

South Texas TMS Questionnaire

1. Psychiatric History:

1. Age at onset of Major Depressive Disorder?

2. How many depressive episodes have you had?

3. Have you ever had a suicide attempt?

4. Have you had a psychiatric hospitalization? __ yes __no

5. If yes, please note dates and name of hospital:

<i>Date</i>	<i>Name of Hospital</i>	<i>Discharge date</i>	<i>Diagnosis</i>

6. Have you ever been diagnosed with another psychiatric condition? Check all that apply below

<i>Bipolar Disorder</i>		<i>Personality Disorder</i>	
<i>Generalized Anxiety Disorder</i>		<i>Chemical Dependency</i>	
<i>Dementia</i>		<i>Panic Disorder</i>	
<i>Schizoaffective Disorder</i>		<i>Post-traumatic Stress Disorder</i>	
<i>Obsessive Compulsive Disorder</i>		<i>Eating Disorder</i>	

II. Substance Abuse History:

<i>Frequency</i>	<i>Wine</i>	<i>Alcohol</i>	<i>Beer</i>
<i>How Often? (Daily, Weekly, Monthly)</i>			

Amount? (Glass, Bottle, Can, Pint)			
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1. Have you ever had legal problems due to alcohol/drug abuse? yes no

2. Any problems within your family/relationship related to alcohol/drug abuse?

yes no

3. Any work related problems to alcohol/drug abuse? yes no

4. Are you currently abusing any drugs either illicit or prescribed? yes no

Please explain:

5. Have you ever been treated with ECT or TMS? yes no

If so, how successful was the treatment?
