



The Thermometer Times

Published by The Depression and Bipolar Support Alliance of Riverside, California

VOL. 22 NO. 6 Out of darkness . . . June 2010

Dates to Remember

Saturday 10:00 am - 12 noon
June 5, 12, 19 & 26

Guest Speaker - June 12

Mitchell Rosen, M.A., MFT

He writes a weekly column in the Riverside Press-Enterprise. (more on page 6)

CARE & SHARE GROUPS

Clients, guests and professionals are invited to come and participate.
Riverside County Mental Health Administration Building
(see page 9 for address & map)

Web Site for DBSA, Riverside:

<http://dbsatoday.com>

E-mail for DBSA, Riverside:

dbsaofriv1@aol.com

E-mail for DBSA, California:

dbsaofca1@aol.com

Meetings start promptly at 10 am. Do yourself a good turn: Be on time...visit with friends before the meeting. If you come late, please enter quietly.



Directions to

Jo Ann Martin's Home

Exit 91 Frwy at Van Buren. Go south 4.2 miles on Van Buren to Whispering Spur. Turn left.



2nd driveway on the right

16280 Whispering Spur
Riverside, CA 92504
951 / 780-3366

Doctors sometimes deaf when patients reveal their medical side effects

How safe is your medicine? You might ask your physician to answer that question when he or she prescribes a new pill.

Also ask what side effects the medicine causes?

But then how reliable is the information that your physician depends on to answer your question?

Most doctors assume that the official prescribing information approved by the Food and Drug Administration is reliable.

Even though there may be a long list of side effects, this information can be misleading.

Take sex, for example. When antidepressants like Prozac and Paxil were first introduced, sexual side effects like lower libido or difficulty achieving orgasm were not perceived as important or common complaints.

The original clinical trials did not highlight such symptoms.

But patients knew that there was a problem.

We heard from people who reported that such medications threw a monkey wrench into their love lives.

Eventually, physicians figured out that many popular antidepressants interfered with sexual function in up to two-thirds of their patients.

How did this happen?

First, nobody thought to ask the question during the early clinical trials.

Second, studies aimed at testing new medicines are not very good at uncovering unexpected side effects.

A Perspective in *The New England Journal of Medicine* (March 11, 2010) questions the common assumption that health professionals are good at detecting and reporting side effects.

Ethan Basch, M.D., writes: "Yet a substantial body of evidence contradicts this assumption, showing that clinicians systematically down-grade the severity of patients' symptoms, that patients' self-reports frequently capture side effects that clinicians miss, and that clinicians' failure to note these symptoms results in the occurrence of preventable adverse events."

When the doctor does not mention a side effect of a drug, the patient can suffer: "The VA gave me lisinopril for blood pressure without any warnings. I

Continued on page 2 (Medical Side Effects)



Personal Journeys & Quests to be Featured Starting June, 2010

This month we are beginning a new feature in *The Thermometer Times*. It will be your story of your life journey, quest for healing, personal development and fulfillment. The feature is called "Personal Journeys & Quests." Look for it on pages 5 & 6. My wish is that these stories will strike a chord of recognition, inspiration and hope.

As always I invite you to submit your stories, poetry and/or drawings for review and possible publication in the newsletter. It is your journey and quest for health and wholeness I am interested in hearing about. Your articles allow us to get to know you in greater depth and to learn of your accomplishments and your many talents, interests and assets. They also contribute to our readers, well being and recovery.

Your work may be submitted to JoAnn, Leroy or Lynne at DBSA Riverside meetings.

It may be mailed to: The Thermometer Times
% Jo Ann Martin
16280 Whispering Spur
Riverside, CA 92504

E-mail it to: joannmartin1@aol.com

FAX to: 951/780-5758

I look forward to your contribution. Share your wisdom and experience with your DBSA friends through *The Thermometer Times*.

Thank you.

Lynne Stewart, Sr. Ed.

Materials submitted may or may not be published, at the discretion of the editors, and may be edited.

MEDICAL SIDE EFFECTS (Continued from page 1)

developed a cough so bad I passed out twice and went to the ER once. I have since learned the cough is a common side effect, and yet lisinopril is handed out like candy."

