\_M2 2. Elevated Mood (w3): O<sub>[0]</sub> (0) Neutral mood O<sub>[1]</sub>(1) Slightly elevated mood, optimistic, but still adapted to situation O<sub>[2]</sub>(2) Moderately elevated mood, joking, laughing O<sub>[3]</sub>(3) Markedly elevated mood, exuberant both in manner and speech O<sub>[4]</sub> (4) Extremely elevated mood, quite irrelevant to situation ID14089S6V6566 / DAYBRMS6W3\_M2 Days (w3/ 2.Elevated Mood): |\_\_| **HIGH MOOD: Week 4** ID14089S6V6567 / DATBRMS6W4\_M2 Date (w4) : \_\_\_\_/\_\_\_\_ ID14089S6V6568 / BRMS6W4\_M2 2. Elevated Mood (w4): O<sub>[0]</sub> (0) Neutral mood O<sub>[1]</sub>(1) Slightly elevated mood, optimistic, but still adapted to situation O<sub>[2]</sub>(2) Moderately elevated mood, joking, laughing O<sub>[3]</sub>(3) Markedly elevated mood, exuberant both in manner and speech O<sub>[4]</sub> (4) Extremely elevated mood, quite irrelevant to situation ID14089S6V6569 / DAYBRMS6W4\_M2 Days (w4/ 2.Elevated Mood) : | | **HIGH MOOD: Week 5** ID14089S6V6570 / DATBRMS6W5 M2 Date (w5): \_\_\_\_/\_\_\_\_ ID14089S6V6571 / BRMS6W5\_M2 2. Elevated Mood (w5): O<sub>[0]</sub> (0) Neutral mood O<sub>[1]</sub>(1) Slightly elevated mood, optimistic, but still adapted to situation O<sub>[2]</sub>(2) Moderately elevated mood, joking, laughing  $O_{[3]}(3)$  Markedly elevated mood, exuberant both in manner and speech O<sub>[4]</sub>(4) Extremely elevated mood, quite irrelevant to situation

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ID14089S6V6572 / DAYBRMS6W5 M2

Days (w5/ 2.Elevated Mood): |\_\_|

Protocole: RLINK Code centre : \_\_\_\_\_ Patient : \_\_\_\_\_ **HIGH MOOD: Week 6** ID14089S6V6573 / DATBRMS6W6\_M2 Date (w6): \_\_\_\_/\_\_\_ ID14089S6V6574 / BRMS6W6\_M2 2. Elevated Mood (w6): O<sub>[0]</sub> (0) Neutral mood O<sub>[1]</sub>(1) Slightly elevated mood, optimistic, but still adapted to situation O<sub>[2]</sub>(2) Moderately elevated mood, joking, laughing O<sub>[3]</sub>(3) Markedly elevated mood, exuberant both in manner and speech O<sub>[4]</sub> (4) Extremely elevated mood, quite irrelevant to situation ID14089S6V6575 / DAYBRMS6W6\_M2 Days (w6/ 2.Elevated Mood): |\_\_| **HIGH MOOD: Week 7** ID14089S6V6576 / DATBRMS6W7\_M2 Date (w7) : \_\_\_\_/\_\_\_\_ ID14089S6V6577 / BRMS6W7\_M2 2. Elevated Mood (w7): O<sub>[0]</sub> (0) Neutral mood O<sub>[1]</sub>(1) Slightly elevated mood, optimistic, but still adapted to situation O<sub>[2]</sub>(2) Moderately elevated mood, joking, laughing O<sub>[3]</sub>(3) Markedly elevated mood, exuberant both in manner and speech O<sub>[4]</sub> (4) Extremely elevated mood, quite irrelevant to situation ID14089S6V6578 / DAYBRMS6W7\_M2 Days (w7/ 2.Elevated Mood) : | | **HIGH MOOD: Week 8** ID14089S6V6579 / DATBRMS6W8 M2 Date (w8) : \_\_\_\_/\_\_\_\_ ID14089S6V6580 / BRMS6W8\_M2 2. Elevated Mood (w8): O<sub>[0]</sub> (0) Neutral mood O<sub>[1]</sub>(1) Slightly elevated mood, optimistic, but still adapted to situation O<sub>[2]</sub>(2) Moderately elevated mood, joking, laughing  $O_{[3]}(3)$  Markedly elevated mood, exuberant both in manner and speech O<sub>[4]</sub>(4) Extremely elevated mood, quite irrelevant to situation

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ID14089S6V6581 / DAYBRMS6W8 M2

Days (w8/ 2.Elevated Mood): |\_\_|

Protocole : RLINK	Code centre :	Patient :
	B. SLEEP 14089S6FC1896	
	3. Sleep-onset insomnia (qIDS item 1)	
	Week 1	
ID14089S6V6582 / DATQIDS1W1_M2 Date (w1): / /		
ID14089S6V6583 / QIDS1W1_M2		
3. Sleep-onset insomnia (w1):		
_	nger than 30 minutes to fall asleep	
	30 minutes to fall asleep, less than half the time	
	30 minutes to fall asleep, more than half the time	
	an 60 minutes to fall asleep, more than half the ti	ime
Days (w1 / 3.Sleep-onset insom	nnia):	
bays (W1) sisteep onset moon		
	Week 2	
ID14089S6V6585 / DATQIDS1W2_M2		
Date (w2) :/		
ID1408956V6586 / QIDS1W2_M2  3. Sleep-onset insomnia (w2):		
• _	nger than 30 minutes to fall asleep	
	30 minutes to fall asleep, less than half the time	
	30 minutes to fall asleep, more than half the time	
	an 60 minutes to fall asleep, more than half the ti	
ID14089S6V6587 / DAYQIDS1W2 M2	17	
Days (w2 / 3.Sleep-onset insom	ınia) :	
	Week 3	
ID14089S6V6588 / DATQIDS1W3_M2		
Date (w3):/		
ID1408956V6589 / QIDS1W3_M2		
3. Sleep-onset insomnia (w3):	nger than 30 minutes to fall asleep	
_	30 minutes to fall asleep, less than half the time	
- [1](1) Takes at least :	minutes to fail asiech, less thall hall the tillle	

Protocole : RLINK	Code centre :	Patient :
	0 minutes to fall asleep, more than half the time n 60 minutes to fall asleep, more than half the time	
	Week 4	
ID1408956V6591 / DATQIDS1W4_M2 Date (w4)://		
$O_{[1]}(1)$ Takes at least 3 $O_{[2]}(2)$ Takes at least 3	ger than 30 minutes to fall asleep 0 minutes to fall asleep, less than half the time 0 minutes to fall asleep, more than half the time	
Days (w4 / 3.Sleep-onset insom	n 60 minutes to fall asleep, more than half the time	
	Week 5	
$O_{[1]}(1)$ Takes at least 3 $O_{[2]}(2)$ Takes at least 3	ger than 30 minutes to fall asleep  0 minutes to fall asleep, less than half the time  0 minutes to fall asleep, more than half the time  n 60 minutes to fall asleep, more than half the time  nia):	
	Week 6	
$O_{[1]}(1)$ Takes at least 3 $O_{[2]}(2)$ Takes at least 3	ger than 30 minutes to fall asleep 0 minutes to fall asleep, less than half the time 0 minutes to fall asleep, more than half the time n 60 minutes to fall asleep, more than half the time	

Protocole : RLINK	Code centre :	Patient :
Days (w6 / 3.Sleep-onset insomnia)	:  _	
	Week 7	
$O_{[1]}(1)$ Takes at least 30 m $O_{[2]}(2)$ Takes at least 30 m	than 30 minutes to fall asleep inutes to fall asleep inutes to fall asleep, less than half the time inutes to fall asleep, more than half the tin minutes to fall asleep, more than half the :	me
	Week 8	
$O_{[1]}(1)$ Takes at least 30 m $O_{[2]}(2)$ Takes at least 30 m	than 30 minutes to fall asleep inutes to fall asleep, less than half the time inutes to fall asleep, more than half the tin minutes to fall asleep, more than half the :	me
	4. Mid-nocturnal insomnia (qIDS item 2)	
	Week 1	
ID14089S6V6606 / DATQIDS2W1_M2 Date (w1):/  ID14089S6V6607 / QIDS2W1_M2 4. Mid-nocturnal insomnia (w1):  O [0] (0) Does not wake up a O [1] (1) Restless, light sleep		

Protocole : RLINK	Code centre :	Patient :
Om (2) Wakes up at lea	st once a night, but goes back to sleep easily	
		the state of the s
(3) Awakens more t	chan once a night and stays awake for 20 minu	tes or more, more than half the time
ID14089S6V6608 / DAYQIDS2W1_M2		
Days (w1 / 4.Mid-nocturnal insor	mnia) :	
	Week 2	
ID14089S6V6609 / DATQIDS2W2_M2		
Date (w2) :/		
ID14089S6V6610 / QIDS2W2_M2		
4. Mid-nocturnal insomnia (w2):	:	
O <sub>[0]</sub> (0) Does not wake u		
	eep with few awakenings	
	st once a night, but goes back to sleep easily	
	than once a night and stays awake for 20 minu	ites or more more than half the time
(3) Awakens more t	rian once a night and stays awake for 20 minu	tes or more, more than hall the time
ID1408956V6611 / DAYQIDS2W2_M2		
Days (w2 / 4.Mid-nocturnal insor	mnia) :	
	Week 3	
ID14089S6V6612 / DATQIDS2W3_M2		
Date (w3) :/		
ID14089S6V6613 / QIDS2W3_M2		
4. Mid-nocturnal insomnia (w3):	:	
O [0] (0) Does not wake u	up at night	
O <sub>[1]</sub> (1) Restless, light slo	eep with few awakenings	
	st once a night, but goes back to sleep easily	
	than once a night and stays awake for 20 minu	ites or more, more than half the time
Days (w3 / 4.Mid-nocturnal insor	mnia) ·	
Days (W3 / 4.iviid Hoctarrial ilisoi	may .	
	Week 4	
	VVCCN →	
ID14089S6V6615 / DATQIDS2W4_M2		
Date (w4) :/		
ID14089S6V6616 / QIDS2W4_M2		
4. Mid-nocturnal insomnia (w4)		
O [0] (0) Does not wake u	ıp at night	
O [1] (1) Restless, light slo	eep with few awakenings	
O <sub>[2]</sub> (2) Wakes up at lea	st once a night, but goes back to sleep easily	
_	than once a night and stays awake for 20 minu:	ites or more, more than half the time

Protocole : RLINK	Code centre :	Patient :
ID14089S6V6617 / DAYQIDS2W4_M2 Days (w4 / 4.Mid-nocturnal insomnia)	:  _	
	Week 5	
ID14089S6V6618 / DATQIDS2W5_M2 Date (w5):/		
4. Mid-nocturnal insomnia (w5):		
$O_{[0]}(0)$ Does not wake up at r	night	
O <sub>[1]</sub> (1) Restless, light sleep w	_	
	e a night, but goes back to sleep easi	ly
		inutes or more, more than half the time
ID14089S6V6620 / DAYQIDS2W5_M2		
Days (w5 / 4.Mid-nocturnal insomnia)	:	
	Week 6	
	Week	
ID1408956V6621 / DATQIDS2W6_M2 Date (w6):/		
ID14089S6V6622 / QIDS2W6_M2		
4. Mid-nocturnal insomnia (w6):		
O <sub>[0]</sub> (0) Does not wake up at r	_	
O <sub>[1]</sub> (1) Restless, light sleep w	9	
	e a night, but goes back to sleep easi	
[3] (3) Awakens more than o	nce a night and stays awake for 20 m	inutes or more, more than half the time
Days (w6 / 4.Mid-nocturnal insomnia)	• 1 1	
Days (wo / 4.iviid-nocturnai insolillia)	• 11	
	Week 7	
Date (w7):/		
ID14089S6V6625 / QIDS2W7_M2		
4. Mid-nocturnal insomnia (w7):		
$O_{[0]}(0)$ Does not wake up at r $O_{[1]}(1)$ Restless, light sleep w		
	ith few awakenings e a night, but goes back to sleep easil	lv.
		inutes or more, more than half the time
	nice a filight and stays awake for 20 III	mates of more, more than half the time
Days (w7 / 4.Mid-nocturnal insomnia)	:  _	

Protocole : RLINK	Code centre :	Patient :
	Week 8	
ID14089S6V6627 / DATQIDS2W8_M2 Date (w8)://		
ID14089S6V6628 / QIDS2W8_M2		
4. Mid-nocturnal insomnia (w8) :		
O [0] (0) Does not wake up a		
O <sub>[1]</sub> (1) Restless, light sleep		
	nce a night, but goes back to sleep easily	
$O_{[3]}(3)$ Awakens more than	once a night and stays awake for 20 minu	utes or more, more than half the time
ID14089S6V6629 / DAYQIDS2W8_M2		
Days (w8 / 4.Mid-nocturnal insomnia	a) :	
	5. Early-morning insomnia (qIDS item 3)	
	Week 1	
ID14089S6V6630 / DATQIDS3W1_M2		
Date (w1):/		
ID1408956V6631 / QIDS3W1_M2		
5. Early-morning insomnia (w1):		
	me, awakens no more than 30 minutes be	·
	time, awakens more than 30 minutes befo nour before need be, more than half the t	
	nours before need be, more than half the	time
Days (w1 / 5.Early-morning insomnia	N - 1	
Days (W1 / 3.Earry-morning msomma	7 · 1_1	
	Week 2	
	WCCK Z	
ID14089S6V6633 / DATQIDS3W2_M2 Date (w2): / /		
, ,		
1D14089S6V6634 / QIDS3W2_M2  5. Early-morning insomnia (w2):		
, _	me, awakens no more than 30 minutes be	efore necessary
	time, awakens no more than 30 minutes before	
	nour before need be, more than half the t	
	nours before need be, more than half the	
- [5] (5) / Wakeris at least 2 i	ioa. o before field be, more than half the	

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Protocole : RLINK	Code centre :	Patient :
ID1408956V6635 / DAYQIDS3W2_M2 Days (w2 / 5.Early-morning insomni	a) :	
	Week 3	
$O_{11}(1)$ More than half the $O_{21}(2)$ Awakens at least 1	ime, awakens no more than 30 minutes be time, awakens more than 30 minutes befo hour before need be, more than half the t hours before need be, more than half the a):	ore need be time
	Week 4	
$O_{11}(1)$ More than half the $O_{21}(2)$ Awakens at least 1	ime, awakens no more than 30 minutes be time, awakens more than 30 minutes befo hour before need be, more than half the t hours before need be, more than half the	ore need be time
	Week 5	
$O_{[1]}(1)$ More than half the $O_{[2]}(2)$ Awakens at least 1	ime, awakens no more than 30 minutes be time, awakens more than 30 minutes befo hour before need be, more than half the t hours before need be, more than half the	ore need be time

Protocole : RLINK	Code centre :	Patient :
	Week 6	
ID14089S6V6645 / DATQIDS3W6_M2		
Date (w6) :/		
1D14089S6V6646 / QIDS3W6_M2  5. Early-morning insomnia (w6):	:	
	ne time, awakens no more than 30 minutes bef	
	the time, awakens more than 30 minutes befor	
	t 1 hour before need be, more than half the tir	
O <sub>[3]</sub> (3) Awakens at leas	at 2 hours before need be, more than half the ti	ime
Days (w6 / 5.Early-morning insor	mnia) ·	
Days (wo / S.Earry morning moor		
	Week 7	
ID14089S6V6648 / DATQIDS3W7_M2		
Date (w7) :/		
ID14089S6V6649 / QIDS3W7_M2  5. Early-morning insomnia (w7):	:	
	ne time, awakens no more than 30 minutes bef	fore necessary
	the time, awakens more than 30 minutes befor	
_	t 1 hour before need be, more than half the tir	
O <sub>[3]</sub> (3) Awakens at leas	st 2 hours before need be, more than half the ti	ime
ID14089S6V6650 / DAYQIDS3W7_M2 Days (w7 / 5.Early-morning insor	mnia) ·	
Days (W7 / S.Larry-morning misor	iiiia) .	
	Week 8	
Date (w8)://		
ID1408956V6652 / QIDS3W8_M2  5. Early-morning insomnia (w8):	:	
	ne time, awakens no more than 30 minutes bef	
_	the time, awakens more than 30 minutes befor	
_	t 1 hour before need be, more than half the tir	
	st 2 hours before need be, more than half the ti	ime
Days (w8 / 5.Early-morning insor	mnia) :	
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Protocole : RLINK	Code centre :	Patient :
	6. Hypersomnia (qIDS item 4)	
	Week 1	
	Week 1	
ID1408956V6654 / DATQIDS4W1_M2 Date (w1)://		
ID1408956V6655 / QIDS4W1_M2 6. Hypersomnia (w1) :		
	er than 7-8 hours/night, without naps	
	er than 10 hours in a 24-hour period (including	
	er than 12 hours in a 24-hour period (including	
$O_{[3]}(3)$ Sleeps longer t	han 12 hours in a 24-hour period (including nag	ps)
ID14089S6V6656 / DAYQIDS4W1_M2		
Days (w1 / 6.Hypersomnia):	l	
	Week 2	
$O_{[1]}(1)$ Sleeps no longo $O_{[2]}(2)$ Sleeps no longo	er than 7-8 hours/night, without naps er than 10 hours in a 24-hour period (including er than 12 hours in a 24-hour period (including han 12 hours in a 24-hour period (including nag	naps)
	Week 3	
ID1408956V6660 / DATQIDS4W3_M2 Date (w3)://		
ID1408956V6661 / QIDS4W3_M2		
6. Hypersomnia (w3):	er than 7-8 hours/night, without naps	
	er than 10 hours in a 24-hour period (including	nans)
	er than 12 hours in a 24-hour period (including	
	than 12 hours in a 24-hour period (including nag	
	22 mout and 24 mout period (moldaling hat	r~,
Days (w3 / 6.Hypersomnia) :	_l	

Protocole : RLINK	Code centre :	Patient :
	Week 4	
ID14089S6V6663 / DATQIDS4W4_M2 Date (w4)://		
ID14089S6V6664 / QIDS4W4_M2		
6. Hypersomnia (w4):	r than 7-8 hours/night, without naps	
	r than 10 hours in a 24-hour period (including na	nns)
	r than 12 hours in a 24-hour period (including na	
	nan 12 hours in a 24-hour period (including naps)	
Days (w4 / 6.Hypersomnia):  _	_l	
	Week 5	
Date (w5):/		
ID14089S6V6667 / QIDS4W5_M2		
6. Hypersomnia (w5):		
	r than 7-8 hours/night, without naps	
_	r than 10 hours in a 24-hour period (including na r than 12 hours in a 24-hour period (including na	
	nan 12 hours in a 24-hour period (including naps)	
ID14089S6V6668 / DAYQIDS4W5_M2		
Days (w5 / 6.Hypersomnia) :  _	_	
	Week 6	
ID14089S6V6669 / DATQIDS4W6_M2		
Date (w6) ://		
1D1408956V6670 / QIDS4W6_M2 6. Hypersomnia (w6) :		
	r than 7-8 hours/night, without naps	
	r than 10 hours in a 24-hour period (including na	
	r than 12 hours in a 24-hour period (including na	
	nan 12 hours in a 24-hour period (including naps)	
Days (w6 / 6.Hypersomnia) :  _	_	
	Week 7	

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Protocole : RLINK	Code centre :	Patient :
ID14089S6V6672 / DATQIDS4W7_M2 Date (w7):/		
6. Hypersomnia (w7):		
	er than 7-8 hours/night, without naps	\
_	er than 10 hours in a 24-hour period (including na er than 12 hours in a 24-hour period (including na	
	han 12 hours in a 24-hour period (including naps	· ·
ID14089S6V6674 / DAYQIDS4W7_M2		
Days (w7 / 6.Hypersomnia) :  _		
	Week 8	
Date (w8) ://		
ID14089S6V6676 / QIDS4W8_M2		
6. Hypersomnia (w8):		
	er than 7-8 hours/night, without naps er than 10 hours in a 24-hour period (including na	ans)
	er than 12 hours in a 24-hour period (including na	
	han 12 hours in a 24-hour period (including naps	
ID14089S6V6677 / DAYQIDS4W8_M2		
Days (w8 / 6.Hypersomnia) :  _	_	
	7. Sleep (Average of last 3 nights) (BRMS item	9)
	Week 1	
Date (w1): / /		
ID14089S6V6679 / BRMS9W1_M2		
7. Sleep average of last 3 nights		
O [0] (0) Habitual durati		
$O_{[1]}(1)$ Duration of slee $O_{[2]}(2)$ Duration of slee		
$O_{[3]}(3)$ Duration of slee		
O <sub>[4]</sub> (4) No sleep		
ID14089S6V6680 / DAYBRMS9W1_M2		
Days (w1 / 7.Sleep average of la	ast 3 nights) :	

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Code centre : \_\_\_\_\_

Patient : \_\_\_\_

Week 2 ID14089S6V6681 / DATBRMS9W2\_M2 Date (w2) : \_\_\_\_/\_\_\_ ID14089S6V6682 / BRMS9W2\_M2 7. Sleep average of last 3 nights (w2): O<sub>[0]</sub> (0) Habitual duration of sleep  $O_{[1]}(1)$  Duration of sleep reduced by 25%  $O_{[2]}(2)$  Duration of sleep reduced by 50% O<sub>[3]</sub> (3) Duration of sleep reduced by 75% O<sub>[4]</sub>(4) No sleep ID14089S6V6683 / DAYBRMS9W2\_M2 Days (w2 / 7.Sleep average of last 3 nights) : |\_\_\_| Week 3 ID14089S6V6684 / DATBRMS9W3\_M2 Date (w3): \_\_\_\_/\_\_\_\_ ID14089S6V6685 / BRMS9W3\_M2 7. Sleep average of last 3 nights (w3): O<sub>[0]</sub> (0) Habitual duration of sleep  $O_{[1]}(1)$  Duration of sleep reduced by 25% O<sub>[2]</sub>(2) Duration of sleep reduced by 50%  $O_{[3]}(3)$  Duration of sleep reduced by 75% O<sub>[4]</sub> (4) No sleep ID14089S6V6686 / DAYBRMS9W3\_M2 Days (w3 / 7.Sleep average of last 3 nights) : | | Week 4 ID14089S6V6687 / DATBRMS9W4 M2 Date (w4): \_\_\_\_/\_\_\_ ID14089S6V6688 / BRMS9W4\_M2 7. Sleep average of last 3 nights (w4): O<sub>[0]</sub> (0) Habitual duration of sleep  $O_{[1]}(1)$  Duration of sleep reduced by 25%  $O_{[2]}(2)$  Duration of sleep reduced by 50% O<sub>[3]</sub> (3) Duration of sleep reduced by 75% O<sub>[4]</sub> (4) No sleep ID14089S6V6689 / DAYBRMS9W4 M2 Days (w4 / 7.Sleep average of last 3 nights) : |\_\_\_|

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Protocole: RLINK

Patient :

Code centre : \_\_\_\_\_

Week 5 ID14089S6V6690 / DATBRMS9W5\_M2 Date (w5): \_\_\_\_/\_\_\_ ID14089S6V6691 / BRMS9W5\_M2 7. Sleep average of last 3 nights (w5): O<sub>[0]</sub> (0) Habitual duration of sleep  $O_{[1]}(1)$  Duration of sleep reduced by 25%  $O_{[2]}(2)$  Duration of sleep reduced by 50% O<sub>[3]</sub> (3) Duration of sleep reduced by 75% O<sub>[4]</sub>(4) No sleep ID14089S6V6692 / DAYBRMS9W5\_M2 Days (w5 / 7.Sleep average of last 3 nights) : |\_\_\_| Week 6 ID14089S6V6693 / DATBRMS9W6\_M2 Date (w6): \_\_\_\_/\_\_\_\_ ID14089S6V6694 / BRMS9W6\_M2 7. Sleep average of last 3 nights (w6): O<sub>[0]</sub> (0) Habitual duration of sleep  $O_{[1]}(1)$  Duration of sleep reduced by 25%  $O_{[2]}(2)$  Duration of sleep reduced by 50%  $O_{[3]}(3)$  Duration of sleep reduced by 75% O<sub>[4]</sub> (4) No sleep ID14089S6V6695 / DAYBRMS9W6\_M2 Days (w6 / 7.Sleep average of last 3 nights) : | | Week 7 ID14089S6V6696 / DATBRMS9W7 M2 Date (w7): \_\_\_\_/\_\_\_\_ ID14089S6V6697 / BRMS9W7\_M2 7. Sleep average of last 3 nights (w7): O<sub>[0]</sub> (0) Habitual duration of sleep  $O_{[1]}(1)$  Duration of sleep reduced by 25%  $O_{[2]}(2)$  Duration of sleep reduced by 50% O<sub>[3]</sub> (3) Duration of sleep reduced by 75% O<sub>[4]</sub> (4) No sleep ID14089S6V6698 / DAYBRMS9W7 M2 Days (w7 / 7.Sleep average of last 3 nights) : |\_\_\_|

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Protocole: RLINK

Protocole : RLINK	Code centre :	Patient :
	Week 8	
Date (w8):/	_	
ID14089S6V6700 / BRMS9W8_M2		
7. Sleep average of last 3 nights (w		
$O_{[0]}(0)$ Habitual duration $O_{[1]}(1)$ Duration of sleep	•	
$O_{[2]}(2)$ Duration of sleep		
$O_{[3]}(3)$ Duration of sleep		
O <sub>[4]</sub> (4) No sleep	,	
ID14089S6V6701 / DAYBRMS9W8_M2		
Days (w8 / 7.Sleep average of last	3 nights) :	
C.	(Psycho)motor activity / energy 14089S6FC1	1943
	., , , , , , , , , , , , , , , , , , ,	
	8. Energy/fatigability (qIDS item 14)	
	Week 1	
	WCCKI	
ID14089S6V6702 / DATQIDS14W1_M2		
Date (w1) :/	_	
8. Energy/fatigability (w1):		
$O_{[0]}(0)$ No change in usua	al level of energy	
O <sub>[1]</sub> (1) Tires more easily	than usual	
	personal effort to initiate or maintain usual of	
$O_{[3]}(3)$ Unable to carry or	ut most of usual daily activities due to lack of	energy
ID14089S6V6704 / DAYQIDS14W1_M2		
Days (w1 / 8.Energy/fatigability):	-	
	Week 2	
ID14089S6V6705 / DATQIDS14W2_M2 Date (w2): //		
ID14089S6V6706 / QIDS14W2_M2		
8. Energy/fatigability (w2):		
$O_{[0]}(0)$ No change in usua		
O <sub>[1]</sub> (1) Tires more easily		

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Protocole : RLINK	Code centre :	Patient :
	t personal effort to initiate or maintain usual daily activities due to lack of energy :	
	Week 3	
ID14089S6V6708 / DATQIDS14W3_M2 Date (w3)://		
	0,	
Days (w3 / 8.Energy/fatigability)	: [_]	
	Week 4	
	than usual t personal effort to initiate or maintain usual daily act out most of usual daily activities due to lack of energy	
	Week 5	

Protocole : RLINK	Code centre :	Patient :
ID14089S6V6716 / DAYQIDS14W5_M2 Days (w5 / 8.Energy/fatigability) :  _	_l	
	Week 6	
	Week 0	
ID14089S6V6717 / DATQIDS14W6_M2 Date (w6)://		
8. Energy/fatigability (w6):  O [0] (0) No change in usual le	avel of energy	
$O_{[1]}(1)$ Tires more easily tha		
	rsonal effort to initiate or maintain usua	al daily activities
	nost of usual daily activities due to lack	
ID14089S6V6719 / DAYQIDS14W6_M2		
Days (w6 / 8.Energy/fatigability) :  _	_l	
	Week 7	
	Week /	
ID14089S6V6720 / DATQIDS14W7_M2 Date (w7):/		
8. Energy/fatigability (w7) :		
O [0] (0) No change in usual le	evel of energy	
$O_{[1]}(1)$ Tires more easily tha	n usual	
	rsonal effort to initiate or maintain usua	
O [3] (3) Unable to carry out r	nost of usual daily activities due to lack	of energy
Days (w7 / 8.Energy/fatigability) :  _	_l	
	Week 8	
ID14089S6V6723 / DATQIDS14W8_M2 Date (w8)://		
ID14089S6V6724 / QIDS14W8_M2		
8. Energy/fatigability (w8):		
O [0] (0) No change in usual le		
O <sub>[1]</sub> (1) Tires more easily tha		
	rsonal effort to initiate or maintain usua	
$O_{[3]}(3)$ Unable to carry out r	nost of usual daily activities due to lack	of energy
Days (w8 / 8.Energy/fatigability):  _	_l	

Protocole : RLINK	Code centre :	Patient :
	9. Psychomotor slowing (qIDS item 15)	
	Week 1	
ID14089S6V6726 / DATQIDS15W1_M2		
Date (w1):/		
ID14089S6V6727 / QIDS15W1_M2		
9. Psychomotor slowing (w1):		
	d of thinking, gesturing, and speaking slowed thinking, and voice modulation is reduced	-1
	seconds to respond to most questions; reports sl	
	esponsive to most questions without strong encou	
	esponsive to most questions without strong encot	aragement
Days (w1 / 9.Psychomotor slo	wing):	
	Week 2	
ID14089S6V6729 / DATQIDS15W2_M2		
Date (w2) ://		
ID14089S6V6730 / QIDS15W2_M2		
9. Psychomotor slowing (w2):		
	d of thinking, gesturing, and speaking	
_	slowed thinking, and voice modulation is reduced	
	seconds to respond to most questions; reports sl	
(3) Is largely unre	esponsive to most questions without strong encou	uragement
Days (w2 / 9.Psychomotor slo	wing) ·	
Days (WZ / 3.Psycholliotol slo	wing) .	
	Week 3	
ID14089S6V6732 / DATQIDS15W3_M2 Date (w3)://		
ID14089S6V6733 / QIDS15W3_M2		
9. Psychomotor slowing (w3)		
	d of thinking, gesturing, and speaking	
	slowed thinking, and voice modulation is reduced	
_	seconds to respond to most questions; reports sl	
O <sub>(3)</sub> (3) Is largely unre	esponsive to most questions without strong encou	uragement

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Protocole : RLINK	Code centre :	Patient :
Days (w3 / 9.Psychomotor slowing):	<u>  </u>	
	Week 4	
O <sub>[1]</sub> (1) Patient notes slowed O <sub>[2]</sub> (2) Takes several second	nking, gesturing, and speaking d thinking, and voice modulation is reduc ds to respond to most questions; reports ve to most questions without strong end	s slowed thinking
	Week 5	
O <sub>[1]</sub> (1) Patient notes slowed O <sub>[2]</sub> (2) Takes several second	nking, gesturing, and speaking d thinking, and voice modulation is reduc ds to respond to most questions; reports ve to most questions without strong end	s slowed thinking
	Week 6	
O <sub>[1]</sub> (1) Patient notes slowed O <sub>[2]</sub> (2) Takes several second	nking, gesturing, and speaking d thinking, and voice modulation is reduc ds to respond to most questions; reports we to most questions without strong end	s slowed thinking

Protocole : RLINK	Code centre :	Patient :
	Week 7	
O <sub>[1]</sub> (1) Patient notes slowe O <sub>[2]</sub> (2) Takes several secon	inking, gesturing, and speaking d thinking, and voice modulation is reduc ds to respond to most questions; reports sive to most questions without strong enc	slowed thinking
	Week 8	
	week 8	
$O_{[1]}(1)$ Patient notes slowe $O_{[2]}(2)$ Takes several secon	inking, gesturing, and speaking d thinking, and voice modulation is reduc ds to respond to most questions; reports ive to most questions without strong enc :	slowed thinking
	10. Psychomotor agitation (qIDS item 16	5)
	Week 1	
O <sub>[1]</sub> (1) Fidgets, wrings hand O <sub>[2]</sub> (2) Describes impulse to	or disorganization in thinking or gesturing ds and shifts positions often o move about and displays motor restless ed; paces about with or without permissio	sness

Protocole : RLINK	Code centre :	Patient :
ID14089S6V6752 / DAYQIDS16W1_M2 Days (w1 / 10.Psychomotor agitation	on) :	
	Week 2	
$O_{[1]}(1)$ Fidgets, wrings had $O_{[2]}(2)$ Describes impulse	ed or disorganization in thinking or gesturing nds and shifts positions often to move about and displays motor restlessn ated; paces about with or without permission	ess
	Week 3	
$O_{[1]}(1)$ Fidgets, wrings had $O_{[2]}(2)$ Describes impulse	ed or disorganization in thinking or gesturing nds and shifts positions often to move about and displays motor restlessn ated; paces about with or without permission	ess
	Week 4	
$O_{[1]}(1)$ Fidgets, wrings had $O_{[2]}(2)$ Describes impulse	ed or disorganization in thinking or gesturing nds and shifts positions often to move about and displays motor restlessnated; paces about with or without permission on):	ess

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Protocole : RLINK	Code centre :	Patient :
_		
	Week 5	
$O_{[1]}(1)$ Fidgets, wrings $O_{[2]}(2)$ Describes impu	:  peed or disorganization in thinking or gesturing hands and shifts positions often  Ise to move about and displays motor restlessr seated; paces about with or without permission	ness
	Week 6	
O <sub>[1]</sub> (1) Fidgets, wrings O <sub>[2]</sub> (2) Describes impu	:  peed or disorganization in thinking or gesturing hands and shifts positions often  Ise to move about and displays motor restlessr  seated; paces about with or without permission	ness
	Week 7	
O <sub>[1]</sub> (1) Fidgets, wrings O <sub>[2]</sub> (2) Describes impu	peed or disorganization in thinking or gesturing hands and shifts positions often lse to move about and displays motor restless reated; paces about with or without permission	ness

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Protocole : RLINK	Code centre :	Patient :
	Week 8	
Date (w8):/		
ID14089S6V6772 / QIDS16W8_M2	_	
10. Psychomotor agitation (w8):		
	ed or disorganization in thinking or gesturing nds and shifts positions often	
	to move about and displays motor restlessn	925
	ated; paces about with or without permission	
ID14089S6V6773 / DAYQIDS16W8_M2		
Days (w8 / 10.Psychomotor agitation	on) :	
11 F	LEVATED ENERGY / Activity -motor (BRMS i	tem 1)
11. 0	ELVATED ENERGY / Activity - motor (British	tem 1 <sub>j</sub>
	_	
	Week 1	
Date (w1):/	_	
ID14089S6V6775 / BRMS1W1_M2		
11. ELEVATED ENERGY / Activity-m		
	ivity, adequate facial expression motor activity, lively facial expression	
	ive motor activity, lively gestures	
	e motor activity, on the move most of the time	ne. Rises one or several times during
interview		
$O_{[4]}(4)$ Constantly active,	restlessly energetic. Even if urged, patient ca	annot sit still.
ID1408956V6776 / DAYBRMS1W1_M2 Days (w1 / 11.ELEVATED ENERGY /	Activity-motor) :	
bays (WI) II.LLEVITED ENERGY	received motor, .	
	Week 2	
Date (w2): / /		
ID14089S6V6778 / BRMS1W2_M2	-	
11. ELEVATED ENERGY / Activity-m	iotor (w2) :	
	ivity, adequate facial expression	
	motor activity, lively facial expression	
	ive motor activity, lively gestures	Discourse and the second
∪ [3] (3) Outright excessive	e motor activity, on the move most of the tim	ne. Rises one or several times during

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Protocole : RLINK	Code centre :	Patient :
interview O <sub>[4]</sub> (4) Constantly active ID1408956V6779 / DAYBRMS1W2_M2 Days (w2 / 11.ELEVATED ENERGY	e, restlessly energetic. Even if urged, patient car	nnot sit still.
	Week 3	
ID14089S6V6780 / DATBRMS1W3_M2 Date (w3)://		
O <sub>[1]</sub> (1) Slightly increased	motor (w3): ctivity, adequate facial expression d motor activity, lively facial expression sive motor activity, lively gestures	
interview O [4] (4) Constantly active	ve motor activity, on the move most of the time	
Days (w3 / 11.ELEVATED ENERGY	/ Activity-motor) :	
	Week 4	
O <sub>[1]</sub> (1) Slightly increased O <sub>[2]</sub> (2) Somewhat exces O <sub>[3]</sub> (3) Outright excessive interview	motor (w4): ctivity, adequate facial expression d motor activity, lively facial expression sive motor activity, lively gestures we motor activity, on the move most of the time	
Days (w4 / 11.ELEVATED ENERGY	/ Activity-motor) :	
	Week 5	
ID1408956V6786 / DATBRMS1W5_M2 Date (w5)://	— motor (w5) :	

Protocole : RLINK	Code centre :	Patient :
0		
_	r activity, adequate facial expression	
, , ,	ased motor activity, lively facial expression	
	cessive motor activity, lively gestures	
	ssive motor activity, on the move most of the time	e. Rises one or several times during
interview Occupation the continuous	tive weetlessly exercise Free if yound notices as	no at ait atill
	tive, restlessly energetic. Even if urged, patient ca	nnot sit still.
ID14089S6V6788 / DAYBRMS1W5_M2 Days (w5 / 11.ELEVATED ENER	OCV / Activity mater)	
Days (W5 / II.ELEVATED ENER	.GT / ACTIVITY-MOTOR) .	
	Week 6	
Date (w6):/		
ID14089S6V6790 / BRMS1W6_M2 11. ELEVATED ENERGY / Activi		
O [0] (0) Normal moto	r activity, adequate facial expression	
O <sub>[1]</sub> (1) Slightly increa	ased motor activity, lively facial expression	
	cessive motor activity, lively gestures	
O <sub>[3]</sub> (3) Outright exce	ssive motor activity, on the move most of the time	e. Rises one or several times during
interview		
O <sub>[4]</sub> (4) Constantly ac	tive, restlessly energetic. Even if urged, patient ca	nnot sit still.
ID14089S6V6791 / DAYBRMS1W6_M2		
Days (w6 / 11.ELEVATED ENER	GY / Activity-motor) :	
	Week 7	
Date (w7) :/		
ID14089S6V6793 / BRMS1W7_M2		
11. ELEVATED ENERGY / Activi		
	r activity, adequate facial expression	
_	ased motor activity, lively facial expression	
	cessive motor activity, lively gestures	
	ssive motor activity, on the move most of the time	e. Rises one or several times during
interview (4) Country the co	tion mathematically are protein forms if a month on the same	and the state of t
(4) Constantly ac	tive, restlessly energetic. Even if urged, patient ca	nnot sit still.
ID1408956V6794 / DAYBRMS1W7_M2 Days (w7 / 11.ELEVATED ENER	RGY / Activity-motor):	
	Week 8	

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Protocole : RLINK	Code centre :	Patient :
ID14089S6V6795 / DATBRMS1W8_M2 Date (w8)://		
ID1408956V6796 / BRMS1W8_M2 11. ELEVATED ENERGY / Activity-	motor (w8) ·	
The state of the s	ctivity, adequate facial expression	
_	d motor activity, lively facial expression	
	ssive motor activity, lively gestures	
,	ve motor activity, on the move most of the tim	e. Rises one or several times during
interview		
O <sub>[4]</sub> (4) Constantly active	e, restlessly energetic. Even if urged, patient ca	nnot sit still.
ID14089S6V6797 / DAYBRMS1W8_M2		
Days (w8 / 11.ELEVATED ENERGY	' / Activity-motor) :	
12	ELEVATED ENERGY / Activity -verbal (BRMS it	tem 2)
12.	LLEVATED ENERGY / Activity - Verbal (DRIVIS II	2)
	Week 1	
ID14089S6V6798 / DATBRMS2W1_M2 Date (w1)://		
ID14089S6V6799 / BRMS2W1_M2		
12. ELEVATED ENERGY / Activity-		
O [0] (0) Normal verbal a	,	
O <sub>[1]</sub> (1) Somewhat talka		
	o spontaneous intervals in the conversation	
O <sub>[3]</sub> (3) Difficult to inter	•	
O [4] (4) Impossible to int	terrupt, completely dominates conversation	
ID14089S6V6800 / DAYBRMS2W1_M2		
Days (w1 / 12.ELEVATED ENERGY	// Activity-verbal) :	
	Week 2	
ID14089S6V6801 / DATBRMS2W2_M2		
Date (w2) :/	—	
ID1408956V6802 / BRMS2W2_M2	verbal (v.2)	
12. ELEVATED ENERGY / Activity- O [0] (0) Normal verbal a		
O [1] (1) Somewhat talka		
	o spontaneous intervals in the conversation	
O [3] (3) Difficult to interi		
	terrupt, completely dominates conversation	
: : ·	•	

Protocole : RLINK	Code centre :	Patient :
ID1408956V6803 / DAYBRM52W2_M2 Days (w2 / 12.ELEVATED ENERGY / Activit	ty-verbal):	
	Week 3	
ID1408956V6804 / DATBRMS2W3_M2 Date (w3):/  ID1408956V6805 / BRMS2W3_M2  12. ELEVATED ENERGY / Activity-verbal (v	neous intervals in the convers	
Days (w3 / 12.ELEVATED ENERGY / Activit	ty-verbal):	
	Week 4	
ID1408956V6807 / DATBRMS2W4_M2 Date (w4):/  ID1408956V6808 / BRMS2W4_M2  12. ELEVATED ENERGY / Activity-verbal (various)  O [0] (0) Normal verbal activity  O [1] (1) Somewhat talkative  O [2] (2) Very talkative, no spontate of the second of the	neous intervals in the convers completely dominates convers	
	Week 5	
Date (w5):/	neous intervals in the convers	

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Protocole : RLINK	Code centre :	Patient :
Days (w5 / 12.ELEVATED ENERGY / Activity-	-verbal) :	
	Week 6	
ID1408956V6813 / DATBRMS2W6_M2 Date (w6):/	eous intervals in the conversat mpletely dominates conversat	
	Week 7	
ID1408956V6816 / DATBRMS2W7_M2 Date (w7):/	eous intervals in the conversat mpletely dominates conversat -verbal):	
	Week 8	
ID1408956V6819 / DATBRMS2W8_M2 Date (w8)://  ID1408956V6820 / BRMS2W8_M2 12. ELEVATED ENERGY / Activity-verbal (w8  O [0] (0) Normal verbal activity  O [1] (1) Somewhat talkative  O [2] (2) Very talkative, no spontance		ion
O <sub>[3]</sub> (3) Difficult to interrupt		
$O_{4}$ (4) Impossible to interrupt, co	mpletely dominates conversat	ion

Protocole : RLINK	Code centre :	Patient :
ID1408956V6821 / DAYBRMS2W8_M2 Days (w8 / 12.ELEVATED ENER	.GY / Activity-verbal):	
	D. ACTIVITIES / work 14089S6FC1990	
	13. Involvement (qIDS item 13)	
	Week 1	
ID14089S6V6822 / DATQIDS13W1_M2 Date (w1)://		
$O_{[1]}(1)$ Notices a redu $O_{[2]}(2)$ Finds only 1 or	om usual level of interest in other people and activation in former interests/activities r 2 former interests remain no interest in formerly pursued activities	vities vities
ID1408956V6824 / DAYQIDS13W1_M2 Days (w1 / 13.Involvement):		
	Week 2	
Date (w2):/	om usual level of interest in other people and activ	vities
$O_{[2]}(2)$ Finds only 1 or	uction in former interests/activities r 2 former interests remain no interest in formerly pursued activities	
Days (w2 / 13.Involvement):		
	Week 3	
ID14089S6V6828 / DATQIDS13W3_M2 Date (w3): / /		

Protocole : RLINK	Code centre :	Patient :
13. Involvement (w3):  O[0] (0) No change from usual level of O[1] (1) Notices a reduction in forme O[2] (2) Finds only 1 or 2 former inter O[3] (3) Has virtually no interest in formous only 1 or 2 former interest in formation only 1 or 2 former interest in for	rests remain	
	Week 4	
ID1408956V6831 / DATQIDS13W4_M2	rests remain	
	Week 5	
ID1408956V6834 / DATQIDS13W5_M2   Date (w5) :	rests remain	
	Week 6	
ID1408956V6837 / DATQIDS13W6_M2 Date (w6)://  ID1408956V6838 / QIDS13W6_M2 13. Involvement (w6):  O [0] (0) No change from usual level of	of interest in other people and activities	

