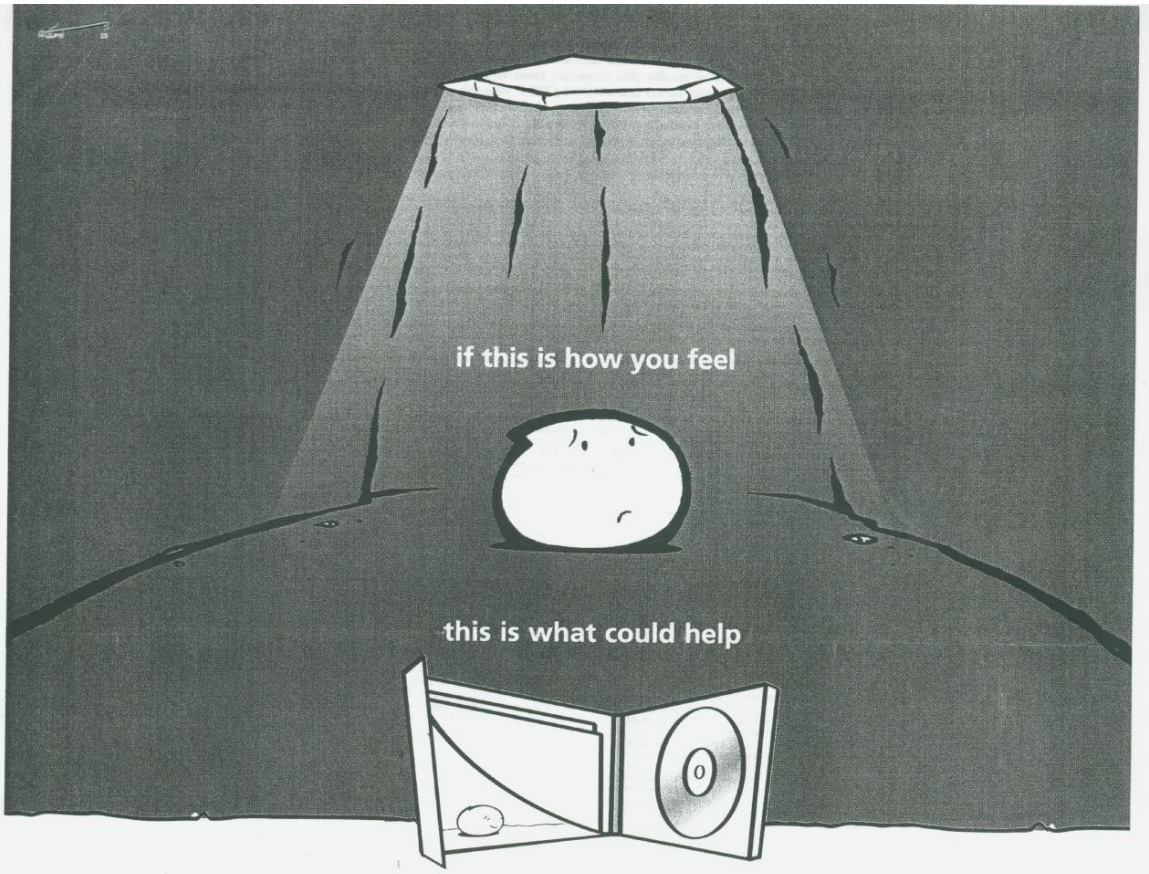

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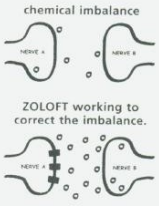
Are you sad or anxious? Tired all the time? Not sleeping well? Losing interest in things and people you love? Do these feelings stop you from enjoying life? These could be signs of depression.



While the cause is unknown, ZOLOFT can help. It works to correct a chemical imbalance in the brain which may be related to these symptoms. Only your doctor can diagnose depression.

ZOLOFT is not for everyone. It's approved for adults age 18 and over. People taking MAOI's or pimozide shouldn't take ZOLOFT. Side effects may include dry mouth, insomnia, sexual side effects, diarrhea, nausea and sleepiness.

In studies, few people were bothered enough by side effects to stop taking ZOLOFT. Please see the following page for additional information about ZOLOFT 25mg, 50mg and 100mg tablets.

zoloft® (sertraline HCl)

Talk to your doctor about how you feel and about ZOLOFT, the #1 prescribed brand of its kind.

