





**EXAMPLE:**

It's Monday. How would you rate your feelings today? If you didn't feel sad, respond with a 0.

**EXAMPLE:**

This week, how well would you say you functioned at your job? Check the most appropriate response here.

## Tracking your progress with PRISTIQ®

The A New Day Progress Tracker is a valuable tool created to help you chart your progress while taking PRISTIQ. By answering the questions provided, you can actually begin to monitor how you feel over time.

The tracker is designed not only to help you gain insights but to help your health care professional do so as well.

There are two parts to the tracker. One that you fill out daily and one that you fill out at the end of each week. Don't worry if you miss a day or two. Just resume filling out the Progress Tracker the following day.

Be sure to take the tracker with you to your next visit with your health care professional and share the results. It can help your health care professional make more informed decisions about your prescription treatment.

**Please see the Medication Guide included with this mailing and Important Safety Information inside.**

**Tracking your progress day by day**  
 Take a moment each day to rate each symptom by writing the number in the space provided that best describes how you feel.

Week starting 4-25-09  
 How to rate your answers: 2 = Very much, 1 = Somewhat, 0 = Not at all

	Sun	Mon	Tue	Wed	Thur	Fri
Are you feeling sad or empty?		0				
Are you experiencing a loss of interest in your activities throughout the day?		1				
Are you having difficulty with your appetite or weight?		0				
Are you experiencing difficulty sleeping or sleeping too much?		1				
Are you feeling restless or like you are moving or talking slowly?		1				
Are you feeling fatigued or without energy?		2				
Are you feeling worthless or guilty?		0				
Are you experiencing a reduced ability to think, concentrate, or make decisions?		1				
Are you experiencing thoughts of death or suicide? <small>If you're experiencing these thoughts, seek help or contact your health care professional immediately.</small>		1				

**How was your week?**  
 Depression can affect your daily life. As your symptoms improve, you may notice notice that ve less of an impact on your ability to handle responsibilities at work or or start to cart to enjoy social activities or hobbies again.  
 Take a moment to think about how well you were able to function in the areas of your life listed on the right during the past week. If your depression has not impacted one or more of these areas, just leave that question blank.  
 Use the back of this tracker's notes section to record any additional thoughts.

**At Work**  
 ..... Considerable improvement, like my old self  
 ✓ ..... Some improvement, but still not myself  
 ..... Little or no improvement

**In Home and Family Life**  
 ..... Significant improvement, like my old self  
 ..... Some improvement, but still not myself  
 ..... Little or no improvement

**In Social Activities or Leisure Time (with friends, ho**  
 ..... Significant improvement, like my old self  
 ..... Some improvement, but still not myself  
 ..... Little or no improvement

## IMPORTANT SAFETY INFORMATION

PRISTIQ® (desvenlafaxine) is approved for the treatment of major depressive disorder in adults.

### Suicidality and Antidepressant Drugs

Antidepressants increased the risk compared to placebo of suicidal thinking and behavior (suicidality) in children, teens, and young adults. Depression and certain other psychiatric disorders are themselves associated with increases in the risk of suicide. Patients of all ages who are started on antidepressant therapy should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior. PRISTIQ is not approved for use in children under 18.

- People taking MAOIs should not take PRISTIQ.
- All patients taking antidepressants should be observed closely for signs that their condition is getting worse or that they are becoming suicidal. This is very important when an antidepressant is started or when the dose is changed. Patients should be watched for becoming agitated, irritable, hostile, aggressive, impulsive, or restless. These symptoms should be reported to the patient's health care professional right away.
- Tell your health care professional about all prescription and over-the-counter medications you are taking or plan to take, including:
  - Medicines to treat migraines or mood disorders, to avoid a potentially life-threatening condition
  - Aspirin, NSAID pain relievers, or blood thinners because they may increase the risk of bleeding

*Continued inside*

## IMPORTANT SAFETY INFORMATION (cont'd)

- PRISTIQ may cause or make some conditions worse, so tell your health care professional about all your medical conditions, including if you:
  - Have high blood pressure. Your blood pressure should be controlled before you start taking PRISTIQ and monitored regularly
  - Have heart problems, high cholesterol or triglyceride levels, or a history of stroke
  - Have glaucoma or increased eye pressure
  - Have kidney or liver problems
  - Have or had mania, bipolar disorder, or seizures or convulsions
  - Have low sodium levels in your blood
  - Are nursing, pregnant, or plan to become pregnant
- Discontinuation symptoms may occur when stopping PRISTIQ, especially when therapy is stopped suddenly. Talk to your health care professional before you stop taking or reduce the dose of PRISTIQ.
- Until you see how PRISTIQ affects you, be careful driving a car or operating machinery. Avoid drinking alcohol while taking PRISTIQ.
- Side effects when taking PRISTIQ 50 mg may include nausea, dizziness, sweating, constipation, and decreased appetite.