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Protocole : RLINK	Code centre :	Patient :
$O_{[1]}(1)$ Notices a reduction in forme	er interests/activities	
$O_{[2]}(2)$ Finds only 1 or 2 former inte		
$O_{[3]}(3)$ Has virtually no interest in fo		
	omeny paradea decivities	
Days (w6 / 13.Involvement) :		
bays (way is minorially in in in		
	Week 7	
ID1408956V6840 / DATQIDS13W7_M2		
Date (w7) :/		
ID14089S6V6841 / QIDS13W7_M2		
13. Involvement (w7):		
O (0) No change from usual level		ities
O <sub>[1]</sub> (1) Notices a reduction in forme		
O <sub>[2]</sub> (2) Finds only 1 or 2 former inte		
$O_{[3]}(3)$ Has virtually no interest in fo	ormerly pursued activities	
ID1408956V6842 / DAYQIDS13W7_M2		
Days (w7 / 13.Involvement) :		
	Week 8	
	Week 8	
	Week 8	
ID14089S6V6843 / DATQIDS13W8_M2 Date (w8): / /	Week 8	
Date (w8):/	Week 8	
Date (w8):/	Week 8	
Date (w8) :/		ities
Date (w8):/	of interest in other people and activ	ities
Date (w8):/	of interest in other people and activ er interests/activities	ities
Date (w8):/	of interest in other people and activ er interests/activities erests remain	ities
Date (w8):/	of interest in other people and activ er interests/activities erests remain	ities
Date (w8):/	of interest in other people and activ er interests/activities erests remain	ities
Date (w8):/	of interest in other people and activ er interests/activities erests remain	ities
Date (w8):/	of interest in other people and activ er interests/activities erests remain	ities
Date (w8):/	of interest in other people and activ er interests/activities erests remain	ities
Date (w8):/	of interest in other people and activ er interests/activities erests remain ormerly pursued activities	
Date (w8):/	of interest in other people and activ er interests/activities erests remain	
Date (w8):/	of interest in other people and activ er interests/activities erests remain ormerly pursued activities	
Date (w8):/	of interest in other people and activ er interests/activities erests remain ormerly pursued activities	
Date (w8):/	of interest in other people and activer interests/activities erests remain ormerly pursued activities	
Date (w8):/	of interest in other people and activer interests/activities erests remain ormerly pursued activities	

Protocole: RLINK	Code centre :	Patient :
patient somewhat distractible $O_{[2]}(2)$ Increased drive, by quality and the quality is indeed to $O_{[3]}(3)$ Work capacity is of and be sick-listed. If the patient is	vity  drive, but work quality is slightly reduced, as out motivating clearly fluctuating. The patient owered. Often quarrels at work clearly reduced, and from time to time the pa hospitalised, he can participate for some how ought to be) hospitalised and unable to parti	t difficulties in judging own work atient loses control; has to stop work urs per day in ward activities
	Week 2	
patient somewhat distractible $O_{[2]}(2)$ Increased drive, by quality and the quality is indeed to $O_{[3]}(3)$ Work capacity is of and be sick-listed. If the patient is	vity  drive, but work quality is slightly reduced, as out motivating clearly fluctuating. The patient owered. Often quarrels at work clearly reduced, and from time to time the pa hospitalised, he can participate for some how ought to be) hospitalised and unable to parti	t difficulties in judging own work atient loses control; has to stop work urs per day in ward activities
	Week 3	
patient somewhat distractible $O_{[2]}(2)$ Increased drive, by quality and the quality is indeed to $O_{[3]}(3)$ Work capacity is of and be sick-listed. If the patient is	vity drive, but work quality is slightly reduced, as out motivating clearly fluctuating. The patient	t difficulties in judging own work atient loses control; has to stop work urs per day in ward activities

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Protocole : RLINK	Code centre :	Patient :
Days (w3 / 14.Work/ Usual activities	s/ Hobbies):	
	Week 4	
ID14089S6V6855 / DATBRMS11W4_M2 Date (w4):/		
14. Work/ Usual activities/ Hobbies		
	ty rive, but work quality is slightly reduced,	as motivation is changing and the
patient somewhat distractible $O_{[2]}(2)$ Increased drive, bu quality and the quality is indeed low	t motivating clearly fluctuating. The patie	ent difficulties in judging own work
O <sub>[3]</sub> (3) Work capacity is cle	early reduced, and from time to time the ospitalised, he can participate for some h	
O <sub>[4]</sub> (4) The patient is (or o	ught to be) hospitalised and unable to pa	rticipate in ward activities
Days (w4 / 14.Work/ Usual activities	s/ Hobbies) :	
	Week 5	
ID14089S6V6858 / DATBRMS11W5_M2 Date (w5):/		
14. Work/ Usual activities/ Hobbies  O [0] (0) Normal work activities/		
,	rive, but work quality is slightly reduced,	as motivation is changing and the
quality and the quality is indeed low	·	
and be sick-listed. If the patient is h	early reduced, and from time to time the ospitalised, he can participate for some hought to be) hospitalised and unable to pa	ours per day in ward activities
Days (w5 / 14.Work/ Usual activities	s/ Hobbies):	
	Week 6	
ID1408956V6861 / DATBRMS11W6_M2 Date (w6):/		

Protocole : RLINK	Code centre :	Patient :
ID14089S6V6862 / BRMS11W6_M2		
14. Work/ Usual activities/ Hobb	ies (w6) :	
O [0] (0) Normal work act		
	d drive, but work quality is slightly reduced, as	motivation is changing and the
patient somewhat distractible	a drive, but work quality is slightly reduced, as	motivation is changing and the
•	hut mention the along the fluctuation. The metions	
	but motivating clearly fluctuating. The patient	difficulties in judging own work
quality and the quality is indeed	·	diant laces control beats at a second.
	clearly reduced, and from time to time the pa	
	s hospitalised, he can participate for some hou	
$\bigcirc$ [4] (4) The patient is (o	r ought to be) hospitalised and unable to parti	cipate in ward activities
ID14089S6V6863 / DAYBRMS11W6_M2		
Days (w6 / 14.Work/ Usual activi	ties/ Hobbies):	
	Week 7	
ID1408956V6864 / DATBRMS11W7_M2		
Date (w7) :/		
ID14089S6V6865 / BRMS11W7_M2		
14. Work/ Usual activities/ Hobb		
O [0] (0) Normal work act	ivity	
O [1] (1) Slightly increase	d drive, but work quality is slightly reduced, as	motivation is changing and the
patient somewhat distractible		
O <sub>[2]</sub> (2) Increased drive,	but motivating clearly fluctuating. The patient	difficulties in judging own work
quality and the quality is indeed		
O <sub>[3]</sub> (3) Work capacity is	clearly reduced, and from time to time the pa	itient loses control; has to stop work
	s hospitalised, he can participate for some hou	
$O_{[4]}(4)$ The patient is (o	r ought to be) hospitalised and unable to parti	cipate in ward activities
ID14089S6V6866 / DAYBRMS11W7_M2		•
Days (w7 / 14.Work/ Usual activi	ties/ Hobbies):	
, , , , , , , , , , , , , , , , , , , ,		
	Week 8	
ID14089S6V6867 / DATBRMS11W8_M2		
Date (w8) :/		
ID14089S6V6868 / BRMS11W8_M2		
14. Work/ Usual activities/ Hobb	ies (w8) :	
O [0] (0) Normal work act		
	d drive, but work quality is slightly reduced, as	motivation is changing and the
	a urive, but work quality is slightly reduced, as	motivation is changing and the
patient somewhat distractible	but motivating alcoals fluctuating. The market	difficulties in its deline assessment
	but motivating clearly fluctuating. The patient	airriculties in judging own work
quality and the quality is indeed	•	
	clearly reduced, and from time to time the pa	
	s hospitalised, he can participate for some hou	
$\bigcup_{[4]}$ (4) The patient is (o	r ought to be) hospitalised and unable to parti	cipate in ward activities

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Protocole : RLINK	Code centre :	Patient :
ID1408956V6869 / DAYBRMS11W8_M2 Days (w8 / 14.Work/ Usual activ	vities/ Hobbies):	
	E. Thought / Cognition 14089S6FC2010	
15.	CONCENTRATION/DECISION MAKING ( (qIDS it	tem 10)
	Week 1	
$O_{1}(1)$ Occasionally fe $O_{2}(2)$ Most of the time	king (w1): sual capacity to concentrate and decide els indecisive or notes that attention often wand ne struggles to focus attention or make decisions trate well enough to read or cannot make even	s
	Week 2	
$O_{[1]}(1)$ Occasionally fe $O_{[2]}(2)$ Most of the time	king (w2): sual capacity to concentrate and decide els indecisive or notes that attention often wand ne struggles to focus attention or make decisions trate well enough to read or cannot make even	S
	Week 3	
ID1408956V6876 / DATQIDS10W3_M2 Date (w3)://		

Protocole : RLINK	Code centre :	Patient :
O <sub>[1]</sub> (1) Occasionally fee O <sub>[2]</sub> (2) Most of the tim	sual capacity to concentrate and decide els indecisive or notes that attention often wand e struggles to focus attention or make decisions trate well enough to read or cannot make even	S
	Week 4	
$O_{[1]}(1)$ Occasionally fee $O_{[2]}(2)$ Most of the tim	ring (w4): Sual capacity to concentrate and decide els indecisive or notes that attention often wand e struggles to focus attention or make decisions trate well enough to read or cannot make even	S
	Week 5	
$O_{[1]}(1)$ Occasionally fee $O_{[2]}(2)$ Most of the time	sual capacity to concentrate and decide els indecisive or notes that attention often wand e struggles to focus attention or make decisions trate well enough to read or cannot make even	s
	Week 6	
ID14089S6V6885 / DATQIDS10W6_M2 Date (w6)://  ID14089S6V6886 / QIDS10W6_M2 15. Concentration/decision mak  O [0] (0) No change in us	Sing (w6):  Sual capacity to concentrate and decide	

Protocole : RLINK	Code centre :	Patient :
0 40 0 1 11 6 1 1 1 1 1		
	or notes that attention often wanders	
O <sub>[2]</sub> (2) Most of the time struggles to		
O [3] (3) Cannot concentrate well end	ough to read or cannot make even mind	or decisions
ID14089S6V6887 / DAYQIDS10W6_M2		
Days (w6 / 15.Concentration/decision makin	g) :	
, , ,	·	
	Week 7	
	Week 7	
ID14089S6V6888 / DATQIDS10W7_M2		
Date (w7):/		
ID14089S6V6889 / QIDS10W7_M2		
15. Concentration/decision making (w7):		
O <sub>[0]</sub> (0) No change in usual capacity	to concentrate and decide	
	or notes that attention often wanders	
$O_{[2]}(2)$ Most of the time struggles to		
(3) Cannot concentrate well end	ough to read or cannot make even mind	or decisions
ID14089S6V6890 / DAYQIDS10W7_M2		
Days (w7 / 15.Concentration/decision makin	g) :	
	Week 8	
	Week 8	
	Week 8	
ID14089S6V6891 / DATQIDS10W8_M2 Data (w8): / /	Week 8	
Date (w8):/	Week 8	
Date (w8):/	Week 8	
Date (w8):/		
Date (w8):/	to concentrate and decide	
Date (w8):/	to concentrate and decide or notes that attention often wanders	
Date (w8):/	to concentrate and decide or notes that attention often wanders	
Date (w8):/	to concentrate and decide or notes that attention often wanders	or decisions
Date (w8):/	to concentrate and decide or notes that attention often wanders o focus attention or make decisions	or decisions
Date (w8):/	to concentrate and decide or notes that attention often wanders o focus attention or make decisions ough to read or cannot make even mind	or decisions
Date (w8):/	to concentrate and decide or notes that attention often wanders o focus attention or make decisions ough to read or cannot make even mind	or decisions
Date (w8):/	to concentrate and decide or notes that attention often wanders o focus attention or make decisions ough to read or cannot make even mind	or decisions
Date (w8):/	to concentrate and decide or notes that attention often wanders o focus attention or make decisions ough to read or cannot make even mind	or decisions
Date (w8):/	to concentrate and decide or notes that attention often wanders o focus attention or make decisions ough to read or cannot make even mind	or decisions
Date (w8):/	to concentrate and decide or notes that attention often wanders o focus attention or make decisions ough to read or cannot make even mind	or decisions
Date (w8):/	to concentrate and decide or notes that attention often wanders o focus attention or make decisions ough to read or cannot make even mino	or decisions
Date (w8):/	to concentrate and decide or notes that attention often wanders o focus attention or make decisions ough to read or cannot make even mino	or decisions
Date (w8):/	to concentrate and decide or notes that attention often wanders o focus attention or make decisions ough to read or cannot make even mino	or decisions
Date (w8):/	to concentrate and decide or notes that attention often wanders o focus attention or make decisions ough to read or cannot make even mino	or decisions
Date (w8):	to concentrate and decide or notes that attention often wanders o focus attention or make decisions ough to read or cannot make even mino	or decisions
Date (w8):/	to concentrate and decide or notes that attention often wanders o focus attention or make decisions ough to read or cannot make even mino	or decisions

Protocole : RLINK	Code centre :	Patient :
16. Flight of Thoughts (w1):  O [0] (0) Cohesive speed O [1] (1) Lively description conversation. The speech is still O [2] (2) Now and again random associations (often rhyrough)	h, no flight of thoughts ons, explanations and elaborations without losing cohesive. it is difficult for the patient to stick to the topic, mes, clangs, puns, pieces of verse or music). Ight is regularly disrupted by diversionary assocompossible to follow the patient's line of though er	ng connection with the topic of , as the patient is distracted by ciations
	Week 2	
conversation. The speech is still $O_{2}(2)$ Now and again random associations (often rhyroga) $O_{3}(3)$ The fine of thou	ons, explanations and elaborations without losing cohesive.  it is difficult for the patient to stick to the topic, mes, clangs, puns, pieces of verse or music).  Ight is regularly disrupted by diversionary assocompossible to follow the patient's line of though er	, as the patient is distracted by
	Week 3	
conversation. The speech is still $O_{[2]}(2)$ Now and again random associations (often rhyr $O_{[3]}(3)$ The fine of thou	ons, explanations and elaborations without losing cohesive.  it is difficult for the patient to stick to the topic, mes, clangs, puns, pieces of verse or music).  Ight is regularly disrupted by diversionary assocompossible to follow the patient's line of though	, as the patient is distracted by

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Protocole : RLINK	Code centre :	Patient :
ID1408956V6902 / DAYBRMS3W3_M2 Days (w3 / 16.Flight of Thoughts)	:	
	Week 4	
ID1408956V6903 / DATBRMS3W4_M2 Date (w4):/	_	
10. Flight of Thoughts (w4):		
$\bigcirc_{[0]}(0)$ Cohesive speech,		
$O_{[1]}(1)$ Lively description conversation. The speech is still co	s, explanations and elaborations without los phesive.	sing connection with the topic of
	is difficult for the patient to stick to the topices, clangs, puns, pieces of verse or music).	c, as the patient is distracted by
	ht is regularly disrupted by diversionary asso	
O <sub>[4]</sub> (4) It is difficult or im from one topic subject to another	possible to follow the patient's line of thoug	ght, as the patient constantly lumps
Days (w4 / 16.Flight of Thoughts)	:	
	Week 5	
	week 3	
ID1408956V6906 / DATBRMS3W5_M2 Date (w5)://	_	
1D1408956V6907 / BRMS3W5_M2 16. Flight of Thoughts (w5) :		
$O_{[0]}(0)$ Cohesive speech,		
conversation. The speech is still co		
	is difficult for the patient to stick to the topions, clangs, puns, pieces of verse or music).	c, as the patient is distracted by
	ht is regularly disrupted by diversionary asso	
$O_{[4]}(4)$ It is difficult or im from one topic subject to another	possible to follow the patient's line of thoug	ght, as the patient constantly lumps
Days (w5 / 16.Flight of Thoughts)	:	
	Week 6	
ID1408956V6909 / DATBRMS3W6_M2 Date (w6):/	_	

Protocole : RLINK	Code centre :	Patient :
ID14089S6V6910 / BRMS3W6_M2		
16. Flight of Thoughts (w6):		
O [0] (0) Cohesive speech,		
	s, explanations and elaborations without los	sing connection with the topic of
conversation. The speech is still co		
	s difficult for the patient to stick to the topi	ic, as the patient is distracted by
	s, clangs, puns, pieces of verse or music).	
(3) The fine of though	nt is regularly disrupted by diversionary asso	ociations
	possible to follow the patient's line of thoug	ght, as the patient constantly lumps
from one topic subject to another		
ID1408956V6911 / DAYBRMS3W6_M2		
Days (w6 / 16.Flight of Thoughts)	:	
	Week 7	
	week /	
Date (w7):/		
	_	
16. Flight of Thoughts (w7):		
$O_{[0]}(0)$ Cohesive speech,	no flight of thoughts	
	s, explanations and elaborations without los	sing connection with the tenis of
conversation. The speech is still co		sing connection with the topic of
·	s difficult for the patient to stick to the topi	ic as the nationt is distracted by
	s, clangs, puns, pieces of verse or music).	e, as the patient is distracted by
_	nt is regularly disrupted by diversionary asso	ociations
	possible to follow the patient's line of thoug	
from one topic subject to another	possible to follow the patient's line of thoug	girt, as the patient constantly lumps
Days (w7 / 16.Flight of Thoughts)	• 1 1	
bays (w// 10.1 light of Thoughts)	· <u> </u>	
		<del></del>
	Week 8	
ID14089S6V6915 / DATBRMS3W8_M2		
Date (w8) :/	_	
ID14089S6V6916 / BRMS3W8_M2		
16. Flight of Thoughts (w8):		
$O_{[0]}(0)$ Cohesive speech,		
$O_{[1]}(1)$ Lively descriptions	s, explanations and elaborations without los	sing connection with the topic of
conversation. The speech is still co		
	s difficult for the patient to stick to the topi	ic, as the patient is distracted by
random associations (often rhyme	s, clangs, puns, pieces of verse or music).	
	nt is regularly disrupted by diversionary asso	
	possible to follow the patient's line of thoug	
from one topic subject to another		

Protocole : RLINK	Code centre :	Patient :
ID14089S6V6917 / DAYBRMS3W8_M2 Days (w8 / 16.Flight of Though	hts) :	
	F. OUTLOOK (self) 14089S6FC2030	
	17. OUTLOOK (SELF) - GUILT (qIDS item 11)	
	Week 1	
$O_{[1]}(1)$ Is more self-k $O_{[2]}(2)$ Largely believ	: equally worthwhile and deserving as others blaming than usual ves that he/she causes problems for others ver major and minor defects in self	
	Week 2	
$O_{[1]}(1)$ Is more self-k $O_{[2]}(2)$ Largely believ	equally worthwhile and deserving as others blaming than usual ves that he/she causes problems for others ver major and minor defects in self	
	Week 3	
ID14089S6V6924 / DATQIDS11W3_M2 Date (w3)://		

Protocole : RLINK	Code centre :	Patient :
17. Outlook (self) - Guilt (w3):  O[0](0) Sees self as equally worthwhit O[1](1) Is more self-blaming than usu O[2](2) Largely believes that he/she of O[3](3) Ruminates over major and m  ID1408956V6926 / DAYQIDS11W3_M2 Days (w3 / 17.Outlook (self) - Guilt):	al causes problems for others	
	Week 4	
ID1408956V6927 / DATQIDS11W4_M2	aal causes problems for others	
	Week 5	
ID1408956V6930 / DATQIDS11W5_M2 Date (w5):/  ID1408956V6931 / QIDS11W5_M2  17. Outlook (self) - Guilt (w5):  Q [0] (0) Sees self as equally worthwhit	al causes problems for others	
	Week 6	
ID1408956V6933 / DATQIDS11W6_M2 Date (w6)://  ID1408956V6934 / QIDS11W6_M2 17. Outlook (self) - Guilt (w6):  O [0] (0) Sees self as equally worthwhi	ile and deserving as others	

Protocole : RLINK	Code centre :	Patient :
$O_{[1]}(1)$ Is more self-blaming than	usual	
O <sub>[2]</sub> (2) Largely believes that he/sl		
O <sub>[3]</sub> (3) Ruminates over major and		
	e. dereed in sen	
Days (w6 / 17.Outlook (self) - Guilt) :		
bays (we'y 17.18 allook (selly calle) !		
	Week 7	
ID14089S6V6936 / DATQIDS11W7_M2		
Date (w7):/		
ID14089S6V6937 / QIDS11W7_M2		
17. Outlook (self) - Guilt (w7) :		
O [0] (0) Sees self as equally worth		
$O_{[1]}(1)$ Is more self-blaming than		
O <sub>[2]</sub> (2) Largely believes that he/sl		
$O_{[3]}(3)$ Ruminates over major and	d minor defects in self	
ID1408956V6938 / DAYQIDS11W7_M2		
Days (w7 / 17.Outlook (self) - Guilt) :		
	Week 8	
	Week 8	
ID1408956V6939 / DATQIDS11W8_M2	Week 8	
ID1408956V6939 / DATQIDS11W8_M2 Date (w8):/	Week 8	
Date (w8):/	Week 8	
Date (w8) :/		
Date (w8):/	while and deserving as others	
Date (w8):/	while and deserving as others usual	
Date (w8):/	while and deserving as others usual he causes problems for others	
Date (w8):/	while and deserving as others usual he causes problems for others	
Date (w8):/	while and deserving as others usual he causes problems for others	
Date (w8):/	while and deserving as others usual he causes problems for others	
Date (w8):/	while and deserving as others usual he causes problems for others	
Date (w8):/	while and deserving as others usual he causes problems for others	
Date (w8):/	while and deserving as others usual he causes problems for others	
Date (w8):/	while and deserving as others usual he causes problems for others	
Date (w8):/	while and deserving as others usual he causes problems for others d minor defects in self	
Date (w8):/	while and deserving as others usual he causes problems for others d minor defects in self  18. SUICIDE (qIDS item 12)	
Date (w8):/	while and deserving as others usual he causes problems for others d minor defects in self	
Date (w8):/	while and deserving as others usual he causes problems for others d minor defects in self  18. SUICIDE (qIDS item 12)	
Date (w8):/	while and deserving as others usual he causes problems for others d minor defects in self  18. SUICIDE (qIDS item 12)	

Protocole : RLINK	Code centre :	Patient :
	Week 2	
	of suicide or death	
	Week 3	
	WCCKS	
	Week 4	
ID14089S6V6951 / DATQIDS12W4_M2 Date (w4)://		

Protocole : RLINK	Code centre :	Patient :
	Week 5	
	Week 6	
	Week 7	
ID14089S6V6960 / DATQIDS12W7_M2		
Date (w7) :/		

Protocole : RLINK	Code centre :	Patient :
	Week 8	
O <sub>[3]</sub> (3) Thinks of suicide/c suicide.  ID1408956V6965 / DAYQIDS12W8_M2 Days (w8 / 18.Suicide) :	suicide or death or is not worth living death several times a week for several minut death several times a day in depth, or has m	ade specific plans for or attempted
1	9. SELF-ESTEEM/ GRANDIOSITY (BRMS item	17)
	Week 1	
_	self-esteem, slightly boasting used self-esteem, boasting; frequent use of s tic ideas	superlatives

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Patient : \_\_\_\_\_

Code centre : \_\_\_\_\_

Week 2 ID14089S6V6969 / DATBRMS7W2\_M2 Date (w2) : \_\_\_\_/\_\_\_ ID14089S6V6970 / BRMS7W2\_M2 19. Self-esteem (w2): O<sub>[0]</sub> (0) Normal self-esteem O<sub>[1]</sub>(1) Slightly increased self-esteem, slightly boasting O<sub>[2]</sub>(2) Moderately increased self-esteem, boasting; frequent use of superlatives O<sub>[3]</sub>(3) Bragging, unrealistic ideas O<sub>[4]</sub> (4) Grandiose ideas which cannot be corrected ID14089S6V6971 / DAYBRMS7W2\_M2 Days (w2 / 19.Self-esteem) : |\_\_| Week 3 ID14089S6V6972 / DATBRMS7W3\_M2 Date (w3): \_\_\_\_/\_\_\_\_ ID14089S6V6973 / BRMS7W3\_M2 19. Self-esteem (w3): O<sub>[0]</sub> (0) Normal self-esteem O<sub>[1]</sub>(1) Slightly increased self-esteem, slightly boasting O<sub>[2]</sub>(2) Moderately increased self-esteem, boasting; frequent use of superlatives O<sub>[3]</sub> (3) Bragging, unrealistic ideas O<sub>[4]</sub> (4) Grandiose ideas which cannot be corrected ID14089S6V6974 / DAYBRMS7W3\_M2 Days (w3 / 19.Self-esteem) : | | Week 4 ID14089S6V6975 / DATBRMS7W4 M2 Date (w4): \_\_\_\_/\_\_\_\_ ID14089S6V6976 / BRMS7W4\_M2 19. Self-esteem (w4): O<sub>[0]</sub> (0) Normal self-esteem O<sub>[1]</sub>(1) Slightly increased self-esteem, slightly boasting  $O_{[2]}(2)$  Moderately increased self-esteem, boasting; frequent use of superlatives O<sub>[3]</sub>(3) Bragging, unrealistic ideas O<sub>[4]</sub> (4) Grandiose ideas which cannot be corrected ID14089S6V6977 / DAYBRMS7W4 M2 Days (w4 / 19.Self-esteem) : |\_\_|

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Protocole: RLINK

Protocole: RLINK Code centre : \_\_\_\_\_ Patient : \_\_\_\_\_ Week 5 ID14089S6V6978 / DATBRMS7W5\_M2 Date (w5) : \_\_\_\_/\_\_\_/\_\_\_ ID14089S6V6979 / BRMS7W5\_M2 19. Self-esteem (w5): O<sub>[0]</sub> (0) Normal self-esteem O<sub>[1]</sub>(1) Slightly increased self-esteem, slightly boasting O<sub>[2]</sub>(2) Moderately increased self-esteem, boasting; frequent use of superlatives O<sub>[3]</sub>(3) Bragging, unrealistic ideas O<sub>[4]</sub> (4) Grandiose ideas which cannot be corrected ID14089S6V6980 / DAYBRMS7W5\_M2 Days (w5 / 19.Self-esteem) : |\_\_| Week 6 ID14089S6V6981 / DATBRMS7W6\_M2 Date (w6): \_\_\_\_/\_\_\_\_ ID14089S6V6982 / BRMS7W6\_M2 19. Self-esteem (w6): O<sub>[0]</sub> (0) Normal self-esteem O<sub>[1]</sub>(1) Slightly increased self-esteem, slightly boasting O<sub>[2]</sub>(2) Moderately increased self-esteem, boasting; frequent use of superlatives O<sub>[3]</sub> (3) Bragging, unrealistic ideas O<sub>[4]</sub> (4) Grandiose ideas which cannot be corrected ID14089S6V6983 / DAYBRMS7W6\_M2 Days (w6 / 19.Self-esteem) : | | Week 7 ID14089S6V6984 / DATBRMS7W7 M2 Date (w7) : \_\_\_\_/\_\_\_\_ ID14089S6V6985 / BRMS7W7\_M2 19. Self-esteem (w7): O<sub>[0]</sub> (0) Normal self-esteem O<sub>[1]</sub>(1) Slightly increased self-esteem, slightly boasting O<sub>[2]</sub>(2) Moderately increased self-esteem, boasting; frequent use of superlatives O<sub>[3]</sub>(3) Bragging, unrealistic ideas O<sub>[4]</sub>(4) Grandiose ideas which cannot be corrected ID14089S6V6986 / DAYBRMS7W7 M2 Days (w7 / 19.Self-esteem) : |\_\_|

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Protocole : RLINK	Code centre :	Patient :
	Week 8	
Date (w8):/		
ID14089S6V6988 / BRMS7W8_M2		
19. Self-esteem (w8):  O[0](0) Normal self-esteem		
O <sub>[1]</sub> (1) Slightly increased self-	esteem slightly hoasting	
	self-esteem, boasting; frequent use of su	perlatives
O <sub>[3]</sub> (3) Bragging, unrealistic id		
$O_{\mathtt{[4]}}$ (4) Grandiose ideas which	cannot be corrected	
ID1408956V6989 / DAYBRM57W8_M2		
Days (w8 / 19.Self-esteem) :		
C	G. BEHAVIOR (others) 14089S6FC2059	
20	0. VOICE / NOISE LEVEL (BRMS item 4)	
	Week 1	
ID14089S6V6990 / DATBRMS4W1_M2		
Date (w1) :/		
ID14089S6V6991 / BRMS4W1_M2 20. Voice / Noise level (w1) :		
O [0] (0) Natural volume of voice	ce	
O <sub>[1]</sub> (1) Speaks loudly without		
$O_{[2]}(2)$ Voice discernible at a $G$		
	ernible at a long distance, is noisy, singing	
$O_{4}$ (4) Shouting, screaming, o	or using other source of noise due to hoar	rseness
ID14089S6V6992 / DAYBRMS4W1_M2 Days (w1 / 20.Voice / Noise level) :	I	
	_1	
	Week 2	
ID14089S6V6993 / DATBRMS4W2 M2	Week 2	
ID14089S6V6993 / DATBRMS4W2_M2 Date (w2):/	Week 2	
	Week 2	

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Protocole : RLINK	Code centre :	Patient :
O <sub>[1]</sub> (1) Speaks loudly with	hout heing noisy	
	at a distance, and somewhat noisy	
	discernible at a long distance, is noisy, singing	
O [4] (4) Shouting, screami	ing, or using other source of noise due to hoars	seness
ID14089S6V6995 / DAYBRMS4W2_M2		
Days (w2 / 20.Voice / Noise level)	:	
	Week 3	
Date (w3):/		
	_	
ID1408956V6997 / BRMS4W3_M2		
20. Voice / Noise level (w3):	f	
O (0) Natural volume o		
O <sub>[1]</sub> (1) Speaks loudly with		
	at a distance, and somewhat noisy	
	discernible at a long distance, is noisy, singing	
O [4] (4) Shouting, screami	ing, or using other source of noise due to hoars	seness
ID14089S6V6998 / DAYBRMS4W3_M2		
Days (w3 / 20.Voice / Noise level)	:	
	Week 4	
ID1408956V6999 / DATBRMS4W4_M2		
Date (w4) :/	_	
ID1408956V7000 / BRMS4W4_M2		
20. Voice / Noise level (w4):		
O [0] (0) Natural volume o		
O <sub>[1]</sub> (1) Speaks loudly wit		
	at a distance, and somewhat noisy	
	discernible at a long distance, is noisy, singing	
O [4] (4) Shouting, screami	ing, or using other source of noise due to hoars	seness
ID14089S6V7001 / DAYBRMS4W4_M2		
Days (w4 / 20.Voice / Noise level)	:	
		<del></del>
	Week 5	
ID14089S6V7002 / DATBRMS4W5_M2		
Date (w5):/	_	
1D14089S6V7003 / BRMS4W5_M2 20. Voice / Noise level (w5) :		

Protocole : RLINK	Code centre :	Patient :
O <sub>[3]</sub> (3) Vociferous, voic	rithout being noisy e at a distance, and somewhat noisy se discernible at a long distance, is noisy, singing ming, or using other source of noise due to hoa	
	Week 6	
O <sub>[3]</sub> (3) Vociferous, voic	rithout being noisy e at a distance, and somewhat noisy e discernible at a long distance, is noisy, singing ming, or using other source of noise due to hoa	
	Week 7	
O <sub>[3]</sub> (3) Vociferous, voic	rithout being noisy e at a distance, and somewhat noisy e discernible at a long distance, is noisy, singing ming, or using other source of noise due to hoa	
	Week 8	
ID1408956V7011 / DATBRMS4W8_M2 Date (w8)://		

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Protocole : RLINK	Code centre :	Patient :
	,	
21. HOS	TILITY/DESTRUCTIVENESS (BRMS item 5)	
	Week 1	
	WCCK 1	
Date (w1):/  Days (w1/21.Hostility/destructiveness (w1):  Days (w1/21.Hostility/destructiveness)	irritable, but control is maintained ritable. Provocation tolerated ats, but can be calmed down Physically destructive	
	Week 2	
ID1408956V7017 / DATBRMS5W2_M2 Date (w2):/	irritable, but control is maintained ritable. Provocation tolerated ats, but can be calmed down Physically destructive	

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Protocole: RLINK Code centre : \_\_\_\_\_ Patient : \_\_\_\_\_ Week 3 ID14089S6V7020 / DATBRMS5W3\_M2 Date (w3): / / ID14089S6V7021 / BRMS5W3\_M2 21. Hostility/destructiveness (w3): O<sub>[0]</sub> (0) No signs of impatience or hostility O<sub>[1]</sub>(1) Somewhat impatient or irritable, but control is maintained O<sub>[2]</sub>(2) Markedly impatient or irritable. Provocation tolerated O<sub>[3]</sub> (3) Provocative, makes threats, but can be calmed down O<sub>[4]</sub> (4) Overt physical violence. Physically destructive ID14089S6V7022 / DAYBRMS5W3\_M2 Days (w3 / 21.Hostility/destructiveness) : |\_\_\_| Week 4 ID14089S6V7023 / DATBRMS5W4\_M2 Date (w4) : \_\_\_\_/\_\_\_ ID14089S6V7024 / BRMS5W4\_M2 21. Hostility/destructiveness (w4): O<sub>[0]</sub> (0) No signs of impatience or hostility O<sub>[1]</sub>(1) Somewhat impatient or irritable, but control is maintained O<sub>[2]</sub>(2) Markedly impatient or irritable. Provocation tolerated O<sub>[3]</sub>(3) Provocative, makes threats, but can be calmed down O<sub>[4]</sub> (4) Overt physical violence. Physically destructive ID14089S6V7025 / DAYBRMS5W4\_M2 Days (w4 / 21.Hostility/destructiveness) : | | Week 5 ID14089S6V7026 / DATBRMS5W5 M2 Date (w5): \_\_\_\_/\_\_\_\_ ID14089S6V7027 / BRMS5W5\_M2 21. Hostility/destructiveness (w5): O<sub>[0]</sub> (0) No signs of impatience or hostility O<sub>[1]</sub>(1) Somewhat impatient or irritable, but control is maintained O<sub>[2]</sub>(2) Markedly impatient or irritable. Provocation tolerated O<sub>[3]</sub>(3) Provocative, makes threats, but can be calmed down O<sub>[4]</sub> (4) Overt physical violence. Physically destructive ID14089S6V7028 / DAYBRMS5W5 M2 Days (w5 / 21.Hostility/destructiveness) : |\_\_\_|

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Patient : \_\_\_\_\_

Code centre : \_\_\_\_\_

Week 6 ID14089S6V7029 / DATBRMS5W6\_M2 Date (w6): / / ID14089S6V7030 / BRMS5W6\_M2 21. Hostility/destructiveness (w6): O<sub>[0]</sub> (0) No signs of impatience or hostility O<sub>[1]</sub>(1) Somewhat impatient or irritable, but control is maintained O<sub>[2]</sub>(2) Markedly impatient or irritable. Provocation tolerated O<sub>[3]</sub> (3) Provocative, makes threats, but can be calmed down O<sub>[4]</sub> (4) Overt physical violence. Physically destructive ID14089S6V7031 / DAYBRMS5W6\_M2 Days (w6 / 21.Hostility/destructiveness) : |\_\_\_| Week 7 ID14089S6V7032 / DATBRMS5W7\_M2 Date (w7): \_\_\_\_/\_\_\_ ID14089S6V7033 / BRMS5W7\_M2 21. Hostility/destructiveness (w7): O<sub>[0]</sub> (0) No signs of impatience or hostility O<sub>[1]</sub>(1) Somewhat impatient or irritable, but control is maintained O<sub>[2]</sub>(2) Markedly impatient or irritable. Provocation tolerated O<sub>[3]</sub>(3) Provocative, makes threats, but can be calmed down O<sub>[4]</sub> (4) Overt physical violence. Physically destructive ID14089S6V7034 / DAYBRMS5W7\_M2 Days (w7 / 21.Hostility/destructiveness) : | | Week 8 ID14089S6V7035 / DATBRMS5W8 M2 Date (w8): \_\_\_\_/\_\_\_ ID14089S6V7036 / BRMS5W8\_M2 21. Hostility/destructiveness (w8): O<sub>[0]</sub> (0) No signs of impatience or hostility O<sub>[1]</sub>(1) Somewhat impatient or irritable, but control is maintained O<sub>[2]</sub>(2) Markedly impatient or irritable. Provocation tolerated O<sub>[3]</sub>(3) Provocative, makes threats, but can be calmed down O<sub>[4]</sub> (4) Overt physical violence. Physically destructive ID14089S6V7037 / DAYBRMS5W8 M2 Days (w8 / 21.Hostility/destructiveness) : |\_\_\_|

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Protocole: RLINK

Protocole : RLINK	Code centre :	Patient :
	22. CONTACT (BRMS item 8)	
	22. CONTACT (DAMS ICCITO)	
	Week 1	
ID14089S6V7038 / DATBRMS8W1_M2 Date (w1)://		
ID14089S6V7039 / BRMS8W1_M2		
22. Contact (w1):		
O [0] (0) Normal contact		
O [1] (1) Slightly meddling		
O <sub>[2]</sub> (2) Moderately med		
	anging, directing, but still in context with the	_
O [4] (4) Extremely domin	nating and manipulating, without context wi	ith the setting
ID1408956V7040 / DAYBRMS8W1_M2		
Days (w1 / 22.Contact) :		
	Week 2	
	WEER 2	
Date (w2): //		
ID14089S6V7042 / BRMS8W2_M2		
22. Contact (w2) :		
O <sub>[0]</sub> (0) Normal contact		
O <sub>[1]</sub> (1) Slightly meddling	g, putting his oar in	
O <sub>[2]</sub> (2) Moderately med	Idling and arguing	
O <sub>[3]</sub> (3) Dominating, arra	anging, directing, but still in context with the	e setting
O <sub>[4]</sub> (4) Extremely domin	nating and manipulating, without context wi	ith the setting
ID14089S6V7043 / DAYBRMS8W2_M2		
Days (w2 / 22.Contact) :		
	Week 3	
ID14089S6V7044 / DATBRMS8W3_M2		
Date (w3) :/		
ID14089S6V7045 / BRMS8W3_M2		
22. Contact (w3) :		
O <sub>[0]</sub> (0) Normal contact	a modeling big and to	
O <sub>[1]</sub> (1) Slightly meddling		
O <sub>[2]</sub> (2) Moderately med	runng and arguing	

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Protocole : RLINK	Code centre :	Patient :
	nging, directing, but still in context with the set ating and manipulating, without context with t	=
	Week 4	
O <sub>[4]</sub> (4) Extremely domin	g, putting his oar in	
Days (w4 / 22.Contact) :		
	Week 5	
ID1408956V7050 / DATBRMS8W5_M2 Date (w5)://		
	Week 6	
ID1408956V7053 / DATBRMS8W6_M2 Date (w6):/		

Protocole : RLINK	Code centre :	Patient :
	eddling and arguing ranging, but still in context with the so ninating and manipulating, without context with	
	Week 7	
	t ng, putting his oar in	
	Week 8	
	ng, putting his oar in	
	23. SEXUAL INTEREST (BRMS item 10)	
	Week 1	

Protocole : RLINK	Code centre :	Patient :
ID14089S6V7062 / DATBRMS10W1_M2		
Date (w1):/		
ID14089S6V7063 / BRMS10W1_M2		
23. Sexual Interest (w1):	to the second control of	
O [0] (0) Habitual sexual	n sexual interest and activity	
	ase in sexual interest and activity	
	e in sexual interest and activity, as shown in man	ner and
_	inadequately occupied by sexuality	
ID14089S6V7064 / DAYBRMS10W1_M2		
Days (w1 / 23.Sexual Interest):		
	Week 2	
	WCCN 2	
ID14089S6V7065 / DATBRMS10W2_M2		
Date (w2) :/		
ID14089S6V7066 / BRMS10W2_M2		
23. Sexual Interest (w2):		
O <sub>[0]</sub> (0) Habitual sexual		
	n sexual interest and activity ase in sexual interest and activity	
	e in sexual interest and activity e in sexual interest and activity, as shown in man	nor and
	inadequately occupied by sexuality	ner and
ID14089S6V7067 / DAYBRMS10W2_M2	madequatery occupied by sexuality	
Days (w2 / 23.Sexual Interest):		
	Week 3	
	Week 3	
ID14089S6V7068 / DATBRMS10W3 M2		
Date (w3):/		
ID14089S6V7069 / BRMS10W3_M2		
23. Sexual Interest (w3):		
O [0] (0) Habitual sexual	•	
	n sexual interest and activity	
	ase in sexual interest and activity e in sexual interest and activity, as shown in man	norand
_	e in sexual interest and activity, as snown in man inadequately occupied by sexuality	ner and
ID14089S6V7070 / DAYBRMS10W3_M2		
Days (w3 / 23.Sexual Interest):		
	Mark 4	
	Week 4	

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Protocole : RLINK	Code centre :	Patient :
Date (w4):/		
ID1408956V7072 / BRMS10W4_M2		
23. Sexual Interest (w4):		
O [0] (0) Habitual sexual interest an		
O <sub>[1]</sub> (1) Slight increase in sexual in		
O <sub>[2]</sub> (2) Moderate increase in sexu	,	
_	interest and activity, as shown in manner and	
$O_{[4]}(4)$ Completely and inadequat	ely occupied by sexuality	
ID1408956V7073 / DAYBRMS10W4_M2		
Days (w4 / 23.Sexual Interest) :		
	Week 5	
ID14089S6V7074 / DATBRMS10W5_M2		
Date (w5):/		
ID1408956V7075 / BRMS10W5_M2		
23. Sexual Interest (w5):	1	
O (0) Habitual sexual interest an	•	
O <sub>[1]</sub> (1) Slight increase in sexual int	•	
O <sub>[2]</sub> (2) Moderate increase in sexu	·	
	interest and activity, as shown in manner and	
O <sub>[4]</sub> (4) Completely and inadequat	ely occupied by sexuality	
ID14089S6V7076 / DAYBRMS10W5_M2		
Days (w5 / 23.Sexual Interest) :		
	Week 6	
		_
ID14089S6V7077 / DATBRMS10W6_M2		
Date (w6) :/		
ID1408956V7078 / BRMS10W6_M2		
23. Sexual Interest (w6):  O [0] (0) Habitual sexual interest an	ad a astiritar.	
	•	
$O_{[1]}(1)$ Slight increase in sexual int $O_{[2]}(2)$ Moderate increase in sexu	•	
	•	
_	interest and activity, as shown in manner and	
O <sub>[4]</sub> (4) Completely and inadequat	rely occupied by sexuality	
Days (w6 / 23.Sexual Interest) :		
.,.(,		
	Wook 7	

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Protocole : RLINK	Code centre :	Patient :
ID1408956V7080 / DATBRMS10W7_M2 Date (w7):/		
ID14089S6V7081 / BRMS10W7_M2		
23. Sexual Interest (w7):		
O [0] (0) Habitual sexual interest ar	,	
O <sub>[1]</sub> (1) Slight increase in sexual in		
O (2) Moderate increase in sexu		
O <sub>[3]</sub> (3) Marked increase in sexual O <sub>[4]</sub> (4) Completely and inadequat		n in manner and
	ely occupied by sexuality	
Days (w7 / 23.Sexual Interest) :		
	Week 8	
Date (w8):/		
ID14089S6V7084 / BRMS10W8_M2		
23. Sexual Interest (w8) :		
O [0] (0) Habitual sexual interest ar		
O <sub>[1]</sub> (1) Slight increase in sexual in		
O <sub>[2]</sub> (2) Moderate increase in sexu	,	
O <sub>[3]</sub> (3) Marked increase in sexual	•	n in manner and
O <sub>[4]</sub> (4) Completely and inadequat	ely occupied by sexuality	
Days (w8 / 23.Sexual Interest) :		
H. A	Appetite/ Weight 14089S6FC2	097
For each Week: only rate either INCREASE	or DECREASE for both APPET	TITE and WEIGHT
24/25. APPETITE	E - DECREASED/ INCREASED (c	IDS item 6 & 7)
	Week 1	
$\begin{array}{c} \text{ID1408956V7087 / QID567W1\_M2} \\ \text{APPETITE (w1)} : \bigcirc_{\text{[1]}} \text{Decreased} \bigcirc_{\text{[2]}} \text{Ini} \end{array}$	creased	
Date (w1):/		
1D1408956V7089 / QIDS6W1_M2 24. Appetite (decreased) (w1) :		

Protocole : RLINK	Code centre :	Patient :
O [2] (2) Eats much less to O [3] (3) Eats rarely within others  ID1408956V7090 / QIDS7W1_M2  25. Appetite (increased) (w1):  O [0] (0) No change from O [1] (1) More frequently O [2] (2) Regularly eats makes	less often and/or lesser amounts than usual han usual and only with personal effort n a 24-hour period, and only with extreme pers	sonal effort or with persuasion by
	Week 2	
ID14089S6V7092 / QIDS67W2_M2  APPETITE (w2) : $O$ [1] Decreased ID14089S6V7093 / DATQIDS67W2_M2	d O <sub>[2]</sub> Increased	
Date (w2):/		
O <sub>[2]</sub> (2) Eats much less t	usual appetite less often and/or lesser amounts than usual han usual and only with personal effort n a 24-hour period, and only with extreme pers	sonal effort or with persuasion by
ID14089S6V7095 / QIDS7W2_M2		
O <sub>[2]</sub> (2) Regularly eats m	usual appetite  y feels a need to eat than usual nore often and/or greater amounts than usual overeat at and between meals	
	Week 3	
ID1408956V7097 / QID567W3_M2  APPETITE (w3) : O [1] Decreased  ID1408956V7098 / DATQID567W3_M2  Date (w3) ://		

