

# (REAP-BD)

## < Inclusion Criterion >

Patients with diagnosis of Bipolar Disorder on the day of survey will be included.

(Both inpatient and outpatient)

## < Target Dates >

**Two months between May and September 2018**

This form is to be completed by a physician in charge of the patient.

### Information about the collaborator

**Date of Survey:** -- ▾ -- ▾ , 2018

**Country:**  1.China  2.Hong Kong  3.Japan  4.Korea  5.Singapore  6.Taiwan  7.India  
 8.Malaysia  9.Thailand  10.Indonesia  11.Bangladesh  12.Myanmar  
 13.Pakistan  14.Sri Lanka  15.Vietnam  16.Philippines

**Hospital Name:**

**In-charge physician Name:**

**Prescribing psychiatrist:**  1.Resident  2.Attending(  years practice)

**Patient No:**

(Please count at each physician's level from the number one)

**Patient:**  1.Inpatient  2.Outpatient

## A) PATIENT PROFILE

1. Age:  years

2. Sex:  1.Male  2.Female

3. Height:  cm; Weight:  kg;

4. Blood Pressure: Systolic  / Diastolic  mm Hg

5. for inpatient :

Date of the current admission (y/m/d):  /  /

First admission:  1.Yes  0.No

6. for outpatient :

Date of the initiating the current treatment (y/m):  /

First treatment:  1.Yes  0.No

7. Duration of bipolar disorder (from the onset until now, choose one)

- 1. Less than 6 months
- 2. 6 - 12 months
- 3. 1 year - Less than 5 years
- 4. 5 years - Less than 10 years
- 5. 10years - Less than 20 years
- 6. More than 20 years
- 7. No information

8. Duration of untreated illness (DUI, from the onset until first pharmacotherapy, choose one)

- 1. Less than 6 months
- 2. 6 - 12 months
- 3. 1 year - Less than 5 years
- 4. More than 5 years
- 5. No information

DUI: defined as the interval between the onset of a psychiatric disorder and the administration of the first pharmacological treatment

9. Financial status of the patient (Tick all if applicable)

- 1. Employed(Including family business or self-employed)
- 2. Supported by family members
- 3. Supported by the social welfare system of the government
- 4. Supported by NGO and/or charity
- 5. Part time job
- 6. House wife or house husband
- 7. Homeless or vagrancy
- 8. Others :Please specify ()

**10. Medication coverage (Tick all if applicable)**

1. Self-payment:  1-25%  26-50%  51-75%  76-100%
2. Third party:  1. Private insurance  2. Government scheme/insurance
3. Hospital:  1. Free hospital supply  2. Partial hospital supply and partial self-payment

**11. Present condition (Can be ticked more than two)**

1. Acute phase first episode
2. Acute phase recurrent episode
3. Remission phase
4. Depressive phase
5. Manic phase
6. Mixed phase
7. Euthymia
8. Others :Please specify (  )

Next(save)

## B) DIAGNOSIS

### 12. Diagnosis of Bipolar Disorder was based on ICD-10-CM, (please choose ONLY one)

<http://www.icd10data.com/ICD10CM/Codes/F01-F99/F30-F39/F31-/F31>

(<http://www.icd10data.com/ICD10CM/Codes/F01-F99/F30-F39/F31-/F31>)

*Diagnosis: Use the dropdown menu to select an ICD-10-CM Codes from F31.0 to F31.9 to clearly indicate patient's current stage and severity. Diagnosis in blue color cannot be chosen, please choose a further specified code to fulfill clinical judgment.*

 ▼

## C) COURSE

### 13. Duration of current episode

- 1. Less than 1 months
- 2. 1 - 3 months
- 3. 3 - 6 months
- 4. 6 - 12 months
- 5. More than 1 years
- 6. No information

### 14. Has this patient had suicide attempt

Lifetime:  1.Yes  0.No

For the past 1 year:  1.Yes  0.No

For the past 1 month:  1.Yes  0.No

### 15. Dose the patient has history of Rapid Cycling Affective Disorders(RCAD)

In last 1 year:  1.Yes  0.No

In lifetime:  1.Yes  0.No

### 16. Dose the patient has history of Seasonality

In last 1 year:  1.Yes  0.No

In lifetime:  1.Yes  0.No

### 17. Long-tem illness course pattern: according to clinical observation,the sequence of polarity suggest (Please choose ONLY one.)

