

VIOXX QUESTIONNAIRE

Identification of Class Member

Name: _____

Current Address: _____

Apt/No/Street City Province Postal Code

Telephone: Home: _____

Work: _____

Were you living at the above address for the entire time period you were being prescribed Vioxx? Yes _____ No _____

If no, please indicate your previous addresses where you were living while being prescribed and the duration of time you were living there.

Apt/No/Street	City	Province	Postal Code	Duration of time
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Apt/No/Street	City	Province	Postal Code	Duration of time
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Date of Birth: _____

Health Card # _____

Use of Vioxx

When did you start taking Vioxx? _____

When did you stop taking Vioxx? _____

What was your prescribed Vioxx dosage? _____

Did you take Vioxx in the prescribed dosage? _____

If no, what dosage were you taking? _____

Pharmacy Information

Name and Address of Pharmacies where your Vioxx prescriptions were filled.

- 1. _____
- 2. _____
- 3. _____

Physician Information

Name and Address of Present Family Physician

Did your Family Physician Prescribe Vioxx? Yes _____ No _____

Names of any other physicians who have prescribed Vioxx to you

- 1. _____
- 2. _____

Symptoms Possibly Related to Vioxx

(i.e. heart attack, stroke, angina pectoris, atrial fibrillation, bradycardia, hematoma, irregular heartbeat, palpitation, premature ventricular contraction, tachycardia, venous insufficiency, cerebrovascular accident, congestive heart failure, deep venous thrombosis, pulmonary embolism, transient ischemic attack, and unstable angina.)

Please identify symptoms experienced and provide dates when these symptoms occurred.

**Where was treatment sought for these symptoms?
If applicable, please indicate the length of time you were admitted for such treatment.
What treatment was given? How long was the treatment given?**

- Is there a family history for heart disease? Yes No
- Is there a family history for stroke? Yes No
- Is there a family history for high blood pressure? Yes No
- Are you a smoker? Yes No
- Are you overweight? Yes No
- Are you diabetic? Yes No