Protocole : RLINK	Code centre :	Patient :
ID14089S6V7099 / QIDS6W3_M2		
24. Appetite (decreased) (w3):		
O <sub>[0]</sub> (0) No change from	usual appetite	
_	less often and/or lesser amounts than usual	
_	han usual and only with personal effort	
	n a 24-hour period, and only with extreme perso	anal effort or with persuasion by
others	ir a 24-flodi period, and offiy with extreme perso	naremore or with persuasion by
others		
ID14089S6V7100 / QIDS7W3_M2		
25. Appetite (increased) (w3) :		
O [0] (0) No change from		
	feels a need to eat than usual	
_	nore often and/or greater amounts than usual	
$O_{[3]}(3)$ Feels driven to c	overeat at and between meals	
ID14089S6V7101 / DAYQIDS67W3_M2		
Days (w3 / APPETITE) :		
, , <u>, , , , , , , , , , , , , , , , , </u>		
	Week 4	
	Week 4	
ID14089S6V7102 / QIDS67W4_M2		
APPETITE (w4) : O [1] Decreased	I O [2] Increased	
ID14089S6V7103 / DATQIDS67W4_M2 Date (w4)://		
ID14089S6V7104 / QIDS6W4_M2		
24. Appetite (decreased) (w4):		
O <sub>[0]</sub> (0) No change from	usual annetite	
	less often and/or lesser amounts than usual	
	han usual and only with personal effort	
	n a 24-hour period, and only with extreme perso	nal effort or with persuasion by
others		
ID14089S6V7105 / QIDS7W4_M2		
25. Appetite (increased) (w4) :		
$O_{[0]}(0)$ No change from	• •	
$O_{{\scriptscriptstyle [1]}}$ (1) More frequently	feels a need to eat than usual	
O <sub>[2]</sub> (2) Regularly eats m	nore often and/or greater amounts than usual	
$O_{[3]}(3)$ Feels driven to o	overeat at and between meals	
Days (w4 / APPETITE) :		
	Week 5	
ID14089S6V7107 / QIDS67W5_M2		
APPETITE (w5) : O <sub>[1]</sub> Decreased	d O <sub>121</sub> Increased	

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Protocole : RLINK	Code centre :	Patient :
ID14089S6V7108 / DATQIDS67W5_M2 Date (w5)://		
O <sub>[2]</sub> (2) Eats much less of O <sub>[3]</sub> (3) Eats rarely with others  ID1408956V7110 / QID57W5_M2  25. Appetite (increased) (w5):  O <sub>[0]</sub> (0) No change from O <sub>[1]</sub> (1) More frequentle O <sub>[2]</sub> (2) Regularly eats respectively.	less often and/or lesser amounts than usual than usual and only with personal effort in a 24-hour period, and only with extreme personal effort.	sonal effort or with persuasion by
Days (w5 / APPETITE) :		
	Week 6	
ID14089S6V7112 / QIDS67W6_M2  APPETITE (w6) : O [1] Decrease  ID14089S6V7113 / DATQIDS67W6_M2  Date (w6) : / /		
24. Appetite (decreased) (w6):  O [0] (0) No change from O [1] (1) Eats somewhat O [2] (2) Eats much less	n usual appetite less often and/or lesser amounts than usual than usual and only with personal effort iin a 24-hour period, and only with extreme pers	sonal effort or with persuasion by
O <sub>[2]</sub> (2) Regularly eats r	n usual appetite y feels a need to eat than usual more often and/or greater amounts than usual overeat at and between meals	
ID1408956V7116 / DAYQID567W6_M2 Days (w6 / APPETITE) :		
	Mark 7	
	Week 7	

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Code centre :	Patient :
O [2] Increased	
ual appetite forten and/or lesser amounts than usual n usual and only with personal effort 24-hour period, and only with extreme per ual appetite els a need to eat than usual e often and/or greater amounts than usual reat at and between meals	
Wash 0	
week 8	
O <sub>[2]</sub> Increased	
ual appetite often and/or lesser amounts than usual usual and only with personal effort 24-hour period, and only with extreme per	rsonal effort or with persuasion by
ual appetite els a need to eat than usual e often and/or greater amounts than usual reat at and between meals	
	D [2] Increased  D [2]

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Protocole : RLINK Code centre : \_\_\_\_\_ Patient : \_\_\_\_\_

### 26/27. Weight - DECREASED/ INCREASED (qIDS item 8 & 9)

Week 1

$\begin{array}{c} \text{ID14089S6V7127 / QIDS89W1\_M2} \\ \text{WEIGHT (w1) : } \bigcirc_{\text{[1]}} \text{Decreased} & \bigcirc_{\text{[2]}} \text{Increased} \end{array}$
Date (w1):/
ID1408956V7129 / QIDS8W1_M2  26. Weight (decrease) (w1):  O [0] (0) Has experienced no weight change O [1] (1) Feels as if some slight weight loss occurred O [2] (2) Has lost 2 pounds (1 kg) or more O [3] (3) Has lost 5 pounds (2 kg) or more
27. Weight (increase) (w1):  O [0] (0) Has experienced no weight change O [1] (1) Feels as if some slight weight gain has occurred O [2] (2) Has gained 2 pounds (1 kg) or more O [3] (3) Has gained 5 pounds (2 kg) or more
ID14089S6V7131 / DAYQIDS89W1_M2 Days (w1 / WEIGHT) :
Week 2
ID14089S6V7132 / QIDS89W2_M2

# WEIGHT (w2): O [1] Decreased O [2] Increased ID1408956V7133 / DATQIDS8W2\_M2 Date (w2): \_\_\_\_/\_\_\_\_ ID1408956V7134 / QIDS8W2\_M2 26. Weight (decrease) (w2): O [0] (0) Has experienced no weight change O [1] (1) Feels as if some slight weight loss occurred O [2] (2) Has lost 2 pounds (1 kg) or more O [3] (3) Has lost 5 pounds (2 kg) or more ID1408956V7135 / QIDS9W2\_M2 27. Weight (increase) (w2): O [0] (0) Has experienced no weight change O [1] (1) Feels as if some slight weight gain has occurred O [2] (2) Has gained 2 pounds (1 kg) or more O [3] (3) Has gained 5 pounds (2 kg) or more

Protocole : RLINK	Code centre :	Patient :
ID14089S6V7136 / DAYQIDS89W2_M2 Days (w2 / WEIGHT) :		
	Week 3	
ID1408956V7137 / QID589W3_M2 WEIGHT (w3) : O [1] Decreased	O <sub>[2]</sub> Increased	
Date (w3)://		
26. Weight (decrease) (w3):  O[0](0) Has experience O[1](1) Feels as if some O[2](2) Has lost 2 poun O[3](3) Has lost 5 poun	slight weight loss occurred ds (1 kg) or more	
27. Weight (increase) (w3):  O [0] (0) Has experience O [1] (1) Feels as if some O [2] (2) Has gained 2 po O [3] (3) Has gained 5 po	e slight weight gain has occurred bunds (1 kg) or more	
Days (w3 / WEIGHT) :		
	Week 4	
ID1408956V7142 / QIDS89W4_M2 WEIGHT (w4) : O [1] Decreased ID1408956V7143 / DATQIDS89W4_M2 Date (w4) ://	O <sub>[2]</sub> Increased	
26. Weight (decrease) (w4):  O [0] (0) Has experience	slight weight loss occurred ds (1 kg) or more	
27. Weight (increase) (w4):  O [0] (0) Has experience	e slight weight gain has occurred bunds (1 kg) or more	

Protocole : RLINK	Code centre :	Patient :
ID1408956V7146 / DAYQIDS89W4_M2 Days (w4 / WEIGHT) :		
	Week 5	
ID1408956V7147 / QID589W5_M2 WEIGHT (w5) : O [1] Decreased	O [2] Increased	
Date (w5)://		
26. Weight (decrease) (w5):  O[0](0) Has experience O[1](1) Feels as if some O[2](2) Has lost 2 poun O[3](3) Has lost 5 poun	e slight weight loss occurred ds (1 kg) or more	
27. Weight (increase) (w5):  O [0] (0) Has experience O [1] (1) Feels as if some O [2] (2) Has gained 2 po O [3] (3) Has gained 5 po	e slight weight gain has occurred ounds (1 kg) or more	
Days (w5 / WEIGHT) :		
	Week 6	
ID1408956V7152 / QID589W6_M2 WEIGHT (w6) : O [1] Decreased ID1408956V7153 / DATQID589W6_M2	O [2] Increased	
$O_{[2]}(2)$ Has lost 2 poun $O_{[3]}(3)$ Has lost 5 poun	e slight weight loss occurred ds (1 kg) or more	
27. Weight (increase) (w6):  O [0] (0) Has experience O [1] (1) Feels as if some O [2] (2) Has gained 2 po O [3] (3) Has gained 5 po	e slight weight gain has occurred bunds (1 kg) or more	

Protocole : RLINK	Code centre :	Patient :
ID1408956V7156 / DAYQIDS89W6_M2 Days (w6 / WEIGHT) :		
	Week 7	
ID1408956V7157 / QID589W7_M2 WEIGHT (w7) : O [1] Decreased	O [2] Increased	
Date (w7)://		
26. Weight (decrease) (w7):  O[0](0) Has experience O[1](1) Feels as if some O[2](2) Has lost 2 poun O[3](3) Has lost 5 poun	e slight weight loss occurred ads (1 kg) or more	
27. Weight (increase) (w7):  O[0](0) Has experience O[1](1) Feels as if some O[2](2) Has gained 2 po O[3](3) Has gained 5 po	e slight weight gain has occurred ounds (1 kg) or more	
Days (w7 / WEIGHT) :		
	Week 8	
ID1408956V7162 / QIDS89W8_M2 WEIGHT (w8) : O[1] Decreased ID1408956V7163 / DATQIDS89W8_M2	l O <sub>[2]</sub> Increased	
Date (w8) :/		
26. Weight (decrease) (w8):  O[0](0) Has experience O[1](1) Feels as if some O[2](2) Has lost 2 poun O[3](3) Has lost 5 poun	e slight weight loss occurred ids (1 kg) or more	
27. Weight (increase) (w8):  O [0] (0) Has experience O [1] (1) Feels as if some O [2] (2) Has gained 2 po O [3] (3) Has gained 5 po	e slight weight gain has occurred ounds (1 kg) or more	

Protocole : RLINK	Code centre :	Patient :
ID1408956V7166 / DAYQID589W8_M2 Days (w8 / WEIGHT) :		
	TOTAL SCORES 14089S6FC2117	
LIFE-II SYMPTOM RATINGS		
	qIDS TOTAL SCORES	
ID14089S6V7168 / QIDSCW1_M2		
qIDS Week 1 :   _		
qIDS Week 2 :   _		
qIDS Week 3:   _		
ID1408956V7171 / QIDSCW4_M2 qIDS Week 4 :   _		
ID1408956V7172 / QIDSCW5_M2 qIDS Week 5 :   _		
qIDS Week 6 :   _		
qIDS Week 7 :   _		
qIDS Week 8 :   _		
	BRMS TOTAL SCORES	
ID14089S6V7176 / BRMSCW1_M2		
BRMS Week 1 :   _		
BRMS Week 2 :   _		
ID1408956V7178 / BRMSCW3_M2 BRMS Week 3 :   _		
ID1408956V7179 / BRMSCW4_M2 BRMS Week 4 :   _		
ID1408956V7180 / BRMSCW5_M2 BRMS Week 5 :   _		
BRMS Week 6 :   _		

Protocole : RLINK	Code centre :	Patient :
ID1408956V7182 / BRMSCW7_M2 BRMS Week 7 :    ID1408956V7183 / BRMSCW8_M2 BRMS Week 8 :		
	Depressive episode Score (1-5 rating):	
ID14089S6V7184 / DEPRESCW1_M2 Week 1:		
ID14089S6V7185 / DEPRESCW2_M2 Week 2:		
ID1408956V7186 / DEPRESCW3_M2 Week 3:		
ID1408956V7187 / DEPRESCW4_M2 Week 4 :		
ID14089S6V7188 / DEPRESCW5_M2 Week 5 :		
ID14089S6V7189 / DEPRESCW6_M2 Week 6 :		
ID14089S6V7190 / DEPRESCW7_M2 Week 7 :		
ID14089S6V7191 / DEPRESCW8_M2 Week 8 :		
	Manic episode Score (1-5 rating):	
ID14089S6V7192 / MANICSCW1_M2 Week 1:		
ID1408956V7193 / MANICSCW2_M2 Week 2 :		
ID1408956V7194 / MANICSCW3_M2 Week 3:		
ID1408956V7195 / MANICSCW4_M2 Week 4 :		
ID14089S6V7196 / MANICSCW5_M2 Week 5 :		
ID14089S6V7197 / MANICSCW6_M2 Week 6:		
ID1408956V7198 / MANICSCW7_M2 Week 7 :		
ID14089S6V7199 / MANICSCW8_M2 Week 8 :		

Protocole: RLINK Code centre : \_\_\_\_ Patient : **Hypomanic episode Score (1-3 rating):** ID14089S6V7200 / HYPOMSCW1\_M2 Week 1: | | ID14089S6V7201 / HYPOMSCW2\_M2 Week 2: | | ID14089S6V7202 / HYPOMSCW3\_M2 Week 3 : |\_\_| ID14089S6V7203 / HYPOMSCW4\_M2 Week 4 : |\_\_| ID14089S6V7204 / HYPOMSCW5\_M2 Week 5: | | ID14089S6V7205 / HYPOMSCW6\_M2 Week 6 : |\_\_| ID14089S6V7206 / HYPOMSCW7\_M2 Week 7: | | ID14089S6V7207 / HYPOMSCW8\_M2 Week 8: | | Cognitive functioning: SCIP 14089S6FC2136 Reminder: The SCIP can be administered ONLY if qIDS score ≤10 and BRMS score ≤9 ID14089S6V7226 / SCIPEP\_M2 Has the patient been out of an episode for at least 4 weeks? : O [1] Yes O [0] No ID14089S6V7227 / SCIPYN\_M2 Complete the SCIP questionnaire? : O [1] Yes O [0] No This part is repeated at each subsequent assessment up to M6 and until it is appropriate to use the above criteria. ID14089S6V7237 / DATSCIP\_M2 Date of SCIP administration (M2): \_\_\_\_/\_\_\_ **SCIP: TEST RESULTS** ID14089S6V7238 / VLTI1\_M2 1. (VLT-I) List learning test: Tr.1: |\_\_|\_| ID14089S6V7239 / VLTI2\_M2 1. (VLT-I) List learning test: Tr.2: |\_\_\_| ID14089S6V7240 / VLTI3\_M2 1. (VLT-I) List learning test: Tr.3: |\_\_\_| ID14089S6V7241 / VMT\_M2 2. (VMT) Consonant repetition test: | | |

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ID14089S6V7242 / VFT\_M2

3. (VFT) Verbal fluency test: |\_\_|\_\_|

Protocole : RLINK	Code centre :	Patient :
ID1408956V7243 / VLTD_M2 4. (VLT-D) Delayed list learning: Tr.4:   _  ID1408956V7244 / PST_M2 5. (PST) Visuomotor tracking test:   _		
	SCIP SCORES	
ID1408956V7245 / VLTISC_M2  1. VLT_I Σ :   _,		
ID14089S6V7246 / WMTSC_M2 2. VMT Σ :   _,		
ID14089S6V7247 / VLDSC_M2 4. VLT_D Σ :   _,		
VLT Score Tr.4/Tr.3 :   _ ,		
ID14089S6V7249 / PSTSC_M2  5. PST Σ :    ,		
	Z-SCORES	
1. zVLT_I:   _,		
ID14089S6V7251 / ZWMT_M2  2. ZWMT :   _,		
ID1408956V7252 / ZVFT_M2 3. zVFT:   _ ,		
ID14089S6V7253 / ZVLTD_M2 4. zVLT_D:   ,		
ID1408956V7254 / ZPST_M2 5. zPST:   _ ,		
ID1408956V7255 / ZAVG_M2  Mean Z-score :   _ ,		
Standardized Assessment of Pe	rsonality - Abbreviated Scale (Moran) 14089S6F	C2140
Reminder: The SAPAS can be administered O	NLY if qIDS score ≤10 and BRMS score ≤9	
ID1408956V7230 / SAPASEP_M2 Has the patient been out of an episode for at	least 4 weeks? : O [1] Yes O [0] No	
ID14089S6V7231 / SAPASYN_M2 Complete the SAPAS questionnaire? : $O_{[1]}$ Ye	es O <sub>[0]</sub> No	

This part is repeated at each subsequent evaluation up to M6 if the questionnaire is not completed.

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Protocole : RLINK	Code centre :	Patient :
ID14089S6V7256 / DATSAPAS_M2 Date of completion of SAPAS questi	onnaire (M2) :/	
Please ask your patients the follow applies most of the time and in mo	ring questions. Only tick a response if the est situations.	e patient thinks that the description
1. In general, do you have difficulty	making and keeping friends? : $O_{[1]}$ Yes	O <sub>[0]</sub> No
ID14089S6V7259 / SAPAS2_M2  2. Would you normally describe you	urself as a loner? : O [1] Yes O [0] No	
ID14089S6V7260 / SAPAS3_M2  3. In general, do you trust other ped	ople?: O[1]Yes O[0]No	
1D14089S6V7261 / SAPAS4_M2 4. Do you normally lose your tempe	er easily? : O [1] Yes O [0] No	
ID14089S6V7262 / SAPAS5_M2  5. Are you normally an impulsive so	rt of person? : O [1] Yes O [0] No	
ID1408956V7263 / SAPAS6_M2  6. Are you normally a worrier? : O	[1] Yes O [0] No	
<ul><li>ID14089S6V7264 / SAPAS7_M2</li><li>7. In general, do you depend on oth</li></ul>	ers a lot?: O [1] Yes O [0] No	
8. In general, are you a perfectionis	t?: O[1]Yes O[0]No	
ID1408956V7266 / TOTSAPAS_M2 SAPAS score :		
Childh	nood trauma questionnaire: CTQ 14089S6	5FC2141
ID14089S6V7234 / CTQEP_M2	ode for at least 4 weeks? : O [1] Yes O [0] No	
This part is repeated at each subse	quent evaluation up to M6 if the question	nnaire is not completed.
Date of completion of CTQ question	nnaire (M2) :/	
When I was growing up		
ID1408956V7269 / CTQ1_M2  1. I didn't have enough to eat:  O [1] Never True O [2] Rarely True O [3] Some-times True O [4] Often True O [5] Very Often True  ID1408956V7270 / CTQ2_M2  2. I knew that there was someone to	o take care of me and protect me :	
2. I knew that there was someone to	o take care or me and protect me :	

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O 13 Never True O 19 Some-times True O 19 Opton True O 19 Never True O 19 Some-times True O 19 Some-times True O 19 Some-times True O 19 Some-times True O 19 Ofton True O 19 Ofton True O 19 Ofton True O 19 Never True O 19 Some-times True O 19 Never True O 19 Some-times True O 19 Never True O 19 Never True O 19 Some-times True O 19 Never True O 19 Never True O 19 Some-times True	Protocole : RLINK	Code centre :	Patient :
Organisms True Organ Some-times True Organ S			
Opt Some-times True Opt Very Often True Opt Very Often True Dissessory 17 (rat) 342  3. People in my family called me things like "stupid", "lazy", or "ugly": Opt Some-times True Opt Some-times True Opt Very Often True Dissessory 7 (rat) 442  4. My parents were too drunk or high to take care of the family: Opt Some-times True Opt Some-times Tru	O [1] Never True		
Sepole in my family called me things like "stupid", "lazy", or "ugly":	O <sub>[2]</sub> Rarely True		
Display Often True  Display New True  Display Ne	$O_{[3]}$ Some-times True		
13. People in my family called me things like "stupid", "lazy", or "ugly":  O 19 Never True O 19 Some-times True O 19 Otten True O 19 Very Often True D 19 Never True O 19 Never True O 19 Some-times True O 19 Never True O 19 Some-times True O 19 Never True O 19 Some-times True O 19 Never True O 19 Never True O 19 Never True O 19 Never True O 19 Some-times True O 19 Some-times True O 19 Some-times True O 19 Some-times True O 19 Never True O 19 Some-times True O 19 Some	O [4] Often True		
3. People in my family called me things like "stupid", "lazy", or "ugly":  Otal Never True Otal Searely True Otal Often True Otal Often True Otal Often True Otal Never True Otal Never True Otal Never True Otal Often True Otal Never True Otal Never True Otal Never True Otal Often True Otal Never True Otal Often True Otal Never True Otal Never True Otal Often True	O [5] Very Often True		
3. People in my family called me things like "stupid", "lazy", or "ugly":  Otal Never True Otal Searely True Otal Often True Otal Often True Otal Often True Otal Never True Otal Never True Otal Never True Otal Often True Otal Never True Otal Never True Otal Never True Otal Often True Otal Never True Otal Often True Otal Never True Otal Never True Otal Often True	ID14089S6V7271 / CTQ3 M2		
O 12 Rarely True O 13 Some-times True O 14 Often True O 15 Some-times True O 16 Often True O 17 Never True O 18 Never True		ings like "stupid", "lazy", or "ugly":	
International Content Conten	O [1] Never True		
International Content   Inte	O <sub>[2]</sub> Rarely True		
IDLEMOSSON/7372 / CTOS_M2	O <sub>[3]</sub> Some-times True		
4. My parents were too drunk or high to take care of the family:    13   Never True   13   Some-times True   13   Some-times True   13   Some-times True   13   Some-times True   14   Often True   15   Some-times True   15   Some-times True   16   Often True   17   Some-times True   18   Often True   19   Some-times True   19   Some-times True   19   Often True   10   Often True   19   Often True   10   Of	O [4] Often True		
4. My parents were too drunk or high to take care of the family:    13   Never True   13   Some-times True   13   Some-times True   15   Very Often True   15   Very Often True   15   Very Often True   16   Very Often True   17   Very Often True   18   Very Often True   19	O [5] Very Often True		
Is Never True   Is   Rarely True   Is   Some-times True   Is   Some-times True   Is   Is   Is   Is   Is   Is   Is   I	ID14089S6V7272 / CTQ4_M2		
Q 12 Rarely True   Q 13 Some-times True   Q 14 Often True   Q 15 Very Often True   Q 15 Very Often True   Q 15 Very Often True   Q 15 Never True   Q 15 Rarely True   Q 15 Rarely True   Q 16 Often True   Q 16 Often True   Q 16 Often True   Q 17 Never True   Q 18 Very Often True   Q 18 Very Often True   Q 18 Never True   Q 18 Never True   Q 19 Often True   Q 19 Often True   Q 19 Often True   Q 19 Often True   Q 19 Never Tr	_	gh to take care of the family :	
Gay Some-times True   Gay Often True	O [1] Never True		
O [4] Often True O [5] Very Often True  ID1408956V7273 / CTQS_M2  5. There was someone in my family who helped me feel that I was important or special: O [1] Never True O [2] Rarely True O [3] Some-times True O [6] Very Often True U [6] Very Often True O [6] Very Often True O [2] Rarely True O [2] Rarely True O [3] Some-times True O [4] Often True O [5] Very Often True O [6] Never True O [7] Never True O [8] Nome-times True O [9] Never True O [9] Very Often True U [9] Never True O [9] Very Often True O [9] Very Often True O [9] Very Often True O [9] Never True O [9] Some-times True O [9] Some-times True O [9] Some-times True O [9] Never True O [9] Rarely True			
ID1408956V7273 / CTQS_MZ	_		
101408956V7273 / CTQ5_M2  5. There was someone in my family who helped me feel that I was important or special:    13 Never True	_		
5. There was someone in my family who helped me feel that I was important or special:    Compared   13 Never True   13 Some-times True   14 Often True   15 Very Often True   15 Very Often True   15 Very Often True   16 I had to wear dirty clothes:   Compared   16 I had to wear dirty clothes   17 I had to wear dirty clothes   18 Some-times True   19 Some-times True	O [5] Very Often True		
O [1] Never True O [2] Rarely True O [3] Some-times True O [4] Often True O [5] Very Often True  ID140895677274 / CT06_M2 6. I had to wear dirty clothes: O [1] Never True O [2] Rarely True O [3] Some-times True O [4] Often True O [5] Very Often True ID140895677275 / CT07_M2 7. I felt loved: O [1] Never True O [2] Rarely True O [3] Some-times True O [2] Rarely True O [3] Some-times True O [3] Some-times True O [4] Often True O [5] Very Often True O [5] Very Often True ID140895677276 / CT08_M2 8. I thought that my parents wished I had never been born: O [1] Never True O [2] Rarely True			
O 123 Rarely True O 133 Some-times True O 143 Often True O 153 Very Often True ID1408956V7274 / CTQ6, M2 6. I had to wear dirty clothes: O 123 Rarely True O 123 Rarely True O 123 Rarely True O 124 Often True O 125 Very Often True ID1408956V7275 / CTQ7_M2 7. I felt loved: O 125 Rarely True O 126 Rarely True O 127 Rarely True O 128 Rarely True O 129 CTQ8_M2 8. I thought that my parents wished I had never been born: O 129 Rarely True	_	who helped me feel that I was important or	special :
Sal Some-times True   Cal Often True   Sal Very Often True   Cal Often T	_		
California			
ID1408956V7274 / CTQ6_M2   Some-times True   Cig   Rarely True   Cig   CTQR   C	_		
ID1408956V7274 / CTQ6_M2 6. I had to wear dirty clothes:	_		
6. I had to wear dirty clothes:  O [1] Never True O [2] Rarely True O [3] Some-times True O [4] Often True O [5] Very Often True  ID1408956V7275 / CTQ7_M2 7. I felt loved: O [2] Rarely True O [3] Some-times True O [3] Some-times True O [4] Often True O [5] Very Often True O [5] Very Often True O [6] Often True O [6] Often True O [6] Never True O [7] Never True	O [5] Very Often True		
O [1] Never True O [2] Rarely True O [3] Some-times True O [4] Often True O [5] Very Often True ID1408956V7275 / CTQ7_M2 7. I felt loved: O [1] Never True O [2] Rarely True O [3] Some-times True O [3] Some-times True O [4] Often True O [5] Very Often True O [5] Very Often True O [5] Very Often True O [1] Never True O [2] Rarely True O [2] Rarely True O [2] Rarely True			
Comparison of the comparison			
Saj Some-times True   Caj Often True   Caj Often True	_		
[4] Often True   [5] Very Often True   [1] Never True   [2] Rarely True   [3] Some-times True   [4] Often True   [5] Very Often True   [5] Very Often True   [5] Very Often True   [5] Very Often True   [6] Never True   [6] Rarely True	_		
ID1408956V7275 / CTQ7_M2  7. I felt loved:  O [1] Never True O [2] Rarely True O [3] Some-times True O [4] Often True O [5] Very Often True ID1408956V7276 / CTQ8_M2  8. I thought that my parents wished I had never been born: O [1] Never True O [2] Rarely True	_		
ID1408956V7275 / CTQ7_M2  7. I felt loved:  O [1] Never True O [2] Rarely True O [3] Some-times True O [4] Often True O [5] Very Often True ID1408956V7276 / CTQ8_M2  8. I thought that my parents wished I had never been born: O [1] Never True O [2] Rarely True	_		
7. I felt loved:  O [1] Never True O [2] Rarely True O [3] Some-times True O [4] Often True O [5] Very Often True  ID1408956V7276 / CTQ8_M2  8. I thought that my parents wished I had never been born: O [1] Never True O [2] Rarely True	O [5] Very Often True		
O [1] Never True O [2] Rarely True O [3] Some-times True O [4] Often True O [5] Very Often True  ID1408956V7276 / CTQ8_M2  8. I thought that my parents wished I had never been born: O [1] Never True O [2] Rarely True	<del>-</del>		
O [2] Rarely True O [3] Some-times True O [4] Often True O [5] Very Often True  ID1408956V7276 / CTQ8_M2  8. I thought that my parents wished I had never been born: O [1] Never True O [2] Rarely True			
Q [3] Some-times True Q [4] Often True Q [5] Very Often True  ID1408956V7276 / CTQ8_M2  8. I thought that my parents wished I had never been born: Q [1] Never True Q [2] Rarely True	_		
O [4] Often True O [5] Very Often True  ID1408956V7276 / CTQ8_M2  8. I thought that my parents wished I had never been born: O [1] Never True O [2] Rarely True			
O [5] Very Often True  ID1408956V7276 / CTQ8_M2  8. I thought that my parents wished I had never been born:  O [1] Never True O [2] Rarely True	_		
ID1408956V7276 / CTQ8_M2  8. I thought that my parents wished I had never been born:  O [1] Never True O [2] Rarely True	_		
8. I thought that my parents wished I had never been born :  O [1] Never True O [2] Rarely True	•		
O <sub>[1]</sub> Never True O <sub>[2]</sub> Rarely True		d I had never been born :	
O <sub>[2]</sub> Rarely True	_		
And the second s	O <sub>[3]</sub> Some-times True		

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Protocole : RLINK	Code centre :	Patient :
O <sub>[4]</sub> Often True		
O [5] Very Often True		
ID14089S6V7277 / CTQ9_M2		
9. I got hit so hard by someone in my fam	nily that I had to see a doctor or go	o to the hospital :
O [1] Never True		
O <sub>[2]</sub> Rarely True		
O [3] Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
ID14089S6V7278 / CTQ10_M2		
10. There was nothing I wanted to chang	ge about my family :	
O [1] Never True		
O <sub>[2]</sub> Rarely True O <sub>[3]</sub> Some-times True		
O [4] Often True		
O [5] Very Often True		
·		
11. People in my family hit me so hard th	nat it left me with bruises or marks	5:
O <sub>[1]</sub> Never True		
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
ID14089S6V7280 / CTQ12_M2		
12. I was punished with a belt, a board, a	a cord, or some other hard object :	:
O [1] Never True		
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
13. People in my family looked out for ea	ach ather:	
O <sub>[1]</sub> Never True	den other .	
O [2] Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O <sub>[5]</sub> Very Often True		
ID1408956V7282 / CTQ14_M2		
14. People in my family said hurtful or ins	sulting things to me :	
O <sub>[1]</sub> Never True		
O <sub>[2]</sub> Rarely True		
O [3] Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		

Protocole: RLINK	Code centre :	Patient :
15. I believe that I was physically a	bused :	
O <sub>[1]</sub> Never True		
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
ID14089S6V7284 / CTQ16_M2		
16. I had the perfect childhood :		
O <sub>[1]</sub> Never True		
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
·		
_	t it was notice by someone like a teacher, n	neighbor, or doctor :
O <sub>[1]</sub> Never True		
O <sub>[2]</sub> Rarely True		
O [3] Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
18. I felt that someone in my family	y hated me :	
O [1] Never True		
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O <sub>[5]</sub> Very Often True		
ID1408956V7287 / CTQ19_M2  19. People in my family felt close to	o each other:	
O <sub>[1]</sub> Never True	s cach other.	
O [2] Rarely True		
O <sub>[3]</sub> Some-times True		
_		
O M Office T		
O [5] Very Often True		
_	a sexual way, or tried to make me touch the	em :
O [1] Never True		
O [2] Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
ID14089S6V7289 / CTQ21_M2		
	ne or tell lies about me unless I did somethi	ng sexual with them :
- ITHEACH LINE		

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Protocole : RLINK	Code centre :	Patient :
_		
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
ID14089S6V7290 / CTQ22_M2		
22. I had the best family in the wo	rld :	
O <sub>[1]</sub> Never True		
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
ID14089S6V7291 / CTQ23_M2		
_	sexual things or watch sexual things :	
O [1] Never True		
O [2] Rarely True		
O some-times True		
O Non Office True		
O [5] Very Often True		
ID14089S6V7292 / CTQ24_M2		
24. Someone molested me :		
O 19 Never True		
O <sub>[2]</sub> Rarely True O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O <sub>[5]</sub> Very Often True		
o [s] very Often True		
1D1408956V7293 / CTQ25_M2 25. I believe that I was emotionally	v ahused :	
O <sub>[1]</sub> Never True	y ubuseu .	
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O <sub>[5]</sub> Very Often True		
ID1408956V7294 / CTQ26_M2 26. There was someone to take mo	e to the doctor if I needed it :	
O <sub>[1]</sub> Never True		
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O <sub>[5]</sub> Very Often True		
ID14089S6V7295 / CTQ27_M2		
27. I believe that I was sexually ab	used :	
O <sub>[1]</sub> Never True		
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		

Protocole : RLINK	Code centre :
O [4] Often True O [5] Very Often True	
ID1408956V7296 / CTQ28_M2  28. My family was a source of strength and support of the s	oport :
ID14089S6V7299 / CTQEASC_M2 Emotional Abuse (score) :   _	
ID14089S6V7300 / CTQPHASC_M2 Physical Abuse (score) :   _	
ID14089S6V7301 / CTQSASC_M2 Sexual Abuse (score) :   _	
ID14089S6V7302 / CTQENSC_M2 Emotional Neglect (score) :   _	
ID14089S6V7303 / CTQPNSC_M2 Physical Neglect (score) :   _	
ID14089S6V7297 / CTQTSCAN_M2  Total score (sum of the Abuse and Neglect sco	ores) :
ID14089S6V7298 / CTQDENSC_M2  Denial score :   _	

Patient :

Protocole: RLINK Code centre: \_\_\_\_\_ Patient: \_\_\_\_\_

# VISITS [ID14089S6M2 / M\_VISITS]

## Visit [ID14089S6F4 / F\_VISIT]

WARNING! Generation of a form beyond the scheduled visits. To delete this form, click on the Delete button below

below.
Type of visit : $O_{[1]}$ Intermediate visit [TI] $O_{[2]}$ 3rd month visit [FFI] $O_{[3]}$ End of study [FFI]
ID1408956V177 / VISIT  VISIT:  O [1] M3 O [2] M4 O [3] M5 O [4] M6 O [5] M7 O [6] M8 O [7] M9 O [8] M10 O [9] M11 O [10] M12 O [11] M13 O [12] M14 O [13] M15 O [14] M16 O [15] M17 O [16] M18 O [17] M19 O [18] M20 O [19] M21 O [20] M22 O [21] M23 O [22] M24
Participant to the Neuroimaging module? : $O_{[1]}$ Yes $O_{[0]}$ No
Reminder: The blood test will be performed on the same day of the neuro-imaging Please enter the data into the "Plasma and erythrocyte Li on the day of Li-MRI"Section
ID1408956V1599 / ACTIMOD  Participant to the Actimetry module? : $O_{[1]}$ Yes $O_{[0]}$ No
Participant in the Smartphone-based assessment module? : $O_{[1]}$ Yes $O_{[0]}$ No
ID1408956V1601 / SAE Any serious adverse event since last visit? : $O_{[1]}$ Yes $O_{[0]}$ No

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Code centre : \_\_\_\_\_ Patient : Protocole: RLINK Please complete the "SAE" section ID14089S6V1603 / CM Any concomitant medications since last visit, other than psychotropic? : O [1] Yes O [0] No Please complete the "Concomitant medications" section ID14089S6V1605 / NEWBD Any new BD episode since last visit? : O[1] Yes O[0] No ID14089S6V1606 / NEWHOSP Any hospitalization since last visit? :  $O_{[1]}$  Yes  $O_{[0]}$  No ID14089S6V178 / VISYN Visit performed : O [1] Yes O [0] No ID14089S6V175 / DATVIS Date of the visit : \_\_\_\_/\_\_\_\_ ID14089S6V1607 / TYPVISDONE Type of visit performed :  $O_{[1]}$  Telephone interview  $O_{[2]}$  Face to face interview ID14089S6V5109 / LIFEYN Perform the Life II evaluation? : O [1] Yes O [0] No The Life-II data will be collected retrospectively at the next visit. ID14089S6V1670 / BIO2 If the patient has had biological tests other than the mandatory, please enter the data into the "Optional: Biological Section": O<sub>[1]</sub>Yes O<sub>[0]</sub>No ID14089S6V179 / VISCODE Visit code : ID14089S6V5293 / DATBF prior Life date (for data\_manager\_only): \_\_\_\_/\_\_\_\_ ID14089S6V5295 / FLAG1\_L2DONE iter L2w1-4 (for data manager only): | | Plasma and erythrocyte Li on the day of Li-MRI 14769S4FC1 ID14769S4V1 / DATBIOMRI Date (biology at MRI) : \_\_\_\_/\_\_\_ ID14769S4V2 / TIMEBSIMRI Time of blood sample intake : \_\_\_\_:\_\_\_ (hh:mm) ID14769S4V3 / BIOMRIYN Performed : O [1] Yes O [0] No ID14769S4V4 / PLIMRI Plasma or Serum Lithium : |\_\_|,|\_\_| mEq/L = mmol/L ID14769S4V5 / ERYLIMRI Erythrocyte Lithium : |\_\_|,|\_\_| mEq/L = mmol/L Physical health assessment 14089S6FC371 ID14089S6V1608 / WEIGHT Weight: |\_\_|\_|,|\_\_| kg

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Protocole : RLINK	Code centre :	Patient :
ID14089S6V1610 / WAIST  Waist measurement:   _ , _ cm		
ID1408956V1611/SBP Systolic Blood pressure:   _ ,   mmF	Нg	
Diastolic Blood pressure :   _ ,  mm	Hg	
Biol	ogical Section 14089S6FC372	
ID1408956V1613 / DATBIO  Date of the biologal tests://		
Lithium dosages should be made in the more those patients who take their treatment twi	ning 12 hours after the last intake and before thice a day	ne morning intake, for
ID1408956V1614 / PLI Plasma or Serum Lithium at 12h:   ,	mEq/L = mmol/L	
ID1408956V1616 / ERYLI Erythrocyte Lithium at 12h:   ,   mEq	/L = mmol/L	
Na+:   _ ,   mEq/L = mmol/L		
ID1408956V1620 / K K+:    ,   mEq/L = mmol/L		
ID1408956V1622 / CL Cl-:    ,   mEq/L = mmol/L		
Ca++:   ,   mmol/L		
ID1408956V1626 / PROTEINS  Proteins:   _ ,   g/dL   _ ,   g/	L L	
Urea:   ,   mg/dL   ,   mmol/	'L	
Creatinin:   _,   mg/dL   _,	μmol/L	
Estimated Glomerular Filtration Rate :   _	, ml/min/1,73 m2	
result of MDRD (for data manager only) :	ml/min/1,73 m2	
eGFR formula : $O_{[1]}$ MDRDs $O_{[2]}$ CKD-EPI		
result of CKD-EPI (for data manager only):  _	_  _,   ml/min/1,73 m2	
TSH:   _ ,   mUI/L		
free T3 :   _,    ng/L		
free T4 :    ,   ng/L		

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Protocole : RLINK Code centre : \_\_\_\_\_ Patient : \_\_\_\_\_

### **Optional: Biological Section 14089S6FC373**

Date of optional biologal tests:
ID1408956V1640 / PLI2  Plasma or Serum Lithium at 12h:   ,   mEq/L = mmol/L
ID1408956V1665 / GLY2 Glycemia (fasting):   _,    mmol/L   ,    g/L
ID1408956V1642 / ERYLI2 Erythrocyte Lithium at 12h:   ,   mEq/L = mmol/L
Tryglycerides:   _,   g/L
Na+:   _ ,   mEq/L = mmol/L
ID1408956V1667 / HDL2 Cholesterol HDL:   ,   mmol/L   ,   g/L
ID1408956V1646 / K2 K+:    ,   mEq/L = mmol/L
ID1408956V1668 / LDL2 Cholesterol LDL:   ,   mmol/L   ,   g/L
ID1408956V1648 / CL2 CI-:    ,   mEq/L = mmol/L
ID1408956V1669 / BHCG2 Beta-HCG:   _ ,   mUI/mL
WBC (white Blood cells) :   _,    10^9/L
ID1408956V1650 / CA2 Ca++:   ,   mmol/L
RBC (Red Blood Cells):   _,    10^12/L
ID1408956V1652 / PROTEINS2  Proteins:    ,    g/dL    ,    g/L
Hb (Hemoglobin):   _ ,   g/L
Urea:   , _   mg/dL   , _   mmol/L
Ht (Hematocrit):   ,   L/L
ID1408956V1656 / CREAT2  Creatinin:   _,    mg/dL   _,    μmol/L
ID14089S6V1655 / PLT2 Platelets:     10^9/L
ID1408956V1658 / EGFR2 Estimated Glomerular Filtration Rate:   _ ,   ml/min/1,73 m2

Protocole : RLINK	Code centre :	Patient :
ID14089S6V1657 / NP2 Neutrophils:   ,   10^9/L		
$\begin{array}{c} \text{ID14089S6V1660 / EGFRFRMA2} \\ \text{eGFR formula: } \bigcirc_{\text{[1]}} \text{MDRDs}  \bigcirc_{\text{[2]}} \text{CKD-EPI} \end{array}$		
ID14089S6V1641 / TSH2 TSH:   _ ,   mUI/L		
ID14089S6V1659 / EOS2 Eosinophil :   ,   10^9/L		
ID14089S6V1643 / T32 free T3:    ,   ng/L		
ID14089S6V1661 / LYMPH2 Lymphocytes:   ,   10^9/L		
ID14089S6V1645 / T42 free T4:   _,   ng/L		
Monocytes:   ,   10^9/L		
result of MDRD (for data manager only) :	ml/min/1,73 m2	
result of CKD-EPI (for data manager only) :	_ _ _ ,   ml/min/1,73 m2	
Biolo	ogical sampling 14089S6FC374	
ID1408956V1672 / SAMPLE  Sample tubes of collection performed: O [1]  ID1408956V1673 / RSNOSAMPLE  If no, Please explain the reason:	Yes O <sub>[0]</sub> No	
ID14089S6V1674 / DATBSI  Date of blood sample intake ://_		
ID14089S6V1675 / TIMEBSI Time of blood sample intake : (hh	n:mm)	
ID14089S6V1676 / FBS Fasting status:   _  hours		
ID14089S6V1677 / EDTA BD Vacutainer K2E (EDTA) tube 10ml : $O_{[1]}$	Yes O <sub>[0]</sub> No	
PaxGene Tube (2.5 mL) : $O_{\text{[1]}}$ Yes $O_{\text{[0]}}$ No		
BD Vacutainer CAT (Clot Activator Tube) tube	e (6 mL) : O [1] Yes O [0] No	
Optional for the PBMC (EDTA) : O [1] Yes	) [0] NO	
ID14089S6V1680 / DEVLAB  Deviation according laboratory manual proce	edures : O <sub>[1]</sub> Yes O <sub>[0]</sub> No	

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Protocole : RLINK	Code centre :	Patient :
ID1408956V1681 / RSNDEVLAB If yes, Specify:		
Current me	edication and doses 14089S6FC378	
ID1408956V5318 / CURRMED  Does the patient have a current medication?	· Oran Vac Oran No	
boes the patient have a current medication:	. O [I] TES O [I] NO	
Please list below use of any medications ta	ken over the last month at least once a v	week [1] ID14089S6V1693 /
Trease list below use of any medications ta	TAB_MED_VIS	week [1] 151400550V1055 /
Name of pharmaceutical substances (INN) :		
ID14089S6V5319 / TOTDOSE		
Total daily dose :   _ , _		
ID1408956V5320 / UNIT Unit:		
O <sub>[003]</sub> mg		
O <sub>[002]</sub> g		
O <sub>[001]</sub> kg		
O <sub>[004]</sub> µg		
O <sub>[005]</sub> ng		
O <sub>[006]</sub> pg		
O <sub>[007]</sub> mg/kg		
O <sub>[008]</sub> μg/kg		
O <sub>[009]</sub> mg/m2		
O <sub>[010]</sub> μg/m2		
O <sub>[011]</sub>		
O <sub>[012]</sub> ml		
O <sub>[013]</sub> μl		
O <sub>[014]</sub> Bq		
O [015] GBq		
O [016] MBq		
O [017] kBq		
O <sub>[018]</sub> Ci		
O [019] mCi		
O <sub>[020]</sub> μCi		
O <sub>[021]</sub> nCi		
O <sub>[022]</sub> mol		
O [023] mmol		
O [024] μmol		
O <sub>[025]</sub> UI		
O <sub>[026]</sub> kUI		
O <sub>[027]</sub> MUI		

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Protocole : RLINK	Code centre :	Patient :
other  ID1408956V5322 / OTHFREQ  Other frequency, please specif	n is taken? : O [1] daily O [2] about once a weel	
Longitu	udinal Interval Follow-up Evaluation: LIFE II 140	89S6FC2143
Date Life II evaluation :  By convention if you hesitate closest to the date of the curre	between 2 rating, it is decided to select the upp	per one. Note: The week 1 is the week
You will complete the LIFE II fo	or the weeks at the dates	
Date of week 1 :/		
Date of week 2 :	r	
Date of week 3:	, 	
Date of week 4 :/	' <u> </u>	
Date of week 5 :/	r	
Date of week 6 ://	·	
Date of week 7 :/	' <u> </u>	
Date of week 8 :/	' <u> </u>	
	A. MOOD 14089S6FC1270	
	1. DEPRESSED MOOD (qIDS item 5)	
	LOW MOOD: Week 1	