- MDI (mania or hypomania followed by bipolar depression and then a euthymic interval)
- DMI (depression followed by mania or hypomania)

Next(save)

## D) PRESCRIPTION (including all medications the day of survey, not including prn or stat use)

First, select Yes or No for the 5 classes of psychotropic drug mood stabilizer, antipsychotic [including long-acting injection], antidepressant, anxiolytic, and hypnotic, anti-parkinson drugs, and other medications. Use the dropdown to choose a generic compound and fill the dosage per day. There are some default drug names on the dropdown. Use the other+ to key in a drug not available in the default menu.

### 18. Mood Stabilizers: 1.Yes 2.No

Please refer to Appendix I, and write down the corresponding mood stabilizers in the table below.

If yes, please write down as prescribed, all Mood Stabilizers on the day of survey, within 24 hours, from 6am to 6am

Drug name	Total dosage per day	Action
e.g. Lithium	900 mg	
e.g. Valproic acid	200 mg	
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
+	other+	

### 19. Antipsychotics: 1.Yes 2.No

If yes, please write down as prescribed, all Antipsychotic on the day of survey, within 24 hours, from 6am to 6am

Drug name	Total dosage per day	Action
e.g. Haloperidol	6 mg	
e.g. Aripiprazole	15 mg	
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
+	other+	

### 20. Depot injections 1.Yes 2.No

If yes, please write down as prescribed, any depot injections given within past 4 weeks

*If patient receives an injection q 2 week, please adjust the dosage to 4 weeks*

Drug name	Total dosage per 4 weeks	Action
e.g. Fluanxol (depot)	20 mg	
e.g. Haloperidol (depot)	50 mg	
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
+	other+	

### 21. Antidepressants: 1.Yes 2.No

If yes, please write down as prescribed, all Antidepressant on the day of survey, within 24 hours, from 6am to 6am

Drug name	Total dosage per day	Action
e.g. Fluoxetine	20 mg	
e.g. Venlafaxine	150 mg	
+		other+

**22. Anxiolytics:**  1.Yes  2.No

If yes, please write down as prescribed, all Anxiolytic on the day of survey, within 24 hours, from 6am to 6am

Drug name	Total dosage per day	Action
e.g. Alprazolam	0.5 mg	
e.g. Lorazepam	2 mg	
+		other+

**23. Hypnotics:**  1.Yes  2.No

If yes, please write down as prescribed, all Hypnotic on the day of survey, within 24 hours, from 6am to 6am

Drug name	Total dosage per day	Action
e.g. Estazolam	2 mg	
e.g. Triazolam	0.25 mg	
+		other+

**24. Anti-parkinson drugs:**  1.Yes  2.No

If yes, please write down as prescribed, all psychotropic medications on the day of survey, within 24 hours, from 6am to 6am

Drug name	Total dosage per day	Action
e.g. Biperiden	2 mg	
e.g. Trihexyphenidyl	12 mg	
+		other+

**25. Other medications**  1. Yes  2. No

If yes, please write down as prescribed, all other medications on the day of survey, within 24 hours, from 6am to 6am

Remember to key in the comorbid diagnosis.

*Please be aware that if patient receive and antihypertensive medication, remember to key in the diagnosis in the comorbidity section.*

Drug name	Total dosage per day	unit	Action
e.g. Amlodipine	5	mg	
e.g. Avorvastatin calcium	20	mg	
+ <input type="text"/>			

## E) ECT

**26. Has this patient received ECT therapy**

For the past 1 year:  1. Yes  0. No

Before 1 year:  1. Yes  0. No

Next(save)

## F) Brain stimulation

### 27. Has this patient received brain stimulation treatment (e.g. rTMS, tDCS, etc)

For the past 1 year:  1. Yes  0. No

Before 1 year:  1. Yes  0. No

## G) REPORTED ADVERSE EVENTS

### 28. Evaluation based on (Tick all if applicable)

- 1. patient's self report
- 2. psychiatrist's interview/observation

### 29. Please tick the reported symptoms associated with mood stabilizers ever occurred of the patient of survey.

(a) Cardiac:

symptoms	1.Yes	0.No	9.No information	Action
1. Cardiac problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. Other (please specified)	<input style="width: 100%;" type="text" value="+"/>			