Pfizer

mag-NYT 10/24/04

ZOLOFT is indicated for the treatment of major depressive disorder, social anxiety disorder, panic disorder, posttraumatic stress disorder (PTSD), premenstrual dysphoric disorder (PMDD), and obsessions and compulsions in patients with OCD, and can be used in pediatric patients (aged 6 to 17 years) with OCD. The most common side effects in adults with major depressive disorder and other premarketing controlled trials for OCD, panic disorder, PTSD, PMDD, and social anxiety disorder include nausea, insomnia, diarrhea, dry mouth, ejaculation failure (primarily ejaculatory delay), somnolence, fatigue, tremor, dyspepsia, libido decreased, increased sweating, anorexia, and agitation. In pediatric patients, the overall profile of adverse events was similar to that of adults. However, the following events were also reported: fever, hyperkinesia, urinary incontinence, aggressive reaction, sinusitis, epistaxis, and purpura. ZOLOFT is available in 25 mg, 50 mg, and 100 mg tablets.

BRIEF SUMMARY. Consult the package insert for complete prescribing information.
CONTRAINDICATIONS: Concomitant use in patients taking either monoamine oxidase inhibitors (MAOIs) or pimozide is contraindicated.
WARNINGS: Cases of serious sometimes fatal reactions have been reported in patients receiving ZOLOFT in combination with an MAOI. ZOLOFT should not be used in combination with an MAOI, or within 14 days of discontinuing treatment with an MAOI. Similarly, at least 14 days should be allowed after stopping ZOLOFT before starting an MAOI. ZOLOFT is contraindicated in patients with a hypersensitivity to sertraline or any of the inactive ingredients in ZOLOFT. PRECAUTIONS: General—Activation of Mania/Hypomania – During premarketing testing, hypomania or mania occurred in approximately 0.4% of ZOLOFT-treated patients. **Weight Loss** – Significant weight loss may be an undesirable result of treatment with sertraline for some patients, but on average, patients in controlled trials had minimal, 1 to 2 pound weight loss. **Seizure** – ZOLOFT has not been evaluated in patients with a seizure disorder. ZOLOFT should be introduced with care in patients with a seizure disorder. **Suicide** – The possibility of a suicide attempt is inherent in major depressive disorder and may persist until significant remission occurs. Close supervision of high risk patients should accompany initial drug therapy. Prescriptions for ZOLOFT should be written for the smallest quantity of tablets consistent with good patient management, in order to reduce the risk of overdose. Because of the well-established comorbidity between OCD, panic disorder, PTSD, PMDD, or social anxiety disorder and major depressive disorder, the same precautions observed when treating patients with major depressive disorder should be observed when treating patients with OCD, panic disorder, PTSD, PMDD, or social anxiety disorder. **Weak Uricosuric Effect** – ZOLOFT is associated with a mean decrease in serum uric acid of approximately 7%. The clinical significance of this weak uricosuric effect is unknown. **Use in Patients with Concomitant Illness** – Clinical experience with ZOLOFT in patients with certain concomitant systemic illness is limited. Use cautiously in patients with diseases or conditions that could affect metabolism or hemodynamic responses. ZOLOFT has not been evaluated or used to any appreciable extent in patients with a recent history of myocardial infarction or unstable heart disease. In patients with chronic mild liver impairment, sertraline clearance was reduced, thus increasing AUC, C_{max}, and elimination half-life. Effects in patients with moderate and severe hepatic impairment have not been studied. Approach the use of sertraline with caution in patients with liver disease, and use a lower or less frequent dose in patients with liver impairment. Since ZOLOFT is extensively metabolized, excretion of unchanged drug in urine is a minor route of elimination. A clinical study has indicated that renal disease does not affect sertraline pharmacokinetics and protein binding. Therefore, no dosage adjustment is needed in patients with renal impairment. **Interference with Cognitive and Motor Performance** – In controlled studies, ZOLOFT did not cause sedation and did not interfere with psychomotor performance. **Hyponatremia** – Several cases of reversible hyponatremia have been reported, mostly in elderly individuals, some of whom were taking diuretics or who were otherwise volume depleted. **Platelet Function** – There have been rare reports of altered platelet function and/or abnormal results from laboratory studies in patients taking ZOLOFT. While there have been reports of abnormal bleeding or purpura in several patients taking ZOLOFT, it is unclear whether ZOLOFT had a causative role. ***Information for Patients:*** Physicians are advised to discuss the following issues with patients for whom they prescribe ZOLOFT: Patients should be told that although ZOLOFT has not been shown to impair the ability of normal subjects to perform