

# LARIAM ACTION USA

[www.lariaminfo.org](http://www.lariaminfo.org)

[info@lariaminfo.org](mailto:info@lariaminfo.org)

## SIDE EFFECTS QUESTIONNAIRE

*Please print this out, fill it out (type or print), and make two copies of the completed form. Give one to your doctor and keep one for yourself. Your answers could help your doctor diagnose a Lariam reaction.*

|        |    |     |       |      |        |
|--------|----|-----|-------|------|--------|
| Name   |    |     | Age   | Male | Female |
| Street |    |     | Phone | Cell |        |
| City   | ST | Zip | Email |      |        |

Who gave you Lariam (mefloquine)? Physician \_\_\_\_\_ Military branch \_\_\_\_\_ Peace Corps \_\_\_\_ Travel clinic \_\_\_\_\_

If a physician, provide name and contact information \_\_\_\_\_

When did you take Lariam? \_\_\_\_\_ Did you take it more than once? when? \_\_\_\_\_

Date started \_\_\_\_\_ Date stopped \_\_\_\_\_ Number of pills taken \_\_\_\_\_

When did you notice the side effects or unexplained symptoms? \_\_\_\_\_

How many Lariam pills did you take before noticing side effects? \_\_\_\_\_

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

| <i>Symptom</i>                             | <i>Date started</i> | <i>Date stopped</i> | <i>Still have? yes/no</i> |
|--|---------------------|---------------------|---------------------------|
| 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. Allergies aggravated  |  |  |  |
| 20. Ear pain  |  |  |  |
| 21. Ear ringing, popping, clicking, buzzing   |  |  |  |
| 22. Hearing fluctuates or is lost   |  |  |  |
| 23. Sounds seem louder than normal  |  |  |  |
| 24. Dizziness   |  |  |  |
| 25. Blurred or double vision  |  |  |  |
| 26. Other visual disturbances (trouble with glare, moving lights, reading difficulty— words and letters switch, etc.) |  |  |  |
| 27. Fatigue   |  |  |  |
| 28. Feeling “not right” or disoriented  |  |  |  |
| 29. Anxiety or agitation  |  |  |  |
| 30. Panic attacks   |  |  |  |
| 31. Depression  |  |  |  |
| 32. Loss of self esteem   |  |  |  |
| 32. Headache  |  |  |  |
| 33. Difficulty concentrating  |  |  |  |
| 34. Confusion   |  |  |  |
| 35. Poor memory   |  |  |  |
| 36. Groping for words   |  |  |  |
| 37. Losing train of thought   |  |  |  |
| 38. Muscle and joint pain   |  |  |  |
| 39. Neck pain   |  |  |  |
| 40. Coordination—dropping things, can’t thread a needle, etc.   |  |  |  |
| 41. Difficulty walking straight   |  |  |  |
| 42. Impaired balance  |  |  |  |
|   |  |  |  |

Dear Doctor: Side effects 20 to 42 may indicate damage to the central and/or peripheral vestibular system. This AE information appears on the Lariam label and has been demonstrated in laboratory animals. See Dow, G, et al. Mefloquine Induces Dose-Related Neurological Effects in a Rat Model, Antimicrobial Agents and Chemotherapy, 50(3): 1045-1053, 2006. You may print a copy of the completed study <http://aac.asm.org/cgi/content/full/50/3/1045> . See <http://www.lariaminfo.org/information/research.shtml> for additional links to relevant research.

Did you have any of these symptoms before you took Lariam? Yes \_\_\_ No \_\_\_

If so, which ones? \_\_\_\_\_

When did you first suspect that your symptoms were caused by Lariam? \_\_\_\_\_

Have you discussed your symptoms with a physician? Yes \_\_\_ No \_\_\_

Is yes, what did the doctor tell you? \_\_\_\_\_

Have you had any tests to determine the cause of your symptoms? Yes \_\_\_ No \_\_\_

If yes, what tests? \_\_\_\_\_

What were the results? \_\_\_\_\_

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 \_\_\_\_\_

Have these symptoms interfered with your work? Yes \_\_\_ No \_\_\_

Were you forced to take time off from your job? Yes \_\_\_ No \_\_\_ How much time? \_\_\_\_\_

If yes, have you been able to go back to work? Yes \_\_\_ No \_\_\_

If yes, how long after you became ill? \_\_\_\_\_

Please add any comments about your experience with Lariam. (Feel free to add a page.) \_\_\_\_\_

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Has a MedWatch form reporting your adverse reaction been submitted to the FDA? Yes \_\_\_ No \_\_\_

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 symptoms; it is enough that you suspect it did.

To get a MedWatch form, call *toll free* 1-800-FDA-0178 or download <http://www.fda.gov/MedWatch>

Would you be willing to talk to the press about your experience with Lariam? Yes \_\_\_ No \_\_\_

If yes email: [info@lariaminfo.org](mailto:info@lariaminfo.org)

Would you like to be part of an informal internet support group and exchange emails with other Lariam survivors?

Join the Yahoo Lariam Support Group by clicking the link at [www.lariaminfo.org](http://www.lariaminfo.org).

“Taken As Directed” is a documentary film on the adverse effects of Lariam. To get more information about the film, view a trailer, and find out about purchasing a DVD, go to [www.takenasdirected.com](http://www.takenasdirected.com)

Updated August 2008