(b) Cognitive:

symptoms	1.Yes	0.No	9.No information	Action
1. Cognitive problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. Other (please specified)	<input style="width: 100%;" type="text" value="+"/>			

(c) Dermatological:

symptoms	1.Yes	0.No	9.No information	Action
1. Acne	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. Hair Loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. Psoriasis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4. Other (please specified)	<input style="width: 100%;" type="text" value="+"/>			



(d)Endocrinological:

<b>symptoms</b>	<b>1.Yes</b>	<b>0.No</b>	<b>9.No information</b>	<b>Action</b>
1. Hyperthyroidism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. Hypothyroidism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. Hyperprolactinemia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4. PCOS (polycystic ovary syndrome):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5. Other (please specified)	+			

(e)Gastrointestinal:

<b>symptoms</b>	<b>1.Yes</b>	<b>0.No</b>	<b>9.No information</b>	<b>Action</b>
1. Diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. Nausea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. Pancreatitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4. Vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5. Other (please specified)	+			

(f)Hematological:

<b>symptoms</b>	<b>1.Yes</b>	<b>0.No</b>	<b>9.No information</b>	<b>Action</b>
1. Aplastic anemia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. Leucopenia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. Thrombocytopenia-coagulopathy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4. Other (please specified)	+			

(g)Hepatological:

<b>symptoms</b>	<b>1.Yes</b>	<b>0.No</b>	<b>9.No information</b>	<b>Action</b>
1. ↑NH4+	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. ↑Transaminases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. Hepatitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4. Other (please specified)	+			

(h) Immunological:

symptoms	1.Yes	0.No	9.No information	Action
1. SLE-like syndrome (SLE-like systemic lupus erythematosus)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. Serious rash	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. Other (please specified)	+			

(i) Metabolic:

symptoms	1.Yes	0.No	9.No information	Action
1. Metabolic syndrome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. Weight gain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. Other (please specified)	+			

(j) Nephrogenic:

symptoms	1.Yes	0.No	9.No information	Action
1. Hyponatremia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. Renal failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. Other (please specified)	+			

(k) Neurological:

symptoms	1.Yes	0.No	9.No information	Action
1. Sedation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. Tremor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. Unsteady gait	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4. Bradykinesia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5. Sialorrhoea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6. Rigidity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7. Akathisia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
11. Other (please specified)	+			

8. Dystonia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9. Dyskinesia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
10. Encephalopathy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
11. Other (please specified)	+			

(l) Sexual:

symptoms	1.Yes	0.No	9.No information	Action
1. Decreased libido	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. Decreased function	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. Infertility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4. Teratogenic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5. Other (please specified)	+			

(m) Others (please specified):

symptoms	1.Yes	0.No	9.No information	Action
1. Other (please specified)	+			

Reference: Murru A, Popovic D, Pacchiarotti I, Hidalgo D, Leon-Caballero J, Vieta E. Management of adverse

effects of mood stabilizers. Curr Psychiatry Rep. 2015; 17: 66.

Next(save)

## H) Physical comorbidities

30. If the patient has any physical comorbidity currently, please refer to the commodities list and Tick the corresponding codes (01-21) in the table below.

Yes  No

Comorbidities list

code	Comorbidities (*)	Quan's ICD-9-CM	ICD-10	Action
<input type="checkbox"/> 01	Myocardial infarction	410.x, 412.x	I21.x, I22.x, I25.2	
<input type="checkbox"/> 02	Congestive heart failure	398.91, 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 425.4–425.9, 428.x	I09.9, I11.0, I13.0, I13.2, I25.5, I42.0, I42.5–I42.9, I43.x, I50.x, P29.0	
<input type="checkbox"/> 03	Peripheral vascular disease	093.0, 437.3, 440.x, 441.x, 443.1–443.9, 47.1, 557.1, 557.9, V43.4	I70.x, I71.x, I73.1, I73.8, I73.9, I77.1, I79.0, I79.2, K55.1, K55.8, K55.9, Z95.8, Z95.9	
<input type="checkbox"/> 04	Cerebrovascular disease	362.34, 430.x–438.x	G45.x, G46.x, H34.0, I60.x–I69.x	
<input type="checkbox"/> 05	Dementia	290.x, 294.1, 331.2	F00.x–F03.x, F05.1, G30.x, G31.1	
<input type="checkbox"/> 06	Chronic pulmonary disease	416.8, 416.9, 490.x–505.x, 506.4, 508.1, 508.8	I27.8, I27.9, J40.x–J47.x, J60.x–J67.x, J68.4, J70.1, J70.3	
<input type="checkbox"/> 07	Rheumatic disease	446.5, 710.0–710.4, 714.0–714.2, 714.8, 725.x	M05.x, M06.x, M31.5, M32.x–M34.x, M35.1, M35.3, M36.0	
<input type="checkbox"/> 08	Peptic ulcer disease	531.x–534.x	K25.x–K28.x	
<input type="checkbox"/> 09	Mild liver disease	070.22, 070.23, 070.32, 070.33, 070.44, 070.54, 070.6, 070.9, 570.x, 571.x, 573.3, 573.4, 573.8, 573.9, V42.7	B18.x, K70.0–K70.3, K70.9, K71.3–K71.5, K71.7, K73.x, K74.x, K76.0, K76.2–K76.4, K76.8, K76.9, Z94.4	

