



Safe/Unsafe Drug Questionnaire

Dear Friends,

The APF is collaborating with researchers to identify new safe and unsafe drugs. We need your help. Are you experiencing adverse effects with any of your new medications? If so, please let us know in the questionnaire below how it affected you. We will share these results with our team of renowned Porphyria experts/researchers. They are in the process of updating our safe and unsafe drug list for the acute porphyrias. Your donations will help us educate physicians about the dangerous effects of unsafe drugs.

Name: _____ Porphyria Type: _____

E-Mail: _____ Telephone: _____

Mobile: _____

When and how were you diagnosed? _____

Please fill this form out to the best of your ability.

Medication Name	Date Started	Date Stopped?	Describe your Problem with the Medication	Were you hospitalized due to this medication?
<i>Example</i>	<i>04/2016</i>	<i>05/2016</i>	<i>Stomach Pain</i>	<i>YES</i>

Please complete the questionnaire and return it back to the American Porphyria Foundation. For additional drugs, please use the back of the form.

Sincerely,

Edrin Williams, MHSA

Director of Patient Services