Protocole : RLINK	Code centre :	Patient :
ID14089S6V4434 / DATQIDS5W1 Date (w1):///		
1. Depressed Mood (w1):  O [0] (0) Does not feel sa O [1] (1) Feels sad less th O [2] (2) Feels sad more t O [3] (3) Feels intensely s	an half the time than half the time	
Days (w1/ 1.Depressed Mood):		
	LOW MOOD: Week 2	
Date (w2):/	d an half the time than half the time ad virtually all the time	
	LOW MOOD: Week 3	
D1408956V4440 / DATQIDS5W3 Date (w3)://  ID1408956V4441 / QIDS5W3  1. Depressed Mood (w3):	d an half the time han half the time ad virtually all the time	
	LOW MOOD: Week 4	
ID14089S6V4443 / DATQIDS5W4 Date (w4)://		

Protocole : RLINK	Code centre :	Patient :
ID1408956V4444 / QIDS5W4  1. Depressed Mood (w4):  O [0] (0) Does not feel sa O [1] (1) Feels sad less th O [2] (2) Feels sad more so O [3] (3) Feels intensely so ID1408956V4445 / DAYQIDS5W4 Days (w4/ 1.Depressed Mood):	an half the time than half the time ad virtually all the time	
<del></del>	LOW MOOD: Week 5	
ID14089S6V4446 / DATQIDS5W5 Date (w5)://  ID14089S6V4447 / QIDS5W5  1. Depressed Mood (w5):	d an half the time than half the time ad virtually all the time	
	LOW MOOD: Week 6	
ID1408956V4449 / DATQIDS5W6 Date (w6):/	an half the time than half the time ad virtually all the time	
	LOW MOOD: Week 7	
ID14089S6V4452 / DATQIDS5W7  Date (w7)://  ID14089S6V4453 / QIDS5W7  1. Depressed Mood (w7):  O [0] (0) Does not feel sa	d	

	Code centre :	Patient :
$O_{11}(1)$ Feels sad less than half the ti	ime	
$O_{[2]}(2)$ Feels sad more than half the		
$O_{[3]}(3)$ Feels intensely sad virtually a		
(3) reels litterisely sad virtually a	an the time	
ID14089S6V4454 / DAYQIDS5W7		
Days (w7/ 1.Depressed Mood) :		
	LOW MOOD: Week 8	
ID14089S6V4455 / DATQIDS5W8		
Date (w8) :/		
ID14089S6V4456 / QIDS5W8		
1. Depressed Mood (w8):		
$O_{[0]}(0)$ Does not feel sad		
$O_{[1]}(1)$ Feels sad less than half the ti	ime	
$O_{[2]}(2)$ Feels sad more than half the		
O <sub>[3]</sub> (3) Feels intensely sad virtually a		
	an die dine	
Days (w8/ 1.Depressed Mood) :		
Days (wo) 1.Depressed Wood) .		
2. ELE	EVATED MOOD (BRMS item 6)	
	HIGH MOOD: Week 1	
ID1408956V4458 / DATBRMS6W1		
ID14089S6V4458 / DATBRMS6W1 Date (w1): / /		
Date (w1):/	mistic but still adopted to situation	
Date (w1):/		
Date (w1):/  ID1408956V4459 / BRM56W1  2. Elevated Mood (w1):  O [0] (0) Neutral mood O [1] (1) Slightly elevated mood, optin O [2] (2) Moderately elevated mood,	joking, laughing	
Date (w1):/	joking, laughing suberant both in manner and speech	
Date (w1):/  ID1408956V4459 / BRM56W1  2. Elevated Mood (w1):  O [0] (0) Neutral mood O [1] (1) Slightly elevated mood, optin O [2] (2) Moderately elevated mood,	joking, laughing suberant both in manner and speech	
Date (w1):/	joking, laughing suberant both in manner and speech	
Date (w1):/  ID1408956V4459 / BRMS6W1  2. Elevated Mood (w1):  O [0] (0) Neutral mood O [1] (1) Slightly elevated mood, optin O [2] (2) Moderately elevated mood, ex O [3] (3) Markedly elevated mood, ex O [4] (4) Extremely elevated mood, qu	joking, laughing suberant both in manner and speech	
Date (w1):/	joking, laughing suberant both in manner and speech	
Date (w1):/	joking, laughing suberant both in manner and speech	
Date (w1):/	joking, laughing suberant both in manner and speech	
Date (w1):/	joking, laughing suberant both in manner and speech uite irrelevant to situation	

Protocole : RLINK	Code centre :	Patient :
O <sub>[2]</sub> (2) Moderately ele O <sub>[3]</sub> (3) Markedly eleva	ed mood, optimistic, but still adapted to situation evated mood, joking, laughing ated mood, exuberant both in manner and speech ated mood, quite irrelevant to situation	1
	HIGH MOOD: Week 3	
O <sub>[2]</sub> (2) Moderately ele O <sub>[3]</sub> (3) Markedly eleva	ed mood, optimistic, but still adapted to situation evated mood, joking, laughing ated mood, exuberant both in manner and speech ated mood, quite irrelevant to situation	
	HIGH MOOD: Week 4	
O <sub>[2]</sub> (2) Moderately ele O <sub>[3]</sub> (3) Markedly eleva	ed mood, optimistic, but still adapted to situation evated mood, joking, laughing ated mood, exuberant both in manner and speech ated mood, quite irrelevant to situation	
	HIGH MOOD: Week 5	
ID14089S6V4470 / DATBRMS6W5 Date (w5)://		

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Protocole : RLINK	Code centre :	Patient :
O <sub>[2]</sub> (2) Moderately elevated mo	, exuberant both in manner and speech	
	HIGH MOOD: Week 6	
O <sub>[2]</sub> (2) Moderately elevated mo	, exuberant both in manner and speech	
	HIGH MOOD: Week 7	
	man week /	
O [2] (2) Moderately elevated mo	, exuberant both in manner and speech	
	HIGH MOOD: Week 8	
	man mood, week o	
ID14089S6V4479 / DATBRMS6W8 Date (w8)://		

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Protocole : RLINK	Code centre :	Patient :
$O_{[2]}(2)$ Moderately ele $O_{[3]}(3)$ Markedly eleva	d mood, optimistic, but still adapted to situation vated mood, joking, laughing ted mood, exuberant both in manner and speechated mood, quite irrelevant to situation	1
	B. SLEEP 14089S6FC1290	
	3. Sleep-onset insomnia (qIDS item 1)	
	Week 1	
$O_{[1]}(1)$ Takes at least 3 $O_{[2]}(2)$ Takes at least 3	nger than 30 minutes to fall asleep  O minutes to fall asleep, less than half the time  o minutes to fall asleep, more than half the time  on 60 minutes to fall asleep, more than half the time  in 60 minutes to fall asleep, more than half the time	me
	Week 2	
$O_{[1]}(1)$ Takes at least 3 $O_{[2]}(2)$ Takes at least 3	nger than 30 minutes to fall asleep 0 minutes to fall asleep, less than half the time 0 minutes to fall asleep, more than half the time in 60 minutes to fall asleep, more than half the tir	me

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Protocole : RLINK	Code centre :	Patient :
	Week 3	
Date (w3):/		
ID14089S6V4489 / QIDS1W3		
3. Sleep-onset insomnia (w3):	onger than 30 minutes to fall asleep	
	30 minutes to fall asleep, less than half the time	
O <sub>[2]</sub> (2) Takes at least :	30 minutes to fall asleep, more than half the tim	ne
$O_{[3]}(3)$ Takes more th	an 60 minutes to fall asleep, more than half the	time
ID14089S6V4490 / DAYQIDS1W3	aniaN a I a I	
Days (w3 / 3.Sleep-onset insom	nnia) :	
	Week 4	
Date (w4):/		
ID14089S6V4492 / QIDS1W4		
3. Sleep-onset insomnia (w4):	onger than 30 minutes to fall asleep	
	30 minutes to fall asleep, less than half the time	
	30 minutes to fall asleep, more than half the tim	
$O_{[3]}(3)$ Takes more th	an 60 minutes to fall asleep, more than half the	time
ID14089S6V4493 / DAYQIDS1W4		
Days (w4 / 3.Sleep-onset insom	nnia) :	
	Week 5	
Date (w5)://		
ID14089S6V4495 / QIDS1W5		
3. Sleep-onset insomnia (w5):	onger than 30 minutes to fall asleep	
_	30 minutes to fall asleep, less than half the time	
O <sub>[2]</sub> (2) Takes at least 3	30 minutes to fall asleep, more than half the tim	ne
$O_{[3]}(3)$ Takes more th	an 60 minutes to fall asleep, more than half the	time
ID14089S6V4496 / DAYQIDS1W5	nnia) ,	
Days (w5 / 3.Sleep-onset insom	a) :	
		·

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Patient :

Code centre : \_\_\_\_\_

Week 6 ID14089S6V4497 / DATQIDS1W6 Date (w6): \_\_\_\_/\_\_\_\_ ID14089S6V4498 / QIDS1W6 3. Sleep-onset insomnia (w6): O<sub>[0]</sub>(0) Never takes longer than 30 minutes to fall asleep  $O_{11}(1)$  Takes at least 30 minutes to fall asleep, less than half the time  $O_{[2]}(2)$  Takes at least 30 minutes to fall asleep, more than half the time  $O_{[3]}(3)$  Takes more than 60 minutes to fall asleep, more than half the time ID14089S6V4499 / DAYQIDS1W6 Days (w6 / 3.Sleep-onset insomnia) : | | Week 7 ID14089S6V4500 / DATQIDS1W7 Date (w7): \_\_\_\_/\_\_\_\_ ID14089S6V4501 / QIDS1W7 3. Sleep-onset insomnia (w7): O<sub>[0]</sub> (0) Never takes longer than 30 minutes to fall asleep  $O_{[1]}(1)$  Takes at least 30 minutes to fall asleep, less than half the time O<sub>[2]</sub>(2) Takes at least 30 minutes to fall asleep, more than half the time O<sub>[3]</sub> (3) Takes more than 60 minutes to fall asleep, more than half the time ID14089S6V4502 / DAYQIDS1W7 Days (w7 / 3.Sleep-onset insomnia) : | | Week 8 ID14089S6V4503 / DATQIDS1W8 Date (w8): \_\_\_\_/\_\_\_\_ ID14089S6V4504 / QIDS1W8 3. Sleep-onset insomnia (w8): O<sub>[0]</sub>(0) Never takes longer than 30 minutes to fall asleep  $O_{11}(1)$  Takes at least 30 minutes to fall asleep, less than half the time  $O_{[2]}(2)$  Takes at least 30 minutes to fall asleep, more than half the time O<sub>[3]</sub> (3) Takes more than 60 minutes to fall asleep, more than half the time ID14089S6V4505 / DAYQIDS1W8 Days (w8 / 3.Sleep-onset insomnia) : |\_\_|

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Protocole: RLINK Code centre : \_\_\_\_\_ Patient : 4. Mid-nocturnal insomnia (gIDS item 2) Week 1 ID14089S6V4506 / DATQIDS2W1 Date (w1): \_\_\_\_/\_\_\_\_ ID14089S6V4507 / QIDS2W1 4. Mid-nocturnal insomnia (w1): O<sub>[0]</sub> (0) Does not wake up at night O<sub>[1]</sub>(1) Restless, light sleep with few awakenings O<sub>[2]</sub>(2) Wakes up at least once a night, but goes back to sleep easily O<sub>[3]</sub> (3) Awakens more than once a night and stays awake for 20 minutes or more, more than half the time ID14089S6V4508 / DAYQIDS2W1 Days (w1 / 4.Mid-nocturnal insomnia) : |\_\_| Week 2 ID14089S6V4509 / DATQIDS2W2 Date (w2) : \_\_\_\_/\_\_\_\_ ID14089S6V4510 / QIDS2W2 4. Mid-nocturnal insomnia (w2): O<sub>[0]</sub> (0) Does not wake up at night O<sub>[1]</sub>(1) Restless, light sleep with few awakenings O<sub>[2]</sub>(2) Wakes up at least once a night, but goes back to sleep easily O<sub>[3]</sub> (3) Awakens more than once a night and stays awake for 20 minutes or more, more than half the time ID14089S6V4511 / DAYQIDS2W2 Days (w2 / 4.Mid-nocturnal insomnia) : | | Week 3 ID14089S6V4512 / DATQIDS2W3 Date (w3): \_\_\_\_/\_\_\_\_ ID14089S6V4513 / QIDS2W3 4. Mid-nocturnal insomnia (w3): O<sub>[0]</sub> (0) Does not wake up at night O<sub>[1]</sub>(1) Restless, light sleep with few awakenings  $O_{[2]}(2)$  Wakes up at least once a night, but goes back to sleep easily O<sub>[3]</sub> (3) Awakens more than once a night and stays awake for 20 minutes or more, more than half the time ID14089S6V4514 / DAYQIDS2W3 Days (w3 / 4.Mid-nocturnal insomnia) : | |

Protocole : RLINK	Code centre :	Patient :
	Week 4	
Date (w4): /		
ID1408956V4516 / QIDS2W4		
4. Mid-nocturnal insomnia (w4):	:	
O [0] (0) Does not wake u		
O <sub>[1]</sub> (1) Restless, light slo	eep with few awakenings	
	st once a night, but goes back to sleep easily	
$O_{[3]}(3)$ Awakens more t	han once a night and stays awake for 20 minute	es or more, more than half the time
ID14089S6V4517 / DAYQIDS2W4		
Days (w4 / 4.Mid-nocturnal insor	mnia) :	
	Week 5	
	Week 5	
ID14089S6V4518 / DATQIDS2W5		
Date (w5):/		
ID14089S6V4519 / QIDS2W5		
4. Mid-nocturnal insomnia (w5) :	:	
O [0] (0) Does not wake ເ	up at night	
O <sub>[1]</sub> (1) Restless, light slo	eep with few awakenings	
	st once a night, but goes back to sleep easily	
$O_{[3]}(3)$ Awakens more t	han once a night and stays awake for 20 minute	es or more, more than half the time
ID14089S6V4520 / DAYQIDS2W5		
Days (w5 / 4.Mid-nocturnal insor	mnia) :	
	Week 6	
ID14089S6V4521 / DATQIDS2W6		
Date (w6):/		
ID14089S6V4522 / QIDS2W6		
4. Mid-nocturnal insomnia (w6) :		
O [0] (0) Does not wake ι		
	eep with few awakenings	
	st once a night, but goes back to sleep easily	
$O_{[3]}$ (3) Awakens more t	than once a night and stays awake for 20 minute	es or more, more than half the time
ID14089S6V4523 / DAYQIDS2W6		
Days (w6 / 4.Mid-nocturnal insor	mnia) :	
	Week 7	

Protocole : RLINK	Code centre :	Patient :
	ith few awakenings e a night, but goes back to sleep ea nce a night and stays awake for 20	isily minutes or more, more than half the time
	Week 8	
	ith few awakenings e a night, but goes back to sleep ea nce a night and stays awake for 20	isily minutes or more, more than half the time
5.	. Early-morning insomnia (qIDS ite	m 3)
	Week 1	
$O_{[1]}(1)$ More than half the tim $O_{[2]}(2)$ Awakens at least 1 hou	e, awakens no more than 30 minute ne, awakens more than 30 minutes ur before need be, more than half t urs before need be, more than half :	before need be the time

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Protocole : RLINK	Code centre :	Patient :
	Week 2	
	Week 2	
ID14089S6V4533 / DATQIDS3W2 Date (w2)://		
ID14089S6V4534 / QIDS3W2		
5. Early-morning insomnia (w2):	: ne time, awakens no more than 30 minutes befo	ore necessary
	the time, awakens more than 30 minutes before	
O <sub>[2]</sub> (2) Awakens at leas	t 1 hour before need be, more than half the tin	ne
O <sub>[3]</sub> (3) Awakens at leas	t 2 hours before need be, more than half the ti	me
Days (w2 / 5.Early-morning insor	mnia) ·	
Days (W2 / 3.Earry-morning msor	iiiia) .	
	Week 3	
Date (w3):/		
ID14089S6V4537 / QIDS3W3		
5. Early-morning insomnia (w3):		
	ne time, awakens no more than 30 minutes before the time, awakens more than 30 minutes before	
_	it I hour before need be, more than half the tin	
	st 2 hours before need be, more than half the ti	
ID14089S6V4538 / DAYQIDS3W3		
Days (w3 / 5.Early-morning insor	mnia) :	
	Week 4	
Date (w4):/		
ID14089S6V4540 / QIDS3W4		
5. Early-morning insomnia (w4):		
	ne time, awakens no more than 30 minutes before	
_	the time, awakens more than 30 minutes before	
_	st 1 hour before need be, more than half the tin st 2 hours before need be, more than half the ti	
ID14089S6V4541 / DAYQIDS3W4		
Days (w4 / 5.Early-morning insor	mnia) :	
	Week 5	

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Protocole : RLINK	Code centre :	Patient :
ID14089S6V4542 / DATQIDS3W5 Date (w5)://		
$O_{[1]}(1)$ More than hoose $O_{[2]}(2)$ Awakens at I	(5):  If the time, awakens no more than 30 minutes before necessary alf the time, awakens more than 30 minutes before need be least 1 hour before need be, more than half the time least 2 hours before need be, more than half the time	
Days (w5 / 5.Early-morning in	nsomnia) :	
	Week 6	
$\bigcirc_{[1]}(1)$ More than hope $\bigcirc_{[2]}(2)$ Awakens at I	If the time, awakens no more than 30 minutes before necessary alf the time, awakens more than 30 minutes before need be least 1 hour before need be, more than half the time least 2 hours before need be, more than half the time	
	Week 7	
$\bigcirc_{[1]}(1)$ More than he $\bigcirc_{[2]}(2)$ Awakens at I	If the time, awakens no more than 30 minutes before necessary alf the time, awakens more than 30 minutes before need be least 1 hour before need be, more than half the time least 2 hours before need be, more than half the time	
	Week 8	
ID14089S6V4551 / DATQIDS3W8  Date (w8)://		

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Protocole : RLINK	Code centre :	Patient :
ID14000CCV4FF2 / OIDC2W0		
ID1408956V4552 / QIDS3W8  5. Early-morning insomnia (V	w8) ·	
, _ •	alf the time, awakens no more than 30 minutes befor	re necessary
	half the time, awakens more than 30 minutes before	
	t least 1 hour before need be, more than half the time	
_		
$\circ$ [3] (3) Awakens at	t least 2 hours before need be, more than half the tim	16
ID14089S6V4553 / DAYQIDS3W8		
Days (w8 / 5.Early-morning	insomnia) :	
	6. Hypersomnia (qIDS item 4)	
	Week 1	
ID14089S6V4554 / DATQIDS4W1		
Date (w1):/		
ID14089S6V4555 / QIDS4W1		
6. Hypersomnia (w1):		
	onger than 7-8 hours/night, without naps	
	onger than 10 hours in a 24-hour period (including na	
_	onger than 12 hours in a 24-hour period (including na	
O <sub>[3]</sub> (3) Sleeps long	er than 12 hours in a 24-hour period (including naps)	
ID14089S6V4556 / DAYQIDS4W1		
Days (w1 / 6.Hypersomnia)	:  _	
	Week 2	
ID14089S6V4557 / DATQIDS4W2 Date (w2): / /		
. ,		
ID14089S6V4558 / QIDS4W2		
6. Hypersomnia (w2):		
	onger than 7-8 hours/night, without naps	
_	onger than 10 hours in a 24-hour period (including na	
	onger than 12 hours in a 24-hour period (including na	
$O_{[3]}(3)$ Sleeps long	er than 12 hours in a 24-hour period (including naps)	
ID14089S6V4559 / DAYQIDS4W2		
Days (w2 / 6.Hypersomnia)	:  _	
	Week 3	

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Protocole : RLINK	Code centre :	Patient :
ID1408956V4560 / DATQIDS4W3 Date (w3)://		
$O_{[1]}(1)$ Sleeps no lor $O_{[2]}(2)$ Sleeps no lor	nger than 7-8 hours/night, without naps nger than 10 hours in a 24-hour period (including naper than 12 hours in a 24-hour period (including naper than 12 hours in a 24-hour period (including naper than 12 hours in a 24-hour period (including naper than 12 hours in a 24-hour period (including naper than 12 hours in a 24-hour period (including naper than 12 hours in a 24-hour period (including naper than 12 hours)	
Days (w3 / 6.Hypersomnia):	r than 12 hours in a 24-hour period (including naps)	
	Week 4	
$O_{[1]}(1)$ Sleeps no lor $O_{[2]}(2)$ Sleeps no lor	nger than 7-8 hours/night, without naps nger than 10 hours in a 24-hour period (including nap nger than 12 hours in a 24-hour period (including naps) r than 12 hours in a 24-hour period (including naps)	
	Week 5	
$O_{[1]}(1)$ Sleeps no lor $O_{[2]}(2)$ Sleeps no lor	nger than 7-8 hours/night, without naps nger than 10 hours in a 24-hour period (including naper than 12 hours in a 24-hour period (including naps) r than 12 hours in a 24-hour period (including naps)	
	Week 6	
ID14089S6V4569 / DATQIDS4W6 Date (w6)://		

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Protocole : RLINK	Code centre :	Patient :
$O_{[1]}(1)$ Sleeps no long $O_{[2]}(2)$ Sleeps no long	ger than 7-8 hours/night, without naps ger than 10 hours in a 24-hour period (including nap ger than 12 hours in a 24-hour period (including nap than 12 hours in a 24-hour period (including naps)	
	Week 7	
$O_{[1]}(1)$ Sleeps no long $O_{[2]}(2)$ Sleeps no long	ger than 7-8 hours/night, without naps ger than 10 hours in a 24-hour period (including nap ger than 12 hours in a 24-hour period (including nap than 12 hours in a 24-hour period (including naps)	
	Week 8	
O <sub>[1]</sub> (1) Sleeps no long O <sub>[2]</sub> (2) Sleeps no long	ger than 7-8 hours/night, without naps ger than 10 hours in a 24-hour period (including nap ger than 12 hours in a 24-hour period (including nap than 12 hours in a 24-hour period (including naps)	
	7. Class (Average of last 2 nights) (RPMS item 9)	
	7. Sleep (Average of last 3 nights) (BRMS item 9)	
	Week 1	

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Protocole : RLINK	Code centre :	Patient :
ID14089S6V4578 / DATBRMS9W1 Date (w1):/		
7. Sleep average of last 3 nights (w1):  O [0] (0) Habitual duration of sleep O [1] (1) Duration of sleep reduced by O [2] (2) Duration of sleep reduced by O [3] (3) Duration of sleep reduced by O [4] (4) No sleep	y 50% y 75%	
Days (w1 / 7.Sleep average of last 3 nights):		
	Week 2	
Date (w2):/	y 50% y 75%	
	Week 3	
ID1408956V4584 / DATBRMS9W3 Date (w3):/  ID1408956V4585 / BRMS9W3 7. Sleep average of last 3 nights (w3):  Q [0] (0) Habitual duration of sleep Q [1] (1) Duration of sleep reduced by Q [2] (2) Duration of sleep reduced by Q [3] (3) Duration of sleep reduced by Q [4] (4) No sleep  ID1408956V4586 / DAYBRMS9W3 Days (w3 / 7.Sleep average of last 3 nights):	y 50% y 75%	
	Wook A	

Protocole : RLINK	Code centre :	Patient :
ID1408956V4587 / DATBRMS9W4 Date (w4):/  ID1408956V4588 / BRMS9W4  7. Sleep average of last 3 nights (w4):  O[0](0) Habitual duration of sleep O[1](1) Duration of sleep reduced by O[2](2) Duration of sleep reduced by O[3](3) Duration of sleep reduced by O[4](4) No sleep	50%	
Days (w4 / 7.Sleep average of last 3 nights):		
	Week 5	
	Week 3	
ID1408956V4590 / DATBRMS9W5  Date (w5)://  ID1408956V4591 / BRMS9W5  7. Sleep average of last 3 nights (w5):  O[0](0) Habitual duration of sleep O[1](1) Duration of sleep reduced by O[2](2) Duration of sleep reduced by O[3](3) Duration of sleep reduced by O[4](4) No sleep  ID1408956V4592 / DAYBRMS9W5  Days (w5 / 7.Sleep average of last 3 nights):	750% 775%	
	Week 6	
ID1408956V4593 / DATBRMS9W6 Date (w6):/  ID1408956V4594 / BRMS9W6  7. Sleep average of last 3 nights (w6):  O[0](0) Habitual duration of sleep O[1](1) Duration of sleep reduced by O[2](2) Duration of sleep reduced by O[3](3) Duration of sleep reduced by O[4](4) No sleep  ID1408956V4595 / DAYBRMS9W6 Days (w6 / 7.Sleep average of last 3 nights):	750% 775%	
	Week 7	

Protocole : RLINK	Code centre :	Patient :
ID1408956V4596 / DATBRMS9W7 Date (w7):/  ID1408956V4597 / BRMS9W7  7. Sleep average of last 3 nights (w7):  O[0](0) Habitual duration of sleep O[1](1) Duration of sleep reduced by O[2](2) Duration of sleep reduced by O[3](3) Duration of sleep reduced by O[4](4) No sleep  ID1408956V4598 / DAYBRMS9W7	50% 75%	
Days (w7 / 7.Sleep average of last 3 nights):		
	Week 8	
	50% 75%	
	Week 1	

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Protocole : RLINK	Code centre :	Patient :
Days (w1 / 8.Energy/fatigability) :	_	
	Week 2	
Days (w2 / 8.Energy/fatigability) :		
	Work 2	
	Week 3	
	n usual resonal effort to initiate or maintain usunost of usual daily activities due to lac	
	Week 4	
$O_{[3]}(3)$ Unable to carry out m		
Days (w4 / 8.Energy/fatigability) :	_l	

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Protocole : RLINK	Code centre :	Patient :
	Week 5	
ID1408956V4614 / DATQIDS14W5  Date (w5)://  ID1408956V4615 / QIDS14W5  8. Energy/fatigability (w5):  Qio (0) No change in usual le	ovel of energy	
O <sub>[1]</sub> (1) Tires more easily tha O <sub>[2]</sub> (2) Makes significant pe		
Days (w5 / 8.Energy/fatigability) :  _	_	
	Week 6	
	an usual ersonal effort to initiate or maintain usual most of usual daily activities due to lack o	
	Week 7	
	an usual ersonal effort to initiate or maintain usual most of usual daily activities due to lack o	

Protocole : RLINK	Code centre :	Patient :
	Week 8	
ID14089S6V4623 / DATQIDS14W8		
Date (w8) :/		
8. Energy/fatigability (w8):		
O <sub>[0]</sub> (0) No change in usual	level of energy	
$O_{[1]}(1)$ Tires more easily the	3,	
	personal effort to initiate or maintain usua	I daily activities
	t most of usual daily activities due to lack o	
ID14089S6V4625 / DAYQIDS14W8		
Days (w8 / 8.Energy/fatigability):	<u></u>	
	9. Psychomotor slowing (qIDS item 15)	
	Week 1	
O <sub>[1]</sub> (1) Patient notes slowe O <sub>[2]</sub> (2) Takes several secon	ninking, gesturing, and speaking ed thinking, and voice modulation is reduc nds to respond to most questions; reports sive to most questions without strong end	slowed thinking
	Week 2	
Date (w2)://		
ID14089S6V4630 / QIDS15W2		
9. Psychomotor slowing (w2):		
	ninking, gesturing, and speaking	
	ed thinking, and voice modulation is reduced to record as a second	
	nds to respond to most questions; reports sive to most questions without strong end	
	sive to most questions without strong end	ouragement
Days (w2 / 9.Psychomotor slowing)	: [_]	

Protocole : RLINK	Code centre :	Patient :
_		
	Week 3	
$O_{[1]}(1)$ Patient notes slo $O_{[2]}(2)$ Takes several sec	thinking, gesturing, and speaking wed thinking, and voice modulation is reduction to most questions; reports onsive to most questions without strong end	s slowed thinking
	Week 4	
$O_{[1]}(1)$ Patient notes slo $O_{[2]}(2)$ Takes several sec	thinking, gesturing, and speaking wed thinking, and voice modulation is reduc conds to respond to most questions; reports onsive to most questions without strong end	s slowed thinking
	Week 5	
$O_{[1]}(1)$ Patient notes slo $O_{[2]}(2)$ Takes several sec	thinking, gesturing, and speaking wed thinking, and voice modulation is reduction to most questions; reports onsive to most questions without strong end	s slowed thinking

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Patient : \_\_\_\_\_

Code centre : \_\_\_\_\_

Week 6 ID14089S6V4641 / DATQIDS15W6 Date (w6) : \_\_\_\_/\_\_\_\_ ID14089S6V4642 / QIDS15W6 9. Psychomotor slowing (w6): O<sub>[0]</sub>(0) Normal speed of thinking, gesturing, and speaking O<sub>[1]</sub>(1) Patient notes slowed thinking, and voice modulation is reduced O<sub>[2]</sub> (2) Takes several seconds to respond to most questions; reports slowed thinking  $O_{[3]}(3)$  Is largely unresponsive to most questions without strong encouragement ID14089S6V4643 / DAYQIDS15W6 Days (w6 / 9.Psychomotor slowing) : | | Week 7 ID14089S6V4644 / DATQIDS15W7 Date (w7): \_\_\_\_/\_\_\_\_ ID14089S6V4645 / QIDS15W7 9. Psychomotor slowing (w7): O<sub>[0]</sub> (0) Normal speed of thinking, gesturing, and speaking O<sub>[1]</sub>(1) Patient notes slowed thinking, and voice modulation is reduced O<sub>[2]</sub>(2) Takes several seconds to respond to most questions; reports slowed thinking O<sub>[3]</sub> (3) Is largely unresponsive to most questions without strong encouragement ID14089S6V4646 / DAYQIDS15W7 Days (w7 / 9.Psychomotor slowing) : | | Week 8 ID14089S6V4647 / DATQIDS15W8 Date (w8) : \_\_\_\_/\_\_\_\_ ID14089S6V4648 / QIDS15W8 9. Psychomotor slowing (w8): O<sub>[0]</sub> (0) Normal speed of thinking, gesturing, and speaking O<sub>[1]</sub>(1) Patient notes slowed thinking, and voice modulation is reduced O<sub>[2]</sub>(2) Takes several seconds to respond to most questions; reports slowed thinking O<sub>[3]</sub> (3) Is largely unresponsive to most questions without strong encouragement ID14089S6V4649 / DAYQIDS15W8 Days (w8 / 9.Psychomotor slowing) : | |

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Protocole: RLINK Code centre : \_\_\_\_ Patient : 10. Psychomotor agitation (gIDS item 16) Week 1 ID14089S6V4650 / DATQIDS16W1 Date (w1): \_\_\_\_/\_\_\_\_ ID14089S6V4651 / QIDS16W1 10. Psychomotor agitation (w1): O [0] (0) No increased speed or disorganization in thinking or gesturing O<sub>[1]</sub>(1) Fidgets, wrings hands and shifts positions often O<sub>[2]</sub>(2) Describes impulse to move about and displays motor restlessness O<sub>[3]</sub>(3) Unable to stay seated; paces about with or without permission ID14089S6V4652 / DAYQIDS16W1 Days (w1 / 10.Psychomotor agitation) : |\_\_| Week 2 ID14089S6V4653 / DATQIDS16W2 Date (w2): \_\_\_\_/\_\_\_\_ ID14089S6V4654 / QIDS16W2 10. Psychomotor agitation (w2): O [0] (0) No increased speed or disorganization in thinking or gesturing O<sub>[1]</sub>(1) Fidgets, wrings hands and shifts positions often O<sub>[2]</sub>(2) Describes impulse to move about and displays motor restlessness O<sub>[3]</sub> (3) Unable to stay seated; paces about with or without permission ID14089S6V4655 / DAYQIDS16W2 Days (w2 / 10.Psychomotor agitation) : | | Week 3 ID14089S6V4656 / DATQIDS16W3 Date (w3): \_\_\_\_/\_\_\_\_ ID14089S6V4657 / QIDS16W3 10. Psychomotor agitation (w3): O [0] (0) No increased speed or disorganization in thinking or gesturing O<sub>[1]</sub>(1) Fidgets, wrings hands and shifts positions often O<sub>[2]</sub>(2) Describes impulse to move about and displays motor restlessness O<sub>[3]</sub> (3) Unable to stay seated; paces about with or without permission ID14089S6V4658 / DAYQIDS16W3 Days (w3 / 10.Psychomotor agitation) : | |

Protocole : RLINK	Code centre :	Patient :
	Week 4	
	WCCR 4	
ID14089S6V4659 / DATQIDS16W4 Date (w4)://_		
ID1408956V4660 / QIDS16W4 10. Psychomotor agitation	ο (w4) ·	
	ised speed or disorganization in thinking or gesturing	
	vrings hands and shifts positions often	
	impulse to move about and displays motor restlessness	
O <sub>[3]</sub> (3) Unable to	stay seated; paces about with or without permission	
Days (w4 / 10.Psychomoto	or agitation) ·	
buys (W+7 10.1 Sychomotic	of agreement :	
	Week 5	
ID14089S6V4662 / DATQIDS16W5		
Date (w5) ://_		
ID14089S6V4663 / QIDS16W5		
10. Psychomotor agitation		
	used speed or disorganization in thinking or gesturing vrings hands and shifts positions often	
	s impulse to move about and displays motor restlessness	
_	stay seated; paces about with or without permission	
ID14089S6V4664 / DAYQIDS16W5		
Days (w5 / 10.Psychomoto	or agitation) :	
	Week 6	
D		
Date (w6):/		
ID14089S6V4666 / QIDS16W6	7. m	
10. Psychomotor agitation		
	used speed or disorganization in thinking or gesturing vrings hands and shifts positions often	
	s impulse to move about and displays motor restlessness	
	stay seated; paces about with or without permission	
ID14089S6V4667 / DAYQIDS16W6		
Days (w6 / 10.Psychomoto	or agitation) :	
	Week 7	

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Protocole : RLINK	Code centre :	Patient :
ID14089S6V4668 / DATQIDS16W7 Date (w7):///		
$O_{[1]}(1)$ Fidgets, wrings h $O_{[2]}(2)$ Describes impuls	eed or disorganization in thinking or gesturing nands and shifts positions often se to move about and displays motor restlessneed; paces about with or without permission	
Days (w7 / 10.Psychomotor agita	ntion) :	
	Week 8	
$O_{[1]}(1)$ Fidgets, wrings h $O_{[2]}(2)$ Describes impuls	eed or disorganization in thinking or gesturing nands and shifts positions often se to move about and displays motor restlessne eated; paces about with or without permission	
11.	ELEVATED ENERGY / Activity -motor (BRMS it	tem 1)
	Week 1	
$O_{[1]}(1)$ Slightly increase $O_{[2]}(2)$ Somewhat excess $O_{[3]}(3)$ Outright excessi interview		
ID14089S6V4676 / DAYBRMS1W1 Days (w1 / 11.ELEVATED ENERGY	/ / Activity-motor):	

Protocole : RLINK	Code centre :	Patient :
	Week 2	
Date (w2)://		
ID1408956V4678 / BRMS1W2 11. ELEVATED ENERGY / Activity-mo	tor (w2) :	
	ity, adequate facial expression	
	notor activity, lively facial expression	
	e motor activity, lively gestures	
	motor activity, on the move most of the	time. Rises one or several times during
interview O <sub>[4]</sub> (4) Constantly active, re	estlessly energetic. Even if urged, patien	it cannot sit still.
ID14089S6V4679 / DAYBRMS1W2	and the second of the second	
Days (w2 / 11.ELEVATED ENERGY / A	(ctivity-motor) :	
	Week 3	
Date (w3):/		
ID1408956V4681 / BRMS1W3		
11. ELEVATED ENERGY / Activity-mo		
- ' '	ity, adequate facial expression	
, , ,	notor activity, lively facial expression	
	e motor activity, lively gestures	
	motor activity, on the move most of the	time. Rises one or several times during
interview  Ow/4) Constantly active re	estlessly energetic. Even if urged, patien	at cannot sit still
	estiessiy energetic. Even ii urged, patien	t Cannot Sit Still.
Days (w3 / 11.ELEVATED ENERGY / A	activity-motor):	
	Week 4	
Date (w4):/		
ID14089S6V4684 / BRMS1W4		
11. ELEVATED ENERGY / Activity-mo		
_	ity, adequate facial expression	
	notor activity, lively facial expression	
	e motor activity, lively gestures	
$O_{[3]}(3)$ Outright excessive r	motor activity, on the move most of the	time. Rises one or several times during

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Protocole : RLINK	Code centre :	Patient :
interview O <sub>[4]</sub> (4) Constantly active  ID1408956V4685 / DAYBRMS1W4 Days (w4 / 11.ELEVATED ENERGY	r, restlessly energetic. Even if urged, patient ca  / Activity-motor) :	nnot sit still.
	Week 5	
ID14089S6V4686 / DATBRMS1W5 Date (w5):/		
_	motor (w5) : tivity, adequate facial expression I motor activity, lively facial expression	
O <sub>[2]</sub> (2) Somewhat excess	n motor activity, lively facial expression sive motor activity, lively gestures re motor activity, on the move most of the time	e. Rises one or several times during
interview	restlessly energetic. Even if urged, patient ca	
Days (w5 / 11.ELEVATED ENERGY	/ Activity-motor) :	
	Week 6	
ID1408956V4689 / DATBRMS1W6 Date (w6):/		
11. ELEVATED ENERGY / Activity-r		
O <sub>[1]</sub> (1) Slightly increased	tivity, adequate facial expression I motor activity, lively facial expression sive motor activity, lively gestures	
	re motor activity, on the move most of the time	e. Rises one or several times during
O <sub>[4]</sub> (4) Constantly active	e, restlessly energetic. Even if urged, patient ca	nnot sit still.
Days (w6 / 11.ELEVATED ENERGY	/ Activity-motor) :	
	Week 7	
ID1408956V4692 / DATBRMS1W7 Date (w7):// ID1408956V4693 / BRMS1W7 11. ELEVATED ENERGY / Activity-r	— motor (w7) :	

Protocole : RLINK	Code centre :	Patient :
$O_{[1]}(1)$ Slightly increase $O_{[2]}(2)$ Somewhat excessinterview	activity, adequate facial expression sed motor activity, lively facial expression sessive motor activity, lively gestures sive motor activity, on the move most of the timive, restlessly energetic. Even if urged, patient cases of the sive, restlessly energetic.	
	Week 8	
O <sub>[1]</sub> (1) Slightly increase O <sub>[2]</sub> (2) Somewhat excoolinterview	y-motor (w8): activity, adequate facial expression sed motor activity, lively facial expression essive motor activity, lively gestures sive motor activity, on the move most of the tim ive, restlessly energetic. Even if urged, patient ca	
1	2. ELEVATED ENERGY / Activity -verbal (BRMS in	tem 2)
	Week 1	
O <sub>[3]</sub> (3) Difficult to inte O <sub>[4]</sub> (4) Impossible to i	y-verbal (w1): activity kative no spontaneous intervals in the conversation	
Days (w1 / 12.ELEVATED ENERG	GY / Activity-verbal):	

Code centre : \_\_\_\_\_

Week 2 ID14089S6V4701 / DATBRMS2W2 Date (w2) : \_\_\_\_/\_\_\_/\_\_\_ ID14089S6V4702 / BRMS2W2 12. ELEVATED ENERGY / Activity-verbal (w2): O<sub>[0]</sub> (0) Normal verbal activity O<sub>[1]</sub>(1) Somewhat talkative  $O_{[2]}(2)$  Very talkative, no spontaneous intervals in the conversation O<sub>[3]</sub> (3) Difficult to interrupt O<sub>[4]</sub>(4) Impossible to interrupt, completely dominates conversation ID14089S6V4703 / DAYBRMS2W2 Days (w2 / 12.ELEVATED ENERGY / Activity-verbal) : |\_\_\_| Week 3 ID14089S6V4704 / DATBRMS2W3 Date (w3): \_\_\_\_/\_\_\_\_ ID14089S6V4705 / BRMS2W3 12. ELEVATED ENERGY / Activity-verbal (w3): O<sub>[0]</sub> (0) Normal verbal activity O<sub>[1]</sub>(1) Somewhat talkative  $O_{[2]}(2)$  Very talkative, no spontaneous intervals in the conversation O<sub>[3]</sub> (3) Difficult to interrupt O<sub>[4]</sub> (4) Impossible to interrupt, completely dominates conversation ID14089S6V4706 / DAYBRMS2W3 Days (w3 / 12.ELEVATED ENERGY / Activity-verbal) : | | Week 4 ID14089S6V4707 / DATBRMS2W4 Date (w4): \_\_\_\_/\_\_\_ ID14089S6V4708 / BRMS2W4 12. ELEVATED ENERGY / Activity-verbal (w4): O<sub>[0]</sub> (0) Normal verbal activity O<sub>[1]</sub>(1) Somewhat talkative  $O_{[2]}(2)$  Very talkative, no spontaneous intervals in the conversation O<sub>[3]</sub>(3) Difficult to interrupt O<sub>[4]</sub>(4) Impossible to interrupt, completely dominates conversation ID14089S6V4709 / DAYBRMS2W4 Days (w4 / 12.ELEVATED ENERGY / Activity-verbal) : |\_\_\_|

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Patient : \_\_\_\_\_

Patient : \_\_\_\_\_

Code centre : \_\_\_\_\_

Week 5 ID14089S6V4710 / DATBRMS2W5 Date (w5) : \_\_\_\_/\_\_\_ ID14089S6V4711 / BRMS2W5 12. ELEVATED ENERGY / Activity-verbal (w5): O<sub>[0]</sub> (0) Normal verbal activity O<sub>[1]</sub>(1) Somewhat talkative  $O_{[2]}(2)$  Very talkative, no spontaneous intervals in the conversation O<sub>[3]</sub> (3) Difficult to interrupt O<sub>[4]</sub>(4) Impossible to interrupt, completely dominates conversation ID14089S6V4712 / DAYBRMS2W5 Days (w5 / 12.ELEVATED ENERGY / Activity-verbal) : |\_\_\_| Week 6 ID14089S6V4713 / DATBRMS2W6 Date (w6): \_\_\_\_/\_\_\_\_ ID14089S6V4714 / BRMS2W6 12. ELEVATED ENERGY / Activity-verbal (w6): O<sub>[0]</sub> (0) Normal verbal activity O<sub>[1]</sub>(1) Somewhat talkative  $O_{[2]}(2)$  Very talkative, no spontaneous intervals in the conversation O<sub>[3]</sub> (3) Difficult to interrupt O<sub>[4]</sub> (4) Impossible to interrupt, completely dominates conversation ID14089S6V4715 / DAYBRMS2W6 Days (w6 / 12.ELEVATED ENERGY / Activity-verbal) : | | Week 7 ID14089S6V4716 / DATBRMS2W7 Date (w7) : \_\_\_\_/\_\_\_\_ ID14089S6V4717 / BRMS2W7 12. ELEVATED ENERGY / Activity-verbal (w7): O<sub>[0]</sub> (0) Normal verbal activity O<sub>[1]</sub>(1) Somewhat talkative  $O_{[2]}(2)$  Very talkative, no spontaneous intervals in the conversation O<sub>[3]</sub>(3) Difficult to interrupt O<sub>[4]</sub>(4) Impossible to interrupt, completely dominates conversation ID14089S6V4718 / DAYBRMS2W7 Days (w7 / 12.ELEVATED ENERGY / Activity-verbal) : |\_\_\_|

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Protocole: RLINK

Protocole : RLINK	Code centre :	Patient :
	Week 8	
Date (w8):/		
ID14089S6V4720 / BRMS2W8 12. ELEVATED ENERGY / Activity-	verbal (w8) :	
O [0] (0) Normal verbal ad	•	
O <sub>[1]</sub> (1) Somewhat talkat		
O [2] (2) Very talkative, no O [3] (3) Difficult to interr	o spontaneous intervals in the conversation	
	errupt, completely dominates conversation	
ID14089S6V4721 / DAYBRMS2W8		
Days (w8 / 12.ELEVATED ENERGY	/ Activity-verbal):	
	D. ACTIVITIES / work 14089S6FC1384	
	13. Involvement (qIDS item 13)	
	Week 1	
ID14089S6V4722 / DATQIDS13W1		
Date (w1) ://		
ID14089S6V4723 / QIDS13W1		
13. Involvement (w1):  O [0] (0) No change from	usual level of interest in other people and activit	ties
	ion in former interests/activities	
$O_{[2]}(2)$ Finds only 1 or 2		
O [3] (3) Has virtually no i	nterest in formerly pursued activities	
ID1408956V4724 / DAYQIDS13W1 Days (w1 / 13.Involvement) :	I	
	-1	
	Week 2	
ID14089S6V4725 / DATQIDS13W2		
Date (w2) :/		
13. Involvement (w2):		
	usual level of interest in other people and activit	ties
_	ion in former interests/activities	