Other

Yes

code	Comorbidities (*)	Quan's ICD-9-CM	ICD-10	Action
<input type="checkbox"/> 10	Diabetes without chronic complication	250.0–250.3, 250.8, 250.9	E10.0, E10.1, E10.6, E10.8, E10.9, E11.0, E11.1, E11.6, E11.8, E11.9, E12.0, E12.1, E12.6, E12.8, E12.9, E13.0, E13.1, E13.6, E13.8, E13.9, E14.0, E14.1, E14.6, E14.8, E14.9	
<input type="checkbox"/> 11	Diabetes with chronic complication	250.4–250.7	E10.2–E10.5, E10.7, E11.2–E11.5, E11.7, E12.2–E12.5, E12.7, E13.2–E13.5, E13.7, E14.2–E14.5, E14.7	
<input type="checkbox"/> 12	Hemiplegia or paraplegia	334.1, 342.x, 343.x, 344.0–344.6, 344.9	G04.1, G11.4, G80.1, G80.2, G81.x, G82.x, G83.0–G83.4, G83.9	
<input type="checkbox"/> 13	Renal disease	403.01, 403.11, 403.91, 404.02, 404.03, 404.12, 404.13, 404.92, 404.93, 582.x, 583.0–583.7, 585.x, 586.x, 588.0, V42.0, V45.1, V56.x	I12.0, I13.1, N03.2–N03.7, N05.2–N05.7, N18.x, N19.x, N25.0, Z49.0–Z49.2, Z94.0, Z99.2	
<input type="checkbox"/> 14	Any malignancy, including lymphoma and leukemia, except malignant neoplasm of skin	140.x–172.x, 174.x–195.8, 200.x–208.x, 238.6	C00.x–C26.x, C30.x–C34.x, C37.x–C41.x, C43.x, C45.x–C58.x, C60.x–C76.x, C81.x–C85.x, C88.x, C90.x–C97.x	
<input type="checkbox"/> 15	Moderate or severe liver disease	456.0–456.2, 572.2–572.8	I85.0, I85.9, I86.4, I98.2, K70.4, K71.1, K72.1, K72.9, K76.5, K76.6, K76.7	
<input type="checkbox"/> 16	Metastatic solid tumor	196.x–199.x	C77.x–C80.x	
<input type="checkbox"/> 17	AIDS/HIV	042.x–044.x	B20.x–B22.x, B24.x	

Other	<input type="checkbox"/> Yes
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code	Comorbidities (*)	Quan's ICD-9-CM	ICD-10	Action
<input type="checkbox"/> 18	Sensory impairments	<input type="text"/>		
<input type="checkbox"/> 19	Odontological problems	<input type="text"/>		
<input type="checkbox"/> 20	Thyroid dysfunction	<input type="text"/>		
<input type="checkbox"/> 21	Seizures	<input type="text"/>		
Other	<input type="text" value="Yes"/>			

- Charlson ME, Pompei P, Ales KL, MacKenzie CR. A new method of classifying prognostic comorbidity in longitudinal studies: development and validation. J Chron Dis. 1987; 40(5): 373-383.
- Quan H, Sundararajan V, Halfon P, Fong A, Burnand B, Luthi JC, Sunders LD, Beck CA, Feasby TE, Ghali WA. Coding algorithms for defining comorbidities in ICD-9-CM and ICD-10 administrative data. Med Care. 2005; 43:1130-1139.