We have heard from scores of patients who have developed a severe cough while taking an ACE inhibitor (benzepiril, captopril, enalapril, lisinopril, ramipril).

In some cases they have undergone extensive work-ups, including blood tests, X-rays and trials of antibiotics, to treat a cough caused by a blood pressure pill.

A patient may become annoyed if a doctor denies that a medication can cause the symptoms he is experiencing: "I took Zocor for high cholesterol and developed neuropathy, joint pain and extreme fatigue. I went to at least four physicians, and none of them said it could be the Zocor. The cardiologist who prescribed it said it was a coincidence that I developed these symptoms. He told me to go back on the drug, as these were not side effects of Zocor." Zocor (simvastatin), like other statin-type medications, can cause nerve and joint pain, fatigue, muscle aches and weakness. Such symptoms may be more common than most physicians realize

The Thermometer Times **16280 Whispering Spur** **Riverside, CA 92504**

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and Neurology

Please feel free to reprint any of our articles. However, please acknowledge our publication, date, and author or source. It will please the authors and recognize their efforts.

(*American Journal of Cardiovascular Drugs*, Nov. 1, 2008). Pharmacists, physicians and pharmaceutical companies would all know more about possible side effects if they listened to patients. This would benefit everyone.

Joe Graedon is a pharmacologist. Teresa Graedon holds a doctorate in medical anthropology and is a nutrition expert

Write to them in care of this newspaper or e-mail them via their

Web site:

www.Peopiespharmacy.com

Source: The Sun

April 29, 2010



**JOE AND
TERESA GRAEDON**

Mental health patients turn more to each other

April 22, 2010 By John Keilman. Tribune reporter

Jim Bina was feeling good. And that made him nervous.

The Naperville man had struggled with depression for decades, and he had learned to distrust happiness as an illusion that masked an approaching crisis.

It might sound like an unusual problem, but when he mentioned it one recent night in a hospital conference room, most of those listening nodded in

Bina, 54, had come to a mental illness, run by people them a chance to discuss and all too often, their friends, didn't seem to understand.

How do you feel when everyone there knows you abandon your religious that you're God? How do you child has it, too?

"A doctor can read about firsthand," Bina said later. preaching to the choir. They about"

The group, based at Hospital in Downers Grove, treatment of mental illness. Those who suffer from it are increasingly being recognized as the best authorities on how to overcome it

"For those who have lived the experience, it empowers (them) to really be the driving force for change," said Pat Doyle of the DuPage County chapter of the National Alliance on Mental Illness, which organizes the group. "Where those voices were silenced in the past, they're now being heard"

The idea of people with mental illness helping one another has been around since the 1930s, stemming from the work of Chicago neuropsychiatrist Abraham Low. He started by leading patients in group therapy sessions, but in time turned the entire process over to them.

Still, doctors, psychologists and other professionals usually remained at the center of treatment. It was only about 10 years ago that it started to change.

Dr. Kenneth Thompson of the federal Substance Abuse and Mental Health Services Administration, said people with mental illness took cues from the civil rights movement and began advocating for themselves. Part of that meant getting more involved in their own treatment — and helping others who were in the same situation.

"It's very important to feel connected," Thompson said. "Unfortunately, professional advice does not necessarily make people feel like they belong."



recognition.

support group for people with with mental illness. It offered maybe get help for problems that, families and even therapists

comfortable at social gatherings you tried to kill yourself? Should faith if you're prone to thinking handle your illness when your

it, but he doesn't know it "Here, they get it. You're know exactly what you're talking

Advocate Good Samaritan isa sign of a new direction in the

Source: Chicago Tribune
April 22, 2010

What does your sleeping 'position' say about you as a person?

Professor Chris Idzikowski, director of the UK Sleep Advisory Service analysed six common sleeping positions - and found that each is linked to a particular personality type.

What your sleeping position says about you ...