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Protocole : RLINK	Code centre :	Patient :
O <sub>121</sub> (2) Finds only 1 or 2	2 former interests remain	
	interest in formerly pursued activities	
ID14089S6V4727 / DAYQIDS13W2		
Days (w2 / 13.Involvement) :  _	_l	
	Week 3	
ID14089S6V4728 / DATQIDS13W3		
Date (w3) :/		
13. Involvement (w3):		
_	usual level of interest in other people and activ	vities
	tion in former interests/activities	
_	2 former interests remain	
O <sub>[3]</sub> (3) Has virtually no	interest in formerly pursued activities	
Days (w3 / 13.Involvement) :	1	
	_'	
	Week 4	
Date (w4):/		
ID14089S6V4732 / QIDS13W4		
13. Involvement (w4):		
	usual level of interest in other people and activ	vities
_	tion in former interests/activities 2 former interests remain	
	interest in formerly pursued activities	
ID14089S6V4733 / DAYQIDS13W4	, ,	
Days (w4 / 13.Involvement) :  _	_l	
	Week 5	
ID14089S6V4734 / DATQIDS13W5		
Date (w5) :/		
13. Involvement (w5):		
	usual level of interest in other people and activ	vities
O <sub>[1]</sub> (1) Notices a reduct	tion in former interests/activities	
	2 former interests remain	
✓ [3] (3) Has virtually no	interest in formerly pursued activities	

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Protocole : RLINK	Code centre :	Patient :
ID1408956V4736 / DAYQIDS13W5 Days (w5 / 13.Involvement) :		
	Week 6	
$O_{[1]}(1)$ Notices a reduction in $O_{[2]}(2)$ Finds only 1 or 2 form		ctivities
	Week 7	
$O_{[1]}(1)$ Notices a reduction in $O_{[2]}(2)$ Finds only 1 or 2 form		ctivities
	Week 8	
$O_{[1]}(1)$ Notices a reduction in $O_{[2]}(2)$ Finds only 1 or 2 form		ctivities
Days (w8 / 13.Involvement) :		

Protocole : RLINK	Code centre :	Patient :
14	4. WORK/ USUAL ACTIVITIES / HOBBIES (BRMS	5 item 11)
	Week 1	
ID14089S6V4746 / DATBRMS11W1		
Date (w1)://		
ID14089S6V4747 / BRMS11W1	• • • • • • • • • • • • • • • • • • • •	
14. Work/ Usual activities/ Hol	• •	
O <sub>[1]</sub> (1) Slightly increa	ased drive, but work quality is slightly reduced, a	as motivation is changing and the
patient somewhat distractible  O <sub>[2]</sub> (2) Increased driv	eve, but motivating clearly fluctuating. The patier	nt difficulties in ludging own work
quality and the quality is indee	ed lowered. Often quarrels at work	
	y is clearly reduced, and from time to time the p	
	nt is hospitalised, he can participate for some ho s (or ought to be) hospitalised and unable to par	
ID14089S6V4748 / DAYBRMS11W1	(Of Ought to be) hospitansea and anasie to par	ticipate iii wara activides
Days (w1 / 14.Work/ Usual act	tivities/ Hobbies):	
	Week 2	
ID14089S6V4749 / DATBRMS11W2		
Date (w2) :/		
14. Work/ Usual activities/ Ho	bbies (w2) :	
O [0] (0) Normal work	activity	
	ased drive, but work quality is slightly reduced, a	as motivation is changing and the
patient somewhat distractible	eve, but motivating clearly fluctuating. The patier	at difficulties in judging own work
	ed lowered. Often quarrels at work	nt difficulties in Judging Own work
O <sub>[3]</sub> (3) Work capacity	y is clearly reduced, and from time to time the p	
_	nt is hospitalised, he can participate for some hos (or ought to be) hospitalised and unable to par	
ID14089S6V4751 / DAYBRMS11W2	enter the transfer and the fi	
Days (w2 / 14.Work/ Usual act	tivities/ Hobbies):	
	Week 3	

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Protocole : RLINK	Code centre :	Patient :
Date (w3):/		
ID14089S6V4753 / BRMS11W3	_	
14. Work/ Usual activities/ Hobbie	s (w3) :	
O [0] (0) Normal work activ	•	
	drive, but work quality is slightly reduced, as	s motivation is changing and the
patient somewhat distractible	ut motivating clearly fluctuating. The patient	t difficulties in judging own work
quality and the quality is indeed lo		t difficulties in judging own work
$O_{[3]}(3)$ Work capacity is o	learly reduced, and from time to time the pa	atient loses control; has to stop work
	hospitalised, he can participate for some ho	
$O_{[4]}(4)$ The patient is (or	ought to be) hospitalised and unable to part	icipate in ward activities
ID1408956V4754 / DAYBRMS11W3 Days (w3 / 14.Work/ Usual activiti	es/Hohhies)·	
Days (ws / 14. Worky Osaar activity	esy Hobbiesy	
	Week 4	
Date (w4)://	_	
ID14089S6V4756 / BRMS11W4	( 4)	
14. Work/ Usual activities/ Hobbie		
	drive, but work quality is slightly reduced, as	s motivation is changing and the
patient somewhat distractible	,,	
	ut motivating clearly fluctuating. The patient	t difficulties in judging own work
quality and the quality is indeed lo	·	
	learly reduced, and from time to time the pa hospitalised, he can participate for some ho	
	ought to be) hospitalised and unable to part	
ID14089S6V4757 / DAYBRMS11W4	,,,	
Days (w4 / 14.Work/ Usual activiti	es/ Hobbies) :	
	Week 5	
Date (w5)://	_	
ID14089S6V4759 / BRMS11W5	( -)	
14. Work/ Usual activities/ Hobbie		
	drive, but work quality is slightly reduced, as	s motivation is changing and the
patient somewhat distractible	and the state of t	and and and the
	ut motivating clearly fluctuating. The patient	t difficulties in judging own work
quality and the quality is indeed to	wered. Often quarrels at work learly reduced, and from time to time the pa	akionk Japan application to a construction of the construction of
→ BILST MOUR CADACITA IS 0	Jeany reduced, and from time to time the ha	atient joses control: has to stop work

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Protocole : RLINK	Code centre :	Patient :
·	nospitalised, he can participate for some ho	
$\mathcal{O}_{\mathtt{[4]}}$ (4) The patient is (or o	ought to be) hospitalised and unable to part	icipate in ward activities
ID14089S6V4760 / DAYBRMS11W5		
Days (w5 / 14.Work/ Usual activitie	s/ Hobbies) :	
	Week 6	
	Week 0	
ID14089S6V4761 / DATBRMS11W6		
Date (w6) :/	_	
ID14089\$6V4762 / BRM\$11W6		
14. Work/ Usual activities/ Hobbies	; (w6) :	
O [0] (0) Normal work activi	ity	
O <sub>[1]</sub> (1) Slightly increased o	drive, but work quality is slightly reduced, as	s motivation is changing and the
patient somewhat distractible		
	it motivating clearly fluctuating. The patient	t difficulties in judging own work
quality and the quality is indeed lov	·	
	early reduced, and from time to time the pa	
·	nospitalised, he can participate for some ho	·
O [4] (4) The patient is (or o	ught to be) hospitalised and unable to part	icipate in ward activities
ID14089S6V4763 / DAYBRMS11W6	701 11: X 1 1	
Days (w6 / 14.Work/ Usual activitie	s/ Hobbies) :	
	Week 7	
ID14089S6V4764 / DATBRMS11W7		
Date (w7) :/	-	
ID14089S6V4765 / BRMS11W7	( =)	
14. Work/ Usual activities/ Hobbies		
O [0] (0) Normal work activi	•	and the standard standard
patient somewhat distractible	drive, but work quality is slightly reduced, as	s motivation is changing and the
•	ut motivating clearly fluctuating. The patient	t difficulties in judging own work
quality and the quality is indeed lov		t difficulties in Judging Own Work
	early reduced, and from time to time the pa	atient loses control: has to stop work
	nospitalised, he can participate for some ho	
_	ought to be) hospitalised and unable to part	
ID14089S6V4766 / DAYBRMS11W7		•
Days (w7 / 14.Work/ Usual activitie	s/ Hobbies):	
	Week 8	

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Protocole : RLINK	Code centre :	Patient :
ID14089S6V4767 / DATBRMS11W8 Date (w8)://		
ID14089S6V4768 / BRMS11W8  14. Work/ Usual activities/ Ho	bbies (w8) :	
O [0] (0) Normal work	•	
	ased drive, but work quality is slightly reduced, a	as motivation is changing and the
patient somewhat distractible	ve, but motivating clearly fluctuating. The patier	at difficulties in judging own work
	ed lowered. Often quarrels at work	it difficulties in Judging Own Work
	y is clearly reduced, and from time to time the p	patient loses control; has to stop work
and be sick-listed. If the patier	nt is hospitalised, he can participate for some ho	ours per day in ward activities
$O_{[4]}(4)$ The patient is	(or ought to be) hospitalised and unable to par	ticipate in ward activities
ID1408956V4769 / DAYBRMS11W8  Days (w8 / 14.Work/ Usual act	tivities/ Hobbies) ·	
Bays (Wo / I Worky obtained		
		<del></del>
	E. Thought / Cognition 14089S6FC1404	
15	5. CONCENTRATION/DECISION MAKING ( (qIDS	item 10)
	Week 1	
ID14089S6V4770 / DATQIDS10W1 Date (w1)://		
ID14089S6V4771 / QIDS10W1		
15. Concentration/decision ma		
_	usual capacity to concentrate and decide	o de ce
	eels indecisive or notes that attention often wa me struggles to focus attention or make decisio	
	ntrate well enough to read or cannot make eve	
ID14089S6V4772 / DAYQIDS10W1		
Days (w1 / 15.Concentration/o	decision making):	
	Work 2	
	Week 2	
ID14089S6V4773 / DATOIDS10W2	Week 2	
ID14089S6V4773 / DATQIDS10W2 Date (w2)://	Week 2	
Date (w2):/		
Date (w2)://	aking (w2) :	
Date (w2)://		nders

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Protocole : RLINK	Code centre :	Patient :
	e struggles to focus attention or make decisio rate well enough to read or cannot make eve	
	Week 3	
ID1408956V4776 / DATQIDS10W3 Date (w3)://		
	ing (w3): ual capacity to concentrate and decide els indecisive or notes that attention often wa	anders
	estruggles to focus attention offen wa	
	rate well enough to read or cannot make eve	
Days (w3 / 15.Concentration/de	cision making):	
	Week 4	
Date (w4)://		
15. Concentration/decision mak	ing (w4) :	
	ual capacity to concentrate and decide	
-	els indecisive or notes that attention often wa e struggles to focus attention or make decisio	
	rate well enough to read or cannot make eve	
ID14089S6V4781 / DAYQIDS10W4 Days (w4 / 15.Concentration/de		
	57 I <u> </u>	
	Week 5	
	week 5	
ID14089S6V4782 / DATQIDS10W5 Date (w5)://		
15. Concentration/decision mak	ing (w5):	
	ual capacity to concentrate and decide	
_	els indecisive or notes that attention often wa	anders
_	e struggles to focus attention or make decisio	
O <sub>[3]</sub> (3) Cannot concent	rate well enough to read or cannot make eve	n minor decisions

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Protocole : RLINK	Code centre :	Patient :	
ID1408956V4784 / DAYQIDS10W5 Days (w5 / 15.Concentration/decision making):			
	Week 6		
ID14089S6V4785 / DATQIDS10W6 Date (w6):/			
15. Concentration/decision making (w6			
_	pacity to concentrate and decide		
	cisive or notes that attention often v		
	gles to focus attention or make decis		
O [3] (3) Cannot concentrate we	ell enough to read or cannot make e	ven minor decisions	
Days (w6 / 15.Concentration/decision n	naking) :		
	Week 7		
Date (w7):/			
ID14089S6V4789 / QIDS10W7			
15. Concentration/decision making (w7			
	pacity to concentrate and decide	and done	
	cisive or notes that attention often v		
	gles to focus attention or make decisell enough to read or cannot make e		
	en enough to read or cannot make e	veri minor decisions	
Days (w7 / 15.Concentration/decision n	naking) :		
	Week 8		
	vveek o		
ID1408956V4791 / DATQIDS10W8			
Date (w8) :/			
15. Concentration/decision making (w8	()·		
	of · pacity to concentrate and decide		
	cisive or notes that attention often v	wanders	
_	gles to focus attention or make decis		
	ell enough to read or cannot make e		
ID14089S6V4793 / DAYQIDS10W8  Days (w8 / 15.Concentration/decision n			

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Protocole : RLINK	Code centre :	Patient :
	16. FLIGHT OF THOUGHTS (BRMS item 3	)
	Week 1	
Date (w1):/		
ID14089S6V4795 / BRMS3W1		
16. Flight of Thoughts (w1):		
O [0] (0) Cohesive speec		
conversation. The speech is still	ons, explanations and elaborations without los	sing connection with the topic of
'	it is difficult for the patient to stick to the topi	ic as the patient is distracted by
	mes, clangs, puns, pieces of verse or music).	ie, as the patient is distracted by
$O_{[3]}(3)$ The fine of thou	ught is regularly disrupted by diversionary asso	ociations
	impossible to follow the patient's line of thoug	ght, as the patient constantly lumps
from one topic subject to anoth	er	
ID14089S6V4796 / DAYBRMS3W1	A . I . I	
Days (w1 / 16.Flight of Thoughts	s) ·	
	Week 2	
Date (w2): / /		
ID14089S6V4798 / BRMS3W2		
16. Flight of Thoughts (w2):		
O <sub>[0]</sub> (0) Cohesive speec		
	ons, explanations and elaborations without los	sing connection with the topic of
conversation. The speech is still		
	it is difficult for the patient to stick to the topi mes, clangs, puns, pieces of verse or music).	ic, as the patient is distracted by
	ught is regularly disrupted by diversionary asso	ociations
	impossible to follow the patient's line of thoug	
from one topic subject to anoth		
ID14089S6V4799 / DAYBRMS3W2		
Days (w2 / 16.Flight of Thoughts	s) :	
	Week 3	

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Protocole : RLINK	Code centre :	Patient :
ID14089S6V4800 / DATBRMS3W3 Date (w3):/		
16. Flight of Thoughts (w3):		
$O_{[0]}(0)$ Cohesive speech, no	flight of thoughts	
	explanations and elaborations without lo	osing connection with the topic of
conversation. The speech is still cohe		some connection with the topic of
$O_{[2]}(2)$ Now and again it is o	lifficult for the patient to stick to the top	oic, as the patient is distracted by
random associations (often rhymes,	clangs, puns, pieces of verse or music).	
$O_{[3]}(3)$ The fine of thought i	s regularly disrupted by diversionary ass	sociations
$O_{4}$ (4) It is difficult or impos	ssible to follow the patient's line of thou	ught, as the patient constantly lumps
from one topic subject to another		
ID14089S6V4802 / DAYBRMS3W3		
Days (w3 / 16.Flight of Thoughts) :	l	
	Week 4	
Date (w4):/		
16. Flight of Thoughts (w4):		
O [0] (0) Cohesive speech, no	_	
	explanations and elaborations without lo	osing connection with the topic of
conversation. The speech is still cohe		
	lifficult for the patient to stick to the top	oic, as the patient is distracted by
	clangs, puns, pieces of verse or music). s regularly disrupted by diversionary ass	sociations
$O_{\text{IM}}(A)$ It is difficult or impos	ssible to follow the patient's line of thou	ight as the nations constantly lumns
from one topic subject to another	ssible to follow the patient's line of thoc	agnt, as the patient constantly lumps
ID14089S6V4805 / DAYBRMS3W4		
Days (w4 / 16.Flight of Thoughts) :		
	Week 5	
Date (w5):/		
ID1408956V4807 / BRMS3W5		
16. Flight of Thoughts (w5):  O [0] (0) Cohesive speech, no	flight of thoughts	
	explanations and elaborations without lo	osing connection with the tonic of
conversation. The speech is still cohe		osing connection with the topic of
·	lifficult for the patient to stick to the top	oic, as the patient is distracted by
	clangs, puns, pieces of verse or music).	,
	s regularly disrupted by diversionary ass	sociations

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Protocole : RLINK	Code centre :	Patient :
O <sub>[4]</sub> (4) It is difficult or in from one topic subject to anothe ID14089S6V4808 / DAYBRMS3W5 Days (w5 / 16.Flight of Thoughts)		ght, as the patient constantly lumps
	Week 6	
conversation. The speech is still of $O_{[2]}(2)$ Now and again it random associations (often rhym $O_{[3]}(3)$ The fine of thou	n, no flight of thoughts ns, explanations and elaborations without locohesive. t is difficult for the patient to stick to the topnes, clangs, puns, pieces of verse or music). ght is regularly disrupted by diversionary assumpossible to follow the patient's line of though	oic, as the patient is distracted by sociations
	:1	
Days (w6 / 16.Flight of Thoughts)	):	
	Week 7	
conversation. The speech is still of $O_{[2]}(2)$ Now and again it random associations (often rhym $O_{[3]}(3)$ The fine of thou	n, no flight of thoughts ns, explanations and elaborations without locohesive. t is difficult for the patient to stick to the topnes, clangs, puns, pieces of verse or music). ght is regularly disrupted by diversionary assumpossible to follow the patient's line of thought	oic, as the patient is distracted by sociations
	Week 8	

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Protocole : RLINK	Code centre :	Patient :
ID1408956V4815 / DATBRMS3W8 Date (w8)://		
ID1408956V4816 / BRM53W8 16. Flight of Thoughts (w8) :		
	ch, no flight of thoughts	
O <sub>[1]</sub> (1) Lively descripti	ons, explanations and elaborations without lo	sing connection with the topic of
conversation. The speech is stil		
	it is difficult for the patient to stick to the top mes, clangs, puns, pieces of verse or music).	ic, as the patient is distracted by
	ught is regularly disrupted by diversionary ass	ociations
	impossible to follow the patient's line of thou	
from one topic subject to anoth		
ID14089S6V4817 / DAYBRMS3W8		
Days (w8 / 16.Flight of Thought	s) :	
	F. OUTLOOK (self) 14089S6FC1424	
	17. OUTLOOK (SELF) - GUILT (qIDS item 1	11)
	, , , ,	,
	Week 1	
	WCCKI	
ID1408956V4818 / DATQIDS11W1 Date (w1)://		
ID14089S6V4819 / QIDS11W1		
17. Outlook (self) - Guilt (w1) :		
	ually worthwhile and deserving as others	
$O_{[1]}(1)$ Is more self-bla	aming than usual is that he/she causes problems for others	
	r major and minor defects in self	
ID1408956V4820 / DAYQIDS11W1	. major and minor defects in sen	
Days (w1 / 17.Outlook (self) - G	uilt) :	
	Week 2	
ID14089S6V4821 / DATQIDS11W2 Date (w2): / /		
Date (w2) :/		
Date (w2):// ID1408956V4822 / QIDS11W2 17. Outlook (self) - Guilt (w2):	———ually worthwhile and deserving as others	

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Protocole : RLINK	Code centre :	Patient :
	that he/she causes problems for others major and minor defects in self	
	Week 3	
	Weeks	
ID1408956V4824 / DATQIDS11W3 Date (w3)://		
17. Outlook (self) - Guilt (w3) :		
	ally worthwhile and deserving as others	
$O_{[1]}(1)$ Is more self-blan		
	that he/she causes problems for others	
O <sub>[3]</sub> (3) Ruminates over	major and minor defects in self	
ID14089S6V4826 / DAYQIDS11W3		
Days (w3 / 17.Outlook (self) - Gu	iilt) :	
	Week 4	
Date (w4)://		
ID14089S6V4828 / QIDS11W4		
17. Outlook (self) - Guilt (w4) :		
_	ally worthwhile and deserving as others	
$O_{[1]}(1)$ Is more self-blan	that he/she causes problems for others	
_	major and minor defects in self	
ID1408956V4829 / DAYQIDS11W4	major and minor defects in sen	
Days (w4 / 17.Outlook (self) - Gu	ilt) :	
	Week 5	
ID44000CCV4020 / DATOIDC44***		
Date (w5)://		
ID14089S6V4831 / QIDS11W5		
17. Outlook (self) - Guilt (w5):		
_	ally worthwhile and deserving as others	
O [1] (1) Is more self-blar	that he/she causes problems for others	
_	major and minor defects in self	

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Protocole : RLINK	Code centre :	Patient :
Days (w5 / 17.Outlook (self) - Guilt)	:  _	
	Week 6	
O <sub>[1]</sub> (1) Is more self-blaming O <sub>[2]</sub> (2) Largely believes tha	t he/she causes problems for others jor and minor defects in self	
	Week 7	
$O_{11}(1)$ Is more self-blaming $O_{21}(2)$ Largely believes that	t he/she causes problems for others jor and minor defects in self	
	Week 8	
$O_{11}(1)$ Is more self-blaming $O_{21}(2)$ Largely believes that	t he/she causes problems for others jor and minor defects in self	

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	Code centre :	Patient :
	18. SUICIDE (qIDS item 12)	
	Wl-d	
	Week 1	
Date (w1):/		
18. Suicide (w1) :		
$\bigcirc_{[0]}(0)$ Does not think of suice	ide or death	
$O_{[1]}(1)$ Feels life is empty or i		
	th several times a week for several min	utes
	th several times a day in depth, or has r	
suicide.	ar severar armes a day in depart, or mas i	nade specime plans for or attempted
ID14089S6V4844 / DAYQIDS12W1		
Days (w1 / 18.Suicide) :		
	Week 2	
ID14089S6V4845 / DATQIDS12W2		
ID14089S6V4845 / DATQIDS12W2 Date (w2):/		
Date (w2) :/		
Date (w2):/		
Date (w2):/	is not worth living	
Date (w2):/	is not worth living th several times a week for several min	
Date (w2):/	is not worth living	
Date (w2):/	is not worth living th several times a week for several min	
Date (w2):/	is not worth living th several times a week for several min	
Date (w2):/	is not worth living th several times a week for several min	
Date (w2):/	is not worth living th several times a week for several min	
Date (w2):/	is not worth living th several times a week for several min th several times a day in depth, or has r	
Date (w2):/	is not worth living th several times a week for several min	
Date (w2):/	is not worth living th several times a week for several min th several times a day in depth, or has r	
Date (w2):/	is not worth living th several times a week for several min th several times a day in depth, or has r	
Date (w2):	is not worth living th several times a week for several min th several times a day in depth, or has r	
Date (w2):	is not worth living th several times a week for several min th several times a day in depth, or has r	
Date (w2):	is not worth living th several times a week for several min th several times a day in depth, or has r  Week 3	

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Protocole : RLINK	Code centre :	Patient :
	death several times a week for several minu death several times a day in depth, or has m	
	Week 4	
	suicide or death	
_	Week 5	
	Week 6	
ID1408956V4857 / DATQIDS12W6  Date (w6)://  ID1408956V4858 / QIDS12W6  18. Suicide (w6):(0) Does not think of		

Protocole : RLINK	Code centre :	Patient :
	ty or is not worth living e/death several times a week for several minut e/death several times a day in depth, or has ma	
	Week 7	
	Week 8	
	19. SELF-ESTEEM/ GRANDIOSITY (BRMS item	17)
	Week 1	

DISCONSISTANCE   DATEMENS   DAT	Protocole : RLINK	Code centre :	Patient :
ID1408956V4869 / DATBRMS7W2   Date (w2):	Date (w1):/	d self-esteem, boasting; frequent use or deas	f superlatives
Date (w2):		Week 2	
ID1408956V4872 / DATBRMS7W3 Date (w3):	Date (w2):	d self-esteem, boasting; frequent use o deas	f superlatives
Date (w3):/  ID1408956V4873 / BRM57W3  19. Self-esteem (w3):  O		Week 3	
	Date (w3):	d self-esteem, boasting; frequent use or deas	f superlatives

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Protocole : RLINK	Code centre :	Patient :
ID14089S6V4875 / DATBRMS7W4 Date (w4):/		
19. Self-esteem (w4) :		
O <sub>[0]</sub> (0) Normal self-esteem		
O <sub>[1]</sub> (1) Slightly increased self-estee	em, slightly boasting	
_	esteem, boasting; frequent use of superlatives	
O <sub>[3]</sub> (3) Bragging, unrealistic ideas		
O [4] (4) Grandiose ideas which canr	not be corrected	
Days (w4 / 19.Self-esteem) :		
	Week 5	
Date (w5):/		
ID1408956V4879 / BRMS7W5		
19. Self-esteem (w5):		
$O_{[0]}(0)$ Normal self-esteem $O_{[1]}(1)$ Slightly increased self-estee	am clightly hearting	
	esteem, boasting; frequent use of superlatives	
O <sub>[3]</sub> (3) Bragging, unrealistic ideas	secon, sousting, request use of superiutives	
O <sub>[4]</sub> (4) Grandiose ideas which cann	not be corrected	
ID1408956V4880 / DAYBRMS7W5		
Days (w5 / 19.Self-esteem) :		
	Week 6	
Date (w6):/		
19. Self-esteem (w6) :		
O $[0]$ (0) Normal self-esteem		
O <sub>[1]</sub> (1) Slightly increased self-estee	em. slightly boasting	
	esteem, boasting; frequent use of superlatives	
O <sub>[3]</sub> (3) Bragging, unrealistic ideas		
$O_{\mathtt{[4]}}$ (4) Grandiose ideas which cann	not be corrected	
ID1408956V4883 / DAYBRMS7W6		
Days (w6 / 19.Self-esteem) :		
	Week 7	

Protocole : RLINK	Code centre :	Patient :
ID1408956V4884 / DATBRMS7W7 Date (w7):/  ID1408956V4885 / BRMS7W7  19. Self-esteem (w7):  O [0] (0) Normal self-esteem O [1] (1) Slightly increased self-esteem O [2] (2) Moderately increased self-est O [3] (3) Bragging, unrealistic ideas O [4] (4) Grandiose ideas which canno  ID1408956V4886 / DAYBRMS7W7 Days (w7 / 19.Self-esteem):	teem, boasting; frequent use of superlatives	
		<del></del>
	Week 8	
	Week o	
Date (w8):/  Date (w8):/	teem, boasting; frequent use of superlatives	
G. BEHA	AVIOR (others) 14089S6FC1453	
20. VOIC	CE / NOISE LEVEL (BRMS item 4)	
	Week 1	
ID1408956V4890 / DATBRMS4W1  Date (w1):/  ID1408956V4891 / BRMS4W1  20. Voice / Noise level (w1):  O[0](0) Natural volume of voice O[1](1) Speaks loudly without being in O[2](2) Voice discernible at a distance	•	

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Protocole : RLINK	Code centre :	Patient :
Om (2) Vociferous voi	ce discernible at a long distance, is noisy, singing	
	aming, or using other source of noise due to hoarser	ness
Days (w1 / 20.Voice / Noise leve	el) ·	
Days (W1) 20. Voice / Noise lev	5.7	
	Week 2	
Date (w2)://		
D14089S6V4894 / BRMS4W2 20. Voice / Noise level (w2) :		
O (1) S v l v l v		
$O_{[1]}(1)$ Speaks loudly v $O_{[2]}(2)$ Voice discernib	without being noisy ble at a distance, and somewhat noisy	
O <sub>[3]</sub> (3) Vociferous, voi	ce discernible at a long distance, is noisy, singing	
	aming, or using other source of noise due to hoarse	ness
Days (w2 / 20.Voice / Noise leve	el) :	
	Week 3	
ID1408956V4896 / DATBRMS4W3		
Date (w3) :/		
1D1408956V4897 / BRMS4W3 20. Voice / Noise level (w3) :		
O [0] (0) Natural volume O [1] (1) Speaks loudly v		
	ole at a distance, and somewhat noisy	
	ce discernible at a long distance, is noisy, singing	
	aming, or using other source of noise due to hoarser	ness
Days (w3 / 20.Voice / Noise leve	el) :	
	Week 4	
ID14089S6V4899 / DATBRMS4W4		
Date (w4) :/		
1D1408956V4900 / BRMS4W4 20. Voice / Noise level (w4) :		
O [0] (0) Natural volume		
Um (1) Speaks loudly v	without being noisy	

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Protocole : RLINK	Code centre :	Patient :
O <sub>[2]</sub> (2) Voice discernible at a distanc	e and somewhat noisy	
O <sub>[3]</sub> (3) Vociferous, voice discernible		
	s other source of noise due to hoarseness	
C[4] (4) Shouting, screaming, or using	other source of noise due to noarseness	
ID14089S6V4901 / DAYBRMS4W4		
Days (w4 / 20.Voice / Noise level) :		
	Marali E	
	Week 5	
Date (w5): / /		
Date (w5) :/		
ID14089S6V4903 / BRMS4W5		
20. Voice / Noise level (w5):		
O <sub>[0]</sub> (0) Natural volume of voice		
O <sub>[1]</sub> (1) Speaks loudly without being I		
O <sub>[2]</sub> (2) Voice discernible at a distanc	•	
O <sub>[3]</sub> (3) Vociferous, voice discernible		
$O_{4}$ (4) Shouting, screaming, or using	other source of noise due to hoarseness	
ID14089S6V4904 / DAYBRMS4W5		
Days (w5 / 20.Voice / Noise level) :		
	Week 6	
ID1408956V4905 / DATBRMS4W6		
Date (w6) :/		
ID14089S6V4906 / BRMS4W6		
20. Voice / Noise level (w6):		
O [0] (0) Natural volume of voice		
O [1] (1) Speaks loudly without being I	•	
Q <sub>[2]</sub> (2) Voice discernible at a distanc		
(3) Vociferous, voice discernible		
$O_{\scriptscriptstyle{[4]}}$ (4) Shouting, screaming, or using	other source of noise due to hoarseness	
ID14089S6V4907 / DAYBRMS4W6		
Days (w6 / 20.Voice / Noise level) :		
	Week 7	
ID14089S6V4908 / DATBRMS4W7		
Date (w7) :/		
ID14089S6V4909 / BRMS4W7		
20. Voice / Noise level (w7):		
O (0) Natural volume of voice		

Protocole : RLINK	Code centre :	Patient :
O <sub>[1]</sub> (1) Speaks loudly w	vithout being noisv	
_	le at a distance, and somewhat noisy	
	ce discernible at a long distance, is noisy, singing	
	ming, or using other source of noise due to hoars	seness
Days (w7 / 20.Voice / Noise leve	el) :	
,- ( ,,		
	Week 8	
ID1408956V4911 / DATBRMS4W8		
Date (w8) :/		
ID14089S6V4912 / BRMS4W8		
20. Voice / Noise level (w8):		
O [0] (0) Natural volume		
O <sub>[1]</sub> (1) Speaks loudly w	,	
	le at a distance, and somewhat noisy	
	ce discernible at a long distance, is noisy, singing	
O <sub>[4]</sub> (4) Shouting, screa	ming, or using other source of noise due to hoars	seness
ID14089S6V4913 / DAYBRMS4W8		
Days (w8 / 20.Voice / Noise leve	el) :	
	21. HOSTILITY/DESTRUCTIVENESS (BRMS item 5	5)
	Week 1	
ID44000CCV4044 / DATDDAGTINA		
Date (w1): / /		
. ,		
1D1408956V4915 / BRMS5W1 21. Hostility/destructiveness (w	1) ·	
$O_{[0]}(0)$ No signs of imp	•	
	atient or irritable, but control is maintained	
_	tient or irritable. Provocation tolerated	
	akes threats, but can be calmed down	
	violence. Physically destructive	
	moterioe. I my sicolly destinative	
Days (w1 / 21.Hostility/destruct	iveness) :	
Days (WI) ZIMOSMILY/ GESTI GET		
	Week 2	

Protocole : RLINK	Code centre :	Patient :
ID14089S6V4917 / DATBRMS5W2		
Date (w2) :/		
ID14089S6V4918 / BRMS5W2		
21. Hostility/destructiveness (v		
	patient or irritable, but control is maintained	
	atient or irritable. Provocation tolerated	
	nakes threats, but can be calmed down	
_	violence. Physically destructive	
ID14089S6V4919 / DAYBRMS5W2		
Days (w2 / 21.Hostility/destruc	tiveness) :	
	Week 3	
ID14089S6V4920 / DATBRMS5W3		
Date (w3) ://	<del></del>	
1D1408956V4921 / BRMS5W3 21. Hostility/destructiveness (v	v3) ·	
O <sub>[0]</sub> (0) No signs of im	•	
	patiente of instancy patient or irritable, but control is maintained	
	atient or irritable. Provocation tolerated	
_	nakes threats, but can be calmed down	
O <sub>[4]</sub> (4) Overt physical	violence. Physically destructive	
ID14089S6V4922 / DAYBRMS5W3		
Days (w3 / 21.Hostility/destruc	tiveness) :	
	Week 4	
ID14089S6V4923 / DATBRMS5W4		
Date (w4) :/		
1D1408956V4924 / BRMS5W4 21. Hostility/destructiveness (v	ν.Δ.)·	
$O_{[0]}(0)$ No signs of im		
	patient or irritable, but control is maintained	
	atient or irritable. Provocation tolerated	
O <sub>[3]</sub> (3) Provocative, n	nakes threats, but can be calmed down	
O <sub>[4]</sub> (4) Overt physical	violence. Physically destructive	
ID14089S6V4925 / DAYBRMS5W4		
Days (w4 / 21.Hostility/destruc	tiveness):	
	Wook F	

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Protocole : RLINK	Code centre :	Patient :
IDAAAAAAA AAAAAAAA		
Date (w5):/		
ID14089S6V4927 / BRMS5W5		
21. Hostility/destructiveness (w		
$O_{[0]}(0)$ No signs of imp		
	atient or irritable, but control is maintained tient or irritable. Provocation tolerated	
	akes threats, but can be calmed down	
_	violence. Physically destructive	
ID14089S6V4928 / DAYBRMS5W5		
Days (w5 / 21.Hostility/destruct	civeness) :	
	Week 6	
ID14089S6V4929 / DATBRMS5W6		
Date (w6) :/		
1D1408956V4930 / BRMS5W6 21. Hostility/destructiveness (w	(6) ·	
O [0] (0) No signs of imp	-	
	atient or irritable, but control is maintained	
	tient or irritable. Provocation tolerated	
_	akes threats, but can be calmed down	
	violence. Physically destructive	
ID14089S6V4931 / DAYBRMS5W6		
Days (w6 / 21.Hostility/destruct	civeness) :	
	Week 7	
ID14089S6V4932 / DATBRMS5W7		
Date (w7) :/		
1D1408956V4933 / BRMS5W7 21. Hostility/destructiveness (w	7) ·	
$O_{[0]}(0)$ No signs of imp	•	
	atient or irritable, but control is maintained	
	tient or irritable. Provocation tolerated	
O <sub>[3]</sub> (3) Provocative, m	akes threats, but can be calmed down	
O <sub>[4]</sub> (4) Overt physical	violence. Physically destructive	
ID14089S6V4934 / DAYBRMS5W7		
Days (w7 / 21.Hostility/destruct	civeness) :	
	Week 8	

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Protocole : RLINK	Code centre :	Patient :
ID14089S6V4935 / DATBRMS5W8 Date (w8)://		
ID1408956V4936 / BRMS5W8 21. Hostility/destructiveness (w	v8):	
O [0] (0) No signs of imp		
O <sub>[1]</sub> (1) Somewhat imp	patient or irritable, but control is maintained	
	atient or irritable. Provocation tolerated	
	nakes threats, but can be calmed down	
O <sub>[4]</sub> (4) Overt physical	violence. Physically destructive	
Days (w8 / 21.Hostility/destruc	tiveness) :	
	22. CONTACT (BRMS item 8)	
	Week 1	
	Week 1	
ID14089S6V4938 / DATBRMS8W1 Date (w1):///		
ID14089S6V4939 / BRMS8W1		
22. Contact (w1):		
O [0] (0) Normal contac		
O <sub>[1]</sub> (1) Slightly meddli		
O <sub>[2]</sub> (2) Moderately mo		tion —
	rranging, directing, but still in context with the sett ninating and manipulating, without context with th	
	illiating and manipulating, without context with the	ie setting
Days (w1 / 22.Contact) :		
	Week 2	
ID1408956V4941 / DATBRMS8W2		
Date (w2):/		
ID14089S6V4942 / BRMS8W2 22. Contact (w2) :		
O [0] (0) Normal contact	*	
O [1] (1) Slightly meddli		
$O_{[2]}(2)$ Moderately me		
	rranging, directing, but still in context with the sett	ting
	ninating and manipulating, without context with th	
ID1408956V4943 / DAYBRMS8W2 Days (w2 / 22.Contact) :		

Protocole : RLINK	Code centre :	Patient :
	Week 3	
ID1408956V4944 / DATBRMS8W3 Date (w3)://  ID1408956V4945 / BRMS8W3 22. Contact (w3):  O [0] (0) Normal contact	_	
Days (w3 / 22.Contact) :		
	Week 4	
	putting his oar in ling and arguing ging, directing, but still in context with the iting and manipulating, without context w	_
	Week 5	
ID14089S6V4950 / DATBRMS8W5 Date (w5)://	_	
_		
Days (w5 / 22.Contact) :		

Protocole : RLINK	Code centre :	Patient :
	_	
	Week 6	
ID1408956V4953 / DATBRMS8W6  Date (w6)://		
ID14089S6V4954 / BRMS8W6		
22. Contact (w6) :		
O [0] (0) Normal contact O [1] (1) Slightly meddling, pu	utting his ear in	
$O_{[2]}(2)$ Moderately meddlin	_	
_	ng, directing, but still in context with the	e setting
	ng and manipulating, without context w	
ID14089S6V4955 / DAYBRMS8W6		
Days (w6 / 22.Contact) :		
	Mode 7	
	Week 7	
ID440000CV40TC / DATEDDATEDVIT		
Date (w7):/		
ID14089S6V4957 / BRMS8W7		
22. Contact (w7):		
O <sub>[0]</sub> (0) Normal contact		
O <sub>[1]</sub> (1) Slightly meddling, pu	_	
O <sub>[2]</sub> (2) Moderately meddlin	ng and arguing ng, directing, but still in context with the	o cotting
	ng, and manipulating, without context w	_
ID14089S6V4958 / DAYBRMS8W7	is and manipulating, without context w	the setting
Days (w7 / 22.Contact) :		
	Week 8	
Date (w8)://		
ID14089S6V4960 / BRMS8W8		
22. Contact (w8) :		
O [0] (0) Normal contact O [1] (1) Slightly meddling, pu	utting his oar in	
$O_{[1]}(1)$ Slightly meddling, pu $O_{[2]}(2)$ Moderately meddlin		
	ng, directing, but still in context with the	e setting
	ng and manipulating, without context w	
ID14089S6V4961 / DAYBRMS8W8	0, 1, 0,	
Days (w8 / 22.Contact) :		

Protocole : RLINK	Code centre :	Patient :
	23. SEXUAL INTEREST (BRMS item 10)	
	Week 1	
Date (w1):/		
ID14089S6V4963 / BRMS10W1	<del></del>	
23. Sexual Interest (w1):		
_	ial interest and activity	
_	e in sexual interest and activity	
_	crease in sexual interest and activity	
_	ase in sexual interest and activity, as shown in man	nner and
_	nd inadequately occupied by sexuality	
ID14089S6V4964 / DAYBRMS10W1	, , ,	
Days (w1 / 23.Sexual Interest)	) : <u> _</u>	
•		
	Week 2	
ID14089S6V4965 / DATBRMS10W2		
Date (w2):/		
ID14089S6V4966 / BRMS10W2		
23. Sexual Interest (w2):		
O [0] (0) Habitual sexu	al interest and activity	
O <sub>[1]</sub> (1) Slight increas	e in sexual interest and activity	
O <sub>[2]</sub> (2) Moderate inc	rease in sexual interest and activity	
O <sub>[3]</sub> (3) Marked incre	ase in sexual interest and activity, as shown in man	nner and
O [4] (4) Completely a	nd inadequately occupied by sexuality	
ID14089S6V4967 / DAYBRMS10W2		
Days (w2 / 23.Sexual Interest)	· :	
	Week 3	
ID14089S6V4968 / DATBRMS10W3		
Date (w3) :/		
ID14089S6V4969 / BRMS10W3		
23. Sexual Interest (w3):		
O [0] (0) Habitual sexu	al interest and activity	
O <sub>m</sub> (1) Slight increas	e in sexual interest and activity	

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Protocole : RLINK	Code centre :	Patient :
O <sub>[2]</sub> (2) Moderate increase in sexual i	nterest and activity	
	erest and activity, as shown in manner and	
O <sub>[4]</sub> (4) Completely and inadequately		
	occupied by sexuality	
Days (w3 / 23.Sexual Interest) :		
Days (W3 / 23.3exual interest) .		
	Week 4	
ID14089S6V4971 / DATBRMS10W4		
Date (w4) :/		
ID1408956V4972 / BRMS10W4		
23. Sexual Interest (w4) :		
O [0] (0) Habitual sexual interest and a	activity	
O <sub>[1]</sub> (1) Slight increase in sexual inter		
O <sub>[2]</sub> (2) Moderate increase in sexual i		
	erest and activity, as shown in manner and	
O <sub>[4]</sub> (4) Completely and inadequately		
	occupied by sexuality	
Days (w4 / 23.Sexual Interest) :		
bays (w+ / 25.5cxddi interest/ :		
	Week 5	
ID14089S6V4974 / DATBRMS10W5		
Date (w5): / /		
ID1408956V4975 / BRMS10W5		
23. Sexual Interest (w5):		
O <sub>[0]</sub> (0) Habitual sexual interest and a	activity	
O <sub>[1]</sub> (1) Slight increase in sexual inter	•	
$O_{[2]}(2)$ Moderate increase in sexual i	•	
	erest and activity, as shown in manner and	
O <sub>[4]</sub> (4) Completely and inadequately		
	occupied by sexuality	
Days (w5 / 23.Sexual Interest) :		
Days (W3 / 23.3exdai interest/ .		
	Week 6	
ID14089S6V4977 / DATBRMS10W6		
Date (w6):/		
101408956V4978 / BRMS10W6 23. Sexual Interest (w6):		
O <sub>[0]</sub> (0) Habitual sexual interest and a		

Protocole : RLINK Code centre : Patien	t:
O <sub>[1]</sub> (1) Slight increase in sexual interest and activity	
O <sub>[2]</sub> (2) Moderate increase in sexual interest and activity	
· · · · · · · · · · · · · · · · · · ·	
O <sub>[3]</sub> (3) Marked increase in sexual interest and activity, as shown in manner and	
$\mathcal{O}_{\text{[4]}}$ (4) Completely and inadequately occupied by sexuality	
ID1408956V4979 / DAYBRMS10W6	
Days (w6 / 23.Sexual Interest) :	
Week 7	
Week 7	
ID1408956V4980 / DATBRMS10W7	
Date (w7):/	
ID1408956V4981 / BRMS10W7	
23. Sexual Interest (w7):	
O [0] (0) Habitual sexual interest and activity	
O <sub>[1]</sub> (1) Slight increase in sexual interest and activity	
$O_{[2]}(2)$ Moderate increase in sexual interest and activity	
$\bigcirc$ [3] (3) Marked increase in sexual interest and activity, as shown in manner and	
$O_{[4]}(4)$ Completely and inadequately occupied by sexuality	
ID14089S6V4982 / DAYBRMS10W7	
Days (w7 / 23.Sexual Interest) :	
Week 8	
ID1408956V4983 / DATBRMS10W8	
Date (w8):/	
ID14089S6V4984 / BRMS10W8	
23. Sexual Interest (w8):	
O [0] (0) Habitual sexual interest and activity	
O <sub>[1]</sub> (1) Slight increase in sexual interest and activity	
O <sub>[2]</sub> (2) Moderate increase in sexual interest and activity	
$O_{[3]}(3)$ Marked increase in sexual interest and activity, as shown in manner and	
O <sub>[4]</sub> (4) Completely and inadequately occupied by sexuality	
ID14089S6V4985 / DAYBRMS10W8	
Days (w8 / 23.Sexual Interest) :	

For each Week: only rate either INCREASE or DECREASE for both APPETITE and WEIGHT

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Protocole : RLINK Code centre : \_\_\_\_\_ Patient : \_\_\_\_\_

# 24/25. APPETITE - DECREASED/ INCREASED (qIDS item 6 & 7)

Week 1
ID1408956V4987 / QID567W1  APPETITE (w1) : $\bigcirc$ [1] Decreased $\bigcirc$ [2] Increased
ID1408956V4988 / DATQID567W1
Date (w1):/
ID14089S6V4989 / QIDS6W1
24. Appetite (decreased) (w1):
O [0] (0) No change from usual appetite
O <sub>[1]</sub> (1) Eats somewhat less often and/or lesser amounts than usual
O <sub>[2]</sub> (2) Eats much less than usual and only with personal effort
$O_{[3]}(3)$ Eats rarely within a 24-hour period, and only with extreme personal effort or with persuasion by
others
ID1408956V4990 / QID57W1
25. Appetite (increased) (w1):
$\mathcal{O}_{[0]}(0)$ No change from usual appetite $\mathcal{O}_{[1]}(1)$ More frequently feels a need to eat than usual
O <sub>[2]</sub> (2) Regularly eats more often and/or greater amounts than usual O <sub>[3]</sub> (3) Feels driven to overeat at and between meals
(3) Feels driven to overeat at and between meals
Days (w1 / APPETITE) :
Days (WI / AFFEITE) .
Week 2
ID14089S6V4992 / QIDS67W2
APPETITE (w2) : O [1] Decreased O [2] Increased
ID14089S6V4993 / DATQIDS67W2
Date (w2):/
ID14089S6V4994 / QIDS6W2
24. Appetite (decreased) (w2) :
O [0] (0) No change from usual appetite
O [1] (1) Eats somewhat less often and/or lesser amounts than usual
O [2] (2) Eats much less than usual and only with personal effort
$O_{[3]}(3)$ Eats rarely within a 24-hour period, and only with extreme personal effort or with persuasion by
others
ID1408956V4995 / QID57W2
25. Appetite (increased) (w2) :
O [0] (0) No change from usual appetite
$\mathcal{O}_{1}$ (1) More frequently feels a need to eat than usual

