

**AADCd Symptom
Questionnaire:**

AADC Trust
making a rare child healthy



1) Does your child have poor muscle tone (hypotonia) - is he / she floppy?

Yes No

2) Is your child's development delayed? Use this table to help identify delays in your child's development:

Developmental Milestone:	Has Your Child Reached This Milestone?		If yes, when?
Hold up/control head	Yes	No	-----
Roll over	Yes	No	-----
Babble	Yes	No	-----
Speak	Yes	No	-----
Sit up with some support	Yes	No	-----
Crawl	Yes	No	-----
Stand up without help	Yes	No	-----
Walk	Yes	No	-----

3) 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:

4) 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.

5) 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?

Yes No

If yes, please explain:

6) Does your child sweat even when it is not warm?

Yes No

7) Is your child very sensitive to warmth or cold?

Yes No

8) Does your child often drool excessively?

Yes No

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

Yes No

If yes, explain:

10) 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:

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

Yes No

If yes, explain:

12) Does your child have frequent diarrhea, or is he or she often constipated?

Yes No

If yes, explain:

List any additional symptoms you'd like to discuss with your child's doctor.