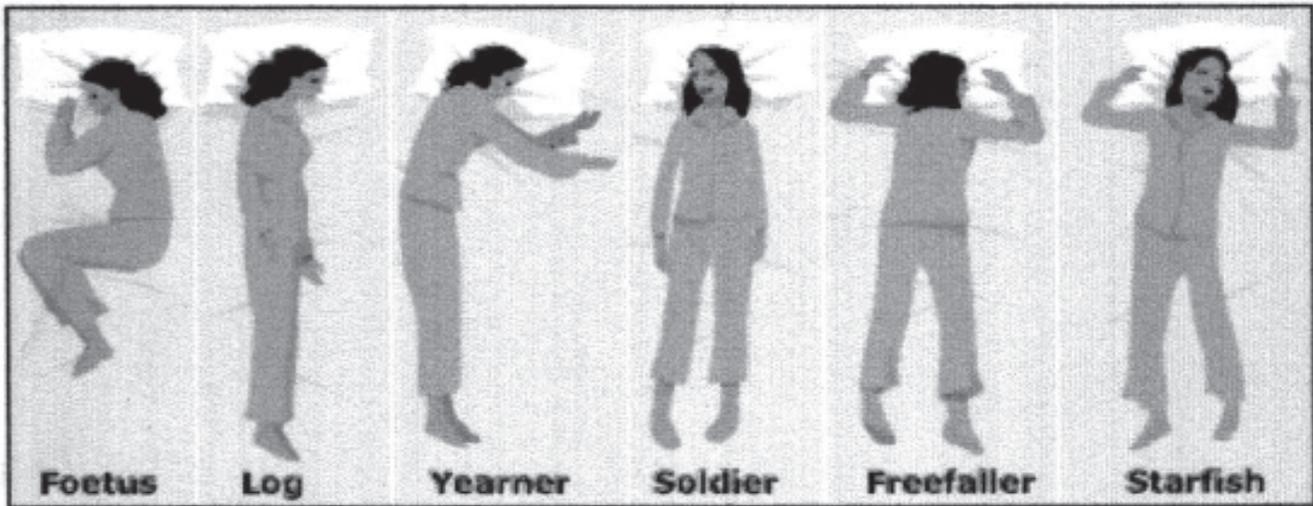
Foetus

Those who curl up in the foetus position are described as tough on the outside but sensitive at heart. They may be shy when



Continued on page 4 (Sleep Position)

SLEEP POSITIONS (Continued from page 3)



they first meet somebody, but soon relax. This is the most common sleeping position, adopted by 41% of the 1,000 people who took part in the survey. More than twice as many women as men tend to adopt this position.

Log

Lying on your side with both arms down by your side. These sleepers are easy going, social people who like being part of the in-crowd, and who are trusting of strangers. However, they may be gullible.

Yearner

People who sleep on their side with both arms out in front are said to have an open nature, but can be suspicious, cynical. They are slow to make up their minds, but once they have taken a decision, they are unlikely ever to change it.

Soldier

Lying on your back with both arms pinned to your sides. People who sleep in this position are generally quiet and reserved. They don't like a fuss, but set themselves and others high standards.

Freefall

Lying on your front with your hands around the pillow, and your head turned to one side. Often gregarious and brash people, but can be nervy and thin-skinned underneath, and don't like criticism, or extreme situations.

Starfish

Lying on your back with both arms up around the pillow. These sleepers make good friends because they are always read to listen to others, and offer help when needed. They generally don't like to be the centre of attention. The remainder of those in the poll said the position they fell asleep varied or did not know.

Professor Idzkowski also examined the effect of various sleeping positions on health. He concluded that the freefall position was good for digestion, while the starfish and soldier positions were more likely to lead to snoring and a bad night's sleep.

Professor Idzkowski said "Lying down flat means that stomach contents can more readily be worked back up into the mouth, while those who lie on their back may end up snoring and breathing less well during the night. "Both these postures may not necessarily awaken the sleeper but could cause a less refreshing nights sleep."

The research also found that most people are unlikely to change their sleeping position. Just 5% said they sleep in a different position every night.

Source: BBC News

**Attention Newsletter
Subscribers!!!**

Those who have not renewed subscriptions to the Thermometer Times or renewed membership to DBSA-Riverside have been dropped from our mailing list. You will need to re-apply to receive our newsletter if your name was dropped. Exempt status (newsletter) persons must notify us of a desire to continue receiving the newsletter. Thank you.