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Protocole : RLINK	Code centre :	Patient :
O <sub>[3]</sub> (3) Feels driven to	more often and/or greater amounts than usual overeat at and between meals	
Days (w2 / APPETITE) :		
	Week 3	
ID1408956V4997 / QID567W3  APPETITE (w3) : O [1] Decrease	ed O <sub>[2]</sub> Increased	
Date (w3):/		
ID14089S6V4999 / QIDS6W3		
24. Appetite (decreased) (w3):		
O [0] (0) No change from	n usual appetite t less often and/or lesser amounts than usual	
	than usual and only with personal effort	
	nin a 24-hour period, and only with extreme perso	anal effort or with persuasion by
others	initia 24 floar perioa, and only with extreme perso	mare riore or with persuasion by
ID1408956V5000 / QIDS7W3 25. Appetite (increased) (w3):		
O $[0]$ (0) No change from	musual annetite	
	ly feels a need to eat than usual	
	more often and/or greater amounts than usual	
_	overeat at and between meals	
ID14089S6V5001 / DAYQIDS67W3		
Days (w3 / APPETITE) :		
	Week 4	
$\begin{array}{c} \text{ID1408956V5002 / QIDS67W4} \\ \text{APPETITE (w4)} : \bigcirc_{\text{[1]}} \text{Decrease} \end{array}$	ed O <sub>[2]</sub> Increased	
Date (w4):/		
ID14089S6V5004 / QIDS6W4		
24. Appetite (decreased) (w4):		
O [0] (0) No change from	• •	
_	t less often and/or lesser amounts than usual	
	than usual and only with personal effort	
	nin a 24-hour period, and only with extreme perso	onal effort or with persuasion by
others		
1D14089S6V5005 / QIDS7W4 25. Appetite (increased) (w4) :		

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Protocole : RLINK	Code centre :	Patient :
O <sub>[2]</sub> (2) Regularly eats mo	sual appetite eels a need to eat than usual re often and/or greater amounts than usual ereat at and between meals	
	Week 5	
ID14089S6V5007 / QIDS67W5  APPETITE (w5): O [1] Decreased  ID14089S6V5008 / DATQIDS67W5  Date (w5)://  ID14089S6V5009 / QIDS6W5		
24. Appetite (decreased) (w5):  O[0](0) No change from u O[1](1) Eats somewhat le O[2](2) Eats much less tha	sual appetite ss often and/or lesser amounts than usual an usual and only with personal effort a 24-hour period, and only with extreme per	sonal effort or with persuasion by
O <sub>[2]</sub> (2) Regularly eats mo	sual appetite eels a need to eat than usual re often and/or greater amounts than usual ereat at and between meals	
Days (w5 / APPETITE) :		
	Week 6	
ID14089S6V5012 / QIDS67W6  APPETITE (w6): $\bigcirc$ [1] Decreased ID14089S6V5013 / DATQIDS67W6	O <sub>[2]</sub> Increased	
Date (w6):/	_	
O <sub>[2]</sub> (2) Eats much less tha	sual appetite ss often and/or lesser amounts than usual an usual and only with personal effort a 24-hour period, and only with extreme per	sonal effort or with persuasion by

Protocole : RLINK	Code centre :	Patient :
	els a need to eat than usual e often and/or greater amounts than usual	
	Week 7	
ID14089S6V5017 / QIDS67W7  APPETITE (w7): O [1] Decreased  ID14089S6V5018 / DATQIDS67W7  Date (w7)://	O [2] Increased	
24. Appetite (decreased) (w7):  O [0] (0) No change from us O [1] (1) Eats somewhat less O [2] (2) Eats much less than	ual appetite s often and/or lesser amounts than usual n usual and only with personal effort 24-hour period, and only with extreme pe	ersonal effort or with persuasion by
	els a need to eat than usual e often and/or greater amounts than usual	I
		<u>-</u>
	Week 8	
ID1408956V5022 / QIDS67W8  APPETITE (w8) : O [1] Decreased  ID1408956V5023 / DATQIDS67W8  Dato (w8) : / /	O [2] Increased	
	ual appetite s often and/or lesser amounts than usual n usual and only with personal effort	

Protocole : RLINK	Code centre :	Patient :
O <sub>[3]</sub> (3) Eats rarely with	in a 24-hour period, and only with extreme person	onal effort or with persuasion by
ID14089S6V5025 / QIDS7W8		
25. Appetite (increased) (w8) :		
O [0] (0) No change from	·	
	y feels a need to eat than usual	
	nore often and/or greater amounts than usual	
$O_{[3]}(3)$ Feels driven to $G$	overeat at and between meals	
ID14089S6V5026 / DAYQIDS67W8		
Days (w8 / APPETITE) :		
26/2	7. Weight - DECREASED/ INCREASED (qIDS item	n 8 & 9)
	Week 1	
	AAGGK T	
	O [2] Increased	
ID14089S6V5028 / DATQIDS89W1 Date (w1)://		
ID14089S6V5029 / QIDS8W1		
26. Weight (decrease) (w1):		
O [0] (0) Has experienced		
_	slight weight loss occurred	
O <sub>[2]</sub> (2) Has lost 2 pound		
O <sub>[3]</sub> (3) Has lost 5 pound	ds (2 kg) or more	
1D1408956V5030 / QIDS9W1 27. Weight (increase) (w1):		
O [0] (0) Has experienced	t no woight change	
	slight weight gain has occurred	
O <sub>[2]</sub> (2) Has gained 2 po		
O <sub>[3]</sub> (3) Has gained 5 po		
ID14089S6V5031 / DAYQIDS89W1	(= 16)	
Days (w1 / WEIGHT) :		
· · · · · · · · · · · · · · · · · · ·		
	Week 2	
ID14089S6V5032 / QIDS89W2		
WEIGHT (w2) : $O_{[1]}$ Decreased	O <sub>[2]</sub> Increased	
ID14089S6V5033 / DATQIDS89W2		
Date (w2): / /		

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Protocole : RLINK	Code centre :	Patient :
O <sub>[2]</sub> (2) Has lost 2 pour O <sub>[3]</sub> (3) Has lost 5 pour ID1408956V5035 / QID59W2 27. Weight (increase) (w2): O <sub>[0]</sub> (0) Has experience	e slight weight loss occurred ands (1 kg) or more ands (2 kg) or more and and and a weight change a slight weight gain has occurred bounds (1 kg) or more	
	Week 3	
O <sub>[2]</sub> (2) Has lost 2 pour O <sub>[3]</sub> (3) Has lost 5 pour ID1408956V5040 / QID59W3 27. Weight (increase) (w3): O <sub>[0]</sub> (0) Has experience	ed no weight change e slight weight loss occurred ads (1 kg) or more ads (2 kg) or more ed no weight change e slight weight gain has occurred bounds (1 kg) or more	
	Week 4	
ID14089S6V5042 / QIDS89W4 WEIGHT (w4) : O [1] Decreased ID14089S6V5043 / DATQIDS89W4 Date (w4) ://	d O <sub>[2]</sub> Increased	

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Protocole : RLINK	Code centre :	Patient :
O <sub>[2]</sub> (2) Has lost 2 pour O <sub>[3]</sub> (3) Has lost 5 pour ID1408956V5045 / QID59W4 27. Weight (increase) (w4): O <sub>[0]</sub> (0) Has experience	e slight weight loss occurred ands (1 kg) or more ands (2 kg) or more and no weight change e slight weight gain has occurred bounds (1 kg) or more	
	Week 5	
O <sub>[2]</sub> (2) Has lost 2 pour O <sub>[3]</sub> (3) Has lost 5 pour ID1408956V5050 / QID59W5 27. Weight (increase) (w5): O <sub>[0]</sub> (0) Has experience	and no weight change e slight weight loss occurred ands (1 kg) or more ands (2 kg) or more and no weight change e slight weight gain has occurred bounds (1 kg) or more	
	Week 6	
ID14089S6V5052 / QIDS89W6 WEIGHT (w6) : [1] Decreased ID14089S6V5053 / DATQIDS89W6 Date (w6) ://	d O [2] Increased	

Protocole : RLINK	Code centre :	Patient :
O <sub>[2]</sub> (2) Has lost 2 pour O <sub>[3]</sub> (3) Has lost 5 pour ID1408956V5055 / QID59W6 27. Weight (increase) (w6): O <sub>[0]</sub> (0) Has experience	e slight weight loss occurred ands (1 kg) or more ands (2 kg) or more ed no weight change e slight weight gain has occurred ounds (1 kg) or more	
	Week 7	
O <sub>[2]</sub> (2) Has lost 2 pour O <sub>[3]</sub> (3) Has lost 5 pour ID1408956V5060 / QIDS9W7 27. Weight (increase) (w7): O <sub>[0]</sub> (0) Has experience	ed no weight change e slight weight loss occurred nds (1 kg) or more nds (2 kg) or more ed no weight change e slight weight gain has occurred ounds (1 kg) or more	
	Week 8	
ID1408956V5062 / QIDS89W8 WEIGHT (w8) : O [1] Decreased ID1408956V5063 / DATQIDS89W8 Date (w8) ://	d O <sub>[2]</sub> Increased	

Protocole : RLINK	Code centre :	Patient :
O <sub>[2]</sub> (2) Has lost 2 pour O <sub>[3]</sub> (3) Has lost 5 pour ID1408956V5065 / QIDS9W8 27. Weight (increase) (w8): O <sub>[0]</sub> (0) Has experience	e slight weight loss occurred ands (1 kg) or more ands (2 kg) or more and and and a weight change a slight weight gain has occurred bounds (1 kg) or more	
ID14089S6V5066 / DAYQIDS89W8		
Days (w8 / WEIGHT) :		
	TOTAL SCORES 14089S6FC1511	
LIFE-II SYMPTOM RATINGS		
	qIDS TOTAL SCORES	
ID1408956V5068 / QIDSCW1 qIDS Week 1 :    ID1408956V5069 / QIDSCW2 qIDS Week 2 :    ID1408956V5070 / QIDSCW3 qIDS Week 3 :    ID1408956V5071 / QIDSCW4 qIDS Week 4 :    ID1408956V5072 / QIDSCW5 qIDS Week 5 :    ID1408956V5073 / QIDSCW6 qIDS Week 6 :    ID1408956V5074 / QIDSCW7 qIDS Week 7 :    ID1408956V5075 / QIDSCW8 qIDS Week 8 :		

BRMS TOTAL SCORES

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Protocole : RLINK	Code centre :	Patient :
ID1408956V5076 / BRMSCW1 BRMS Week 1 :      ID1408956V5077 / BRMSCW2 BRMS Week 2 :  _    ID1408956V5078 / BRMSCW3 BRMS Week 3 :  _    ID1408956V5079 / BRMSCW4 BRMS Week 4 :  _    ID1408956V5080 / BRMSCW5 BRMS Week 5 :  _    ID1408956V5081 / BRMSCW6 BRMS Week 6 :  _	Code centre :	Patient :
BRMS Week 7 :   _  ID1408956V5083 / BRMSCW8		
BRMS Week 8 :   _		
	Depressive episode Score (1-5 rating):	
ID1408956V5084 / DEPRESCW1  Week 1:     ID1408956V5085 / DEPRESCW2  Week 2:     ID1408956V5086 / DEPRESCW3  Week 3:     ID1408956V5087 / DEPRESCW4  Week 4:     ID1408956V5088 / DEPRESCW5  Week 5:     ID1408956V5089 / DEPRESCW6  Week 6:     ID1408956V5090 / DEPRESCW7  Week 7:     ID1408956V5091 / DEPRESCW8  Week 8:		
	Manic episode Score (1-5 rating):	
ID1408956V5092 / MANICSCW1 Week 1 :    ID1408956V5093 / MANICSCW2 Week 2 :		

Protocole : RLINK	Code centre :	Patient :
ID14089S6V5094 / MANICSCW3 Week 3 :    ID14089S6V5095 / MANICSCW4 Week 4 :    ID14089S6V5096 / MANICSCW5 Week 5 :    ID14089S6V5097 / MANICSCW6 Week 6 :    ID14089S6V5098 / MANICSCW7 Week 7 :    ID14089S6V5099 / MANICSCW8 Week 8 :		
	Hypomanic episode Score (1-3 rating):	
ID14089S6V5100 / HYPOMSCW1 Week 1 :     ID14089S6V5101 / HYPOMSCW2 Week 2 :     ID14089S6V5102 / HYPOMSCW3 Week 3 :     ID14089S6V5103 / HYPOMSCW4 Week 4 :     ID14089S6V5104 / HYPOMSCW5 Week 5 :     ID14089S6V5105 / HYPOMSCW6 Week 6 :     ID14089S6V5106 / HYPOMSCW7 Week 7 :     ID14089S6V5107 / HYPOMSCW8 Week 8 :		
	Questionnaires - Clinician rated 14089S6FC379	
PRISE-M Reminder: Side Effects are indicated by patient and collected by the clinician! The questionnaire "PRISE-M" is in the section «Questionnaires - Patient rated»		
ID14089S6V1694 / DATCGI Date of completion of	Overall affective symptom state: CGI-BD 14089S6FC3	oT

Protocole : RLINK	Code centre :	Patient :
THIS INSTRUMENT IS DESIGNED FOLLOW CAREFULLY THE RATING	FOR THE ASSESSMENT OF PROPHYLACTIC	EFFECT OF LITHIUM ONLY. PLEASE
A. Which medication is being eva	luated? LITHIUM	
B. Assessment type: PROPHYLAC	TIC ONLY	
D. MOOD STATE		
I.SEVERITY of Illness: Considering been during the assessment period	your total clinical experience with bipolar od?	patients, how severely ill has the patient
ID1408956V1703 / CGI4IA I. Mania:  O [1] Normal, not ill O [2] Minimally ill O [3] Mildly ill O [4] Moderately ill O [5] Markedly ill O [6] Severely ill O [7] Very severely ill		
ID1408956V1704 / CGI4IB I. Depression:  O [1] Normal, not ill O [2] Minimally ill O [3] Mildly ill O [4] Moderately ill O [5] Markedly ill O [6] Severely ill O [7] Very severely ill		
ID1408956V1705 / CGI4IC  I. Overall Bipolar Illness:  O [1] Normal, not ill O [2] Minimally ill O [3] Mildly ill O [4] Moderately ill O [5] Markedly ill O [6] Severely ill O [7] Very severely ill		
II. Change from PRECEDING phase changed?	e Compared to the 3 months preceding this	s trial, how much has the patient
II. Mania:  O[1] Very much improved O[2] Much improved O[3] Minimally improved O[4] No change O[5] Minimally worse		

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Protocole : RLINK	Code centre :	Patient :
O <sub>[6]</sub> Much worse O <sub>[7]</sub> Very much worse O <sub>[8]</sub> Not applicable		
ID1408956V1708 / CGI4IIB II. Depression:		
O [1] Very much improved O [2] Much improved O [3] Minimally improved O [4] No change O [5] Minimally worse O [6] Much worse O [7] Very much worse O [8] Not applicable		
II. Overall Bipolar Illness:  O[1] Very much improved		
O <sub>[2]</sub> Much improved O <sub>[3]</sub> Minimally improved		
O <sub>[4]</sub> No change O <sub>[5]</sub> Minimally worse		
O <sub>[6]</sub> Much worse O <sub>[7]</sub> Very much worse		
O [8] Not applicable	uss Compared to the national's worst phase	a of illness (lifetime) prior to the
current medication trial or during the	ess Compared to the patient's worst phase early titration phase, how much has the	
ID1408956V1711 / CGI4IIIA III. Mania:  O[1] Very much improved		
O <sub>[2]</sub> Much improved O <sub>[3]</sub> Minimally improved		
O [4] No change O [5] Minimally worse		
$O_{[6]}$ Much worse $O_{[7]}$ Very much worse $O_{[8]}$ Not applicable		
ID1408956V1712 / CGI4IIIB III. Depression :		
O <sub>[1]</sub> Very much improved		
O [2] Much improved O [3] Minimally improved		
O <sub>[4]</sub> No change O <sub>[5]</sub> Minimally worse		
O [6] Much worse		

Protocole : RLINK	Code centre :	Patient :
O <sub>[7]</sub> Very much worse		
O <sub>[8]</sub> Not applicable		
III. Overall Bipolar Illness :		
O <sub>[1]</sub> Very much improved	I	
O <sub>[2]</sub> Much improved		
O [3] Minimally improved		
O <sub>[4]</sub> No change		
O [5] Minimally worse O [6] Much worse		
O [7] Very much worse		
O <sub>[8]</sub> Not applicable		
ID14089S6V1699 / CGI5		
	ificant Side Effects? : O [1] Yes O [0] No	
ID14089S6V1700 / CGI5SPEC		
If yes, Specify :		
ID14089S6V1701 / CGI5RATE		
and rate:		
	fere with patient's functioning or comfort	
	ntly interferes with patient's functioning or co	
O <sub>[3]</sub> SEVERE Markedly int	erferes with patient's functioning or comfort	
Ex	sperience of suicidality: Columbia 14089S6FC	C976
ID14089S6V3470 / DATSSRS		
Date of completion of Columbia q	uestionnaire://	
SUICIDE IDEATION DEFINITIONS A	AND PROMPTS In the past month	
ID14089S6V3472 / SSRS1		
	d or wished you could go to sleep and not wa	ike up?: O [1] Yes O [0] No
1D1408956V3473 / SSRS2	ghts of killing yourself? : O [1] Yes O [0] No	
ID14089S6V3474 / SSRS3	gitts of kinning yourself: . O [1] res O [0] NO	
	now you might kill yourself? : O[1] Yes O[0	oj No
ID14089S6V3475 / SSRS4		
4. Have you had these thoughts an	nd had some intention of acting on them? : ${}^{arsigma}$	$O_{[1]}$ Yes $O_{[0]}$ No
ID14089S6V3476 / SSRS5		152.5
plan? : $\bigcirc_{[1]}$ Yes $\bigcirc_{[0]}$ No	r worked out the details of how to kill yourse	If? Do you intend to carry out this
6. Have you ever done anything, s	tarted to do anything, or prepared to do anyt	thing to end your life? : O <sub>111</sub> Yes O
[0] NO		O /
ID14089S6V3478 / SSRS6Y		
How long ago did you do any of th	iese?:	

Protocole : RLINK	Code centre :	Patient :
O <sub>[1]</sub> Over a year ago O <sub>[2]</sub> Between three mon O <sub>[3]</sub> Within the last three		
	Cognitive functioning: SCIP 14089S6FC97	71
ID14089S6V5596 / SCIPCMPL The SCIP questionnaire has been	completed since last visit? : O [1] Yes O [0	oj No
Reminder: The SCIP can be admi	nistered ONLY if qIDS score ≤10 and BRMS	score ≤9
ID14089S6V3434 / SCIPEP  Has the patient been out of an ep	oisode for at least 4 weeks? : O[1] Yes O[	[o] No
ID14089S6V3431 / SCIPYN Complete the SCIP questionnaire	?: O <sub>[1]</sub> Yes O <sub>[0]</sub> No	
This part is repeated at each sub	sequent assessment up to M6 and until it is	s appropriate to use the above criteria.
Date of SCIP administration :	/	
	SCIP: TEST RESULTS	
ID14089S6V3441 / VLTI1  1. (VLT-I) List learning test: Tr.1:  ID14089S6V3442 / VLTI2  1. (VLT-I) List learning test: Tr.2:  ID14089S6V3443 / VLTI3  1. (VLT-I) List learning test: Tr.3:  ID14089S6V3444 / VMT  2. (VMT) Consonant repetition te  ID14089S6V3445 / VFT  3. (VFT) Verbal fluency test:     ID14089S6V3446 / VLTD  4. (VLT-D) Delayed list learning: T  ID14089S6V3447 / PST  5. (PST) Visuomotor tracking test	_   st:    r.4:	
	SCIP SCORES	
ID1408956V3448 / VLTISC  1. VLT_I Σ :   , _  ID1408956V3449 / WMTSC  2. VMT Σ :   , _  ID1408956V3450 / VLDSC  4. VLT_D Σ :  _ , _		

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Protocole : RLINK	Code centre :	Patient :
ID1408956V3451 / VLTSC  VLT Score Tr.4/Tr.3 :    ,    ID1408956V3452 / PSTSC  5. PST Σ :   _,		
	<b>Z-SCORES</b>	
ID1408956V3453 / ZVLTI  1. zVLT_I:   ,    ID1408956V3454 / ZWMT  2. zWMT:      ,		
ID14089S6V3455 / ZVFT  3. zVFT:   _ ,		
ID14089S6V3456 / ZVLTD 4. zVLT_D:   _,		
1D1408956V3457 / ZPST 5. zPST:   _ ,		
ID14089S6V3458 / ZAVG Mean Z-score:   _ ,		
Standardized Assessment	of Personality - Abbreviated Scale	2 (Moran) 1/089\$6EC975
Standardized Assessment	or reisonality - Abbreviated State	e (Morall) 14005501 C575
ID1408956V5597 / SAPASCMPL The SAPAS questionnaire has been compl	eted since last visit? : O[1] Yes	O [0] NO
Reminder: The SAPAS can be administered	ed ONLY if qIDS score ≤10 and BR	MS score ≤9
Has the patient been out of an episode for	or at least 4 weeks? : O[1] Yes C	) <sub>[0] NO</sub>
ID1408956V3437 / SAPASYN  Complete the SAPAS questionnaire? : O	[1] Yes O [0] No	
This part is repeated at each subsequent	evaluation up to M6 if the quest	ionnaire is not completed.
ID14089S6V3459 / DATSAPAS  Date of completion of SAPAS questionnai	re :/	
Please ask your patients the following quapplies most of the time and in most situ		he patient thinks that the description
1. In general, do you have difficulty makin	ng and keeping friends? : $O_{[1]}$ Yes	o O [0] NO
1D1408956V3462 / SAPAS2  2. Would you normally describe yourself a	as a loner? : O [1] Yes O [0] No	
3. In general, do you trust other people?	O [1] Yes O [0] No	

Protocole : RLINK	Code centre :	Patient :
1D14089S6V3464 / SAPAS4  4. Do you normally lose your temper 6	easily?: O [1] Yes O [0] No	
1D1408956V3465 / SAPAS5  5. Are you normally an impulsive sort	of person? : O [1] Yes O [0] No	
6. Are you normally a worrier? : $O_{[1]}$	Yes O [0] No	
7. In general, do you depend on other	rs a lot? : O [1] Yes O [0] No	
8. In general, are you a perfectionist?	: O <sub>[1]</sub> Yes O <sub>[0]</sub> No	
SAPAS score :		
Overall ps	ychiatric symptom severity: BPRS 1408	89S6FC994
ID1408956V3576 / DATBPRS  Date of completion of BPRS questionr	naire :/	
Please choose for the term that best	describes the patient's condition	
1. SOMATIC CONCERN Preoccupation  O [0] not assessed  O [1] not present  O [2] very mild  O [3] mild  O [4] moderate  O [5] moderately severe  O [6] severe  O [7] extremely severe	with physical health, fear of physical ill	lness, hypochondriasis :
1D14089S6V3579 / BPRS2  2. ANXIETY Worry, fear, over-concern	for present or future, uneasiness :	
O [0] not assessed O [1] not present O [2] very mild O [3] mild O [4] moderate O [5] moderately severe O [6] severe O [7] extremely severe		
ID1408956V3580 / BPRS3		
3. EMOTIONAL WITHDRAWAL Lack of  O [0] not assessed  O [1] not present  O [2] very mild  O [3] mild  O [4] moderate	spontaneous interaction, isolation defi	ciency in relating to others :

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Protocole : RLINK	Code centre :	Patient :
O <sub>[5]</sub> moderately severe		
O [6] severe		
O [7] extremely severe		
O [7] extremely severe		
ID14089S6V3581 / BPRS4  4 CONCEPTUAL DISORGANIZATION	Thought processes confused, disconnected,	disorganized disrupted:
O [o] not assessed	mought processes comused, dissermeeted,	, also gamzea, also aptea :
O <sub>[1]</sub> not present		
O <sub>[2]</sub> very mild		
O <sub>[3]</sub> mild		
O <sub>[4]</sub> moderate		
O [5] moderately severe		
O <sub>[6]</sub> severe		
O <sub>[7]</sub> extremely severe		
ID14089S6V3582 / BPRS5		
5. GUILT FEELINGS Self-blame, shan	ne, remorse for past behavior :	
$O_{[0]}$ not assessed		
O <sub>[1]</sub> not present		
O <sub>[2]</sub> very mild		
O <sub>[3]</sub> mild		
O <sub>[4]</sub> moderate		
$O_{{\scriptscriptstyle {\scriptscriptstyle{\lbrack 5\rbrack}}}}$ moderately severe		
O <sub>[6]</sub> severe		
$O_{[7]}$ extremely severe		
ID1408956V3583 / BPRS6  6. TENSION Physical and motor may	nifestations of nervousness, over-activation.	
O [o] not assessed	inestations of hervousness, over activation.	•
O <sub>[1]</sub> not present		
O <sub>[2]</sub> very mild		
O <sub>[3]</sub> mild		
O <sub>[4]</sub> moderate		
O [5] moderately severe		
O <sub>[6]</sub> severe		
O <sub>[7]</sub> extremely severe		
ID14089S6V3584 / BPRS7		
	Peculiar, bizarre, unnatural motor behavior (	not including tic). :
O [0] not assessed		
O <sub>[1]</sub> not present		
O <sub>[2]</sub> very mild		
O [3] mild		
O [4] moderate		
O [5] moderately severe		
O <sub>[6]</sub> severe		
O <sub>[7]</sub> extremely severe		
ID14089S6V3585 / BPRS8		

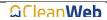
8. GRANDIOSITY Exaggerated self-opinion, arrogance, conviction of unusual power or abilities. :

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Protocole : RLINK	Code centre :	Patient :
$O_{[0]}$ not assessed		
O [1] not present		
O <sub>[2]</sub> very mild		
O <sub>[3]</sub> mild		
O <sub>[4]</sub> moderate		
O <sub>[5]</sub> moderately severe		
O <sub>[6]</sub> severe		
O <sub>[7]</sub> extremely severe		
ID14089S6V3586 / BPRS9		
	adness, despondency, pessimism. :	
O <sub>[0]</sub> not assessed		
O <sub>[1]</sub> not present		
O <sub>[2]</sub> very mild		
O <sub>[3]</sub> mild		
O <sub>[4]</sub> moderate		
O <sub>[5]</sub> moderately severe		
O <sub>[6]</sub> severe		
O <sub>[7]</sub> extremely severe		
ID14089S6V3587 / BPRS10		
	npt, belligerence, disdain for others. :	
O <sub>[0]</sub> not assessed		
O <sub>[1]</sub> not present		
O <sub>[2]</sub> very mild		
O <sub>[3] mild</sub>		
O <sub>[4]</sub> moderate		
O <sub>[5]</sub> moderately severe		
O <sub>[6]</sub> severe		
O <sub>[7]</sub> extremely severe		
ID14089S6V3588 / BPRS11		
•	elief others harbor malicious or discriminatory intent	t. :
O <sub>[0]</sub> not assessed		
O <sub>[1]</sub> not present		
O <sub>[2]</sub> very mild		
O <sub>[3] mild</sub>		
O <sub>[4]</sub> moderate		
O <sub>[5]</sub> moderately severe		
O <sub>[6]</sub> severe		
O <sub>[7]</sub> extremely severe		
ID14089S6V3589 / BPRS12		
	Perceptions without normal external stimulus corres	spondence. :
O [0] not assessed		
O <sub>[1]</sub> not present		
O <sub>[2]</sub> very mild		
O <sub>[3]</sub> mild		
O <sub>[4]</sub> moderate		

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Protocole : RLINK	Code centre :	Patient :
$O_{[5]}$ moderately severe		
O <sub>[6]</sub> severe		
O <sub>[7]</sub> extremely severe		
ID14089S6V3590 / BPRS13		
	ed, weakened movements or speech, reduced bo	ody tone. :
O [0] not assessed		
O <sub>[1]</sub> not present		
O <sub>[2]</sub> very mild		
O <sub>[3]</sub> mild		
O <sub>[4]</sub> moderate		
O [5] moderately severe		
O <sub>[6]</sub> severe		
O [7] extremely severe		
•		
ID14089S6V3591 / BPRS14  1.4 LINCOOPERATIVENESS Resist:	ance, guardedness, rejection of authority:	
O [o] not assessed	ance, guardedness, rejection of dutilonty.	
O <sub>[1]</sub> not present		
O [2] very mild		
O <sub>[3]</sub> mild		
O <sub>[4]</sub> moderate		
O [5] moderately severe		
O [6] severe		
$O_{[7]}$ extremely severe		
ID14089S6V3592 / BPRS15		
_	NT Unusual, odd, strange, bizarre thought conter	it.:
O [0] not assessed		
O [1] not present		
O [2] very mild		
O <sub>[3] mild</sub>		
O <sub>[4]</sub> moderate		
O [5] moderately severe		
O <sub>[6]</sub> severe		
$O_{[7]}$ extremely severe		
ID14089S6V3593 / BPRS16		
	motional tone, reduction in formal intensity of fe	eelings, flatness. :
O [0] not assessed		
O <sub>[1]</sub> not present		
O <sub>[2]</sub> very mild		
O <sub>[3]</sub> mild		
O <sub>[4]</sub> moderate		
O <sub>[5]</sub> moderately severe		
O <sub>[6]</sub> severe		
O <sub>[7]</sub> extremely severe		
ID14089S6V3594 / BPRS17	otional tono agitation increased reactivity:	



Protocole : RLINK	Code centre :	Patient :
O <sub>[0]</sub> not assessed		
O <sub>[1]</sub> not present		
O <sub>[2]</sub> very mild		
O <sub>[3]</sub> mild		
O <sub>[4]</sub> moderate		
O [5] moderately severe		
O [6] severe		
extremely severe ردر		
ID14089S6V3595 / BPRS18  18. DISORIENTATION Confusion (	or lack of proper association for person, place o	ortime:
O [0] not assessed	or lack of proper association for person, place c	of chile
O <sub>[1]</sub> not present		
O <sub>[2]</sub> very mild		
O <sub>[3]</sub> mild		
O <sub>[4]</sub> moderate		
O <sub>[5]</sub> moderately severe		
O <sub>[6]</sub> severe		
O <sub>[7]</sub> extremely severe		
ID14089S6V3596 / BPRSTSC		
Total score :   _		
	Service use inventory: CSRI 14089S6FC998	
	<u> </u>	
ID14089S6V3597 / DATCSRI		
Date of completion of CSRI quest	tionnaire :/	
	Q1 14089S6FC1000	
1. In the last 6 months, what face	e-to-face contacts have you had with these pro	ofessionals?
ID14089S6V3599 / CSRICP1	, , , , , , , , , , , , , , , , , , ,	
General practitioner (GP) : O[1]	Yes O <sub>[0]</sub> No	
ID14089S6V3600 / CSRICP1L		
Usual location :		
O <sub>[1]</sub> General practice		
O <sub>[2]</sub> Community centre		
O <sub>[3]</sub> Hospital OPD		
O <sub>[4]</sub> Own home		
No. of contacts in last 6 months :	:	
ID14089S6V3602 / CSRICP2		
Psychiatrist : $O_{[1]}$ Yes $O_{[0]}$ No	)	
ID14089S6V3603 / CSRICP2L		
Usual location :		
Om General practice		

Protocole : RLINK	Code centre :	Patient :
O <sub>[2]</sub> Community centre O <sub>[3]</sub> Hospital OPD O <sub>[4]</sub> Own home		
No. of contacts in last 6 months :   _		
Other doctor : $O_{[1]}$ Yes $O_{[0]}$ No		
Usual location:  O[1] General practice O[2] Community centre O[3] Hospital OPD O[4] Own home		
No. of contacts in last 6 months :   _		
Psychologist : O [1] Yes O [0] No		
Usual location:  O[1] General practice O[2] Community centre O[3] Hospital OPD O[4] Own home		
No. of contacts in last 6 months :   _		
Drug & alcohol advisor : $O_{[1]}$ Yes $O_{[0]}$ No		
Usual location:  O[1] General practice O[2] Community centre O[3] Hospital OPD O[4] Own home		
ID1408956V3613 / CSRICP5C  No. of contacts in last 6 months:   _		
Other counselor / therapist : $O_{[1]}$ Yes $O_{[0]}$	No	
Usual location:  O[1] General practice O[2] Community centre O[3] Hospital OPD O[4] Own home  ID1408956V3616 / CSRICP6C No. of contacts in last 6 months:		
INO. OF COTILACTS ITERASE & HIGHLIS:   _		

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Protocole: RLINK Code centre : Patient : \_\_\_\_\_ ID14089S6V3617 / CSRICP7 Early intervention team member : O [1] Yes O [0] No ID14089S6V3618 / CSRICP7L Usual location: O<sub>[1]</sub> General practice O<sub>[2]</sub> Community centre O<sub>[3]</sub> Hospital OPD O<sub>[4]</sub> Own home ID14089S6V3619 / CSRICP7C No. of contacts in last 6 months : |\_\_|\_\_| ID14089S6V3620 / CSRICP8 Social worker: O<sub>[1]</sub>Yes O<sub>[0]</sub>No ID14089S6V3621 / CSRICP8L Usual location: O<sub>[1]</sub> General practice O<sub>[2]</sub> Community centre O<sub>[3]</sub> Hospital OPD O<sub>[4]</sub> Own home ID14089S6V3622 / CSRICP8C No. of contacts in last 6 months: | | | ID14089S6V3623 / CSRICP9 Nurse: O<sub>[1]</sub>Yes O<sub>[0]</sub>No ID14089S6V3624 / CSRICP9L Usual location: O<sub>[1]</sub> General practice O<sub>[2]</sub> Community centre O<sub>[3]</sub> Hospital OPD O<sub>[4]</sub> Own home ID14089S6V3625 / CSRICP9C No. of contacts in last 6 months : |\_\_|\_| ID14089S6V3626 / CSRICP10 Occupational therapist : O [1] Yes O [0] No ID14089S6V3627 / CSRICP10L Usual location: O<sub>[1]</sub> General practice O<sub>[2]</sub> Community centre O<sub>[3]</sub> Hospital OPD O<sub>[4]</sub> Own home ID14089S6V3628 / CSRICP10C No. of contacts in last 6 months : |\_\_|\_| ID14089S6V3629 / CSRICP11 Emergency room / A & E service : O [1] Yes O [0] No ID14089S6V3630 / CSRICP11L **Usual location:** O<sub>[1]</sub> General practice

Protocole : RLINK	Code centre :	Patient :
O <sub>[2]</sub> Community centre O <sub>[3]</sub> Hospital OPD O <sub>[4]</sub> Own home		
ID1408956V3631 / CSRICP11C  No. of contacts in last 6 months:   _  _	_1	
ID14089S6V3632 / CSRICP12 Polyclinic or other service at interface of pr	rimary and secondary care : $ {f O}_{ {f I}} $	1) Yes O [0] No
Usual location:  O[1] General practice O[2] Community centre O[3] Hospital OPD O[4] Own home		
ID14089S6V3634 / CSRICP12C  No. of contacts in last 6 months:		
ID1408956V3635 / CSRICP13  Blood monitoring clinic : $O_{[1]}$ Yes $O_{[0]}$ N	lo	
Usual location:  O[1] General practice O[2] Community centre O[3] Hospital OPD O[4] Own home		
ID14089S6V3637 / CSRICP13C  No. of contacts in last 6 months:	_[	
ID14089S6V3638 / CSRICP14  Other specialist mental healthcare contact [0] NO	(e.g. home treatment, assertive	e outreach or crisis team) : O [1] Yes O
Usual location:  O[1] General practice O[2] Community centre O[3] Hospital OPD O[4] Own home		
No. of contacts in last 6 months :   _	_l	
	Q2 14089S6FC1001	
2. In the last 6 months, have you used any activities, attending a drop-in centre etc.)?	-	e the contacts identified above (e.g. group

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Protocole: RLINK Code centre: \_\_\_\_\_ Patient: \_\_\_\_\_

Any meeting that you consider relevant to mental or physical health can be entered. [1] ID14089S6V3647 / TAB\_CSRIMEET

Care provider:  O [1] Drug / alcohol service O [2] Community MH centre O [3] Day care centre / day hospital O [4] Drop-in centre O [5] Self-help / support group O [6] Class/group at a leisure centre O [7] Adult education class O [8] Other day care activity provided by team
ID1408956V3643 / OTHCP  specify:
ID1408956V3644 / CNTCT  Have you Had contact?: O [1] Yes O [0] No  ID1408956V3645 / NOMCNTR  Name of centre or facility:  ID1408956V3646 / NOATT
No. of attendances in last 6 months :   _
Q3 14089S6FC2149
ID1408956V3648 / CSRI3
3. In the last 6 months, have you been admitted to hospital as an inpatient? : $O_{[1]}$ Yes $O_{[0]}$ No
3. In the last 6 months, have you been admitted to hospital as an inpatient? : O [1] Yes O [0] No  Hospital admission (fill one reason per line) [1] ID14089S6V3653 / TAB_CSRIH

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Protocole : RLINK Code centre : \_\_\_\_\_ Patient : \_\_\_\_\_

Q4 14089S6FC1002
4. In the last 6 months, have you been in contact with the police : O [1] Yes O [0] No
ID14089S6V3655 / CSRI4PLC Can you say why? :
How were you involved? : $O_{[1]}$ victim $O_{[2]}$ perpetrator $O_{[3]}$ witness
How many contacts with the police :   _
ID14089S6V3658 / CSRI4NPLC  How many nights detained in a police cell? :   _
Q5 14089S6FC1003
1D14089S6V3666 / CSRI5  5. Are you in employment? : O [1] Yes O [0] No
ID14089S6V3667 / CSRI6SDE  Start date of employment :/
Are you employed : O [1] full-time O [2] part-time
ID14089S6V3670 / CSRI6DHP  How many days (if any) have you had off work in the last past 6 months as a consequence of health problems? :
Last date of employment (start and finish)
ID14089S6V3672 / CSRI6SDLE  Start date of last employment :/
ID14089S6V3673 / CSRI6FDLE  Finish date of last employment :/
Number of hours worked per week (in above position) :   _
ID14089S6V3675 / CSRIGIT  Job title / description of role (in above position ) :
WHO-ASSIST 14089S6FC983
ID14089S6V3479 / DATWHOA  Date of completion of WHO-ASSIST questionnaire:/

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Protocole : RLINK	Code centre :	Patient :
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To read out: Thank you for agreeing to take part in this brief interview about alcohol, tobacco products and other drugs. I am going to ask you some questions about your experience of using these substances across your lifetime and in the past three months. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills (show drug card). Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, pain medications). For this interview, we will not record medications that are used as prescribed by your doctor. However, if you have taken such medications for reasons other than prescription, or taken them more frequently or at higher doses than prescribed, please let me know. While we are also interested in knowing about your use of various illicit drugs, please be assured that information on such use will be treated as strictly confidential. The only time we might not keep this information completely confidential is if I am worried you are at risk to yourself and then I may tell your doctor.