tasks requiring complex motor and mental skills in laboratory experiments, drugs that act upon the central nervous system may affect some individuals adversely. Therefore, patients should be told that until they learn how they respond to ZOLOFT they should be careful doing activities when they need to be alert, such as driving a car or operating machinery. Patients should be told that although ZOLOFT has not been shown in experiments with normal subjects to increase the mental and motor skill impairments caused by alcohol, the concomitant use of ZOLOFT and alcohol is not advised. Patients should be told that while no adverse interaction of ZOLOFT with over-the-counter (OTC) drug products is known to occur, the potential for interaction exists. Thus, the use of any OTC product should be initiated cautiously according to the directions of use given for the OTC product. Patients should be advised to notify their physicians if they become pregnant or intend to become pregnant during therapy. Patients should be advised to notify their physician if they are breastfeeding an infant. ***Drug Interactions:*** **Potential Effects of Coadministration of Drugs Highly Bound to Plasma Proteins** – Adverse effects may result from displacement of protein-bound ZOLOFT by other highly bound drugs, eg, warfarin, digitoxin. Prothrombin time should be carefully monitored when ZOLOFT therapy is initiated or stopped. **Cimetidine** – When administering ZOLOFT with cimetidine, dosage adjustment other the starting dose of 50 mg should be guided by clinical effect. **CNS Active Drugs** – Concomitant use of ZOLOFT with diazepam or desmethyldiazepam may require dosage adjustment. Even though lithium levels were not altered in clinical trials, it is recommended that plasma lithium levels be monitored following initiation of ZOLOFT therapy with appropriate adjustments to the lithium dose. In a controlled study of a single dose (2 mg) of pimozide, 2(X) mg sertraline (q.d.) co-administration to steady state was associated with a mean increase in pimozide AUC and C_{max} of about 40%, but was not associated with any changes in EKG. Since the highest recommended pimozide dose (10 mg) has not been evaluated in combination with sertraline, the effect on QT interval and PK parameters at doses higher than 2 mg at this time is not known. The risk of using ZOLOFT in combination with other CNS active drugs has not been systematically evaluated. Caution is advised if the concomitant use of ZOLOFT and such drugs is required. There is limited controlled experience regarding the optimal timing of switching from other drugs effective in the treatment of major depressive disorder, OCD, panic disorder, PTSD, PMDD, and social anxiety disorder to ZOLOFT. Caution should be exercised when switching, particularly from long-acting agents. The duration of an appropriate washout period which should intervene before switching from one selective serotonin reuptake inhibitor (SSRI) to another has not been established. **Drugs Metabolized by P450 3A4** – In three *separate in vivo* interaction studies, sertraline was coadministered with the cytochrome P450 3A4 substrates, terfenadine, carbamazepine, or cisapride, under steady-state conditions. The results of these studies indicated that sertraline did not increase plasma concentrations of terfenadine, carbamazepine, or cisapride. These data indicate that sertraline's extent of inhibition of P450 3A4 activity is not likely to be of clinical significance. Results of the interaction study with cisapride indicate that sertraline 200 mg (q.d.) induces the metabolism of cisapride (cisapride AUC and C_{max} were reduced by about 35%). **Drugs Metabolized by P450 2D6** – Many antidepressants, eg, the SSRIs, including sertraline, and most tricyclic antidepressants exhibit the biochemical activity of the drug metabolizing isozyme cytochrome P450 2D6 (debrisoquin hydroxylase), and, thus, may increase the plasma concentrations of coadministered drugs that are metabolized by P450 2D6. This potential interaction is of greatest concern in those drugs metabolized primarily by 2D6 and which have a narrow therapeutic index, eg, the tricyclic antidepressants (TCAs) and the Type 1C antiarrhythmics propafenone and flecainide. The extent to which this interaction is an important clinical problem depends on the extent of the inhibition of P450 2D6 by the antidepressant and the therapeutic index of the coadministered drug. Antidepressants vary in their extent of clinically important 2D6 inhibition; sertraline at lower doses has a less prominent inhibitory effect on 2D6 than some others in the class. Nevertheless, even sertraline has the potential for clinically important 2D6 inhibition. Consequently, concomitant use of a drug metabolized by P450 2D6 with ZOLOFT may require lower doses than usually prescribed for the other drug. Whenever ZOLOFT is withdrawn from co-therapy, an increased dose of the coadministered drug may be required. **Sumatriptan** – Rare reports describe weakness, hyperreflexia, and incoordination