Personal Journeys and Quests

How Profound the Darkness

One Man's Struggle to Find Identity and Meaning

By R. Raegan Graziani

Can anything good come out of me? Will my words have value, now, or when I'm gone? Will any of it matter? Please, will any of it matter? In the grand scheme of it all, will my life have added something of value for having been?

Is a name so important? I want to be known; I believe it will give me something I don't already have - Identity.

I am truly impoverished.

By some unseen, unknown happenstance - this is my reality; a lifetime of trying to fill a bottomless void.

I have become the void.

There is truth in these words, yet, profundity escapes me.

The more I want, the more I desire and long for, the more pitiless my state. All 'round me is lack, shortage and want.

Suffering.

I can't give you anything you don't already have, but that's the game - convincing you that I have something you want, or need - it keeps your attention. And I lie to myself convincing myself that your attention is what I need.

Life - a concept, a mind construct - the thing I blame for my state. What insanity, what ego.

Mostly, I create not for the beauty of it, but to get something I sense I don't really have. My work is tainted with selfish desire - to catch one's attention, to impress, to be known. Please, see me! I need to survive. I need to know I'm real.

Sometimes, when I'm not careful, exquisite beauty flows out of me on its own.

You don't know me - how could you. The concept of me and you is far beyond comprehension - yet, I still feverishly try.

I sit down at the keyboard as one who sits at a grand piano. As I tap each key, letters appear on the computer screen in front of me. Each letter has meaning of its own. There is nothing I can do to add more value to these letters, singly. The only value I hope to capture lies somewhere deep inside - a place which is foreign to me, a place from which I've lost touch - a place I've rarely been.

Words are pouring out and through me - by some strange alchemy they take form and meaning - an expression of life is appearing right before my eyes, and yet the magnitude and majesty of this somehow escapes my grasp; I denigrate this symphonic overflow to be of no consequence, no value, and no import.

It is true, I have eyes to see, and yet I'm a blind fool - I don't really see what my eyes are beholding. I know what it is like to be blind - it's something much deeper than the physicality of sight; it goes beyond the senses.

I perceive, but not through my eyes. I'm contained in a place in which I am looking out in a futile attempt to see myself - I'm looking out, but looking back to see who's looking out. I'm calling that perception - "Me," with a capitol M. It must be a capitol M. It has to be a capitol M. The fear you don't see in me, the fear I hide behind, is that I'm not worth a capitol M.

Somehow, I believe this.

"Me" has many other names, and even more labels - a fools attempt to describe the indescribable. This phenomenon I call "Me" comes complete with a past, a story I keep reliving in order to make sense out of something that doesn't, nor ever can - this satisfies me, but not really. Oh, how I try to convince myself otherwise.

It is 4:24 am - it's dark outside; it's darker inside.

I want to say this is all gibberish, of no consequence. Please, G-d, please, let this all have meaning and purpose and value.

Anyone can see how profound the blindness. Perhaps the dawn will come soon.

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What's in a Nickname?

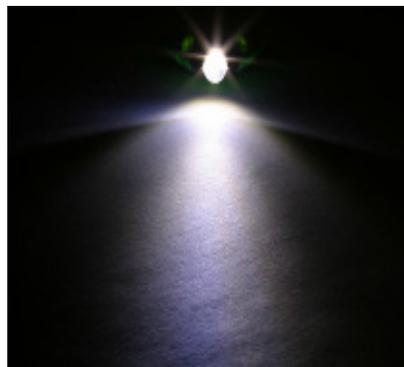
By Lynne Stewart

My brother said my initials of "L" and "S" stood for Lazy Slob. That was how he characterized me. I accepted that label all the way down to my core.

Until I had psychotherapy. In it I learned that how I maintained myself and how I came across to others during my childhood was due to a deep, all pervasive misery. As I looked back during my therapy sessions I learned to recognize the clues that indicated my profound sadness, such as, the need to sleep long hours, the suicidal thoughts, the careless and neglectful way I took care of myself and my inability to fit in with my peers. All of this and more contributed to my growing understanding of the underlying causes for my outward appearance and demeanor as a child.

