

HEA Follow-up Evaluation – Visit 8

A. Resource Consumption

The patient used any of the resource use items detailed below during **the last 8 weeks**: yes no

Since **the last 8 weeks (except consultation carried out during study 11984A)**, how many times did the patient consult a physician (doctor),

- General Practitioner --
- Psychiatrist --
- Cardiologist --
- Ear-nose-throat specialist --
- Gastroenterologist --
- Dermatologist --
- Other specialist, please specify _____

Since **the last 8 weeks**, how many times did the patient consult other health care providers,

- Psychologist --
- Nurse --
- Social worker --
- Physiotherapist --
- Occupational therapist --
- Alternative treatment (e.g., homeopathy, acupuncture) --
- Other, please specify _____

Please list all inpatient hospitalisation since **the last 8 weeks**

First Day	Last day	Service of admission 1 = Psychiatry 2 = Emergency 3 = General practice 4 = Surgery 5 = Other (please specify)	Related to Depression <input type="checkbox"/> yes <input type="checkbox"/> no
__ / __ / ____	__ / __ / ____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
__ / __ / ____	__ / __ / ____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
__ / __ / ____	__ / __ / ____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
__ / __ / ____	__ / __ / ____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no

B. Sick leaves

The patient had any sick leave during **the last 8 weeks:** yes no

First Day	Last day	Related to Depression
__/__/____	__/__/____	<input type="checkbox"/> yes <input type="checkbox"/> no
__/__/____	__/__/____	<input type="checkbox"/> yes <input type="checkbox"/> no
__/__/____	__/__/____	<input type="checkbox"/> yes <input type="checkbox"/> no
__/__/____	__/__/____	<input type="checkbox"/> yes <input type="checkbox"/> no