## I) Use of psychoactive substance

31. If the patient has regularly used any psychoactive substance currently or in the past (one year before), please tick the corresponding codes in the table below.

Substance used	1. Yes (Currently)	2. Yes (in the past)	0. No	9. No information	Action
1. Tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. Betel nuts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4. Amphetamine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other drugs, Specify if yes ( )	<input type="text" value="Yes"/>				

## J) Laboratory data (most recently)

32. Therapeutic drug monitoring of mood stabilizers:  skip  join

List	Suggested range	level	Unit	Action
1. Lithium	0.4-1.2 mEq/L (mmol/L)	<input type="text"/>	mEq/L	
2. Valproic Acid	50 ~ 100 ug/mL	<input type="text"/>	ug/mL	
3. Carbamazepine	4 ~ 12 ug/mL	<input type="text"/>	ug/mL	
Other drugs, Specify if yes ( )	<input type="text" value="Yes"/>			

33. Chemistry and CBC (most recently):  skip  join

Lab. list	Suggested Normal range	Current data:date	Action
Glucose AC	70-100 mg/dL	<input type="text"/> : <input type="text" value="----"/> / <input type="text" value="--"/> / <input type="text" value="--"/>	
HbA1C	4.0-6.0%	<input type="text"/> : <input type="text" value="----"/> / <input type="text" value="--"/> / <input type="text" value="--"/>	
GOT	10-39 U/L	<input type="text"/> : <input type="text" value="----"/> / <input type="text" value="--"/> / <input type="text" value="--"/>	
GPT	7-42 U/L	<input type="text"/> : <input type="text" value="----"/> / <input type="text" value="--"/> / <input type="text" value="--"/>	
BUN	7-18mg/dl	<input type="text"/> : <input type="text" value="----"/> / <input type="text" value="--"/> / <input type="text" value="--"/>	
Creatinine	0.7-1.5 mg/dl	<input type="text"/> : <input type="text" value="----"/> / <input type="text" value="--"/> / <input type="text" value="--"/>	
Cholesterol	130-200 mg/dL	<input type="text"/> : <input type="text" value="----"/> / <input type="text" value="--"/> / <input type="text" value="--"/>	
HDL cholesterol	>40 mg/dL	<input type="text"/> : <input type="text" value="----"/> / <input type="text" value="--"/> / <input type="text" value="--"/>	
LDL cholesterol	<130 mg/dL	<input type="text"/> : <input type="text" value="----"/> / <input type="text" value="--"/> / <input type="text" value="--"/>	

Other, Specify if yes ( )	<input type="text" value="Yes"/>
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Lab. list	Suggested Normal range	Current data:date	Action
Triglyceride	35-200 mg/dL	<input type="text"/> : <input type="text"/> / <input type="text"/> / <input type="text"/>	
TSH	0.3~4.5 IU/ml	<input type="text"/> : <input type="text"/> / <input type="text"/> / <input type="text"/>	
FreeT3	90-190µg/dL	<input type="text"/> : <input type="text"/> / <input type="text"/> / <input type="text"/>	
FreeT4	4.5-12µg/dL	<input type="text"/> : <input type="text"/> / <input type="text"/> / <input type="text"/>	
Prolactin	4.79-23.3 ng/dl	<input type="text"/> : <input type="text"/> / <input type="text"/> / <input type="text"/>	
Hb	10.8-14.9 g/dL	<input type="text"/> : <input type="text"/> / <input type="text"/> / <input type="text"/>	
W.B.C	3.54-9.06 10 <sup>3</sup> /uL	<input type="text"/> : <input type="text"/> / <input type="text"/> / <input type="text"/>	
Platelet	150-361 10 <sup>3</sup> /uL	<input type="text"/> : <input type="text"/> / <input type="text"/> / <input type="text"/>	
Serum Na+ levels	135-148 mEq/L	<input type="text"/> : <input type="text"/> / <input type="text"/> / <input type="text"/>	
Serum NH4+ levels	19-60 mg/dL	<input type="text"/> : <input type="text"/> / <input type="text"/> / <input type="text"/>	
Other, Specify if yes ( )		<input type="text" value="Yes"/>	

Thank you very much for your kind collaboration.

If all data are keyed, please enter here to save