

# Patient questionnaire

## 6 months follow up after ECT

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*Information about the form:*

*In this form we want you to answer a few questions about your ECT and your health status today. Your healthcare provider participates in the Swedish quality register for ECT. Do you want to know more? Visit: [ect.rcnorr.se](http://ect.rcnorr.se)*

**1. Name:** \_\_\_\_\_

**2. Personal identity number:** \_\_\_\_\_

**3. Please write today's date here:** \_\_\_\_\_

**4. Do you feel you received sufficient information about ECT?**

- Yes
- No
- I don't know

**5. How were you informed about ECT?**

- In writing and verbally
- In writing
- Verbally
- Not at all
- I don't know

**6. Did ECT help you?**

- Yes
- Maybe
- No

**7a. Did you have any side effects or inconveniences during the time you had ECT?**

- Yes
- No
- I don't know

**7b. If yes, describe the side effect/inconvenience:**

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**7c. How long did the side effect/inconvenience last?**

- less than a month
- More than a month, but it has passed
- I still have the side effect/inconvenience

**8. Would you consider having ECT again if you would fall ill again?**

- Yes
- Maybe
- No

**9. Mark the treatments you have had during the past 6 months.**

- Antidepressants
- Lithium
- Cognitive behavioral therapy (CBT)
- Other psychological treatment
- None of the above

**10. Do you have any questions or thoughts regarding ECT and want to get in touch with the ECT unit?**

- Yes, please call me on phone number:

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- No

# MADRS-S

## (Self-assessment)

The purpose of this questionnaire is to provide a detailed picture of your present mental status. You should try to assess how you have been feeling during the past 3 days. The questionnaire consists of a series of items where scales and statements of possible conditions are provided to help you indicate your condition. On the scale for each item encircle the figure which you think best indicates your condition during the past 3 days. Don't spend too long thinking about your answers, but try to get through the questionnaire fairly quickly.

### 1. Mood

Here you should try to indicate your mood, whether you have felt sad or gloomy. Try to recall how you have felt during the past 3 days, whether your mood has been changeable or much the same all the time. In particular, try to recall whether you have felt more cheerful if something good happened.

- 0 I can be either cheerful or sad, depending on the circumstances.
- 1
- 2 I feel a bit low for the most part, though sometimes it eases up a little.
- 3
- 4 I feel thoroughly low and gloomy. Even things that normally cheer me up give me no pleasure.
- 5
- 6 I feel so utterly low and miserable, that I can imagine nothing worse.

### 2. Feelings of unease

Here you should indicate to what extent you have had feelings of inner tension, uneasiness, anxiety, or vague fear, during the past 3 days. Pay particular attention to how intense any such feelings have been, whether they have come and gone or persisted almost all the time.

- 0 I can be either cheerful or sad, depending on the circumstances
- 1
- 2 I feel a bit low for the most part, though sometimes it eases up a little.
- 3
- 4 I feel thoroughly low and gloomy. Even things that normally cheer me up give me no pleasure
- 5
- 6 I have dreadful, persistent or unbearable feelings of anxiety

### 3. Sleep

Here you should indicate how well you sleep — how long you sleep, and how good your sleep has been for the past three nights. Your assessment should reflect how you have actually slept, regardless of whether you have used sleeping pills. If you have slept more than usual, you should mark the scale at zero (0).

- 0 I have no sleeping problems, and get as much sleep as I need. I have no difficulty in falling asleep.
- 1
- 2 I have some sleeping problems. Sometimes it is hard to get off to sleep, or I sleep more lightly or restlessly than usual.
- 3
- 4 I sleep at least 2 h a night less than usual. I wake often during the night, even if nothing has disturbed me.
- 5
- 6 I sleep very badly, no more than 2–3 h a night.

### 4. Appetite

Here you should indicate how your appetite has been, and try to recall whether it has differed in any way from normal. If your appetite has been better than usual, you should mark the scale at zero (0)..

- 0 My appetite has been much the same as usual
- 1
- 2 My appetite has been poorer than usual.
- 3
- 4 I have had almost no appetite at all. Food seems tasteless and I have to make myself eat.
- 5
- 6 I haven't felt like eating at all. I need persuading if I am to get anything down.