I learned that my misery did not spring from me in an environmental vacuum. It resulted from an onslaught of criticism, belittling and ridicule that began from my earliest months of existence to the end of my time with my birth family. As a child I watched as my brother was beaten regularly by my father. My brother in turn beat me. The physical violence along with verbally vicious outbursts between my parents encouraged me to adapt myself to this unsafe environment in ways that ill-equipped me for life outside my family's home.

It was hard for me to undo years of programming and conditioning that was imbedded deeply, but I did. It took the pain and discomfort of my life, mixed with hope that things could be better. As far as the pain and discomfort, I had plenty. It was my hope for the future that was infinitesimal. But my relationship to my teacher and his unending supply of optimism that I had a future, no matter how I tried to convince him otherwise, sustained and nourished that little tiny light in me that still survived.



Come

to our regular share and care meeting

to hear

Mitchell Rosen, M.A., MFT

Saturday, June 12, 10 am

Speaking on

Anxiety, Assertiveness and Motivation.

Mr. Rosen has a weekly column in the
Riverside Press-Enterprise.

Location of meeting:

Riverside Mental Health Administration Building, 4095 County Circle Drive (off Hole Avenue near Magnolia), Room A. (see map on page 9)



Fattened By Pills

One of the biggest causes of obesity is seldom discussed.

By Paula J. Caplan January 24, 2010

As Americans struggle to keep New Year's weight-loss resolutions, experts' alarms about obesity ring in our heads. We obsess about portion control, flock to the gym, and can't get enough of *The Biggest Loser*. As schools, congressional subcommittees, and even first lady Michelle Obama — who's made the issue a top priority — take on the problem, the focus turns to the usual suspects: fast food, oversize servings, and sedentary lifestyle. For some battling weight problems, those factors are indeed critical. But overlooked in all this is one of the primary causes of America's obesity epidemic: The elephant in the living room is the skyrocketing use of psychiatric drugs. Many of these, which are used to treat emotional problems including depression and anxiety, cause weight gain — often of the rapid and massive sort — as one of their "side effects," that brilliant marketing term for what are simply negative effects of a drug.

It is striking that the weight of many Americans has ballooned just as the prescribing of psychiatric drugs has surged. The Obesity Society categorizes nearly two-thirds of adult Americans as overweight, the average weight of an adult having increased since 1960 by 25 pounds, and between 1996 and 2006 alone, prescriptions of psychiatric drugs for US adults increased 73 percent. The courageous Alaskan attorney James Gottstein in 2006 exposed drug company Eli Lilly's concealment of its knowledge about the effects of its drug Zyprexa³ (approved to treat schizophrenia and bipolar disorder but also prescribed for other conditions) on weight gain, and subsequent reports have revealed such effects of a whole range of psychiatric drugs. But nearly all researchers and journalists who focus on obesity fail to mention the drug link.

It's hard not to wonder why this happens. Could drug companies be that much more powerful than fast-food chains, or does it take the former much longer to come up with drugs lacking unwanted effects than for McDonald's to produce healthier foods in smaller portions? Is it perhaps clinicians' fear of not knowing what to do other than prescribe these drugs? If so, then it's time to broaden their training so they know more about the wide array of other courses of action that can help many who suffer from emotional problems, such as exercise, meditation, changes in vitamin/mineral intake, participating in the arts, volunteer work, and developing or maintaining close friendships. Whatever the reasons, the result is that not enough people know that many of these emotionally troubled patients now will have added burdens.

What's worse is that the connection between psychiatric

drugs and obesity involves children, too. Over the past two decades the number of obese adolescents has tripled, while the 10 years after 1996 saw prescriptions of psychiatric drugs for US children rise 50 percent. And a new federal study shows that poor children are more likely than other kids to be put on drugs marketed as antipsychotics, one of the greatest culprits for causing major weight gain as well as lifelong metabolic problems. Add the humiliation to which kids subject overweight peers, and the potential psychological damage is frightening.