**You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch), or call 1-800-FDA-1088.**



## Tracking your progress day by day

Take a moment each day to rate each symptom by writing the number in the space provided that best describes how you feel.

Week starting .....

How to rate your answers: **2** = Very much **1** = Somewhat **0** = Not at all

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Are you feeling sad or empty?	.....	.....	.....	.....	.....	.....	.....
Are you experiencing a loss of interest in your activities throughout the day?	.....	.....	.....	.....	.....	.....	.....
Are you having difficulty with your appetite or weight?	.....	.....	.....	.....	.....	.....	.....
Are you experiencing difficulty sleeping or sleeping too much?	.....	.....	.....	.....	.....	.....	.....
Are you feeling restless or like you are moving or talking slowly?	.....	.....	.....	.....	.....	.....	.....
Are you feeling fatigued or without energy?	.....	.....	.....	.....	.....	.....	.....
Are you feeling worthless or guilty?	.....	.....	.....	.....	.....	.....	.....
Are you experiencing a reduced ability to think, concentrate, or make decisions?	.....	.....	.....	.....	.....	.....	.....
Are you experiencing thoughts of death or suicide? If you're experiencing these thoughts, seek help or contact your health care professional immediately.	.....	.....	.....	.....	.....	.....	.....

## How was your week?

Depression can affect your daily life. As your symptoms improve, you may notice that they have less of an impact on your ability to handle responsibilities at work or home, or you may start to enjoy social activities or hobbies again.

Take a moment to think about how well you were able to function in the areas of your life listed on the right during the past week. If your depression has not impacted one or more of these areas, just leave that question blank.

Use the back of this tracker's notes section to record any additional thoughts.

### At Work

- ..... Considerable improvement, like my old self again
- ..... Some improvement, but still not myself
- ..... Little or no improvement

### In Home and Family Life

- ..... Significant improvement, like my old self again
- ..... Some improvement, but still not myself
- ..... Little or no improvement

### In Social Activities or Leisure Time (with friends, hobbies, etc.)

- ..... Significant improvement, like my old self again
- ..... Some improvement, but still not myself
- ..... Little or no improvement

## Tracking your progress day by day

Take a moment each day to rate each symptom by writing the number in the space provided that best describes how you feel.

Week starting .....

How to rate your answers: **2** = Very much **1** = Somewhat **0** = Not at all

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Are you feeling sad or empty?	.....	.....	.....	.....	.....	.....	.....
Are you experiencing a loss of interest in your activities throughout the day?	.....	.....	.....	.....	.....	.....	.....
Are you having difficulty with your appetite or weight?	.....	.....	.....	.....	.....	.....	.....
Are you experiencing difficulty sleeping or sleeping too much?	.....	.....	.....	.....	.....	.....	.....
Are you feeling restless or like you are moving or talking slowly?	.....	.....	.....	.....	.....	.....	.....
Are you feeling fatigued or without energy?	.....	.....	.....	.....	.....	.....	.....
Are you feeling worthless or guilty?	.....	.....	.....	.....	.....	.....	.....
Are you experiencing a reduced ability to think, concentrate, or make decisions?	.....	.....	.....	.....	.....	.....	.....
Are you experiencing thoughts of death or suicide? If you're experiencing these thoughts, seek help or contact your health care professional immediately.	.....	.....	.....	.....	.....	.....	.....

## How was your week?

Depression can affect your daily life. As your symptoms improve, you may notice that they have less of an impact on your ability to handle responsibilities at work or home, or you may start to enjoy social activities or hobbies again.

Take a moment to think about how well you were able to function in the areas of your life listed on the right during the past week. If your depression has not impacted one or more of these areas, just leave that question blank.

Use the back of this tracker's notes section to record any additional thoughts.