following combined SSRI-sumatriptan treatment. Combined therapy warrants appropriate patient observation. **TCAs** – Caution is indicated in the coadministration of TCAs with ZOLOFT, because sertraline may inhibit TCA metabolism. The extent to which SSRI-TCA interactions may pose clinical problems depends on the degree of inhibition and the pharmacokinetics of the SSRI involved. Plasma TCA concentrations may need to be monitored, and the dose of TCA may need to be reduced, if a TCA is coadministered with ZOLOFT. **Hypoglycemic Drugs** – In a placebo-controlled trial in normal volunteers, concomitant use of ZOLOFT and tolbutamide caused a decrease in the clearance of tolbutamide, which may have been due to a change in the metabolism of the drug. The clinical significance of this is unknown. **Atenolol** – ZOLOFT (100 mg) administered to 10 healthy males had no effect on the beta-adrenergic blocking ability of atenolol. **Digoxin** – In another study, administration of ZOLOFT for 17 days (including 200 mg/day for the last 10 days) did not change serum digoxin levels or digoxin renal clearance. **Microsomal Enzyme Induction** – ZOLOFT was shown to induce hepatic microsomal enzymes, as determined by a decrease in antipyrine half-life. This small change reflects a clinically insignificant change in hepatic metabolism. **Electroconvulsive Therapy (ECT)** – There are no clinical studies establishing the risks or benefits of the combined use of ECT and ZOLOFT. **Alcohol** – Although ZOLOFT did not potentiate the cognitive and psychomotor effects of alcohol in clinical studies, the concomitant use of ZOLOFT and alcohol is not recommended. ***Carcinogenesis, Mutagenesis, Impairment of Fertility:*** Lifetime carcinogenicity studies carried out in mice and rats showed a dose-related increase of liver adenomas in male mice receiving sertraline at 10-40 mg/kg (0.25-1.0 times the MRHD on a mg/m² basis). No increase was seen in female mice or in rats of either sex receiving the same treatments, nor was there an increase in hepatocellular carcinomas. There was an increase in follicular adenomas of the thyroid in female rats receiving sertraline at 40 mg/kg. While there was an increase in uterine adenocarcinomas in rats receiving sertraline at 10-40 mg/kg, this effect was not clearly drug related. Sertraline had no genotoxic effects, with or without metabolic activation, based on laboratory assays. A decrease in fertility was seen in one of two rat studies at a dose of 80 mg/kg (4 times the maximum human dose on a mg/m² basis). ***Pregnancy — Pregnancy Category C*** There are no adequate and well-controlled studies in pregnant women. ZOLOFT should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. **Labor and Delivery** – The effect of ZOLOFT on labor and delivery in humans is unknown. **Nursing Mothers** – It is not known whether sertraline or its metabolites are excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when ZOLOFT is administered to a nursing woman. ***Pediatric Use*** – *In over 600 pediatric patients aged 6 to 17 years, drug exposure was generally similar to that of adults, when plasma concentrations were adjusted for weight. The effectiveness of ZOLOFT in pediatric patients with major depressive disorder, panic disorder, PTSD, PMDD, or social anxiety disorder has not been established. Subjects who completed 34 weeks of sertraline treatment (10 weeks placebo-controlled + 24 weeks open-label, n=68) had weight gain that was similar to that expected using data from age-adjusted peers. Regular monitoring of weight and growth is recommended. The risks, if any, that may be associated with ZOLOFT's use beyond 1 year in children and adolescents with OCD have not been systematically assessed. There are no studies that directly evaluate the effects of long-term use of sertraline on the growth, development, and maturation of children and adolescents. Although there is no affirmative finding for such effects, the potential of sertraline to have adverse effects with chronic use is not known.* **Geriatric Use** – Geriatric studies of ZOLOFT in major depressive disorder in patients ≥65 years of age revealed no overall differences in pattern of efficacy or adverse reactions relative to younger patients except for urinary tract infection (incidence ≥2% and greater than placebo). As with all medications, greater sensitivity of some older individuals cannot be ruled out. As with other SSRIs, ZOLOFT has been associated with cases of clinically significant hyponatremia in elderly patients. **ADVERSE REACTIONS: Incidence in Placebo-Controlled Clinical Trials—Most Common Treatment-Emergent Adverse Events:** The most common adverse events reported in adult patients receiving ZOLOFT (N=2799; N=2394 for placebo) for the treatment of major depressive disorder/other, OCD, panic disorder, PTSD, PMDD, and social anxiety disorder combined in controlled trials (incidence 2% or more for ZOLOFT and greater than placebo): **Autonomic Nervous System Disorders** – ejaculatory failure ([primarily ejaculatory