

LARIAM ACTION USA

www.lariaminfo.org

lariaminfo@earthlink.net

SIDE EFFECTS QUESTIONNAIRE

*Your answers to these questions could help your doctor diagnose a Lariam reaction. Please **print this out** and make two copies of your answers. Give one to your doctor and keep one for yourself. If you would care to share the information with us for research purposes, please send a copy to the address below. We will enter the information into our database. It will not be sold.*

1. Name (please print): _____

2. Address: _____

3. City, state, zip: _____

4. Telephone: (____) _____ Email address: _____

5. Sex: Female Male

6. Date of birth: _____

7. Name, address, and contact info for the physician or travel clinic that prescribed Lariam to you:

_____	_____
_____	_____
_____	_____

8. When did you take Lariam? If you also took it for past trips, please list that information.

Date started	Date stopped	Number of pills taken
_____	_____	_____
_____	_____	_____

9. When did you notice the side effects or unexplained symptoms?

10. How many Lariam pills did you take before noticing side effects?

11. Have you had (or do you still have) any of the following symptoms after you used Lariam?

	Date started	Date Stopped	Still have?
1. Fast heartbeat	_____	_____	_____
2. Irregular heartbeat	_____	_____	_____
3. High blood pressure	_____	_____	_____
4. Chest pain	_____	_____	_____
5. Stomach/ abdominal pain	_____	_____	_____
6. Diarrhea	_____	_____	_____
7. Insomnia	_____	_____	_____
8. Paranoia	_____	_____	_____
9. Psychotic episodes	_____	_____	_____
10. Mood swings	_____	_____	_____
11. Suicidal thoughts	_____	_____	_____
12. Hallucinations	_____	_____	_____
13. "Pins & needles," burning, or tingling	_____	_____	_____
14. Skin problems—rashes, itching, lesions	_____	_____	_____
15. Seizures	_____	_____	_____
16. Menstrual disorders	_____	_____	_____
17. Hot/cold sweats	_____	_____	_____
18. Fevers	_____	_____	_____
19. Chills	_____	_____	_____
20. Allergies aggravated	_____	_____	_____
21. Ear pain	_____	_____	_____
22. Hear ringing, popping, clicking, buzzing	_____	_____	_____
23. Hearing fluctuates or is lost	_____	_____	_____
24. Sounds seem louder than normal	_____	_____	_____

- 25. Dizziness _____
- 26. Blurred or double vision _____
- 27. Other visual disturbances
(trouble with glare, moving
lights, reading difficulty—
words and letters switch, etc.) _____
- 28. Fatigue _____
- 29. Feeling "not right" or
disoriented _____
- 30. Anxiety or agitation _____
- 31. Panic attacks _____
- 32. Depression _____
- 33. Loss of self esteem _____
- 34. Headache _____
- 35. Difficulty concentrating _____
- 36. Confusion _____
- 37. Poor memory _____
- 38. Groping for words _____
- 39. Losing train of thought _____
- 40. Muscle and joint pain _____
- 41. Neck pain _____
- 42. Coordination—dropping things,
can't thread a needle, etc. _____
- 43. Difficulty walking straight _____
- 44. Impaired balance _____

Dear Doctor: Side effects 21–44 may indicate an inner ear disorder. Central and peripheral vestibular system damage was added to the Lariam PI.

12. Did you have any of these symptoms before you took Lariam? Yes No

13. If so, which ones?

14. When did you first suspect that your symptoms were caused by Lariam? _____

15. Have you discussed your symptoms with a physician? Yes No

16. Is yes, what did the doctor tell you? _____

17. Have you had any tests to determine the cause of your symptoms? Yes No

18. If yes, what tests?

What were the results?

19. Have these symptoms interfered with your daily life? Yes No

If yes, for how long?

0-6 mo _____

6 mo-1 yr _____

1-2 yr _____

more than 2 years _____

20. Have these symptoms interfered with your work? Yes No

21. Were you forced to take time off from your job? Yes No

How much time? _____

22. If applicable, when were you able to go back to work? Yes No

23. When did your life return to "normal"?

24. Please add any comments about your experience with Lariam. (Feel free to use a separate page.) _____

25. Has a MedWatch form reporting your adverse reaction been submitted to the FDA?
Yes No
26. If no, PLEASE do so now, even if your experience was years ago. The form is easy to complete, and you can do it yourself, without a doctor. You don't have to prove that Lariam caused your adverse reaction; it is sufficient that you suspect it did. To get a MedWatch form,
- Call toll free 1-800-FDA-0178
 - Download from <http://www.fda.gov/MedWatch>
27. Would you be willing to talk to the press about your experience with Lariam or otherwise help us publicize the problems people have with Lariam? Yes No

If "yes," please contact Jeanne Lese, Co-Director, Lariam Action USA:

- mail: 64 El Pavo Real Circle, San Rafael, CA 94903
- email: LariamInfo@earthlink.net.

Thank you.