

Information on the collaborating site

To be written by a doctor in charge of the survey site.

Please let us know the feature of your hospital.

1. Name of your hospital:

2. Type of your hospital:

(a). 1.Psychiatric hospital 2.General hospital 3.Other category

(b). 1.Teaching hospital 2.Non-teaching hospital

(c). 1.Public 2.Private 3.Other category

3. Number of psychiatric beds:

(a) None, (b) 1-19, (c) 20-99, (d) 100-299, (e) More than 300

4. Number of full-time psychiatrists (all categories)

(a) None, (b) 1-9, (c) 10-19, (d) 20-49, (e) More than 50

5. Do you have any prescription guideline?

1. No, 2. Yes,

6. Principle Investigator of this site

Position

Department

Given name

Middle name

Family name

Phone number

E-mail address

7. List the names of your collaborators at your site (Maximum 10)

Given Name Family name

(1)

[Thank you very much for your collaboration.]