delay; denominator used for male patients only] 14% [n=1118] vs 1% [n=926]), mouth dry (14% vs 8%), sweating increased (7% vs 2%). **Central & Peripheral Nervous System Disorders** – somnolence (13% vs 7%), dizziness (12% vs 7%), headache (25% vs 23%), paresthesia (2% vs 1%), tremor (8% vs 2%). **Disorders of Skin and Appendages** – rash (3% vs 2%). **Gastrointestinal Disorders** – anorexia (6% vs 2%), constipation (6% vs 4%), diarrhea/loose stools (20% vs 10%), dyspepsia (8% vs 4%), nausea (25% vs 11%), vomiting (4% vs 2%). **General** – fatigue (12% vs 7%). **Psychiatric Disorders** – agitation (5% vs 3%), anxiety (4% vs 3%), insomnia (21% vs 11%). libido decreased (6% vs 2%), nervousness (5% vs 4%). **Special Senses** – vision abnormal (3% vs 2%). ***Adverse Events in Pediatric Patients:*** In pediatric patients, the overall profile was similar to that of adults. However, the following events were also reported from controlled trials (n=281 treated with ZOLOFT) (incidence of ≥2% and at least twice that of placebo): fever, hyperkinesia, urinary incontinence, aggressive reaction, sinusitis, epistaxis, and purpura. ***Associated with Discontinuation of Treatment:*** The adverse events associated with discontinuation of ZOLOFT treatment (incidence at least twice that for placebo and at least 1% for ZOLOFT) in major depressive disorder and other premarketing controlled trials are agitation, diarrhea, dry mouth, ejaculation failure (primarily ejaculatory delay), headache, insomnia, nausea, somnolence, and tremor; in OCD are diarrhea, dizziness, ejaculation failure (primarily ejaculatory delay), insomnia, nausea, and somnolence; in panic disorder are agitation, diarrhea, dyspepsia, ejaculation failure (primarily ejaculatory delay), insomnia, nausea, nervousness, and somnolence; in PTSD are headache and nausea; in PMDD (daily dosing) are diarrhea, nausea, and nervousness; in PMDD (luteal phase dosing) are hot flushes, insomnia, nausea, and palpitation, and in social anxiety disorder are abdominal pain, anxiety, ejaculation failure (primarily ejaculatory delay), fatigue, headache, insomnia, and nausea. **Sexual Dysfunction with SSRIs:** Although sexual desire, sexual performance, and sexual satisfaction may change as a manifestation of psychiatric disorders, some evidence suggests that SSRIs may cause untoward sexual experiences. Reliable estimates of such untoward experiences are difficult to obtain, due to physician and patient reluctance; accordingly, product labeling is likely to underestimate their actual incidence. There are no adequate, well-controlled studies of sexual dysfunction with sertraline. Priapism has been reported with all SSRIs. Physicians should routinely inquire about possible sexual side effects in patients taking SSRIs. ***Other Events Observed During the Premarketing Evaluation of ZOLOFT:*** During premarketing assessment, multiple doses of ZOLOFT were administered to over 4000 adult subjects. Events are further categorized by body system and listed in order of decreasing frequency. Note: frequent—events occurring in at least 1/100 patients; infrequent=1/100 patients; rare=less than 1/1000 patients. It is important to emphasize that although the events reported occurred during treatment with ZOLOFT, they were not necessarily caused by it. **Autonomic Nervous System Disorders** – *Frequent:* impotence; *Infrequent:* flushing, increased saliva, cold clammy skin, mydriasis; *Rare:* pallor, glaucoma, priapism, vasodilation. **Body as a Whole – General Disorders** – *Rare:* allergic reaction, allergy. **Cardiovascular** – *Frequent:* palpitations, chest pain; *Infrequent:* hypertension, tachycardia, postural dizziness, postural hypotension, periorbital edema, peripheral edema, hypotension, peripheral ischemia; syncope, edema, dependent edema; *Rare:* precordial chest pain, substernal chest pain, aggravated hypertension, myocardial infarction, cerebrovascular disorder. **Central and Peripheral Nervous System Disorders** – *Frequent:* hypertonia, hypoesthesia; *Infrequent:* twitching, confusion, hyperkinesia, vertigo, ataxia, migraine, abnormal coordination, hyperesthesia, leg cramps, abnormal gait, nystagmus, hypokinesia; *Rare:* dysphonia, coma, dyskinesia, hypotonia, ptosis, choreoathetosis, hyporeflexia. **Disorders of Skin and Appendages** – *Infrequent:* pruritus, acne, urticaria, alopecia, dry skin, erythematous rash, photosensitivity reaction, maculopapular rash; *Rare:* follicular rash, eczema, dermatitis, contact dermatitis, bullous eruption, hypertrichosis, skin discoloration, pustular rash. **Endocrine Disorders** – *Rare:* exophthalmos, gynecomastia. **Gastrointestinal Disorders** – *Frequent:* appetite increased; *Infrequent:* dysphagia, tooth caries aggravated, eructation, esophagitis, gastroenteritis; *Rare:* melena, glossitis, gum hyperplasia, hiccup, stomatitis, tenesmus, colitis, diverticulitis, fecal incontinence, gastritis, rectum hemorrhage, hemorrhagic peptic ulcer, proctitis, ulcerative stomatitis, tongue edema, tongue ulceration. **General** – *Frequent:* back