### **5. Ability to concentrate**

Here you should try to indicate your ability to collect your thoughts, to concentrate on what you are doing. Try to recall how well you have been able to cope with tasks requiring different degrees of concentration — for instance, compare your ability to read a more complex text and an easy passage in the newspaper, or to pay attention to the TV.

- 0 I have no difficulty in concentrating.
- 1
- 2 Occasionally I find it hard to concentrate on things that I would usually find interesting (e.g., reading, or watching TV)
- 3
- 4 I find it particularly hard to concentrate on things that usually require no effort (e.g., reading, or talking with other people).
- 5
- 6 I am quite unable to concentrate on anything at all.

### **6. Initiative**

Here you should try to assess your ability to get things done. This item concerns how hard or how easy it is for you to get started on things you think should be done, and to what extent you feel you must overcome inner resistance (inertia) in order to get started on anything..

- 0 I have no difficulties starting new tasks
- 1
- 2 When I have to get on with something, I find it more difficult than usual.
- 3
- 4 It requires great effort for me to get started on simple tasks that I normally perform more or less without thinking.
- 5
- 6 I can not get started with the simplest everyday tasks.

### **7. Emotional involvement**

Here you should assess your interest in your surroundings, in other people, and in activities that normally give you pleasure.

- 0 I am interested and involved in my surroundings, and this gives me pleasure.
- 1
- 2 I feel less strongly about things that normally arouse my interest; it is harder than usual to be cheerful, or to be angry when there is cause.
- 3
- 4 I feel no interest in my surroundings, not even for friends and acquaintances.
- 5
- 6 I no longer have any feelings. I feel painfully indifferent, even toward those closest to me.

### **8. Pessimism**

Here you should consider how you view your future, and how you feel about yourself. Consider to what extent you may feel self-critical, whether you are plagued with guilty feelings, and whether you have been worrying more than usual — for example, about your finances or your health.

- 0 I view the future with confidence. On the whole I am quite satisfied with life.
- 1
- 2 Sometimes I am self-critical and think I am less worthy than others.
- 3
- 4 I brood over my failures and feel inferior or worthless, even if others may not agree.
- 5
- 6 Everything seems black to me, and I can see no glimmering of hope. I feel I am thoroughly useless, and that there is no chance of forgiveness for the awful things I have done.

### **9. Zest for life**

This item concerns your appetite for life, and whether you have felt listless and weary of life. Have you had thoughts of suicide, and if so to what extent do you consider it a realistic escape?

- 0 My appetite for life is normal.
- 1
- 2 Life doesn't seem particularly meaningful, though I don't wish I were dead.
- 3
- 4 I often think it would be better to be dead, and though I don't really want to commit suicide it does seem a possible solution.
- 5
- 6 I am quite convinced that my only solution is to die, and I give a lot of thought to the best way to take my own life.

### **A question about memory (CPRS-M-S)**

This question concerns how you currently perceive your memory. Put a mark on the number you think fits best.

- 0 I don't have any memory disturbances
- 1
- 2 I experience occasional memory disturbances
- 3
- 4 I experience socially inconvenient or disturbing loss of memory
- 5
- 6 I experience a complete inability to remember



## Health Questionnaire

By placing a tick in one box in each group below, please indicate which statements best describe your own health state today.

### Mobility

I have no problems in walking about

I have some problems in walking about

I am confined to bed

### Self-Care

I have no problems with self-care

I have some problems washing or dressing myself

I am unable to wash or dress myself

### Usual Activities *(e.g. work, study, housework, family or leisure activities)*

I have no problems with performing my usual activities

I have some problems with performing my usual activities

I am unable to perform my usual activities

### Pain / Discomfort

I have no pain or discomfort

I have moderate pain or discomfort

I have extreme pain or discomfort

### Anxiety / Depression

I am not anxious or depressed

I am moderately anxious or depressed

I am extremely anxious or depressed

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

**Your own health  
state today**

Best imaginable  
health state

100



Worst imaginable  
health state