

# Symptom questionnaire

If your child has unexplained hypotonia, or poor muscle tone, this questionnaire can help you identify other symptoms that you may want to discuss with your doctor—these symptoms may be important in making a diagnosis of your child’s condition. Please check all the symptoms your child has and respond to all the questions below. Be sure to include any details you want to remember to mention.

Bring your completed questionnaire to the next appointment with your child’s doctor to help you talk about whether your child should be tested for AADC deficiency or another condition with similar symptoms.

## IS YOUR CHILD’S DEVELOPMENT DELAYED?

Use this table to identify delays in your child’s development.

DEVELOPMENTAL MILESTONE	HAS YOUR CHILD REACHED THIS MILESTONE?	IF YES, WHEN?
Hold up/control head	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Roll over	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Babble	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Speak	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sit up with some support	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Crawl	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Stand up without help	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Walk	Yes <input type="checkbox"/> No <input type="checkbox"/>	

## UNUSUAL MOVEMENTS (NOT SEIZURE-RELATED)

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- › Does your child make any involuntary movements, such as sudden jerking, flailing, or twisting?

Yes  No

If yes, does your child repeat these movements? Explain \_\_\_\_\_

\_\_\_\_\_

## INVOLUNTARY EYE MOVEMENTS

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- › Does your child have involuntary eye movements, such as sudden episodes of irregular upward eye movement, sometimes accompanied by increased blinking?

Yes  No

Describe other symptoms not related to diagnosed seizures that occur at these times.

\_\_\_\_\_

\_\_\_\_\_

- › Does your child seem 'frozen' or does he or she 'zone out' or 'space out' while this happens? Does your child respond if you touch or call to them during those times?

\_\_\_\_\_

\_\_\_\_\_

TIP: Take a brief video of your child's irregular eye movements or positions to help you discuss these symptoms with your child's doctor.

## OTHER RELEVANT SYMPTOMS

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› Does your child sweat even when it is not warm?

Yes  No

› Is your child very sensitive to warmth or cold?

Yes  No

› Does your child often drool excessively?

Yes  No

› Does your child sleep more or less than normal, or seem to often be awake at night?

Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

› Do your child's symptoms get worse when he or she is tired, and better immediately after sleeping or resting?

Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

› Is your child often inconsolable, or unable to be comforted?

Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

› Does your child have frequent diarrhoea, or is he or she often constipated?

Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