			•:	_		- 4
U	ш	es	τı	o	n	-1

1. In your life, which of the following substances have you ever used? (NON-MEDICAL USE ONLY)
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.) : O [0] No O [1] Yes
b. Alcoholic beverages (beer, wine, spirits, etc.): O [0] NO O [1] Yes
ID1408956V3484 / WHOA1C c. Cannabis (marijuana, pot, grass, hash, etc.) : $O_{[0]}$ No $O_{[1]}$ Yes
d. Cocaine (coke, crack, etc.): O [0] No O [1] Yes
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.) : O [0] NO O [1] Yes
ID14089S6V3487 / WHOA1F  f. Inhalants (nitrous, glue, petrol, paint thinner, etc.) : $O_{[0]}$ No $O_{[1]}$ Yes
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.) : O [0] NO O [1] Yes
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.) : O [0] NO O [1] Yes
i. Opioids (heroin, morphine, methadone, codeine, etc.) : O [0] NO O [1] Yes
j. Other: O [0] NO O [1] Yes
j. Other - specify :
Question_2

#### 2. In the past 6 months, how often have you used the substances you mentioned (first drug, second drug, etc)

ID14089S6V3494 / WHOA2A

a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.):

Protocole : RLINK	Code centre :	Patient :
O [0] Never O [1] Once or Twice O [2] Monthly O [3] Weekly O [4] Daily or Almost Daily	/	
b. Alcoholic beverages (beer, wind O [0] Never O [1] Once or Twice O [2] Monthly O [3] Weekly O [4] Daily or Almost Daily		
ID1408956V3496 / WHOA2C  c. Cannabis (marijuana, pot, grass  O [0] Never  O [1] Once or Twice  O [2] Monthly  O [3] Weekly  O [4] Daily or Almost Daily		
ID14089S6V3497 / WHOA2D  d. Cocaine (coke, crack, etc.):  O [0] Never O [1] Once or Twice O [2] Monthly O [3] Weekly O [4] Daily or Almost Daily	,	
e. Amphetamine type stimulants  O [0] Never  O [1] Once or Twice  O [2] Monthly  O [3] Weekly  O [4] Daily or Almost Daily		
f. Inhalants (nitrous, glue, petrol,  O [0] Never  O [1] Once or Twice  O [2] Monthly  O [3] Weekly  O [4] Daily or Almost Daily		
ID1408956V3500 / WHOA2G g. Sedatives or Sleeping Pills (Validatives)  O [0] Never  O [1] Once or Twice  O [2] Monthly		

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Protocole : RLINK	Code centre :	Patient :
O <sub>[3]</sub> Weekly		
O <sub>[4]</sub> Daily or Almost Daily		
·		
h. Hallucinogens (LSD, acid, mushr	rooms PCP Special K etc ):	
O [0] Never	ooms, recr, special k, etc., .	
O [1] Once or Twice		
O <sub>[2]</sub> Monthly		
O <sub>[3]</sub> Weekly		
O [4] Daily or Almost Daily		
ID14089S6V3502 / WHOA2I		
i. Opioids (heroin, morphine, meth	nadone, codeine, etc.) :	
O [0] Never		
O <sub>[1]</sub> Once or Twice		
O <sub>[2]</sub> Monthly		
O <sub>[3]</sub> Weekly		
O [4] Daily or Almost Daily		
ID14089S6V3503 / WHOA2JOTH		
j. Other - specify :		
O [0] Never O [1] Once or Twice O [2] Monthly O [3] Weekly O [4] Daily or Almost Daily	,	
	Question_3	
	Question_3	
3. During the past 6 months, how	often have you had a strong desire or urg	ge to use (first drug, second drug, etc)
ID14089S6V3506 / WHOA3A		
a. Tobacco products (cigarettes, cl	hewing tobacco, cigars, etc.) :	
O <sub>[0]</sub> Never		
O <sub>[1]</sub> Once or Twice		
O <sub>[2]</sub> Monthly		
O <sub>[3]</sub> Weekly		
O [4] Daily or Almost Daily	(	
ID14089S6V3507 / WHOA3B		
b. Alcoholic beverages (beer, wine	e, spirits, etc.):	
O <sub>[0]</sub> Never		
$O_{[1]}$ Once or Twice		
O <sub>[2]</sub> Monthly		

Protocole : RLINK	Code centre :	Patient :
O <sub>[3]</sub> Weekly		
O [4] Daily or Almost Daily		
c. Cannabis (marijuana, pot, grass, h	ash etc):	
O [0] Never	asii, etc., .	
O [1] Once or Twice		
O <sub>[2]</sub> Monthly		
O [3] Weekly		
O [4] Daily or Almost Daily		
ID14089S6V3509 / WHOA3D		
d. Cocaine (coke, crack, etc.) :  O [0] Never		
O [1] Once or Twice		
O [2] Monthly		
,		
O [3] Weekly		
O [4] Daily or Almost Daily		
ID1408956V3510 / WHOA3E	and dist wills pertagn ataly	
e. Amphetamine type stimulants (sp	eed, diet pills, ecstasy, etc., .	
O [1] Once or Twice		
O [2] Monthly		
O [3] Weekly		
O [4] Daily or Almost Daily		
ID14089S6V3511 / WHOA3F	int thinner etc.):	
f. Inhalants (nitrous, glue, petrol, pai	int tilliner, etc., .	
O [1] Once or Twice		
O <sub>[2]</sub> Monthly		
O [3] Weekly		
O [4] Daily or Almost Daily		
g. Sedatives or Sleeping Pills (Valium	Serenay Pohynnol etc \	
O [0] Never	, serepax, nonyphol, etc., .	
O <sub>[1]</sub> Once or Twice		
O <sub>[2]</sub> Monthly		
O [3] Weekly		
O [4] Daily or Almost Daily		
h. Hallucinogens (LSD, acid, mushroo	oms PCP Special K etc \:	
O [0] Never	onio, i di , opediai N, etc., .	
O [1] Once or Twice		
O <sub>[2]</sub> Monthly		
O [3] Weekly		
O [4] Daily or Almost Daily		

Protocole : RLINK	Code centre :	Patient :
i. Opioids (heroin, morphine, methad  Opioids (heroin, morphine, methad  In the state of the sta	done, codeine, etc.) :	
j. Other - specify:		
iD1408956V3516 / WHOA3J j. used:  O [0] Never O [1] Once or Twice O [2] Monthly O [3] Weekly O [4] Daily or Almost Daily		
	Question_4	
4. During the past 6 months, how of financial problems  ID1408956V3518 / WHOA4A  a. Tobacco products (cigarettes, cherology)  O [0] Never  O [1] Once or Twice  O [2] Monthly  O [3] Weekly  O [4] Daily or Almost Daily	ften has your use of (first drug, second dr wing tobacco, cigars, etc.):	rug, etc) led to health, social, legal or
b. Alcoholic beverages (beer, wine, so one of the control of the c		
O [4] Daily or Almost Daily		

Protocole: RLINK Code centre : \_\_\_\_ Patient : ID14089S6V3521 / WHOA4D d. Cocaine (coke, crack, etc.): O [0] Never O<sub>[1]</sub>Once or Twice O<sub>[2]</sub> Monthly O<sub>[3]</sub> Weekly O [4] Daily or Almost Daily ID14089S6V3522 / WHOA4E e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.): O <sub>101</sub> Never O<sub>[1]</sub>Once or Twice O<sub>[2]</sub> Monthly O<sub>[3]</sub> Weekly O [4] Daily or Almost Daily ID14089S6V3523 / WHOA4F f. Inhalants (nitrous, glue, petrol, paint thinner, etc.): O <sub>101</sub> Never O<sub>[1]</sub>Once or Twice O<sub>[2]</sub> Monthly O<sub>[3]</sub> Weekly O [4] Daily or Almost Daily ID14089S6V3524 / WHOA4G g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.): O [0] Never O<sub>[1]</sub>Once or Twice O<sub>[2]</sub> Monthly O<sub>[3]</sub> Weekly O [4] Daily or Almost Daily ID14089S6V3525 / WHOA4H h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.): O [0] Never O<sub>[1]</sub>Once or Twice O<sub>[2]</sub> Monthly O<sub>[3]</sub> Weekly O [4] Daily or Almost Daily ID14089S6V3526 / WHOA4I i. Opioids (heroin, morphine, methadone, codeine, etc.): O [0] Never O<sub>[1]</sub> Once or Twice O<sub>[2]</sub> Monthly O<sub>[3]</sub> Weekly O [4] Daily or Almost Daily

ID14089S6V3527 / WHOA4JOTH

j. Other - specify:

Protocole : RLINK	Code centre :	Patient :
iD1408956V3528 / WHOA4J j. used:  O [0] Never O [1] Once or Twice O [2] Monthly O [3] Weekly O [4] Daily or Almost Daily		
	Question_5	
5. During the past 6 months, how ouse of (first drug, second drug, etc)	often have you failed to do what was norn ?	nally expected of you because of your
b. Alcoholic beverages (beer, wine,	spirits, etc.):	
O [0] Never O [1] Once or Twice O [2] Monthly O [3] Weekly O [4] Daily or Almost Daily		
c. Cannabis (marijuana, pot, grass, h	nash, etc.) :	
O [0] Never O [1] Once or Twice O [2] Monthly O [3] Weekly O [4] Daily or Almost Daily		
ID14089S6V3532 / WHOA5D		
d. Cocaine (coke, crack, etc.):  O [0] Never O [1] Once or Twice O [2] Monthly O [3] Weekly O [4] Daily or Almost Daily		
ID14089S6V3533 / WHOA5E		
e. Amphetamine type stimulants (sp  O [0] Never  O [1] Once or Twice  O [2] Monthly  O [3] Weekly  O [4] Daily or Almost Daily	Jeeu, diet pilis, ecstasy, etc.) :	
f. Inhalants (nitrous, glue, petrol, pa O [0] Never O [1] Once or Twice	nint thinner, etc.) :	

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Protocole : RLINK	Code centre :	Patient :
O [2] Monthly O [3] Weekly O [4] Daily or Almost Daily	/	
g. Sedatives or Sleeping Pills (Valid O [0] Never O [1] Once or Twice O [2] Monthly O [3] Weekly O [4] Daily or Almost Daily		
h. Hallucinogens (LSD, acid, mush  O [0] Never  O [1] Once or Twice  O [2] Monthly  O [3] Weekly  O [4] Daily or Almost Daily		
i. Opioids (heroin, morphine, met  O [0] Never  O [1] Once or Twice  O [2] Monthly  O [3] Weekly  O [4] Daily or Almost Daily		
iD1408956V3538 / WHOA5JOTH j. Other - specify :		
j. used:  O [0] Never O [1] Once or Twice O [2] Monthly O [3] Weekly O [4] Daily or Almost Daily	/	
	Question_6	
6. Has a friend or relative or anyone else ever expressed concern about your use of (first drug, second drug, etc)?  ID1408956V3541 / WHOA6A  a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.):  O [0] No, never O [1] Yes, in the past 6 months O [2] Yes, but not in the past 6 months		

Généré le : 2024-10-17T09:00:35+02:00 par CleanWeb

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Protocole: RLINK Code centre : \_\_\_\_\_ Patient : \_\_\_\_\_ ID14089S6V3542 / WHOA6B b. Alcoholic beverages (beer, wine, spirits, etc.): O [0] No, never O<sub>[1]</sub> Yes, in the past 6 months O<sub>[2]</sub> Yes, but not in the past 6 months ID14089S6V3543 / WHOA6C c. Cannabis (marijuana, pot, grass, hash, etc.): O [0] No, never O<sub>[1]</sub> Yes, in the past 6 months O<sub>[2]</sub> Yes, but not in the past 6 months ID14089S6V3544 / WHOA6D d. Cocaine (coke, crack, etc.): O<sub>101</sub> No, never O<sub>[1]</sub>Yes, in the past 6 months O<sub>[2]</sub> Yes, but not in the past 6 months ID14089S6V3545 / WHOA6E e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.): O [0] No, never O<sub>[1]</sub>Yes, in the past 6 months O<sub>[2]</sub> Yes, but not in the past 6 months ID14089S6V3546 / WHOA6F f. Inhalants (nitrous, glue, petrol, paint thinner, etc.): O [0] No, never O<sub>[1]</sub> Yes, in the past 6 months O<sub>[2]</sub> Yes, but not in the past 6 months ID14089S6V3547 / WHOA6G g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.): O [0] No, never O<sub>[1]</sub> Yes, in the past 6 months O<sub>[2]</sub> Yes, but not in the past 6 months ID14089S6V3548 / WHOA6H h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.): O<sub>[0]</sub> No, never  $O_{[1]}$ Yes, in the past 6 months O<sub>[2]</sub> Yes, but not in the past 6 months ID14089S6V3549 / WHOA6I i. Opioids (heroin, morphine, methadone, codeine, etc.): O<sub>101</sub> No, never O<sub>[1]</sub> Yes, in the past 6 months O<sub>[2]</sub> Yes, but not in the past 6 months ID14089S6V3550 / WHOA6JOTH j. Other - specify:

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j. used:

ID14089S6V3551 / WHOA6J

Protocole : RLINK	Code centre :	Patient :
$O_{[0]}$ No, never $O_{[1]}$ Yes, in the past 6 m	onths	
$O_{[2]}$ Yes, but not in the $\mu$		
	Question_7	
7. Have you ever tried to cut do	wn on using (first drug, second drug, etc) but fa	illed?
a. Tobacco products (cigarettes,	chewing tobacco, cigars, etc.) :	
$O_{[0]}$ No, never $O_{[1]}$ Yes, in the past 6 m	onths	
O <sub>[2]</sub> Yes, but not in the p		
b. Alcoholic beverages (beer, wir		
$O_{[2]}$ Yes, but not in the p	past 6 months	
c. Cannabis (marijuana, pot, gras		
$O_{[1]}$ Yes, in the past 6 m $O_{[2]}$ Yes, but not in the p		
d. Cocaine (coke, crack, etc.):		
$O_{[0]}$ No, never		
O <sub>[1]</sub> Yes, in the past 6 m	onths	
O [2] Yes, but not in the p		
ID1408956V3557 / WHOA7E e. Amphetamine type stimulants	(speed, diet pills, ecstasy, etc.):	
O [0] No, never		
O <sub>[1]</sub> Yes, in the past 6 m		
$O_{[2]}$ Yes, but not in the p	past 6 months	
f. Inhalants (nitrous, glue, petrol, O [0] No, never	paint thinner, etc.) :	
$O_{[1]}$ Yes, in the past 6 m $O_{[2]}$ Yes, but not in the p		
ID14089S6V3559 / WHOA7G		
g. Sedatives or Sleeping Pills (Val		
O <sub>[1]</sub> Yes, in the past 6 m		
Oppress but not in the r	past 6 months	

Protocole : RLINK	Code centre :	Patient :
h. Hallucinogens (LSD, acid, mushinogens (LSD, acid, mushinogens (LSD, acid, mushinogens (LSD, acid, mushinogens) No, never  O [0] No, never  O [1] Yes, in the past 6 mo  O [2] Yes, but not in the past [1] 1408956V3561 / WHOA7I	nths	
i. Opioids (heroin, morphine, methodology)  O [0] No, never  O [1] Yes, in the past 6 mo  O [2] Yes, but not in the past	nths	
iD1408956V3562 / wноатјотн j. Other - specify :		
j. used:  O [0] No, never  O [1] Yes, in the past 6 mo O [2] Yes, but not in the past		
	Question_8	
[1] Yes, in the past 6 mo  [2] Yes, but not in the past  [1] ID1408956V3565 / WHOABINJ  Pattern of injecting:  [1] 4 days per month, or		ıs
	SCORE	
ID1408956V3566 / SCORE1 a. Tobacco SCORE:    ID1408956V3567 / SCORE2 b. Alcohol SCORE:    ID1408956V3568 / SCORE3 c. Cannabis SCORE:    ID1408956V3569 / SCORE4 d. Cocaine SCORE:    ID1408956V3570 / SCORE5 e. Amphetamine SCORE:		

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Protocole : RLINK	Code centre :	Patient :
ID1408956V3571 / SCORE6 f. Inhalants SCORE :   _		
ID1408956V3572 / SCORE7 g. Sedatives SCORE :   _		
h. Hallucinogens SCORE:   _		
i. Opioids SCORE:		
iD14089S6V3575 / SCORE10 j. Other drugs SCORE :   _		
ALDA: Response phenotyp	pe (modified Alda for mood stabilizers oth	ner than lithium) 14089S6FC1008
Response phenotype ( modified	ALDA for mood stabilizer other than Lithi	um)
Retrospective Criteria of Long-Te	erm Treatment Response in Research Subj	jects with Bipolar Disorder
ID14089S6V5178 / DATALD Date://		
ID1408956V5180 / ALDRUG Drug:		
	nine an association between clinical impro atment considered adequate in duration of and duration of episodes.	_
ID1408956V5183 / ALDCRITA Criterion A:		
O <sub>[10]</sub> Complete response full functional recovery	, no recurrences in the course of adequate	e treatment, no residual symptoms, and
	, no recurrences, but the patient may have oria, irritability) not requiring any interver	
O [8] Very good response	. Illness activity reduced by more than 90%	6
_	ess activity reduced by 80 - 90 %	
_	uction in activity of illness by 65 - 80%	
-	Reduction in illness activity by 50 - 65%	
_	nent. Reduction in illness activity by 35 - 50	0%
_	Reduction of illness activity by 20 - 35% Reduction of illness activity by 10 - 20%	
_	ent. Reduction of illness activity by 10 - 20%	
O [0] No change or worse		
ID14089S6V5184 / ALDCRTASC Criterion A Score :   _		

The criteria B are used to establish whether there is a causal relationship between clinical improvement and the treatment.

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Protocole : RLINK	Code centre :	Patient :
ID4400000VF40F / 417-07774		
B1: Number of episodes before t	he treatment :	
O [0] 4 or more episodes	ne treatment.	
$O_{[1]}$ 2 or 3 episodes		
$O_{[2]}1$ episode		
B2: Frequency of episodes before	a the treatment :	
O [0] Average to high, inc		
	emissions of 3 or more years on average	
	of recurrence cannot be established	
	of recurrence cannot be established	
B3: Duration of the treatment:		
O <sub>[0]</sub> 2 or more years		
O <sub>[1]</sub> 1 - 2 years		
O <sub>[2]</sub> Less than 1 year		
·		
B4: Compliance during period(s)	of stability :	
_	mented by drug levels in the therapeutic range	
	0% levels in the therapeutic range	
	f treatment, less than 80% levels in the therape	outic range
	treatment, less than 60% levels in the therape	eutic range
ID1408956V5189 / ALDCRTB5 B5: Use of additional medication	during the period of stability:	
	uent sleep medication (1 per week or less); no o	other mood stabilizers
antidepressants or antipsychotics		strict mood stabilizers,
	essants or antipsychotics as an "insurance", or p	prolonged use of sleep medicatio
	natic use of an antidepressant, anti-psychotic o	
ID14089S6V5190 / ALDCRTBSC		
Criterion B Score :   _		
	Questionnaires - Patient rated 14089S6FC94	0
	Questionnanes - Patient lateu 1400930FC54	0
	Anxiety symptoms: GAD7 14089S6FC1006	
ID14089S6V3698 / DATGAD	iannaina	
Date of completion of GAD quest	:ionnaire :/	
Over the last 2 weeks, how often	n have you been bothered by the following pro	oblems?
ID14089S6V3700 / GADQ1		
1. Feeling nervous, anxious, or or	ı edge :	
O [0] Not at all		
O <sub>[1]</sub> Several days		
O <sub>[2]</sub> More than half the	days	
O <sub>[3]</sub> Nearly every day		
ID14089S6V3701 / GADQ2		
2. Not being able to stop or conti	ol worrying :	

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Protocole : RLINK	Code centre :	Patient :
O [0] Not at all		
O <sub>[1]</sub> Several days		
O [2] More than half the days		
O <sub>[3]</sub> Nearly every day		
ID14089S6V3702 / GADQ3		
3. Worrying too much about different thi	ings:	
O [0] Not at all		
O <sub>[1]</sub> Several days		
O [2] More than half the days		
O [3] Nearly every day		
ID1408956V3703 / GADQ4		
4. Trouble relaxing :		
O [0] Not at all		
O <sub>[1]</sub> Several days		
O <sub>[2]</sub> More than half the days		
O <sub>[3]</sub> Nearly every day		
ID1408956V3704 / GADQ5		
5. Being so restless that it's hard to sit sti	ill:	
O [0] Not at all		
O [1] Several days		
O Nearly system days		
O <sub>[3]</sub> Nearly every day		
ID1408956V3705 / GADQ6  6. Recoming easily approved or irritable:		
6. Becoming easily annoyed or irritable :  O [0] Not at all		
O [1] Several days		
O [2] More than half the days		
O [3] Nearly every day		
, , ,		
7. Feeling afraid as if something awful mi	ight hannen :	
O [0] Not at all	ight happen.	
O <sub>[1]</sub> Several days		
O [2] More than half the days		
O [3] Nearly every day		
ID14089S6V3707 / GADTSC  Total score :   _		
ID1408956V3708 / GADPA		
Have you experienced any panic attacks?	?: O <sub>[1]</sub> Yes O <sub>[0]</sub> No	
ID1408956V3709 / GADNBPA If so, how many? :   _		
ID1408956V3710 / GADPHOB		0 0
Have you experienced any phobias that h	have been interfering with your everyday life? :	O <sub>[1]</sub> Yes O <sub>[0]</sub> No
Experie	ence of internal states: ISS 14089S6FC942	

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Protocole : RLINK	Code centre :	Patient :
ID14089S6V3236 / DATISS  Date of completion of ISS questionnaire:		
The corresponding value is entered in the	eCRF (range 0-100)	
ID1408956V3238 / ISS  1. Today my mood is changeable :    _	_l	
1D14089S6V3239 / ISS2  2. Today I feel irritable :   _		
3. Today I feel like a capable person :   _	_	
4. Today I feel like people are out to get me	::	
ID1408956V3242 / ISS5  5. Today I actually feel great inside:   _	<u>  </u>	
1D14089S6V3243 / ISS6  6. Today I feel impulsive :   _		
7. Today I feel depressed :   _		
ID14089S6V3245 / ISS8 8. Today my thoughts are going fast:   _	_	
9. Today it seems like nothing will ever wor	k out for me :	
10. Today I feel overactive :		
11. Today I feel as if the world is against me	2:	
12. Today I feel "sped up" inside:   _	_[	
13. Today I feel restless :   _		
14. Today I feel argumentative :   _		
15. Today I feel energized :   _		
16. Today I feel depressed/down (0) to m	nanic/high (100) :   _	
Medication	on adherence: MARS 14089S6FC1007	
ID14089S6V3711 / DATMARS  Date of completion of MARS (Medication ac	dherence) questionnaire:/	
1. Do you ever forget to take your Lithium t	reatment? : O [1] Yes O [0] No	
1D14089S6V3713 / MARS2V  2. Are you careless at times about taking you	our Lithium treatment? : O [1] Yes O [0] No	

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Protocole : RLINK	Code centre :	Patient :
3. When you feel better, do you	sometimes stop taking your Lithium treatment?	: O <sub>[1]</sub> Yes O <sub>[0]</sub> No
4. Sometimes if you feel worse w	hen you take the Lithium, do you stop taking it?	?: O <sub>[1]</sub> Yes O <sub>[0]</sub> No
5. I take my Lithium treatment or	nly when I am sick : O [1] Yes O [0] No	
6. It is unnatural for my mind and	d body to be controlled by Lithium treatment : (	O [1] Yes O [0] No
7. My thoughts are clearer on Lit	hium treatment : O [1] Yes O [0] No	
8. By staying on Lithium treatme	nt, I can prevent getting sick : O [1] Yes O [0] N	lo
9. I feel weird, like a 'zombie' on	Lithium treatment : O [1] Yes O [0] No	
10. Lithium treatment makes me	feel tired and sluggish : O [1] Yes O [0] No	
	Lithium adherence: TRQ 14089S6FC943	
ID1408956V3254 / DATTRQ Date of completion of TRQ (Med	ication adherence) questionnaire:/	<i>J</i>
ID1408956V3255 / TRQ About Lithium treatment: You cu	rrently take Lithium? : $O_{[1]}$ Yes $O_{[0]}$ No	
1. Do you have any trouble taking	g your prescribed Lithium? : O [1] Yes O [0] No	
1D1408956V3257 / TRQ2  2. Do you ever try to cope on you	ur own without your Lithium treatment? : O [1]	Yes O [0] No
3. What is the current dose of Lit	hium you have been prescribed :   _ _	mg/day
tablets (for any reason) for the w	Lithium every day in the last month ek	r missed taking any of your Lithium
1D1408956V3260 / TRQ5  5. TOTAL NUMBER OF DAYS I have	ve NOT taken any Lithium this month:   _	
Lithium tablets than was prescrib	the recommended Lithium dose/tablets every d ek	
	not take the recommended Lithium dose or all	the tablets last month :

Protocole : RLINK Code centre : \_\_\_\_\_ Patient : \_\_\_\_\_

Medication	adherence:BMO	14089S6FC944
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Date of completion of BMQ questionnaire://		
1. My health, at present, depends on [1] strongly agree	my medicine :	
O <sub>[2]</sub> agree		
O <sub>[3]</sub> neutral		
O <sub>[4]</sub> disagree		
O <sub>[5]</sub> strongly disagree		
ID14089S6V3267 / BMQ2		
2. Having to take medicines worries n	ne:	
O <sub>[1]</sub> strongly agree		
O <sub>[2]</sub> agree		
O <sub>[3]</sub> neutral		
O <sub>[4]</sub> disagree		
$O_{\scriptscriptstyle {\scriptsize [5]}}$ strongly disagree		
1D1408956V3268 / BMQ3  3. My life would be impossible without	ıt mv medicines :	
O <sub>[1]</sub> strongly agree	,	
O <sub>[2]</sub> agree		
O <sub>[3]</sub> neutral		
O <sub>[4]</sub> disagree		
O <sub>[5]</sub> strongly disagree		
ID14089S6V3269 / BMQ4		
4. Without my medicines I would be v	ery ill :	
O <sub>[1]</sub> strongly agree		
O <sub>[2]</sub> agree		
O <sub>[3]</sub> neutral		
O <sub>[4]</sub> disagree		
O <sub>[5]</sub> strongly disagree		
ID14089S6V3270 / BMQ5		
5. I sometimes worry about the long-	term effects of my medicines :	
O <sub>[1]</sub> strongly agree		
O <sub>[2]</sub> agree		
O [3] neutral		
O <sub>[4]</sub> disagree		
O <sub>[5]</sub> strongly disagree		
ID1408956V3271 / BMQ6		
6. My medicines are a mystery to me	:	
O <sub>[1]</sub> strongly agree		
O <sub>[2]</sub> agree		
O [3] neutral		

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Protocole : RLINK	Code centre :	Patient :
O <sub>[4]</sub> disagree		
O [5] strongly disagree		
7. My health in the future will depend on m	v medicines :	
O <sub>[1]</sub> strongly agree	, medianes .	
O <sub>[2]</sub> agree		
O [3] neutral		
O [4] disagree		
O [5] strongly disagree		
8. My medicines disrupt my life:		
O [1] strongly agree		
O <sub>[2]</sub> agree		
O [3] neutral		
O [4] disagree		
O <sub>[5]</sub> strongly disagree		
9. I sometimes worry about becoming too d	anandant an my madicinas :	
O [1] strongly agree	ependent on my medicines .	
O <sub>[2]</sub> agree		
O <sub>[3]</sub> neutral		
O <sub>[4]</sub> disagree		
O [5] strongly disagree		
Ciststrongly disagree		
10. My medicines protect me from becomin	a worse :	
O <sub>[1]</sub> strongly agree	g worse .	
O [2] agree		
O [3] neutral		
O [4] disagree		
O [5] strongly disagree		
11. Doctors use too many medicines:		
O <sub>[1]</sub> strongly agree		
O <sub>[2]</sub> agree		
O [3] neutral		
O <sub>[4]</sub> disagree		
O [5] strongly disagree		
ID1408956V3277 / BMQ12  12. People who take medicines should stop	their treatment for a while, every now and again:	
O <sub>[1]</sub> strongly agree	and again.	
O <sub>[2]</sub> agree		
O [3] neutral		
O [4] disagree		
O <sub>[5]</sub> strongly disagree		
o plationgly disagree		

Code centre : \_\_\_\_\_

Protocole : RLINK	Code centre :	Patient :
13. Most medicines are addictive :		
O <sub>[1]</sub> strongly agree		
O <sub>[2]</sub> agree		
O [3] neutral		
O [4] disagree		
O <sub>[5]</sub> strongly disagree		
ID14089S6V3279 / BMQ14		
14. Natural remedies are safer than medicines	<b>:</b> :	
O [1] strongly agree		
$O_{[2]}$ agree		
O <sub>[3]</sub> neutral		
O <sub>[4]</sub> disagree		
O <sub>[5]</sub> strongly disagree		
ID14089S6V3280 / BMQ15		
15. Medicines do more harm than good :		
O <sub>[1]</sub> strongly agree		
O <sub>[2]</sub> agree		
O [3] neutral		
O <sub>[4]</sub> disagree		
O <sub>[5]</sub> strongly disagree		
16. All medicines are poisons :		
O <sub>[1]</sub> strongly agree		
O <sub>[2]</sub> agree		
O [3] neutral		
O <sub>[4]</sub> disagree		
O [5] strongly disagree		
ID14089S6V3282 / BMQ17		
17. Doctors place too much trust on medicines	S:	
O <sub>[1]</sub> strongly agree		
O <sub>[2]</sub> agree		
O <sub>[3]</sub> neutral		
O <sub>[4]</sub> disagree		
O <sub>[5]</sub> strongly disagree		
ID14089S6V3283 / BMQ18		
18. If doctors had more time with patients, the	ey would prescribe fewer medicines :	
O [1] strongly agree		
O <sub>[2]</sub> agree		
O <sub>[3]</sub> neutral		
O <sub>[4]</sub> disagree		
O <sub>[5]</sub> strongly disagree		
- 1-1		
Side Eff	fects: PRISE-M 14089S6FC945	

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Patient :

Code centre : \_\_\_\_

Side Effects: Indicated by patient, collected by the clinician! ID14089S6V3285 / DATPM Date of completion of PRISE-M questionnaire: \_\_\_\_/\_\_\_/ INSTRUCTIONS: Rate the following symptoms that you have experienced over the last week. 1. GASTROINTESTINAL ID14089S6V3287 / PMDIAR Diarrhea: O<sub>[1]</sub> Not present O<sub>[2]</sub> Tolerable O<sub>[3]</sub> Distressing ID14089S6V3288 / PMCONST Constipation: O<sub>[1]</sub> Not present O<sub>[2]</sub> Tolerable O<sub>[3]</sub> Distressing ID14089S6V3289 / PMDRYM Dry mouth:  $O_{11}$  Not present  $O_{21}$  Tolerable  $O_{31}$  Distressing ID14089S6V3290 / PMNAUSE Nausea/Vomiting:  $O_{[1]}$  Not present  $O_{[2]}$  Tolerable  $O_{[3]}$  Distressing 2. HEART ID14089S6V3291 / PMPALP Palpitations: O<sub>[1]</sub> Not present O<sub>[2]</sub> Tolerable O<sub>[3]</sub> Distressing ID14089S6V3292 / PMDIZZST Dizziness on standing:  $O_{[1]}$  Not present  $O_{[2]}$  Tolerable  $O_{[3]}$  Distressing Chest pain :  $O_{11}$  Not present  $O_{21}$  Tolerable  $O_{31}$  Distressing 3. SKIN ID14089S6V3294 / PMRASH Rash: O [1] Not present O [2] Tolerable O [3] Distressing Increased perspiration: O<sub>[1]</sub> Not present O<sub>[2]</sub> Tolerable O<sub>[3]</sub> Distressing ID14089S6V3296 / PMITCH Itching: O [1] Not present O [2] Tolerable O [3] Distressing ID14089S6V3297 / PMDRYS Dry skin: O<sub>[1]</sub> Not present O<sub>[2]</sub> Tolerable O<sub>[3]</sub> Distressing 4. NERVOUS SYSTEM ID14089S6V3298 / PMHEAD Headache: O<sub>[1]</sub> Not present O<sub>[2]</sub> Tolerable O<sub>[3]</sub> Distressing ID14089S6V3299 / PMTREM Tremors: O [1] Not present O [2] Tolerable O [3] Distressing ID14089S6V3300 / PMPCOOR Poor coordination: O [1] Not present O [2] Tolerable O [3] Distressing Dizziness: O<sub>[1]</sub> Not present O<sub>[2]</sub> Tolerable O<sub>[3]</sub> Distressing 5. EYES/ EARS ID14089S6V3302 / PMBLURR Blurred vision: O<sub>[1]</sub> Not present O<sub>[2]</sub> Tolerable O<sub>[3]</sub> Distressing

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Protocole : RLINK Code centre : \_\_\_\_\_ Patient : \_\_\_\_\_

ID1408956V3303 / PMRING Ringing in ears: $O_{[1]}$ Not present $O_{[2]}$ Tolerable $O_{[3]}$ Distressing
6. GENITAL/ URINARY
Difficulty urinating : $O_{[1]}$ Not present $O_{[2]}$ Tolerable $O_{[3]}$ Distressing
Painful urination : $O_{[1]}$ Not present $O_{[2]}$ Tolerable $O_{[3]}$ Distressing
ID1408956V3306 / PMFREQURIN  Frequent urination: $O_{[1]}$ Not present $O_{[2]}$ Tolerable $O_{[3]}$ Distressing
$ \begin{array}{l} {\sf ID1408956V3307  /  PMMENS} \\ {\sf Menstrual  irregularity} : \ {\sf O}_{\tt [1]}  {\sf Not  present} \ {\sf O}_{\tt [2]}  {\sf Tolerable} \ {\sf O}_{\tt [3]}  {\sf Distressing} \\ \end{array} $
7. SLEEP
Difficulty sleeping : $O_{[1]}$ Not present $O_{[2]}$ Tolerable $O_{[3]}$ Distressing
Sleeping too much : $O_{[1]}$ Not present $O_{[2]}$ Tolerable $O_{[3]}$ Distressing
8. SEXUAL FUNCTIONING
Loss of sexual desire : $O_{[1]}$ Not present $O_{[2]}$ Tolerable $O_{[3]}$ Distressing
ID14089S6V3311 / PMTORG  Trouble achieving orgasm : $O_{[1]}$ Not present $O_{[2]}$ Tolerable $O_{[3]}$ Distressing
ID14089S6V3312 / PMTERECT  Trouble with erections: $O_{[1]}$ Not present $O_{[2]}$ Tolerable $O_{[3]}$ Distressing
9. OTHER
ID1408956V3313 / PMANXY  Anxiety: $O_{[1]}$ Not present $O_{[2]}$ Tolerable $O_{[3]}$ Distressing
Poor concentration : $O_{[1]}$ Not present $O_{[2]}$ Tolerable $O_{[3]}$ Distressing
ID14089S6V3315 / PMGENMAL General malaise : $O_{[1]}$ Not present $O_{[2]}$ Tolerable $O_{[3]}$ Distressing
ID14089S6V3316 / PMRESTLS Restlessness : $O_{[1]}$ Not present $O_{[2]}$ Tolerable $O_{[3]}$ Distressing
ID1408956V3317 / PMFATIG  Fatigue: $O_{[1]}$ Not present $O_{[2]}$ Tolerable $O_{[3]}$ Distressing
Decreased energy : $O_{[1]}$ Not present $O_{[2]}$ Tolerable $O_{[3]}$ Distressing
Other: $O_{[1]}$ Not present $O_{[2]}$ Tolerable $O_{[3]}$ Distressing
ID14089S6V3320 / PMOTHSPEC Other, please specify:

Protocole: RLINK Code centre : \_\_\_\_ Patient : Functioning: Who-DAS 2.0 14089S6FC955 ID14089S6V3321 / DATWHOD Date of completion of Who-DAS questionnaire: / / This questionnaire asks about difficulties due to health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs. Think back over the past 30 days and answer these questions, thinking about how much difficulty you had doing the following activities. For each question, please circle only one response. In the past 30 days, how much difficulty did you have in ID14089S6V3324 / WHODQ1 1. Standing for long periods such as 30 minutes?: O<sub>[1]</sub> None O<sub>[2]</sub> Mild O<sub>[3]</sub> Moderate O<sub>[4]</sub> Severe O<sub>[5]</sub> Extreme or cannot do ID14089S6V3325 / WHODQ2 2. Taking care of your household responsibilities?: O<sub>[1]</sub> None O<sub>[2]</sub> Mild O<sub>[3]</sub> Moderate O<sub>[4]</sub> Severe O<sub>[5]</sub> Extreme or cannot do ID14089S6V3326 / WHODQ3 3. Learning a new task, for example, learning how to get to a new place?: O<sub>[1]</sub> None O<sub>[2]</sub> Mild O<sub>[3]</sub> Moderate O<sub>[4]</sub> Severe O<sub>[5]</sub> Extreme or cannot do 4. How much of a problem did you have joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?: O<sub>11</sub> None O<sub>[2]</sub> Mild O<sub>[3]</sub> Moderate O<sub>[4]</sub> Severe O<sub>[5]</sub> Extreme or cannot do ID14089S6V3328 / WHODQ5 5. How much have you been emotionally affected by your health problems?: O<sub>11</sub> None

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O<sub>[2] Mild</sub>

O<sub>[3]</sub> Moderate

Protocole : RLINK	Code centre :	Patient :
O <sub>[4]</sub> Severe		
O <sub>[5]</sub> Extreme or cannot	do	
ID14089S6V3329 / WHODQ6		
6. Concentrating on doing somet	hing for ten minutes?:	
O <sub>[1]</sub> None		
O <sub>[2]</sub> Mild		
O <sub>[3]</sub> Moderate		
O <sub>[4]</sub> Severe		
O <sub>[5]</sub> Extreme or cannot	do	
ID14089S6V3330 / WHODQ7		
7. Walking a long distance such a	s a kilometer [or equivalent]? :	
O <sub>[1]</sub> None		
O <sub>[2]</sub> Mild		
O <sub>[3]</sub> Moderate		
O <sub>[4]</sub> Severe		
O <sub>[5]</sub> Extreme or cannot	do	
ID14089S6V3331 / WHODQ8		
8. Washing your whole body?:		
O <sub>[1]</sub> None		
O <sub>[2]</sub> Mild		
O <sub>[3]</sub> Moderate		
O <sub>[4]</sub> Severe		
O <sub>[5]</sub> Extreme or cannot	do	
ID14089S6V3332 / WHODQ9		
9. Getting dressed? :		
O <sub>[1]</sub> None		
O <sub>[2]</sub> Mild		
O <sub>[3]</sub> Moderate		
O <sub>[4]</sub> Severe		
O <sub>[5]</sub> Extreme or cannot	do	
ID14089S6V3333 / WHODQ10		
10. Dealing with people you do r	ot know?:	
O <sub>[1] None</sub>		
O <sub>[2]</sub> Mild		
O <sub>[3]</sub> Moderate		
O <sub>[4]</sub> Severe		
O <sub>[5]</sub> Extreme or cannot	do	
ID14089S6V3334 / WHODQ11		
11. Maintaining a friendship? :		
O <sub>[1]</sub> None		
O <sub>[2]</sub> Mild		
O <sub>[3]</sub> Moderate		
O <sub>[4]</sub> Severe		
O <sub>[5]</sub> Extreme or cannot	do	

Protocole : RLINK	Code centre :	Patient :
ID1408956V3335 / WHODQ12  12. Your day-to-day work?:  O [1] None O [2] Mild O [3] Moderate O [4] Severe O [5] Extreme or cannot	do	
ID14089S6V3337 / WHODH2	how many days were these difficulties present many days were you totally unable to carry ou 	
	nting the days that you were totally unable, for ork because of any health condition?:   _	how many days did you cut back or
He	alth-related quality of life: EQ-5D-5L 14089S6	FC1004
also available under the Help be your health TODAY  ID1408956V3677 / DATQOL  Date of completion of EQ-5D-5L  ID1408956V3678 / QOL1  MOBILITY:  O[1] I have no problems O[2] I have slight proble	ms in walking about oblems in walking about ems in walking about	
O <sub>[2]</sub> I have slight proble O <sub>[3]</sub> I have moderate pr	washing or dressing myself ms washing or dressing myself oblems washing or dressing myself ems washing or dressing myself h or dress myself	
O <sub>[2]</sub> I have slight proble O <sub>[3]</sub> I have moderate pr	doing my usual activities ms doing my usual activities oblems doing my usual activities ems doing my usual activities	

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Protocole : RLINK	Code centre :	Patient :
PAIN / DISCOMFORT:  O[1] I have no pain or discomfort O[2] I have slight pain or discomford O[3] I have moderate pain or discomford O[4] I have severe pain or discomford O[5] I have extreme pain or discomford	mfort ort	
ID1408956V3682 / QOL5  ANXIETY / DEPRESSION:  O [1] I am not anxious or depressed O [2] I am slightly anxious or depress O [3] I am moderately anxious or depression of the property of the pr	pressed essed	
YOUR OWN HEALTH STATE TODAY = (rated	from 0-100) :   _	
Childhood tra	auma questionnaire: CTQ 140	89S6FC956
ID14089S6V5598 / CTQCMPL The CTQ questionnaire has been completed	I since last visit? : O[1] Yes	O <sub>[0]</sub> No
Reminder: The CTQ can be administered O	NLY if qIDS score ≤10 and BRN	MS score ≤9
ID14089S6V3231 / CTQEP  Has the patient been out of an episode for a	at least 4 weeks? : O [1] Yes	O [0] NO
Complete the CTQ questionnaire? : $O_{[1]}$ Yes	es O <sub>[0]</sub> No	
This part is repeated at each subsequent ex	valuation up to M6 if the ques	stionnaire is not completed.
ID1408956V3339 / DATCTQ  Date of completion of CTQ questionnaire:		
When I was growing up		
1. I didn't have enough to eat:  O [1] Never True O [2] Rarely True O [3] Some-times True O [4] Often True O [5] Very Often True		
ID14089S6V3342 / CTQ2		
2. I knew that there was someone to take can only the canonic of t	are of me and protect me :	

Protocole : RLINK	Code centre :	Patient :
ID14089S6V3343 / CTQ3		
	things like "stupid", "lazy", or "ugly":	
O <sub>[1]</sub> Never True		
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
ID14089S6V3344 / CTQ4 4. My parents were too drunk or	high to take care of the family:	
O <sub>[1]</sub> Never True	riigh to take care of the family.	
O [2] Rarely True		
O [3] Some-times True		
O [4] Often True		
O [5] Very Often True		
ID14089S6V3345 / CTQ5  Thoro was someone in my family	ily who helped me feel that I was important o	er chaoial :
O [1] Never True	my who helped the feet that I was important o	ii speciai .
O [2] Rarely True		
O [3] Some-times True		
O [4] Often True		
O [5] Very Often True		
·		
ID1408956V3346 / CTQ6 6. I had to wear dirty clothes:		
O [1] Never True		
O [2] Rarely True		
O [3] Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
ID14089S6V3347 / CTQ7		
7. I felt loved :		
O <sub>[1]</sub> Never True		
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O <sub>[5]</sub> Very Often True		
ID14089S6V3348 / CTQ8		
8. I thought that my parents wish	ed I had never been born :	
O [1] Never True		
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
ID14089S6V3349 / CTQ9		
	my family that I had to see a doctor or go to	the hospital :
O [1] Never True		

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Protocole : RLINK	Code centre :	Patient :
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
ID14089S6V3350 / CTQ10		
10. There was nothing I wanted to	change about my family :	
O [1] Never True		
O [2] Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
ID14089S6V3351 / CTQ11		
_	hard that it left me with bruises or marks :	
O [1] Never True		
O [2] Rarely True		
O Stan True		
O <sub>[4]</sub> Often True O <sub>[5]</sub> Very Often True		
•		
12 I was nunished with a helt a h	oard, a cord, or some other hard object :	
O <sub>[1]</sub> Never True	ourd, a cord, or some other hard object.	
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O <sub>[5]</sub> Very Often True		
ID14089S6V3353 / CTQ13		
13. People in my family looked out	t for each other :	
O <sub>[1]</sub> Never True		
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
ID14089S6V3354 / CTQ14		
14. People in my family said hurtfu	ıl or insulting things to me :	
O <sub>[1]</sub> Never True		
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
ID14089S6V3355 / CTQ15	.had.	
15. I believe that I was physically a	ibusea :	
O [1] Never True O [2] Rarely True		
O [3] Some-times True		
→ [3] SUITIE-UITIES TI UE		

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Protocole : RLINK	Code centre :	Patient :
O <sub>[4]</sub> Often True		
O [5] Very Often True		
ID14089S6V3356 / CTQ16		
16. I had the perfect childhood :		
O [1] Never True		
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O [4] Often True		
O [5] Very Often True		
ID14089S6V3357 / CTQ17		
_	t it was notice by someone like a teacher, n	neighbor, or doctor :
O [1] Never True		
O [2] Rarely True		
O [3] Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
ID14089S6V3358 / CTQ18		
18. I felt that someone in my famil	y hated me :	
O [1] Never True		
O [2] Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
10. Doople in my family falt class t	a angle ather i	
19. People in my family felt close to	o each other :	
O [1] Never True O [2] Rarely True		
O [3] Some-times True O [4] Often True		
O <sub>[5]</sub> Very Often True		
20 Someone tried to touch me in :	a sexual way, or tried to make me touch the	em ·
O <sub>[1]</sub> Never True	a sexual way, or tried to make me touch the	em.
O [2] Rarely True		
O [3] Some-times True		
O <sub>[4]</sub> Often True		
_		
O <sub>[5]</sub> Very Often True		
ID14089S6V3361 / CTQ21 21 Someone threatened to hurt m	ne or tell lies about me unless I did somethi	ing sexual with them:
O <sub>[1]</sub> Never True	ie or tell lies about the arriess I did somethi	ng sendar with them .
O [2] Rarely True		
O [3] Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
✓ [5] very Orten True		

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Protocole : RLINK	Code centre :	Patient :
ID1408956V3362 / CTQ22		
22. I had the best family in the world :		
O [1] Never True		
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O <sub>[5]</sub> Very Often True		
ID1408956V3363 / CTQ23		
23. Someone tried to make me do sexual thing	s or watch sexual things :	
O [1] Never True		
O [2] Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
ID14089S6V3364 / CTQ24		
24. Someone molested me :		
O [1] Never True		
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O <sub>[5]</sub> Very Often True		
ID14089S6V3365 / CTQ25		
25. I believe that I was emotionally abused :		
O <sub>[1]</sub> Never True		
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O <sub>[5]</sub> Very Often True		
ID14089S6V3366 / CTQ26		
26. There was someone to take me to the doc	tor if I needed it :	
O <sub>[1]</sub> Never True		
O <sub>[2]</sub> Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O <sub>[5]</sub> Very Often True		
ID1408956V3367 / CTQ27		
27. I believe that I was sexually abused :		
O <sub>[1]</sub> Never True		
O [2] Rarely True		
O <sub>[3]</sub> Some-times True		
O <sub>[4]</sub> Often True		
O [5] Very Often True		
·		
101408956V3368 / CTQ28  28. My family was a source of strength and support to the support of the	oport :	
O [1] Never True		

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Protocole : RLINK	Code centre :	Patient :
O [2] Rarely True O [3] Some-times True O [4] Often True O [5] Very Often True		
ID1408956V3371 / CTQEASC Emotional Abuse (score) :   _	_l	
ID14089S6V3372 / CTQPHASC Physical Abuse (score) :   _		
ID1408956V3373 / CTQSASC Sexual Abuse (score) :   _		
ID1408956V3374 / CTQENSC Emotional Neglect (score) :		
Physical Neglect (score):   _		
Total score (sum of the Abuse a	nd Neglect scores):   _	
Denial score :   _		
	Physical comorbidity 14089S6FC1010	
ID14089S6V3722 / PHCMBY Is there any physical comorbidity	γ: Ο <sub>[1]</sub> Yes Ο <sub>[0]</sub> No	
Health conditi	on (fill one category per line) [1] ID14089S6V	/3731 / TAB_HCND
Category:  O[1] Neurology O[2] Cardiology		
O [3] Endocrinology O [4] Cutaneous O [5] Urology O [6] Hepato-Gastroente O [7] Infection O [8] Immune inflammat O [9] Others		

Protocole : RLINK	Code centre :	Patient :
O <sub>[6]</sub> Stroke		
Hypertension رر		
O [8] Myocardial infarction	n	
O [9] Arrhythmia		
O [10] Diabetes type 1		
O [11] Diabetes type 2		
O [12] Hypothyroidism		
O [13] Hyperthyroidism		
O [14] Dyslipidemia		
O <sub>[15]</sub> Psoriasis		
O <sub>[16]</sub> Acne		
O [17] Eczema		
O [18] Drug induced toxide	ermia	
O [19] Hair loss		
O [20] Nephropathy		
O <sub>[21]</sub> Lithiasis		
O [22] Prostatic hyperplasi		
_	ory disease of the gastrointestinal tract	
O <sub>[24]</sub> Cirrhosis		
O [25] Gastroduodenal ulc		
O [26] Drug induced hepat	itis	
O <sub>[27]</sub> HIV infection		
O <sub>[28]</sub> HCV infection		
O <sub>[29]</sub> HBV infection		
O <sub>[30]</sub> Asthma		
O [31] Allergy (excluding as	sthma)	
O <sub>[32]</sub> Lupus		
O [33] Rheumatoid polyart		
O [34] Cancer (specify orga	an)	
O [35] Genetic disease		
O [36] Glaucoma		
O <sub>[37]</sub> Cataract		
O [38] Other serious medic	cal conditions	
D14089S6V3725 / OTHCTGY		
please specify :		
D1408956V3726 / AGEDIAG Age at diagnosis:   _  years		
D1408956V3727 / AGE1TRT Age at first medical treatment:  _	years	
D14089S6V3728 / CURRTRTD  Currently treated : O [1] Yes O	ro No. O ro NA	
D14089S6V3729 / STABLE Stabilized/Remitted: O[1] Yes	O [0] NO O [9] O	

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Protocole : RLINK	Code centre :	Patient :
ID14089S6V3730 / PBLSCALE According to the clinician, how much is the much(10)]:   _	is a current problem for the pat	tient ? [range 0-10: Not at all(0) - Very
Psychiat	tric health assessment 14089S6	5FC1012
ID1408956V3732 / PSYHLTH Based on your clinical judgment and all so any other psychiatric condition (current or		
Psychological disorder (fi	ll a disorder per line) [1] ID140	89S6V3739 / TAB_DSRDR
ID1408956V3733 / DISRDR  Psychological Disorders:  O [1] Anxiety O [2] Substance use O [3] Personality O [4] PTSD O [5] ADHD (based on clinical judg O [6] Other  ID1408956V3734 / OTHDISRDR please specify:	ment)	
Types of Disorders:  O [1] Panic disorder (with or without panic of Disorders)  O [2] Agoraphobia (without panic of Disorder)  O [3] Social phobia  O [4] GAD (Generalized anxiety disorders)  O [5] OCD (Obsessive-compulsive of Disorder)  O [6] Other anxiety disorders  O [7] Nicotine dependence  O [8] Alcohol disorder  O [9] Cannabis disorder  O [10] Cocaine disorder  O [11] Benzos disorder  O [12] Other substance disorders  O [13] Borderline personality  O [14] Anti-social personality  O [15] Other personality disorders	disorder) sorder ) disorder)	

.....

