

EPPA™ PROGRAM PATIENT SURVEY REGISTRATION

Purpose of the Survey

The **Education and Pregnancy Prevention for Acitretin (EPPA™) Program Patient Survey** is a short, easy-to-answer questionnaire that gathers information about how women who can get pregnant use acitretin, the importance of pregnancy prevention and patient understanding of the risks associated with using acitretin.

What to Expect

You will be asked to complete a survey when you register, every three months while you are taking acitretin and then twice a year for three years after you stop taking acitretin. We will remind you when a survey is ready for you to complete. Each survey will take only a few minutes of your time. You will complete the first survey on paper, but you have a choice of completing future surveys on paper or via the Internet. If you choose the "Internet" below and provide your e-mail address, you will be sent an e-mail with instructions on how to complete future surveys online.

Your Privacy

Your participation in the survey and any answers that you provide are completely confidential. Only the researchers and those working with the researchers managing the survey will know your identity. Your name and contact information will not be shared with others, and the answers you provide will never be identified with you in any presentation of the survey results.

Payment

We appreciate your participation in the **EPPA™ Program Patient Survey**. To compensate you for your time, we will send you \$25 for every survey you complete.

How to Register

Registration is simple. Just fill out the form below, and be sure to sign and date it. Then, drop it in the mail. Upon receipt, you will be registered and we will return a survey to you for completion. Be sure to let us know how you would like to receive your surveys.

I agree to participate in the **EPPA™ Program Patient Survey**.

Name: _____

Address: _____

Telephone:(_____) _____ Best time to call: _____ am/pm

Doctor's Name: _____

Doctor's Address: _____

Most recent date that you began treatment with acitretin: ____/____/____
Month Day Year

Signature: _____ Date: _____

**How would you like to
complete surveys?**

Paper (by mail)

Internet Your Email Address: _____

Education and Pregnancy Prevention
for Acitretin Program



Send your form to:
EPPA™ Program Patient Survey
200 Pinecrest Plaza
Morgantown, WV 26505
1-888-651-3963