

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

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 2

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

Check all that apply.

CHRONIC SYMPTOMS

- Loss of muscle tone
- Muscle pain or weakness
- Nerve pain
- Jaundice (yellowing of the skin) or other symptoms of liver dysfunction
- Vision problems
- None of the above

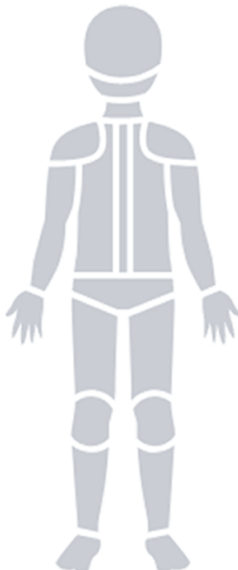
ACUTE SYMPTOMS

- Irregular heartbeats or chest pain
- Shortness of breath
- Dark urine
- Muscle pain or weakness
- Dizziness or shakiness
- Digestive problems

QUESTION 2 (CONTINUED)

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"/> Other
<input type="checkbox"/> Teeth/Jaw	<input type="checkbox"/> Torso		Please specify:
<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		_____

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

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.