pain, asthenia, malaise, weight increase; *Infrequent:* fever, rigors, generalized edema; *Rare:* face edema, quinsy, stomatitis. **Hearing and Vestibular Disorders** – *Rare:* hyperacusis, labyrinthine disorder. **Hematopoietic and Lymphatic** – *Rare:* anemia, anterior chamber eye hemorrhage. **Liver and Biliary System Disorders** – *Rare:* abnormal hepatic function. **Metabolic and Nutritional Disorders** – *Infrequent:* thirst; *Rare:* hypoglycemia, hypoglycemic reaction. **Musculoskeletal System Disorders** – *Frequent:* myalgia; *Infrequent:* arthralgia, dystonia, arthrosis, muscle cramps, muscle weakness. **Psychiatric Disorders** – *Frequent:* yawning, other male sexual dysfunction, other female sexual dysfunction; *Infrequent:* depression, amnesia, paranoia, teeth-grinding, emotional lability, apathy, abnormal dreams, euphoria, paranoid reaction, hallucination, aggressive reaction, aggravated depression, delusions; *Rare:* withdrawal syndrome, suicide ideation, libido increased, somnambulism, illusion. **Reproductive** – *Infrequent:* menstrual disorder, dysmenorrhea, intermenstrual bleeding, vaginal hemorrhage, amenorrhea, leukorrhea; *Rare:* female breast pain, menorrhagia, balanoposthitis, breast enlargement, atrophic vaginitis, acute female mastitis. **Respiratory System Disorders** – *Frequent:* rhinitis; *Infrequent:* coughing, dyspnea, upper respiratory tract infection, epistaxis, bronchospasm, sinusitis; *Rare:* hyperventilation, bradypnea, stridor, apnea, bronchitis, hemoptysis, hypoventilation, laryngismus, laryngitis. **Special Senses** – *Frequent:* tinnitus; *Infrequent:* conjunctivitis, earache, eye pain, abnormal accommodation; *Rare:* xerophthalmia, photophobia, diplopia, abnormal lacrimation, scotoma, visual field defect. **Urinary System Disorders** – *Infrequent:* micturition frequency, polyuria, urinary retention, dysuria, nocturia, urinary incontinence; *Rare:* cystitis, oliguria, pyelonephritis, hematuria, renal pain, strangury. **Laboratory Tests:** Asymptomatic elevations in serum transaminases (SGOT [or AST] and SGPT [or ALT]) have been reported infrequently (approximately 0.8%). Hepatic enzyme elevations usually occurred within the first 1 to 9 weeks of treatment and promptly diminished upon drug discontinuation. ZOLOFT therapy was associated with small mean increases in total cholesterol (approximately 3%) and triglycerides (approximately 5%), and a small mean decrease in serum uric acid (approximately 7%) of no apparent clinical importance. The safety profile observed with ZOLOFT treatment in patients with major depressive disorder, OCD, panic disorder, PTSD, and social anxiety disorder is similar. ***Other Events Observed During the Postmarketing Evaluation of ZOLOFT:*** Reports of adverse events received since market introduction that are not listed above and that may have no causal relationship with ZOLOFT include: acute renal failure, anaphylactoid reaction, angioedema, blindness, optic neuritis, cataract, increased coagulation times, bradycardia, AV block, atrial arrhythmias, QT-interval prolongation, ventricular tachycardia (including torsade de pointes-type arrhythmias), hypothyroidism, agranulocytosis, aplastic anemia and pancytopenia, leukopenia, thrombocytopenia, lupus-like syndrome, serum sickness, hyperglycemia, galactorrhea, hyperprolactinemia, neuroleptic malignant syndrome-like events, extrapyramidal symptoms, oculogyric crisis, serotonin syndrome, psychosis, pulmonary hypertension, severe skin reactions, which potentially can be fatal, such as Stevens-Johnson syndrome, vasculitis, photosensitivity and other severe cutaneous disorders, rare reports of pancreatitis, and liver events — clinical features (which in the majority of cases appeared to be reversible with discontinuation of ZOLOFT) occurring in one or more patients include: elevated enzymes, increased bilirubin, hepatomegaly, hepatitis, jaundice, abdominal pain, vomiting, liver failure and death. **DRUG ABUSE AND DEPENDENCE: Controlled Substance Class** – ZOLOFT is not a controlled substance. Premarketing clinical experience with ZOLOFT did not reveal any tendency for a withdrawal syndrome or any drug-seeking behavior. Physicians, however, should carefully evaluate patients for history of drug abuse and observe them for signs of ZOLOFT misuse or abuse. **OVERDOSAGE:** Symptoms of ZOLOFT overdose, alone or in combination with other drugs, included, most commonly, somnolence, vomiting, tachycardia, nausea, dizziness, agitation, and tremor. Other important adverse events included bradycardia, bundle branch block, coma, convulsions, delirium, hallucinations, hypertension, hypotension, manic reaction, pancreatitis, QT-interval prolongation, serotonin syndrome, stupor, and syncope. Reports of death attributed to overdoses of ZOLOFT alone have been extremely rare. Any overdosage should be treated aggressively by ensuring an adequate airway, oxygenation, and ventilation. Gastric lavage with appropriate airway protection, may be indicated. Induction of emesis is not recommended.

