



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.

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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		ACUTE SYMPTOMS		
Loss of muscle tone		Irregular heartbeats or chest pain		
Muscle pain or weakness		Shortness of breath		
Nerve pain		Dark urine		
Jaundice (yellowing of the skin) or other symptoms of liver dysfunction		Muscle pain or weakness		
Vision problems		Dizziness or shakiness		
None of the above		Digestive problems		







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QUESTION 2 (CONTINUED)

	_	specific parts of the boations on the image of	
Head	Spine		Other
Teeth/Jaw	Torso		Please specify:
Neck	Hips		
Shoulders	Legs		
Arms	Knees		
Hands/Wrists	Feet		
QUESTION 3			
Are there any other po about with your LC-FAC			FAOD that you'd like to talk

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QUESTION 4

How often do you typically meet with your LC-FAOD healthcare team? Check one.	How recently have you met with your LC-FAOD healthcare team? Check one.	
Weekly	Within the last 3 months	
Monthly	Within the last year	
Every 3 months	More than a year ago	
Every 6 months	Never	
Every year		
Not applicable		
Have you (or your child) experienced any additional issu with LC-FAOD? Check one.	es or challenges while living	
Yes No Not applicable		
Please describe in detail:		







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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.