Protocole : RLINK	Code centre :	Patient :
Diagnosis: O [1] Lifetime O [2] Cu  ID1408956V3738 / AGEONSET  Age at onset:   _  years	rrent O [3] Uncertain O [9] NA	
	Demographic information 14089S6FC101	14
	201108.4411011114101121020014201	
Current relationship status:  O [1] Married/civil partners O [2] Long term relationship O [3] Single O [4] Separated O [5] Divorced/Annulled O [6] Widowed	p	
O [7] Missing data code (if a ID1408956V3741 / ETHNICITY  Please specify your ethnicity:  O [1] Asian O [2] Black O [3] Middle Eastern & Nor O [4] White European O [5] Mixed / Multiple ethn O [6] Other ethnic backgrou	th Africa ic background	
Please describe :		
O [2] A different country wi	t this research is taking place th the same national language as this one	
O [3] A different country wi	th a different national language	
ID1408956V5732 / COUNTRY Please specify your country of citize	enship :	
Please choose one option that best  O [1] Live alone  O [2] Live alone + children  O [3] Live with partner  O [4] Live with partner + ch		

Protocole : RLINK	Code centre :	Patient :
O [6] Live with other relatives		
O <sub>[7]</sub> Live with other non-relative	25	
ID14089S6V3747 / RESIDENCE		
Please choose one option that best descr	ribes your place of residence at prese	nt:
O <sub>[1]</sub> Flat or house that I rent	, ,	
O <sub>[2]</sub> Flat or house that I own		
	o local authority / housing association	n
O [4] Community facility	o local dathonity / modeling descendion	
O [5] Hospital - psychiatric ward		
O [6] Hospital - general medical w	ward	
O [7] Homeless/roofless	varu	
O [8] Other		
O [8] Other		
ID14089S6V3748 / OTHRESID		
Other, please specify:		
Have you lived anywhere else in the last	3 months? · Oral Ves Oral No	
	3 months: . • [1] res • [0] NO	
ID1408956V3749 / LIVANYWLST Please tick any that apply:		
[1] Flat or house that I rent		
[1] Flat or house that I own		
	o local authority / housing association	n
[4] Community facility		
[5] Hospital - psychiatric ward		
[6] Hospital - general medical w	vard	
$\square$ [7] Homeless/roofless		
☐ [8] Other		
ID14089S6V3750 / OTHLIV		
Other, please specify:		
ID1408956V3751 / SCHOOL Highest qualification, please select the be	ast fit from the below:	
O [1] Primary education or less (n		
O [2] Secondary education (gener		
		in above, but not a university degree)
	aining (specific qualification for your s	sector)
O [5] University degree (undergra		
$O_{[6]}$ University higher degree (po	ostgraduate)	
ID14089S6V3752 / JOB		
What is your employment status? :		
O [1] Paid or self-employment		
O [2] Voluntary employment		
O <sub>[3]</sub> Sheltered employment		
O <sub>[4]</sub> Unemployed		
O <sub>[5]</sub> Student		

Protocole : RLINK	Code centre :	Patient :
O [6] Housewife/hus	shand	
O <sub>[7]</sub> Retired		
O <sub>[8]</sub> Other		
<b>O</b> [8] Other		
ID14089S6V3753 / OTHJOB		
Other, please state :		
•••••		
ID14089S6V3754 / EVNT	nto (nost 12 months on angoing) . O Voc. O No	
Any recent stressrui ille eve	nts (past 12 months or ongoing) : $O_{[1]}$ Yes $O_{[0]}$ No	
ID14089S6V3755 / OTHEVNT		
please describe :		
Post	evaluation of main reason for lithium initiation 1408	39S6FC1517
- II	e man a sur se	
	s for lithium initiation (based on the answers given a	it baseline), has the patient
reached the clinician's initia	al goal?	
ID14089S6V5112 / POSTEV1	<u> </u>	
Current major depressive ep	pisode: O <sub>[1]</sub> Yes O <sub>[0]</sub> No	
ID14089S6V5113 / POSTEV2		
Current manic episode : O	[1] Yes O [0] No	
ID14089S6V5114 / POSTEV3		
Current hypomanic episode	: O <sub>[1]</sub> Yes O <sub>[0]</sub> No	
ID14089S6V5115 / POSTEV4		
Current mixed episode :	MAYES O IN NO	
	[I] ICS O [I] INO	
ID14089S6V5116 / POSTEV5  Current Subsyndromal depr	O v O N-	
Current Subsyndromai depr	ession: O [1] Yes O [0] NO	
ID14089S6V5117 / POSTEV6		
Current Rapid cycling: O	JYes ∪ [o] No	
ID14089S6V5118 / POSTEV7		
Current suicidal behavior :	O <sub>[1]</sub> Yes O <sub>[0]</sub> No	
ID14089S6V5119 / POSTEV8		
Depressive relapses (Predor	minant Depressive polarity) : O [1] Yes O [0] No	
ID14089S6V5120 / POSTEV9		
•	ses (Predominant Manic polarity) : O [1] Yes O [0] N	lo.
	ses (i redominant wante polarity).	
ID14089S6V5121 / POSTEV10	. O v O Ne	
Relapses on both polarities	: O [1] Yes O [0] NO	
ID14089S6V5122 / POSTEV11	0 0	
Insufficient response to other	er drugs : $O_{\scriptscriptstyle{1}}$ Yes $O_{\scriptscriptstyle{0}}$ No	
ID14089S6V5123 / POSTEV12		
Side effects of other drugs :	O <sub>[1]</sub> Yes O <sub>[0]</sub> No	

Protocole : RLINK	Code centre :	Patient :
ID1408956V5124 / POSTEV13  Preference of the patient: O [1] Yes (ID1408956V5125 / POSTEV14  Clinician's preference against other dru ID1408956V5126 / POSTEV15  Other reason: O [1] Yes O [0] NO  ID1408956V5127 / OTHRSN  Other reason, please described:		es with tolerance : O [1] Yes O [0] No
Clinician global evaluation of h	ow much the patient have benefited	from Lithium 14089S6FC1518
ID1408956V5128 / EVALBNF1  Prevention of major depressive relapse  ID1408956V5129 / EVALBNF2  Prevention of manic relapses: O [1] EXC.		
ID1408956V5130 / EVALBNF3  Prevention of hypomanic relapses:		
ID14089S6V5131 / EVALBNF4  Prevention of Mixed relapses: $O_{[1]}Ex$	cellent $O_{[2]}$ Intermediate $O_{[3]}$ Po	or
ID14089S6V5132 / EVALBNF5  Current Subsyndromal depression:	[1] Excellent O [2] Intermediate O	[3] Poor
ID1408956V5133 / EVALBNF6  Prevention of Rapid cycling: $O_{[1]}Exce$	ellent $O_{[2]}$ Intermediate $O_{[3]}$ Poor	r
ID14089S6V5134 / EVALBNF7  Prevention of suicidal behaviors: $O_{[1]}$	Excellent $O_{[2]}$ Intermediate $O_{[3]}$	Poor
ID14089S6V5135 / EVALBNF8 Prevention of Relapses on both polariti	es: O <sub>[1]</sub> Excellent O <sub>[2]</sub> Intermedia	te O[3] Poor
$ \begin{array}{l} {\tt ID14089S6V5136/EVALBNF9} \\ {\tt Cognitive\ performances}\ :\ {\tt O}_{\tt [1]} {\tt Excelle} \end{array} $	nt $O_{[2]}$ Intermediate $O_{[3]}$ Poor	
Global functioning : O [1] Excellent C	) <sub>[2]</sub> Intermediate O <sub>[3]</sub> Poor	
ID14089S6V5138 / EVALBNF11  Better control of comorbidities (somati	c, psychiatric, addictive): O[1] Excell	lent $O_{2}$ Intermediate $O_{3}$ Poor
ID14089S6V5139 / EVALBNF12 Efficacy/Tolerance balance : O [1] Exce	ellent $O_{{2}1}$ Intermediate $O_{{3}1}$ Poor	
Other benefits : $O_{[1]}$ Excellent $O_{[2]}$	ntermediate O <sub>[3]</sub> Poor	
Other benefits, please described :		

Summary of BD from M0 to M24 14089S6FC1520

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Protocole : RLINK Code centre : \_\_\_\_\_ Patient : \_\_\_\_\_

Total number of	
ID14089S6V5147 / MDE2  Major Depressive episodes:   _	
ID14089S6V5153 / HYPOE2 Hypomanic episodes:   _	
ID14089S6V5159 / MANE2  Manic episodes:   _	
ID14089S6V5148 / MDEH2 Requiring hospitalizations:   _	
ID14089S6V5154 / HYPOEH2 Requiring hospitalizations:   _	
ID14089S6V5160 / MANEH2 Requiring hospitalizations:   _	
ID14089S6V5149 / MDEPS2 With psychotic symptoms:   _	
ID14089S6V5161 / MANEPS2 With psychotic symptoms:   _	
ID14089S6V5156 / HYPOEMC2 With mixed characteristics :   _	
With mixed characteristics :   _	
ID14089S6V5162 / MANEMC2 With mixed characteristics:   _	
ID14089S6V5167 / NBH2 Number of hospitalizations:   _	
ID14089S6V5168 / TDH2  Total duration of hospitalizations :   _  weeks	
ID1408956V5142 / RCY2 Rapid cycling: O [1] Yes O [0] NO O [9] NA	
ID14089S6V5143 / AGESTBD2  Age at onset during the follow up:   _   years	
Suicide attempts (SA) : $O_{[1]}$ Yes $O_{[0]}$ No $O_{[9]}$ NA	
ID14089S6V5170 / TOTSA  Number of SA during the follow up:   _	
ID1408956V5177 / SAFU At least one violent SA during the follow up: O [1] Yes	O <sub>[0]</sub> No

Protocole: RLINK Code centre: \_\_\_\_\_ Patient: \_\_\_\_\_

## Concomitant medications [ID14089S6M5 / M\_CM]

### Concomitant medications [ID14089S6F10 / F\_CM]

ID14089S6V5192 / CMYN

Are concomitant medications other than psychotropic taken? :  $O_{[1]}$  Yes  $O_{[0]}$  No

When used to treat Serious Adverse Events, mention this in the Indication column (e.g. SAE ). Use one line per dosage or route of administration change.

Note all medications administered, other than psychotropic [1] ID14089S6V5202 / TAB\_CMTRT

ID1408956V7488 / CMTRT Brand name (preferred) or International Nonproprietary Name:		
ID1408956V5194 / CMINDC Indication:		
ID1408956V5196 / CMROUTE  Route:  O[1] Oral O[2] Intramuscular O[3] Intravenous		
O <sub>[4]</sub> Subcutaneous		
Dosage (/24h) :   _ ,		
Unit:    [001] kg		

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O<sub>[015]</sub> GBq

Protocole : RLINK	Code centre :	Patient :
O <sub>[016]</sub> MBq		
O [017] kBq		
O <sub>[018]</sub> Ci		
O [019] mCi		
O <sub>[020]</sub> μCi		
O <sub>[021]</sub> nCi		
O <sub>[022]</sub> mol		
O <sub>[023]</sub> mmol		
O [024] µmol		
O <sub>[025]</sub> UI		
O <sub>[026]</sub> kUI		
O <sub>[027]</sub> MUI		
O <sub>[028]</sub> UI/kg		
0 [030] %		
O <sub>[031]</sub> Goutte(s)		
O [032] Dosage Form		
ID1408956V5199 / CMSTDAT		
Start date :/		
ID14089S6V5200 / CMONGO		
Ongoing: $O_{[1]}$ Yes $O_{[0]}$ No		
ID14089S6V5201 / CMENDAT		
End date :/		

Protocole: RLINK Code centre: \_\_\_\_\_ Patient: \_\_\_\_\_

# Study discontinuation [ID14089S6M6 / M\_EOS]

## Study discontinuation [ID14089S6F11 / F\_FIN]

Date of study discontinuation :/
ID1408956V5205 / SUIVITRM_EOS  Is the patient withdrawn? : $O_{[0]}$ No $O_{[1]}$ Yes
Reason for withdrawal:    [1] Serious Adverse Evet   [2] Another medical issue   [3] Personal reasons of the participant   [4] Explicit withdrawal of consent   [5] Lost to follow up   [6] Other
If yes, Please complete the «SAE» section  ID1408956V5212 / SPECAMI_EOS
Another medical issue, specify:
ID14089S6V5214 / SPECPRSN_EOS  Personal reasons of the participant, specify:
ID14089S6V5207 / DATRTCONS_EOS  Date of the withdrawal consent:/
Date of the last news:
ID1408956V5213 / AUTRSNFIN_EOS  Other, specify:

Protocole : RLINK Code centre : \_\_\_\_\_ Patient : \_\_\_\_\_

### Pregnancy notification form [ID14089S6M9 / M\_PREGNANCY]

### Pregnancy notification form [ID14089S6F16 / F\_PREGNANCY]

#### FOLLOW-UP FORM FOR REPORTING A PREGNANCY OCCURRING IN A CLINICAL TRIAL

As soon as the investigator becomes aware of the pregnancy, this form must be duly completed, printed, signed and returned without delay to the Vigilance Unit of DRCI-Siège by fax on +33 (0)1 44 84 17 99.

Some clarifications concerning the good use of this electronic form: 1- the generation and the registration of this form generate the sending of an e-mail to the Promoter of the test: do not do tests when the study is in progress, 2- a large amount of information is copied automatically from the Inclusion form, 3- when printing the pregnancy notification form in pdf format, the information on concomitant medications comes from the electronic form "Concomitants medications": you have to press the "Copy" button, at the tab "Tt. Conco." of the Pregnancy module, then complete for each line the variables "Action taken" and "Causality of pregnancy", 4- to notify the monitoring of a pregnancy already notified, do not change the information completed in the initial notification form, but generate, print and fax a new form.

ID14089S6V5606 /	

ID14089S6V5607 / PRERVER

Report : O [1] Initial O [2] Follow-up

Click here to print the Pregnancy Notification form to fax once the data is entered.

Follow-up N°:
Date of report:/
Date the investigator became aware of pregnancy:/
Center 14089S6FC1584
ID14089S6V5611 / HONAM Center name:
ID1408956V5612 / HOCITY City:
ID1408956V5613 / HOZIPCD ZIP code: ID1408956V5614 / HODEPT Department:
ID14089S6V5615 / INVNAM Investigator:

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Protocole : RLINK	Code centre :	Patient :
ID14089S6V5616 / INVTEL Phone:		
Fax :		
	Patient 14089S6FC1585	
Subject reference :		
Date of birth:/		
Date of inclusion:		
Date of last menstrual period:	//	
and/or		
ID14089S6V5629 / EDCDTC Pregnancy start date ://		
	Pregnancy exposure	
Tobacco : $O_{[1]}$ Yes $O_{[0]}$ No		
if "Yes", specify number :   _ _	I	
Ongoing : $O_{[1]}$ Yes $O_{[0]}$ No		
if "Non", stopped on (specify date):		
Alcohol : O [1] Yes O [0] No		
if "Yes", specify OH unit:		
Ongoing: $O_{[1]}$ Yes $O_{[0]}$ No		
if "Non", stopped on (specify date):	/	
Drug : O [1] Yes O [0] No		
if "Yes", specify substance :		
ID1408956V5640 / DRUGONGO Ongoing: O 111 Yes O 101 No		

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Protocole : RLINK	Code centre :	Patient :
ID14089S6V5641 / DRUGENDAT		
if "Non", stopped on (specify date):	/	
ID14089S6V5642 / SUOTH		
Other substances : $O_{[1]}$ Yes $O_{[0]}$ No		
ID14089S6V5643 / SUOTHPRE		
Other substances (specify):		
	Maternal history 14089S6FC1587	7
ID14089S6V5644 / MHDESC		
Medical history :		
Surgical history:		
Surgicul History .		
ID14089S6V5646 / BRTHLVN		
Para :   _   pare(s)		
ID1408956V5645 / PRVPREGN		
Gravida:   _  geste(s)		
Obstetrical history: specify any miscarria	ages ectonic pregnancies abortio	ns medical termination of pregnancy
stillbirths, congenital malformations (bir		
(number, date and nature/reason, if app		Be,ee
	Tt Exp. 14089S6FC1588	

Investigational drug(s) administered or not during pregnancy or exposure involving the father (delete as appropriate): [1] ID14089S6V5655 / TAB\_NG\_EXTRT

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Protocole : RLINK Code centre : \_\_\_\_\_ Patient : \_\_\_\_\_

Brand name (preferred) or International Nonproprietary Name:
Not administered : $O_{[1]}$ Yes $O_{[0]}$ No
Date of first administration :/
$\begin{array}{ll} {\sf ID1408956V5653/EXONGO} \\ {\sf Ongoing: O_{[1]}Yes O_{[0]}No} \end{array}$
ID14089S6V5654 / EXENDAT  If "No", date of last administration:/
ID1408956V5649 / EXROUTE  Route of administration:  O [1] orally O [2] intramuscular O [3] intravenous O [4] subcutaneous O [5] other
Dosage (/24h) :   _ , _
ID14089S6V5651 / EXDOSU Unit:
O [002] kg O [002] g O [003] mg O [004] µg O [005] ng O [006] pg O [007] mg/kg O [008] µg/kg O [009] mg/m2 O [010] µg/m2 O [011] l O [012] ml O [013] µl O [014] Bq O [015] GBq O [017] kBq O [018] Ci O [029] mCi O [020] µCi O [021] nCi O [022] mol O [023] mmol O [023] mmol O [024] µmol

Protocole : RLINK	Code centre :	Patient :
O <sub>[025]</sub> UI		
O <sub>[026]</sub> kUI		
O <sub>[027]</sub> MUI		
O <sub>[028]</sub> UI/kg		
O <sub>[029]</sub> meq		
O <sub>[030]</sub> %		
O <sub>[031]</sub> Goutte(s)		
O [032] Dosage Form		
	Procedures and care 14089S6FC1589	
Procedures and	care added by the research : [1] ID14089S6V56	659 / TAB_NG_PROC
ID14089S6V5656 / PRODESC		
Procedures and care :		
ID14089S6V5657 / PRODAT		
Date :/		
ID14089S6V5658 / PROCHR		
Chronology:		
O [1] BEFORE pregnancy		
O <sub>[2]</sub> DURING pregnanc	У	
	Tt. Conco. 14089S6FC1590	
ID14089S6V5737 / CMTRTYN		
Concomitant medication(s):	) <sub>[1]</sub> Yes O <sub>[0]</sub> No	
REMINDER: to display here the pressing the "Copy" button!	Concomitant medications entered in the mod	ule of the same name, thank you for
REPORTING ALL CONCO	DMITANT MEDICATION AT THE TIME OF PREGN	ANCY [1] ID14089S6V5714 /
REFORTING ALL CONCO	TAB_NG_CMTRT	ANCT [1] 151405550457147
ID14089S6V7498 / CMTRT		
Brand name (preferred) or Inter	rnational Nonproprietary Name:	
ID14089S6V7499 / CMINDC		
Indication:		

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Protocole : RLINK	Code centre :	Patient :
ID1408956V7500 / CMROUTE  Route:  O[1] Oral		

Route :	
	O <sub>[1]</sub> Oral
	O <sub>[2]</sub> Intramuscular
	O <sub>[3]</sub> Intravenous
	O <sub>[4]</sub> Subcutaneous
	/7501 / CMDOSE (/24h) :   _ _ ,
	/7502 / CMDOSU
Unit:	0
	O <sub>[001]</sub> kg
	O <sub>[002]</sub> g
	O <sub>[003]</sub> mg
	O <sub>[004]</sub> μg
	O <sub>[005]</sub> ng
	O [006] pg
	O <sub>[007]</sub> mg/kg
	O <sub>[008]</sub> μg/kg
	O <sub>[009]</sub> mg/m2
	O <sub>[010]</sub> μg/m2
	O <sub>[011]</sub>
	O <sub>[012]</sub> ml
	O <sub>[013]</sub> μΙ
	O <sub>[014]</sub> Bq
	O <sub>[015]</sub> GBq
	O <sub>[016]</sub> MBq
	O <sub>[017]</sub> kBq
	O <sub>[018]</sub> Ci
	O <sub>[019]</sub> mCi
	O <sub>[020]</sub> μCi
	O <sub>[021]</sub> nCi
	O <sub>[022]</sub> mol
	O <sub>[023]</sub> mmol
	O <sub>[024]</sub> μmol
	O <sub>[025]</sub> UI
	O <sub>[026]</sub> kUI
	O <sub>[027]</sub> MUI
	O <sub>[028]</sub> UI/kg
	O <sub>[029]</sub> meq
	O <sub>[030]</sub> %
	O <sub>[031]</sub> Goutte(s)
	O <sub>[032]</sub> Dosage Form
	//7503 / CMSTDAT

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Protocole : RLINK	Code centre :	Patient :
ID1408956V7504 / CMONGO Ongoing: O [1] Yes O [0] NO  ID1408956V7505 / CMENDAT End date:/  ID1408956V5716 / CMACN Action undertaken: O [0] dosage remained unchanged O [1] drug withdrawal O [2] dosage reduction O [3] dosage increasing O [4] unknown  ID1408956V5715 / CMPRREL Causality of the pregnancy: O [0] not related to the drug O [1] related to the drug O [2] unknown		
Pregna	ncy follow-up 14089S6FC1591	
ID1408956V5672 / PRACNYN1 Ultrasounds: O [1] Yes O [0] NO  ID1408956V5673 / PRACNOT1 Specify date(s) and results:  ID1408956V5674 / PRACNYN2 Other exams: O [1] Yes O [0] NO  ID1408956V5675 / PRACNOT2 Specify date(s) and results (attach reports):		
Outcom	e of pregnancy 14089S6FC1592	
ID14089S6V5676 / PREENDTC  Date:/  ID14089S6V5677 / PRETERM  Term:   _   WA  ID14089S6V5733 / PRETERMD  PRETERMD:      D  ID14089S6V5678 / PREEND  Outcome of pregnancy:  O [1] Miscarriage O [2] Ectopic pregnancy O [3] Abortion O [4] Spontaneous delivery		

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Protocole : RLINK	Code centre :	Patient :
O <sub>[5]</sub> Induced delivery		
O [6] Vaginal delivery		
O [7] Caesarean delivery		
ID14089S6V5679 / ANATOYN		
Anatomopathological exams available:	O <sub>[1]</sub> Yes O <sub>[0]</sub> No	
ID14089S6V5680 / ANATOPRE		
If Yes, please specify result:		
ID14089S6V5681 / MBIRTHYN		
Multiple birth: $O_{[1]}$ Yes $O_{[0]}$ No		
ID14089S6V5682 / NBNUM		
If Yes, please specify number:		
ID14089S6V5683 / PLANORYN		
Placenta normal : O [1] Yes O [0] No		
if No. places specify:		
if No, please specify:		
Clear amniotic fluid : $O_{[1]}$ Yes $O_{[0]}$ No		
Clear ammotic fluid : O[i] Yes O[i] No	)	
ID14089S6V5686 / AMLICPRE		
if No, please specify:		
ID1408956V5687 / ANESTPRE Anaesthesia:		
O <sub>[3]</sub> General		
O [2] Epidural		
O <sub>[1]</sub> Spinal anaesthesia		
O <sub>[0]</sub> None		
	Newborn 14089S6FC1593	
	Newborn 1408930FC1595	
Newborn	n : [1] ID14089S6V5705 / TAB_NE	EWBORN
ID14089S6V5688 / NBSEXE		
Sex : $O_{[1]}$ Male $O_{[2]}$ Female $O_{[3]}$ Ot	:her	
ID14089S6V5689 / NBWEIGHT		
Weight:   _  grams		
ID14089S6V5690 / NBHEIGHT		
Height :   _  cm		
ID14089S6V5691 / NBCRAPER		
Head circumference :       cm		
·—·—·		
ID14089S6V5692 / APGAR1M  ΔPGΔR 1 min ·		

Code centre : \_\_\_\_

ID14089S6V5693 / APGAR5M APGAR 5 min : |\_\_|\_| ID14089S6V5694 / APGAR10M APGAR 10 min: | | ID14089S6V5695 / HYPOXYN Foetal distress : O [1] Yes O [0] No ID14089S6V5696 / HYPOXPRE If Yes, specify: ID14089S6V5697 / STILBIND Stillborn : O [1] Yes O [0] No ID14089S6V5698 / STILBPRE If Yes, specify: ..... ID14089S6V5699 / CABNIND Congenital malformation(s) : O [1] Yes O [0] No ID14089S6V5700 / CABNPRE If Yes, specify: ID14089S6V5701 / CPATHYN Non-malformative(s) congenial(s)/neonatal(s) pathology(ies) : O [1] Yes O [0] No ID14089S6V5702 / CPATHPRE If Yes, specify: ID14089S6V5703 / NBFOLYN Did the newborn receive any specific treatment at birth :  $O_{[1]}$  Yes  $O_{[0]}$  No ID14089S6V5704 / NBFOLPRE If Yes, specify:

Protocole: RLINK

Patient :

Protocole : RLINK Code centre : \_\_\_\_\_ Patient : \_\_\_\_\_

# DM [ID14089S6M8 / M\_DATA\_MANAGER]

# DataManager\_ONLY [ID14089S6F15 / F\_DM]

### date L2 eval

Date Lithium initiation ://
Date M1 :/
Date M2 :/
Date M3:/
Date M4:/
Date M5:/
Date M6 :/
Date M7:/
Date M8 :/
Date M9 :/
Date M10 :/
Date M11 :/
Date M12 :/
Date M13 :/
Date M14 :/
Date M15 :/
Date M16 :/
Date M17 :/



Protocole : RLINK	Code centre :	Patient :
Trotocoic . NEIW	code centre :	ration:
Date M18 :/		
Date M19 :/		
Date M20 :/		
Date M21 :/		
Date M22 :/		
Date M23 :/		
Date M24 :/		
	prior date	
ID1408956V5391 / P1		
P1:/		
P2:/		
P3:/		
P4:/		
ID14089S6V5395 / P5 P5:/		
P6:/		

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ID14089S6V5397 / P7

ID14089S6V5398 / P8

ID14089S6V5399 / P9

ID14089S6V5400 / P10 P10: \_\_\_\_/\_ ID14089S6V5401 / P11

ID14089S6V5402 / P12

ID14089S6V5403 / P13 P13 : \_\_\_\_/\_\_

P8:

P9:

P7: \_\_\_/\_\_\_

P11: \_\_\_\_/\_\_\_

P12: \_\_\_\_/\_\_\_

Protocole : RLINK	Code centre :	Patient :
ID14089S6V5404 / P14 P14: /		
ID1408956V5405 / P15 P15:/		
P16:/		
P17:/		
P18:/		
P19:/		
P20 :/		
P21 :/		
P22 :/		
P23 :/		
P24 :/		
	qIDS and BRMS	
ID14089S6V5415 / FLAG_M0 PreLi_qIDS≤10 & BRMS ≤9 :		
ID1408956V5416 / FLAG_M1 M1_L2w1-w4 qIDS≤10 & BRMS ≤9 :		
ID1408956V5417 / FLAG_M2 M2_L2w1-w4 qIDS≤10 & BRMS ≤9 :		
	SCIP,SAPAS, CTQ - DONE	
Post_Li SCIP done :		
ID14089S6V5424 / SCIPDONE_M1 M1_SCIP done:		
ID1408956V5427 / SCIPDONE_M2 M2_SCIP done:		
ID1408956V5420 / SAPASDONE_PLI Post_Li SAPAS done :		

Protocole : RLINK	Code centre :	Patient :
ID14089S6V5425 / SAPASDONE_M1 M1_SAPAS done:		
ID14089S6V5428 / SAPASDONE_M2 M2_SAPAS done:		
Post_Li CTQ done :		
M1_CTQ done:		
M2_CTQ done :		
	data manager only 14089S6FC1545	
	data manager only 14005501 C1545	
	date L2 eval	
ID14089S6V5365 / DATINILI1  Date Lithium initiation:/		
ID14089S6V5366 / DATM1  Date M1:/		
Date M2:/		
Date M3:/		
Date M4 :/		
Date M5:/		
Date M6:/		
Date M7:/		
Date M8 :/		
Date M9 :/		
Date M10 :/	_	
Date M11 :/	_	
Date M12 :/	-	
Date M13 :/	_	

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Protocole : RLINK	Code centre :	Patient :
ID14089S6V5379 / DATM14		
Date M14 :/		
ID14089S6V5380 / DATM15		
Date M15 :/		
ID14089S6V5381 / DATM16		
Date M16 :/		
ID14089S6V5382 / DATM17		
Date M17 :/		
	<del></del>	
Date M18 ://		
	<del></del>	
ID14089S6V5384 / DATM19		
Date M19 :/	<del></del>	
ID14089S6V5385 / DATM20		
Date M20 :/		
ID14089S6V5386 / DATM21		
Date M21 :/		
ID14089S6V5387 / DATM22		
Date M22 :/		
ID14089S6V5388 / DATM23		
Date M23 :/		
ID14089S6V5389 / DATM24		
Date M24 ://		
	prior date	
	prior date	
ID14089S6V5391 / P1		
P1:/		
ID14089S6V5392 / P2		
P2:/		
ID14089S6V5393 / P3		
P3:/		
ID14089S6V5394 / P4		
P4:/		
ID14089S6V5395 / P5		
P5: / /		
ID14089S6V5396 / P6 P6: / /		
ID14089S6V5397 / P7		
P7:/		
ID14089S6V5398 / P8		
P8:/		
ID14089S6V5399 / P9		

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Patient : \_\_\_\_\_

Code centre : \_\_\_\_\_

ID14089S6V5400 / P10 P10:/
D14089S6V5401 / P11 P11: / /
ID14089S6V5402 / P12
P12 :/
ID14089S6V5403 / P13
P13:/
ID14089S6V5404 / P14
P14:/
ID14089S6V5405 / P15
P15:/
ID14089S6V5406 / P16
P16:/
ID14089S6V5407 / P17
P17:/
ID14089S6V5408 / P18
P18:/
ID14089S6V5409 / P19
P19:/
ID14089S6V5410 / P20
P20 :/
ID14089S6V5411 / P21
P21:/
ID14089S6V5412 / P22
P22:/
ID14089S6V5413 / P23
P23:/
ID14089S6V5414 / P24
P24:/
qIDS and BRMS
ID14089S6V5415 / FLAG_M0
PreLi_qIDS≤10 & BRMS ≤9 :
ID14089S6V5416 / FLAG_M1 M1
M1_L2w1-w4 qIDS≤10 & BRMS ≤9 :
ID1408956V5417 / FLAG_M2
M2_L2w1-w4 qIDS≤10 & BRMS ≤9 :

**SCIP, SAPAS, CTQ - DONE** 

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Protocole: RLINK

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Protocole : RLINK	Code centre :	Patient :
ID14089S6V5418 / SCIPDONE_PLI Post_Li SCIP done :		
ID1408956V5424 / SCIPDONE_M1 M1_SCIP done:		
ID14089S6V5427 / SCIPDONE_M2 M2_SCIP done :		
ID1408956V5420 / SAPASDONE_PLI Post_Li SAPAS done :		
ID14089S6V5425 / SAPASDONE_M1 M1_SAPAS done:		
ID14089S6V5428 / SAPASDONE_M2 M2_SAPAS done:		
Post_Li CTQ done :		
ID1408956V5426 / CTQDONE_M1 M1_CTQ done:		
ID1408956V5429 / CTQDONE_M2 M2 CTQ done :		

Généré le : 2024-10-17T09:00:35+02:00 par CleanWeb



Protocole : RLINK Code centre : \_\_\_\_\_ Patient : \_\_\_\_\_

# SAE [ID14089S6M10 / M\_SAE]

## SAE [ID14089S6F19 / F\_SAE]

### FOLLOW-UP FORM FOR REPORTING AN SAE OCCURRING IN A CLINICAL TRIAL

As soon as the investigator becomes aware of the SAE, this form must be duly completed, printed, signed and returned without delay to the Vigilance Unit of DRCI-Siège by fax on +33 (0)1 44 84 17 99.

Some clarifications concerning the good use of this electronic form: 1- the generation and the registration of this form generate the sending of an e-mail to the Promoter of the test: do not do tests when the study is in progress, 2- a large amount of information is copied automatically from the Inclusion form, 3- when printing the SAE notification form in pdf format, the information on concomitant medications comes from the electronic form "Concomitants medications": you have to press the "Copy" button, at the tab "Tt. Conco." of the SAE module, then complete for each line the variables "Action taken" and "Causality of pregnancy", 4- to notify the monitoring of an SAE already notified, do not change the information completed in the initial notification form, but generate, print and fax a new form.

ID1408956V7339 /	SAFFORM

Click here to print the SAE notification form to fax once the data is entered.

$Report: O_{[1]}Initial O_{[2]}Follow-up$
Follow-up N°:
Date of report:/
Date the investigator became aware of the SAE :/
TAG_HO:
ID14089S6V7411 / TAG_HOSTDAT TAG_HOSTDAT:
ID14089S6V7413 / TAG_HOONGO
TAG_HOONGO:
ID14089S6V7415 / TAG_HOENDAT
TAG_HOENDAT:
ID14089S6V7417 / TAG_AESOSP
TAG_AESOSP:
IDA AGOSCIUTACO (AIGTURNA)
ID14089S6V7463 / NOTIFNAM
Reporter: Name and function :

Protocole : RLINK Code centre : \_\_\_\_ Patient : \_\_\_\_

	Center 1408956FC2162
ID14089S6V7344 / HONAM Center name:	
ID1408956V7345 / HOCITY City and address:	
ID14089S6V7346 / HOZIPCD ZIP code :	
ID14089S6V7347 / HODEPT Department:	
ID1408956V7348 / INVNAM Investigator (last name/name) :	
ID1408956V7349 / INVTEL Phone.:	
ID14089S6V7350 / INVFAX Fax :	
	Patient 14089S6FC2163
ID14089S6V7351 / SUBJID Subject identification number:  ID14089S6V7352 / SEX Sex:  O[1] Male O[2] Female O[3] Other	
Date of birth:/	
ID1408956V7354 / SAEAGE Age:   _  ans	
ID14089S6V7356 / WEIGHT Weight:   _  kg	
ID14089S6V7355 / HEIGHT  Height :     cm	
ID14089S6V7358 / INFCODAT  Date of informed consent ://	
Any medical, surgical or family history which documentation to be attached as appropriate	may impact the assessment of the case (medical anonymized e):

Protocole : RLINK	Code centre :	Patient :	
	Tt Exp. 14089S6FC2164		
	Product(s) (IMP) or related product(s) [to b rring of the SAE [1] ID14089S6V7472 / TAB_		
Brand name (preferred) or Inte	rnational Nonproprietary Name:		
ID14089S6V7469 / EXROUT			
Route of administration:			
O [1] orally O [2] intramuscular			
O <sub>[3]</sub> intravenous			
O [4] subcutaneous			
$O_{[5]}$ other			
Other route, specify:			
Other route, specify.			
ID14089S6V7470 / EXDOSTOT			
Dosage :   _ , _			
specify the dosing unit (ex: mg/	′d ) :		
ID14089S6V7466 / EXSTDAT			
Date of first administration :	/		
Ongoing : O [1] Yes O [0] No			
ID1408956V7468 / EXENDAT If "No", date of last administrati	on: / /		
•			
	1 40000000		
	Procedures or medical cares 14089S6FC2166		
ID1408956V7381 / PRODESCYN Additional procedures or medic	al cares performed during the clinical trial:	O <sub>[1]</sub> Yes O <sub>[0]</sub> No	
5. Additional procedures	or medical cares performed during the clini	ical trial (ex.: biopsie, MRI) [1]	

ID14089S6V7385 / TAB\_SAE\_PROC

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Protocole : RLINK	Code centre :	Patient :
Procedures or medical cares:		
ID14089S6V7383 / PRODAT		
Date :/		
ID14089S6V7384 / PROCHR		
Chronology:  O [1] BEFORE the SAE onse	<u>a</u> t	
O [2] AFTER the SAE onset		
= (=)····· = ···· = ·· = ·· = ··· = ··· = ··· = ··· = ··· = ··· = ··· = ··· = ··· = ··· = ·· = ··· = · = ·· = ·· = ·· = ·· = · = ·· = ·· = · = · = ·· = · =		
	Tt. Conco. 14089S6FC2167	
	oncomitant medications entered in the mod	lule of the same name, thank you for
pressing the "Copy" button!		
6. Concomitant Medication(s) at	the time of the SAE, excluding those used to	o treat the SAE [1] ID14089S6V7483
	/ TAB_SAE_CMTRT	
Brand name (preferred) or Interna	ational Nonproprietary Name:	
ID14089S6V7520 / CMINDC		
Indication:		
ID14089S6V7514 / CMROUTE Route:		
O[1]Oral		
O <sub>[2]</sub> Intramuscular		
O <sub>[3]</sub> Intravenous		
O <sub>[4]</sub> Subcutaneous		
ID14089S6V7515 / CMDOSE Dosage (/24h) :   _ _ ,	I	
ID14089S6V7516 / CMDOSU		
Unit:		
O <sub>[001]</sub> kg O <sub>[002]</sub> g		
O [002] g		
O <sub>[004]</sub> μg		
O <sub>[005]</sub> ng		
O <sub>[006]</sub> pg		
O <sub>[007]</sub> mg/kg		
O <sub>[008]</sub> μg/kg		
O [009] mg/m2		
$O_{[010]} \mu g/m2$		

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Protocole : RLINK	Code centre :	Patient :
O <sub>[011]</sub>		
O <sub>[012]</sub> ml		
O <sub>[013]</sub> μl		
O <sub>[014]</sub> Bq		
O <sub>[015]</sub> GBq		
O <sub>[016]</sub> MBq		
O <sub>[017]</sub> kBq		
O <sub>[018]</sub> Ci		
O <sub>[019]</sub> mCi		
O <sub>[020]</sub> μCi		
O <sub>[021]</sub> nCi		
O <sub>[022]</sub> mol		
O [023] mmol		
O <sub>[024]</sub> μmol		
O <sub>[025]</sub> UI		
O <sub>[026]</sub> kUI		
O <sub>[027]</sub> MUI		
O <sub>[028]</sub> UI/kg		
O <sub>[029]</sub> meq		
O <sub>[030]</sub> %		
O <sub>[031]</sub> Goutte(s)		
O [032] Dosage Form		
ID14089S6V7517 / CMSTDAT		
Start date :/		
ID1408956V7518 / CMONGO Ongoing : O [1] Yes O [0] NO		
ID14089S6V7519 / CMENDAT		
End date :/		
ID14089S6V7487 / CMACN		
Action undertaken :		
O [0] dosage remained unchanged	d	
O [1] drug withdrawal		
O <sub>[2]</sub> dosage reduction		
O <sub>[3]</sub> dosage increasing		
O [4] unknown		
ID1408956V7486 / CMAEREL		
Causality of the SAE :		
O [0] not related to the drug		
$O_{[1]}$ related to the drug $O_{[2]}$ unknown		
C [2] UNKNOWN		
	SAE 14089S6FC2168	

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Patient : \_\_\_\_\_

Code centre : \_\_\_\_\_

ID14089S6V7399 / AEDICAT Diagnosis:  O[1] Definitive O[2] Provisional  ID14089S6V7400 / AEDIPREC Specify the diagnostic of the SAE:
ID14089S6V7401 / AELOC Organ(s) affected:
ID14089S6V7402 / AESYDAT  Date first symptoms occurred:/  ID14089S6V7403 / AESYPRE  Describe the symptoms:
ID14089S6V7404 / SAESTDAT Date of Start of SAE:/
Onset time::(hh:mm)
ID14089S6V7406 / AENOTIM  Time - missing data : O [1] Yes O [0] No
ID1408956V7407 / AEEXINT  Time interval between the last treatment dose intake/absorption of the product or the date of the additional procedures or medical cares performed during the clinical trial and the start of the SAE:
ID1408956V7408 / AESERCAT  Seriousness criteria:  O[1] Hospitalization or prolongation of existing hospitalization O[2] Death O[3] Life threatening O[4] Persistent or significant disability or incapacity O[5] Congenital anomaly/birth defect O[6] Other significant medical event
ID14089S6V7410 / HOSTDAT Start date of hospitalization:/
ID14089S6V7412 / HOONGO Ongoing hospitalization: O [1] Yes O [0] No
ID14089S6V7414 / HOENDAT End date of hospitalization:/
ID1408956V7416 / AESOSP Other significant medical event, specify:
ID1408956V7427 / AESEV  Severity of the SAE: O [1] Mild O [2] Moderate O [3] Severe
The occurrence of the SAE led to :

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Protocole : RLINK	Code centre :	Patient :
O <sub>[1]</sub> no action undertaker O <sub>[2]</sub> IMP dosage reduction O <sub>[3]</sub> IMP dosage increasin O <sub>[4]</sub> definitive withdrawal O <sub>[5]</sub> temporary withdrawa	n g I of the IMP	
in i	P, resumption date ://	
ID14089S6V7426 / RECURYN Recurrence of the SAE after resum	ption: O[1] Yes O[0] No O[9] Not applicab	le
ID1408956V7522 / RECURDAT Recurrence date ://		
ID14089S6V7422 / AEACNOYN Has any symptomatic measure bee	en taken?:O [1] Yes O [0] No	
ID14089S6V7423 / AEACNODAT Date:/		
ID14089S6V7424 / AEACNOTH Specify:		
ID14089S6V7428 / SAEOUTC  Please specify if the SAE is the out  O [1] Suicide O [2] Attempted suicide O [3] Re-hospitalization in O [4] Other  ID14089S6V7524 / OTHOUTC Other (specify):		
Date :/		
	Outcome 14089S6FC2169	
ID1408956V7429 / SAEOUT Outcome of the SAE:  O [1] Death O [2] Not yet recovered O [3] Resolved O [4] Unknown outcome		
ID1408956V7430 / AERELDTH  Death:  O[0] Unrelated to the SAE  O[1] Related to the SAE		
ID14089S6V7431 / DTHDAT Death date: / /		

Protocole : RLINK	Code centre :	Patient :
ID1408956V7432 / SAEOU1  Not yet recovered, specify:  O [1] Stable condition O [2] Improvement O [3] Worsening  ID1408956V7433 / SAEOU2  Resolved: O [0] WITHOUT sequelae O [1] WITH sequelae ID1408956V7434 / AESEQTXT  If sequelae, specify the sequelaee: ID1408956V7435 / RECOVDAT Date of the resolution: ID1408956V7436 / RECOVTIM Time of the resolution:		
	Other etiology 14089S6FC2170	
ID1408956V7437 / AERELOYN Other etiology(ies) considered: O [1] Yes O [0] No  ID1408956V7438 / AERELOTH If "Yes", specify:  Aditional test(s) 1408956FC2171  ID1408956V7439 / AEACNYN1 Additional test(s) performed: O [1] Yes O [0] No  ID1408956V7440 / AEACNOT1 If Yes, Please specify date, type and results: [please attach the anonymized reports, where possible]:		
	Conclusion 14089S6FC2172	
ID1408956V7441 / AERELRYN  According to the investigator, the SAE is ID1408956V7442 / AERELRY  if "Yes" the SAE is related to:  [1] (1) to the IMP: LITHIUM  [2] (2) to the additional proce  ID1408956V7444 / AERELIMP  (1) IMP, Relation:  [1] Certain relationship  [2] Probable/Likely relationsh	dures	Yes O [0] No

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Protocole : RLINK	Code centre :	Patient :
O [3] Possible relationship O [0] Unlikely relationship  ID1408956V7456 / AEPROC1 (2.1) Specify:		
ID1408956V7457 / AERELPROC1  (2.1) Relation:  O [1] Certain relationship O [2] Probable/Likely relation O [3] Possible relationship O [0] Unlikely relationship	ship	
ID1408956V7458 / AEPROC2 (2.2) Specify:		
ID1408956V7459 / AERELPROC2  (2.2) Relation:  O [1] Certain relationship O [2] Probable/Likely relation O [3] Possible relationship O [0] Unlikely relationship  ID1408956V7443 / AERELRN  if "No" the SAE is related to:  O [5] (3) to the disease progree O [6] (4) to one (or more) con O [7] (5) to an intercurrent disease O [8] (6) other	ession: BDI comitant medicinal product(s) administer	red
ID1408956V7460 / AERELCM (4) Specify:		
ID14089S6V7461 / AERELID (5) Specify:		
ID1408956V7462 / AERELOT1 (6) Specify:		

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