

HOW IS LC-FAOD IMPACTING YOU OR YOUR CHILD'S LIFE?

Take this quiz to find out.

This quiz will help you monitor LC-FAOD symptoms and identify topics to discuss with your LC-FAOD healthcare team. Complete it before each visit to see how your answers may change over time.

Contact your healthcare team if any symptoms are concerning to you.

QUESTION 1

Are you (or your child) experiencing any of the following symptoms of LC-FAOD?

Check all that apply.

CHRONIC SYMPTOMS

- Losing muscles (reduced muscle tone)
- Pain or weakness in the muscles
- Pain that seems to come from a nerve
- Yellowing of the skin (jaundice)
- Problems seeing

ACUTE SYMPTOMS

- Heartbeat that isn't always regular or is pounding, fluttering, or racing
 - Pain in the chest
 - Difficulty breathing
 - Dark urine
 - Pain or weakness in the muscles
 - Dizziness or shakiness
 - Stomach issues or nausea
- None of the above

Are the symptoms affecting one or more specific parts of the body?

Check all that apply or indicate the locations on the image of the body.

- | | |
|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Head | <input type="checkbox"/> Spine |
| <input type="checkbox"/> Teeth/Jaw | <input type="checkbox"/> Torso |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Hips |
| <input type="checkbox"/> Shoulders | <input type="checkbox"/> Legs |
| <input type="checkbox"/> Arms | <input type="checkbox"/> Knees |
| <input type="checkbox"/> Hands/Wrists | <input type="checkbox"/> Feet |
| | <input type="checkbox"/> Other |



Please specify:

QUESTION 2

How often do you (or your child) limit or avoid daily activities due to symptoms of LC-FAOD?

Check one.

- All of the time Sometimes Not at all

QUESTION 3

Are there any other potential chronic or acute symptoms of LC-FAOD that you'd like to talk about with your LC-FAOD healthcare team?

QUESTION 4

How often do you typically meet with your LC-FAOD healthcare team? Check one.

- Weekly
 Monthly
 Every 3 months
 Every 6 months
 Every year
 Not applicable

How recently have you met with your LC-FAOD healthcare team? Check one.

- Within the last 3 months
 Within the last year
 More than a year ago
 Never

QUESTION 4 (CONTINUED)

Have you (or your child) experienced any additional issues or challenges while living with LC-FAOD? Check one.

Yes No Not applicable

Please describe in detail:

QUESTION 5

Reflecting back on your last several visits with your healthcare team, is there anything else you wish you had shared with them about living with LC-FAOD?

List any additional questions or notes to discuss with your healthcare team at your next appointment.