Revision 7, September 2003

Zoloft® (sertraline HCl)

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E-mail Address Date of Birth (MM/DD/YY) Gender M/F

How do you want us to contact you? ☐ e-mail ☐ mail

Please answer these questions (optional):

1. Are you inquiring for yourself or someone else?
   ☐ Yourself ☐ Someone else
2. Have you been diagnosed by a doctor, psychiatrist, or therapist with:
   ☐ Depression ☐ Anxiety ☐ Both ☐ Not Diagnosed
3. Are you currently taking ZOLOFT for your condition?
   ☐ Yes ☐ No
   A. If yes, how long have you been taking ZOLOFT?
   ☐ Haven't started yet ☐ 1 – 3 weeks ☐ 1 – 3 months ☐ 4 – 9 months ☐ 10+ months
   B. If no, which of the following medications are you currently taking?
   ☐ Effexor®/XR ☐ Lexapro™ ☐ Wellbutrin XL™ ☐ Paxil®/Paxil CR™
   ☐ Other ☐ Not taking any medication
4. Which of the following medications have you taken for your condition in the past?
   ☐ ZOLOFT® ☐ Effexor®/XR ☐ Lexapro™ ☐ Wellbutrin XL™ ☐ Paxil®/Paxil CR™
   ☐ Other ☐ Have not taken any other medications in the past

zoloft (sertraline HCl)

Pfizer U.S. Pharmaceuticals

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