Another disturbing link could be on the way. The fifth edition of the major psychiatric diagnostic manual, the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), is expected to be released in 2013. One proposal under consideration: listing obesity as a mental illness. That would be a mistake, since obesity can be caused by metabolic and other physical problems that are often undiagnosed. And because obesity can also result from psychiatric drugs, calling it a mental illness would create a vicious cycle: Someone is troubled, put them on drugs, they become obese,

therefore diagnose them as mentally ill, give them more drugs.

Overall, much must be done. The first lady should talk about the obesity/drugs link. The Food and Drug Administration must ride herd — hard — on drug companies that conceal that connection. Every physician should alert patients to this potential effect and explore other non-drug ways to treat emotional problems.

Publishers and editors should insist that this link be addressed in stories about obesity. The American Psychiatric Association should refuse to categorize it as a mental illness in its DSM-V. And every citizen should stop the knee-jerk blaming of people with weight problems for allegedly lacking self-control.

Paula J. Caplan, a clinical and research psychologist at Harvard University, is the author of They Say You're Crazy: How the World's Most Powerful Psychiatrists Decide Who's Normal. Send comments to magazine@globe.com.

*Source: The Boston Globe
January 24, 2010*



If you do not speak in a language that can be understood, there is little chance for a dialogue.

Bell Hooks

Join friends of DBSA-Riverside

At Jo Ann Martin's*

for the

Holidays

Picnics or dinners
at noon

Swimming, badminton, spa, food and
more...

during summer months.

Friendly sharing during the winter.

~

Bring a salad, main dish, or dessert.

If you can't bring a dish, come anyway.

Meat & beverage will be furnished.

~

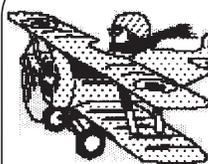
Holidays include: **Memorial Day,**
4th of July, Labor Day, Halloween

Thanksgiving, and Christmas.

**Directions to Jo Ann Martin's home*

Exit 91 Frwy at Van Buren. Go south 4.2 miles
on Van Buren to Whispering Spur. Turn left.
2nd driveway on the right.

16280 Whispering Spur Riverside, CA
951 / 780-3366



ANNOUNCEMENTS

HEMET SUPPORT GROUP

Hemet Support group meets at
Trinity Lutheran Church
Mondays, 7 to 9 pm. Fridays,
1:30 to 3:30 pm
Please call 951/658-0181 (Lyla)

TEMECULA DMDA

Mark Monroe
951/926-8393

UPLAND DMDA

Meet Thursday evenings
Call David or Samantha Johns
909/944-1964 OR
e-Mail dmjbf@aol.com

DBSA - Rancho Cucamonga

Roger or Lorraine
909/980-3692

THE UPLIFTERS

(Christian emphasis) meets at
The Grove Community Church
19900 Grove Community Drive
(off Trautwein) Riv. 92508
- meets 1st & 3rd Saturday,
Room # D-4.
Contact Sheri 951/565-8131
s2_smatsumoto@charter.net

DBSA - Loma Linda

(909) 327-6178

For Support People:

NAMI - Riverside Mental Health Administration Building
4095 County Circle Dr. (off Hole Ave. near Magnolia)
7:00 pm, 1st Monday each month 951/369-1913 - Rosanna

Phone Phriends

If you need someone to talk with:

Leroy 951 / 686-5047

6 a.m. to 9 p.m.

Roger and Lorraine
daytime 909 / 980 - 3692

Andie (Amanda) 909 / 824 - 5385

9:30 a.m. to 7:30 p.m.

Yen Cress (951) 315-7315

9 p.m. - 6 a.m. & Weekends

Calling all interested consumers!

NAMI—In Our Own Voice:

We are looking for consumers who are interested in sharing their personal recovery stories. In Our Own Voice: Living With Mental Illness (IOOV) is a recovery-education program conducted by trained presenters for other consumers, family members, friends, and professional and lay audiences. Individuals need not be active in mental health advocacy at this time, but

- ▶ They have "been there."
- ▶ They are able to present professionally.
- ▶ They are in recovery.
- ▶ They have the time to be trained.
- ▶ They believe in treatment, with medication as a component for recovery.
- ▶ They periodically present at 1½-2 hour workshops, during working hrs.



Stipends will be paid for presentations.



