

Questionnaire to be completed and signed by the Claimant in Sodium Valproate Claims

Identifying and qualifying information:

1.	Full Name	
2.	Previous name(s)	
3.	Date of birth	
4.	Current home address	
5.	Address(es) at the time of prescription of Sodium Valproate (if different to the above)	
6.	NI number	
7.	Email	
	Telephone	
8.	Occupation	
9.	By whom was Sodium Valproate first prescribed for you and where? Was it prescribed to treat epilepsy or for another condition?	

10.	Name of treating Consultants/Hospitals /GPs who prescribed Sodium Valproate, both initially and throughout the period complained of	
11.	Date when Sodium Valproate first prescribed to you (as accurately as possible)?	
12.	Did you take Sodium Valproate before and during any pregnancy? If so, are you able to recall the dose taken?	
13.	Which hospital did you receive neurology/ante natal/obstetric care from?	First Pregnancy Name of Hospital: Date: Name of Consultant:
		Second or subsequent pregnancies Name of Hospital: Date: Name of Consultant:
14.	Have you previously instructed solicitors to enquire about a potential claim relating to Sodium Valproate?	YES / NO* (<i>delete as appropriate</i>) If yes: Name of solicitors' firm:

		Is this claim ongoing or concluded: If concluded, have you received any compensation?
15.	Have you instructed solicitors to bring a claim against the manufacturer of Sodium Valproate (Sanofi Synthelabo?)	YES / NO* (<i>delete as appropriate</i>) If yes: Name of solicitors' firm: Date:

Treatment details:

		<i>Your Response</i>
16.	Is it your claim that the Sodium Valproate that you were prescribed has caused damage to your child(ren)?	YES / NO* (<i>delete as appropriate</i>) If yes, briefly explain why:
17.	Is it your case that you were not adequately informed of the risks of the taking Sodium Valproate and/or of alternative treatments available?	YES / NO* (<i>delete as appropriate</i>) If Yes, please go to Q18 If no, please go to Q19
18.	Please answer the following questions to the best of your abilities: A. <u>Risks</u>	Yes / No i.

	<ul style="list-style-type: none"> i. Who explained the risks and benefits of taking Sodium Valproate for your condition? ii. On what dates and where? iii. What benefit was taking Sodium Valproate said to be likely to bring? iv. Are there any risks you accept were explained? v. Were you provided with any information leaflets about Sodium Valproate? vi. If so, did the leaflets contain any advice about the risk of taking Sodium Valproate during pregnancy? vii. Were you prescribed any other anti convulsant medication to take in addition to Sodium Valproate? viii. If so, can you list the other medication(s) ix. Overall what risks do you accept you were aware of and accepted? x. Prior to any pregnancy, did you do any research on the risks and benefits of 	<ul style="list-style-type: none"> ii. iii. iv. v. vi. vii. viii. ix. x.
--	---	---

Consequences for you/your family		
19.	Has your child(ren) suffered any damage as a result of your ingestion of Sodium Valproate?	<p>YES / NO* (<i>delete as appropriate</i>)</p> <p>If yes, please describe the damage/condition your child(ren) suffer from</p> <p>Please provide details of the hospital/treating clinicians if possible where your child(ren) has been treated</p>
20.	Are you still taking any anti convulsant medication or continuing to be treated for your condition?	<p>YES/NO* (<i>delete as appropriate</i>)</p> <p>Name of Hospital:</p> <p>Date:</p> <p>Name of Consultant:</p>

Signed:

Full name:

Date: