

# DECISION QUALITY WORKSHEET TREATMENTS FOR DEPRESSION

## Instructions

This survey has questions about what it is like for you to make decisions about treating your depression.

Please check the box  or circle the number  2 to answer each item.

Your answers will tell us three important things:

1. What matters most to you?
2. How well are we doing our job of giving you information?
3. What do you talk about with your health care providers?

Thank you!

## Section 1: What Matters Most to You

This set of questions includes some reasons other people have given for choosing how to treat their depression. We are interested in what is important to you.

Please mark on a scale from 0 to 10, how important each of the following are to you as you are thinking about how to treat your depression.

How important is it to you to . . .

	Not at all important					Extremely important					
1.1. get relief from your symptoms of depression?	0	1	2	3	4	5	6	7	8	9	10
1.2. minimize out-of-pocket costs?	0	1	2	3	4	5	6	7	8	9	10
1.3. avoid taking anti-depressant medicine?	0	1	2	3	4	5	6	7	8	9	10
1.4. avoid counseling?	0	1	2	3	4	5	6	7	8	9	10

1.5. Which treatment do you want to do to treat your depression?

- Anti-depressant medicine only
- Depression counseling or therapy only
- A combination of anti-depressant medicine and depression counseling or therapy
- I am not sure

## Section 2: Facts About Depression

**This set of questions asks about some facts doctors think are important for patients to know about depression. The correct answer to each question is based on medical research. Please do your best to answer each question.**

- 2.1. Out of 100 people whose health care provider told them they have moderate to severe depression and who do not do anything to treat it, about how many will feel better within a year?
- Fewer than 15
  - Between 16 and 40
  - Between 41 and 60
  - More than 60
- 2.2. For most people who have been told they have mild to moderate depression, which treatment is more effective?
- Anti-depressant medicine only
  - Depression counseling or therapy only
  - Combination of anti-depressant medicine and depression counseling or therapy
- 2.3. For most people who have been told they have severe depression, which treatment works better?
- Anti-depressant medicine only
  - Depression counseling or therapy only
  - Combination of anti-depressant medicine and depression counseling or therapy
- 2.4. If a person starts feeling better after taking anti-depressant medicine, when should he or she talk with the health care provider about stopping the medicine?
- As soon as the person feels better
  - 4-12 months after feeling better
  - A person should never stop taking the medicine

2.5. About how many weeks does it usually take a person with depression to feel the benefits of anti-depressant medicine?

- Less than 2 weeks
- 2 to 8 weeks
- 9 to 15 weeks

## Section 3: Talking With Health Care Providers

**Please answer these questions about what happened when you talked with health care providers including doctors, nurses and mental health specialists about treating your depression symptoms.**

3.1. Did any of your health care providers talk about taking anti-depressant medicine as an option for you?

- Yes
- No

3.2. How much did you and your health care providers talk about the reasons to take anti-depressant medicine to treat your depression?

- A lot
- Some
- A little
- Not at all

3.3. How much did you and your health care providers talk about the reasons **not** to take anti-depressant medicine to treat your depression?

- A lot
- Some
- A little
- Not at all

**3.4.** How much did you and your health care providers talk about options other than anti-depressant medicine to treat your depression?

- A lot
- Some
- A little
- Not at all

**3.5.** Did any of your health care providers ask you whether or not you wanted to take anti-depressant medicine to treat your depression?

- Yes
- No

**Copyright Notice**

© 2010 The Massachusetts General Hospital. Rights Reserved. This work is distributed under the Creative Commons Attribution-NonCommercial-No Derivatives 3.0 license, which permits unrestricted sharing of this work, provided that (1) it may not be used for commercial purposes, (2) no derivative work may be prepared, and (3) attribution must be given to The Massachusetts General Hospital.