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

**ACUTE SYMPTOMS**

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

This information is provided by Ultragenyx for educational purposes only and should not take the place of talking with your doctor or healthcare professional. It should not be used for diagnosing or treating a health problem or disease. If you have any questions about your medical condition, contact your doctor.
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.

- Head
- Spine
- Teeth/Jaw
- Torso
- Neck
- Hips
- Shoulders
- Legs
- Arms
- Knees
- Hands/Wrists
- Feet
- Other

Please specify:

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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?

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

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