EXHIBIT 1
PLAINTIFF PROFILE FORM

In re Abilify (Aripiprazole) Products Liab. Litig., MDL 2734 (N.D. Fla.)

ATTORNEY: ____________________
LAW FIRM: ___________________

I. PLAINTIFF’S INFORMATION

Full Name of Plaintiff: ____________________________________________________
Address: __________________________________________________________________
DOB: _______ Social Security No.: ___________________ Married?: ☐ Yes ☐ No
If married, spouse’s name: ________________________________________________
Children? ☐ Yes ☐ No Ages of Children: ☐ 0-17 ☐ 18-25 ☐ >25
Occupation: _____________________________________________________________

II. MEDICAL INFORMATION

A. Abilify® Start Date: ___________ Abilify® End Date: ___________
B. Between these dates, did you ever stop Abilify for more than 2 months: ☐ Yes ☐ No
C. Abilify® Daily Dosage: _________________
D. Diagnosis Leading to Abilify® Prescription: (Check all that apply)
☐ Schizophrenia ☐ Bipolar Disorder ☐ Major Depressive Disorder/Depression
☐ Tourette’s Disorder ☐ Autism and/or Autism related disorders
☐ Agitation/Irritability ☐ Anxiety ☐ Attention deficit disorder (ADD) and/or
☐ Attention deficit hyperactivity disorder (ADHD) ☐ Dementia ☐ Psychosis
☐ Eating disorder ☐ Insomnia ☐ Obsessive compulsive disorder
☐ Augmentation with SSRI ☐ Personality disorder ☐ Post-traumatic stress disorder (PTSD)
☐ Substance abuse ☐ Alcohol abuse ☐ Other—Specify: __________________________

E. Name and Address of Prescribing Physician(s):

1. Provider Name: ______________________________________________________
   Provider Address: ____________________________________________________

2. Provider Name: ______________________________________________________
   Provider Address: ____________________________________________________

ATTACH ADDITIONAL SHEETS AS NECESSARY

F. Were you given any written or oral instructions, directions or warnings regarding
   Abilify at any time during which you were using the drug? ☐ Yes ☐ No
G. Have you ever been diagnosed with a compulsive disorder (e.g., obsessive compulsive disorder, etc.), addiction disorder, or impulse control disorder? ☐ Yes ☐ No
If YES, please provide the following information:
   1. Diagnosis: ______________________________________________________
      Provider Name: __________________________________________________
      Provider Address: ________________________________________________
      Date: __________________________________________________________

H. Please provide a list of all treating physicians or healthcare providers who have provided psychiatric/psychological care or counseling services to you from the five years before you started Abilify® to present the dates of such services:
   1. Provider Name: __________________________________________________
      Provider Address: ________________________________________________
      Dates: __________________________________________________________
   2. Provider Name: __________________________________________________
      Provider Address: ________________________________________________
      Dates: __________________________________________________________

ATTACH ADDITIONAL SHEETS AS NECESSARY

I. Have you ever received any hospitalizations, institutionalizations, or in-patient treatment related to your mental health? ☐ Yes ☐ No

J. Substance Use History – Please check all that apply:
   ☐ I have never consumed alcohol.
   ☐ I have consumed alcohol.
   ☐ At some point in my life, I have consumed more than 10 drinks in a week within 5 years of taking Abilify.
   ☐ I have used an illegal drug or substance (e.g., cocaine, heroin, etc.) within 5 years of taking Abilify.
   ☐ I have used a prescription drug without having a prescription for that drug within 5 years of taking Abilify
   ☐ I have been diagnosed with an addiction to alcohol, prescription or illegal drugs

K. Have you ever been diagnosed with Parkinson’s Disease (PD) or Restless Legs Syndrome (RLS)? ☐ Yes ☐ No
III. COMPULSIVE BEHAVIORS AND DAMAGES

A. Prior to taking Abilify were you diagnosed with any of the following:

- Compulsive Gambling
- Compulsive Spending and/or Shopping
- Compulsive Sexual behavior
- Compulsive Pornography
- Compulsive Playing video games
- Compulsive Eating
- Compulsive Hoarding
- Compulsive Trichotillomania or skin picking
- Compulsive Checking, counting, washing, repeating
- Compulsive Theft/Shoplifting
- Attempted Suicide / Suicidal Thoughts
- Other—Specify: ________________

B. Please check **all** obsessive/compulsive/impulsive behaviors you claim were caused as a result of Abilify®.

- Gambling
- Spending and/or Shopping
- Sexual behavior
- Pornography
- Playing video games
- Compulsive Eating
- Hoarding
- Trichotillomania and skin picking
- Checking, counting, washing, and repeating
- Theft/Shoplifting
- Attempted Suicide / Suicidal Thoughts
- Other—Specify: ________________

C. Temporal Relationship

1. When did you first begin experiencing impulsive or compulsive behaviors after you started taking Abilify?

- Less than 1 month after
- Within 1 to 3 months after
- Within 4 to 6 months after
- Within 7 to 12 months after
- More than 1 year after

2. When did you stop experiencing all impulsive or compulsive behaviors after you stopped taking Abilify?

- Less than 1 month after
- Within 1 to 3 months after
- Within 4 to 6 months after
- Within 7 to 12 months after
- Never

3. If you restarted Abilify after stopping it, do you claim that you experienced similar signs and symptoms of impulsive or compulsive behaviors when you restarted Abilify (i.e., rechallenge)?

- Yes
- No

D. Please check **all** damages you allege were a result of your Abilify® usage.

- Gambling Losses
- Vehicle Repossession
- Shopping or Spending Expenses
- Contraction of a STD
- Bankruptcy
- Unplanned Pregnancy
- Divorce
- Weight Loss Surgery
- Job Loss
- In-Patient Psychiatric Hospitalization
- Home Foreclosure or Eviction
- Other—Specify: ________________

E. Gambling and/or other spending losses: $__________  Estimated Economic losses (non- gambling losses) calculated to date: $__________
Plaintiff reserves the right to supplement any and all response upon receipt of additional information.

CERTIFICATION

In an effort to be forthcoming and to provide non-privileged information, the information provided in this profile form is, by necessity, not based solely upon my knowledge and includes non-privileged information assembled and collected by my attorneys which may not be known to the executing party.

I declare that all of the information provided in this Plaintiff Profile Form is true and correct to the best of my knowledge.

________________________ ___________________________ __________________
Signature    Print Name    Date

If you are completing this form in a representative capacity, please list your name, address, and relationship to the Plaintiff:

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________