

**PLAINTIFF'S**  
**CONFIDENTIAL FACT SHEET**  
**NOT TO BE RELEASED**

A. Illicit Drugs

1. a) Have you ever used (even one time) any illicit drugs of any kind within one (1) year before, or any time after, you first experienced your alleged isotretinoin-related injury(ies)?

Yes \_\_\_\_\_ No \_\_\_\_\_

- b) If "Yes", identify each substance and state when you first and last used it.

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\_\_\_\_\_

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\_\_\_\_\_

- B. To the best of your knowledge, have you ever experienced, or been told by a doctor or other healthcare professional, that you have, may have or had any of the following at any time in your life (circle all that apply)?

<u>Symptom/Condition</u>	<u>Yes</u>	<u>No</u>	<u>Unsure</u>
Alcoholism			
Depression			
Eating disorders (anorexia, bulimia, etc.)			
Hepatitis			
HIV/AIDS			
Mental disorders			
Oral Herpes (canker sores), Herpes Zoster, Shingles			
Psychiatric problems			
Suicidal ideation			
Syphilis			

C. (If you are claiming psychiatric injuries as a consequence of isotretinoin): To the best of your knowledge, have you ever experienced, or been told by a doctor or other healthcare professional, that you have, may have or had any of the following at any time in your life (circle all that apply)?

<u>Symptom/Condition</u>	<u>Yes</u>	<u>No</u>	<u>Unsure</u>
Anorexia			
Anxiety			
Bulimia			
Catatonic behavior			
Decrease or increase in appetite, lasting more than a few days			
Decreased need for sleep (e.g., feels rested after only 3 hours of sleep)			
Delusions			
Depersonalization (being detached from oneself)			
Depressed mood, lasting more than a few days			
Derealization (feelings of unreality)			
Difficulty concentrating or mind going blank, lasting more than a few days			
Diminished ability to think or concentrate, or indecisiveness, lasting more than a few days			
Disorganized speech			
Distractibility (i.e. attention too easily drawn to unimportant or irrelevant external stimuli), lasting more than a few days			
Excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)			
Fatigue or loss of energy, lasting more than a few days			
Fear of losing control or going crazy			
Feelings of hopelessness			
Feelings of worthlessness or excessive or inappropriate guilt (not merely self-reproach or guilt about being sick), lasting more than a few days			

<u>Symptom/Condition</u>	<u>Yes</u>	<u>No</u>	<u>Unsure</u>
Flat Affect			
Flight of ideas or subjective experience that thoughts are racing			
Hallucinations			
Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation			
Inflated self-esteem or grandiosity			
Insomnia, lasting more than a few days			
Intense fear of gaining weight or becoming fat, even though underweight			
Irritability, lasting more than a few days			
Low self-esteem, lasting more than a few days			
Marked and persistent fear of social or performance situations together with either intense anxiety during such situations or the avoidance of such situations			
Markedly diminished interest or pleasure in all, or almost all activities, lasting more than a few days			
More talkative than usual or pressure to keep talking, lasting more than a few days			
Panic attacks			
Phobias			
Psychomotor agitation or retardation			
Psychosis or psychotic			
Recurrent thoughts of death (not just fear of dying)			
Restlessness or feeling keyed up or on edge together with anxiety			
Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month)			
Sleep disturbance (difficulty following or staying asleep, or restless unsatisfying sleep), lasting more than a few days			
Suicidal ideation			
Suicide attempt or a specific plan for committing suicide			

D. *(If you are claiming psychiatric injuries as a consequence of isotretinoin):* If you responded "yes" to anything in C. above, please identify/state the condition(s), the date of onset, any medication prescribed to treat the condition(s), and the name of the physician or other person who made the diagnosis or informed you of the condition(s) and their address if not otherwise herein provided.

Condition(s): \_\_\_\_\_  
 Onset date and medication: \_\_\_\_\_  
 Name and address of physician or other person: \_\_\_\_\_  
 \_\_\_\_\_

Condition(s): \_\_\_\_\_  
 Onset date and medication: \_\_\_\_\_  
 Name and address of physician or other person: \_\_\_\_\_  
 \_\_\_\_\_

Condition(s): \_\_\_\_\_  
 Onset date and medication: \_\_\_\_\_  
 Name and address of physician or other person: \_\_\_\_\_  
 \_\_\_\_\_

Condition(s): \_\_\_\_\_  
 Onset date and medication: \_\_\_\_\_  
 Name and address of physician or other person: \_\_\_\_\_  
 \_\_\_\_\_

E. *(If you are claiming psychiatric injuries as a consequence of isotretinoin):* To the best of your knowledge, have your parents, grandparents, children or siblings ever experienced or been diagnosed with, or been told by a doctor or other healthcare professional, that they have, may have or had any of the following (circle all that apply), set forth the name of the individual and their relationship to you next to each condition(s) circled?

Symptom/Condition	Name of Individual	Relationship
Depression		
Schizophrenia		
Bipolar Disorder		
Manic Depression		
Psychosis		
Suicide		
Suicide Attempt		

<u>Symptom/Condition</u>	<u>Name of Individual</u>	<u>Relationship</u>
Eating Disorder (Anorexia/Bulimia)		
Anxiety		
Panic Attacks		
Personality Disorder		
Dissociative Disorder		
Mood Disorder		
Post-traumatic stress disorder		
Obsessive compulsive disorder		
Phobias		

**CERTIFICATION**

I certify under penalty of perjury that all of the information provided in this Confidential Fact Sheet is true and correct to the best of my knowledge, that I have completed the List of Medical Providers and Other Sources of Information appended hereto, which is true and correct to the best of my knowledge, that I have supplied all the documents requested in part VII of this declaration, to the extent that such documents are in my possession, custody, or control, or in the possession, custody, or control of my lawyers, and that I have supplied the authorizations attached to this declaration. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name  
(Loss of Consortium Plaintiff)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date