### At Work

- ..... Considerable improvement, like my old self again
- ..... Some improvement, but still not myself
- ..... Little or no improvement

### In Home and Family Life

- ..... Significant improvement, like my old self again
- ..... Some improvement, but still not myself
- ..... Little or no improvement

### In Social Activities or Leisure Time (with friends, hobbies, etc.)

- ..... Significant improvement, like my old self again
- ..... Some improvement, but still not myself
- ..... Little or no improvement

## Tracking your progress day by day

Take a moment each day to rate each symptom by writing the number in the space provided that best describes how you feel.

Week starting .....

How to rate your answers: **2** = Very much **1** = Somewhat **0** = Not at all

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Are you feeling sad or empty?	.....	.....	.....	.....	.....	.....	.....
Are you experiencing a loss of interest in your activities throughout the day?	.....	.....	.....	.....	.....	.....	.....
Are you having difficulty with your appetite or weight?	.....	.....	.....	.....	.....	.....	.....
Are you experiencing difficulty sleeping or sleeping too much?	.....	.....	.....	.....	.....	.....	.....
Are you feeling restless or like you are moving or talking slowly?	.....	.....	.....	.....	.....	.....	.....
Are you feeling fatigued or without energy?	.....	.....	.....	.....	.....	.....	.....
Are you feeling worthless or guilty?	.....	.....	.....	.....	.....	.....	.....
Are you experiencing a reduced ability to think, concentrate, or make decisions?	.....	.....	.....	.....	.....	.....	.....
Are you experiencing thoughts of death or suicide? If you're experiencing these thoughts, seek help or contact your health care professional immediately.	.....	.....	.....	.....	.....	.....	.....

## How was your week?

Depression can affect your daily life. As your symptoms improve, you may notice that they have less of an impact on your ability to handle responsibilities at work or home, or you may start to enjoy social activities or hobbies again.

Take a moment to think about how well you were able to function in the areas of your life listed on the right during the past week. If your depression has not impacted one or more of these areas, just leave that question blank.

Use the back of this tracker's notes section to record any additional thoughts.

### At Work

- ..... Considerable improvement, like my old self again
- ..... Some improvement, but still not myself
- ..... Little or no improvement

### In Home and Family Life

- ..... Significant improvement, like my old self again
- ..... Some improvement, but still not myself
- ..... Little or no improvement

### In Social Activities or Leisure Time (with friends, hobbies, etc.)

- ..... Significant improvement, like my old self again
- ..... Some improvement, but still not myself
- ..... Little or no improvement

## Tracking your progress day by day

Take a moment each day to rate each symptom by writing the number in the space provided that best describes how you feel.

Week starting .....

How to rate your answers: **2** = Very much **1** = Somewhat **0** = Not at all

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Are you feeling sad or empty?	.....	.....	.....	.....	.....	.....	.....
Are you experiencing a loss of interest in your activities throughout the day?	.....	.....	.....	.....	.....	.....	.....
Are you having difficulty with your appetite or weight?	.....	.....	.....	.....	.....	.....	.....
Are you experiencing difficulty sleeping or sleeping too much?	.....	.....	.....	.....	.....	.....	.....
Are you feeling restless or like you are moving or talking slowly?	.....	.....	.....	.....	.....	.....	.....
Are you feeling fatigued or without energy?	.....	.....	.....	.....	.....	.....	.....
Are you feeling worthless or guilty?	.....	.....	.....	.....	.....	.....	.....
Are you experiencing a reduced ability to think, concentrate, or make decisions?	.....	.....	.....	.....	.....	.....	.....
Are you experiencing thoughts of death or suicide? If you're experiencing these thoughts, seek help or contact your health care professional immediately.	.....	.....	.....	.....	.....	.....	.....

## How was your week?

Depression can affect your daily life. As your symptoms improve, you may notice that they have less of an impact on your ability to handle responsibilities at work or home, or you may start to enjoy social activities or hobbies again.

Take a moment to think about how well you were able to function in the areas of your life listed on the right during the past week. If your depression has not impacted one or more of these areas, just leave that question blank.

Use the back of this tracker's notes section to record any additional thoughts.

### At Work

- ..... Considerable improvement, like my old self again
- ..... Some improvement, but still not myself
- ..... Little or no improvement

### In Home and Family Life

- ..... Significant improvement, like my old self again
- ..... Some improvement, but still not myself
- ..... Little or no improvement

### In Social Activities or Leisure Time (with friends, hobbies, etc.)

- ..... Significant improvement, like my old self again
- ..... Some improvement, but still not myself
- ..... Little or no improvement