## Information on the collaborating site

(This sheet should be written by a doctor in charge of the survey site)

Planned date of the survey:						
From :mm/dd/yy						
To : mm/dd/ yy  Your facility (hospital, clinic or other) must contribute at least 10 case descriptions.  1. Name of the facility in which you conduct the survey:						
					2. City or Province of your faci	ility:
					3. Type of your facility:	
(a). 1.□Psychiatric hospital 3.□Psychiatric unit in G	2.□Psychiatric clinic (no beds) eneral hospital or other facility					
(b). 1. □Teaching hospital (e	x.University hospital) 2.□Non-teaching hospital					
(c). 1.□Public	2. □ Private					
4. Number of psychiatric beds	:					
(a)  None, (b) 1-19, (c)	☐ 20-99, (d) ☐ 100-299, (e) ☐ More than 300					
5. Number of full-time psychia	trists (all categories)					
(a)  None, (b) 1-19, (c)	☐ 20-99, (d) ☐ more than 100					
6. Percentage of inpatients wit total number of patients in the	h the diagnosis of depression (related to the facility included in the study.					
(a) $\Box$ 0-10, (b) $\Box$ 11-20, (c)	s)  21-50, (d)  51-100 %					
7. Do you have any prescription	on guideline?					
1. ☐No 2. ☐Yes						
If yes, please list treatment g	uidelines which you are obliged to follow.					
(a).						
(b).						
(c).						

8. Dose the facility in which the stud	dy is conducted observe CRPD?
(CRPD: Convention on the Rights	of Persons with Disabilities)
	ent against the patient' will nor coerce hort while (say 30 minutes) in the
<ul><li>2. You are trying to follow treatment against the patient'</li></ul>	the CRPD but occasionally you apply will.
the introduction of the CRPD	ge in the practice of your facility after and you are applying treatment and this to be justified by the patient's
4. You have never heard of	f CRPD.
9. Your position and name	
Your position	
Your name	
Given name	
Middle name	
Family name	
Your phone number	
Your e-mail address	
10. List the names of your collabor	ators at your hospital (Maximum 10)
Given Name.	Family name.
1)	

2)	 	
3)		
4)	 	
5)		
6)		
7)		
8)		
9)	 	
40)		

Upon the receipt of the above information, we will provide you the account and password to participate in REAP-AD3 survey.

[Thank you very much for your collaboration.]