For more information, or to be put on a waiting list, please call:

Angela Sandoval, IOOV Coordinator
(951)686-5484, ext. 120

A collaborative effort brought to you by:
—The Riverside County Mental Health Department—
— NAMI, Western Riverside County —
—Jefferson Transitional Programs—

DBSA- Riverside

Map Legend

★ Meeting Location

TTTT = Parking

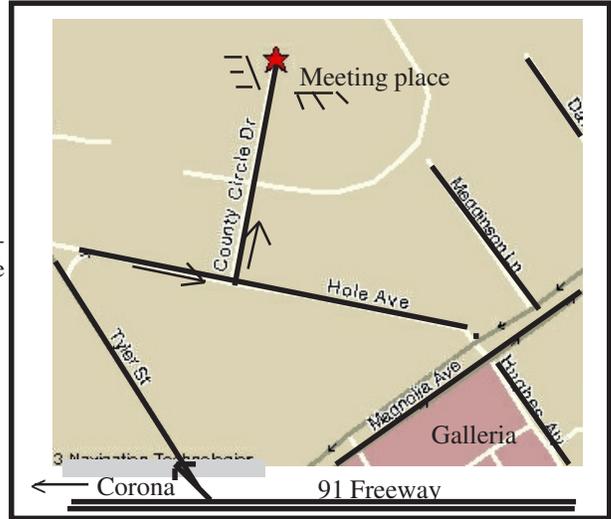
Due to route changes, no RTA regular bus crosses County Circle Drive anymore. However, several routes stop at the Galleria (Tyler Mall), which is only a three-block walk from where we meet. Those routes include Canyon Crest, Corona, Country Village, Hemet, La Sierra, Perris, Norco, and Sun City.* For meeting-day

route times, please call RTA at 800/266-6883 toll free. If you qualify for Dial-a-Ride, a door-to-door service for the handicapped, info is available at the same phone number. * as well as other parts of Riverside.

About DBSA-Riverside

DBSA of Riverside is a support group for people who have depression or bipolar (manic-depressive) disorder and who have sought or are seeking treatment for their illness. DBSA is totally patient run, which means we need volunteers like you to help with mail-outs, telephoning and planning. A work time

is held at the home of JoAnn Martin on the Saturday afternoon following the last sharing meeting of each month to assemble the newsletter for mailing. Directions are printed on the lower left corner of the front page of this newsletter. You may reach JoAnn or Leroy at 951/ 780-3366. **Our sharing meetings are held every Saturday of each week from 10:00 a.m. to 12:00 noon at the Riverside Mental Health Administration Building, 4095 County Circle Drive (off Hole Avenue near Magnolia), Room A.** We welcome professional care providers and adult family members and friends. Please note our new area code - 951, effective on July 17, 2004.



✂

MEMBERSHIP INFORMATION

Individual membership for the Depression and Bipolar Support Alliance of Riverside is \$20.00 per year. This helps defray the cost of the monthly newsletter and helps pay for the cost of our meetings. Subscription to the newsletter is \$10.00 per year. If you are unable to help financially, the newsletter may be sent upon request. Volunteers are always needed.

If you would like to volunteer, please indicate below.

Mail to DBSA of Riverside, 16280 Whispering Spur, Riverside, CA 92504

DATE _____ **Please Print** New Renewal

NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ E-MAIL ADDRESS _____

Please check one of the following:

I have: Bipolar Disorder (Manic-Depression) Depression

I am a Family Member Professional

None of the above

Birth Date (Optional) : Month _____ Day _____ Year _____

Enclosed is my payment for DBSA Membership _____ \$20.00 (includes newsletter).

Enclosed is my donation of \$ _____ to help others receive the newsletter.

I would like a subscription to the newsletter only. _____ \$10.00 (12 issues per year).

I would like to volunteer my time and talent to help.

DBSA OF RIVERSIDE
16280 Whispering Spur
Riverside, CA 92504

HELP US KEEP COSTS DOWN

We're using a computer mailing list

Please help us keep costs down by

making sure your name and address
are correct. If there is an error or if

you are receiving more than one
newsletter, please let us know.

Print legibly so that mistakes can be
avoided.

Your help and patience are greatly
appreciated.