



myHAEcheckup.ca

MY SELF-ASSESSMENT QUESTIONNAIRE

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1. Even with your current treatment, how often are you still worried about your next unexpected attack? *Please check one.*



ALWAYS



OFTEN



SOMETIMES



RARELY



NEVER

2. Are you staying close to home in fear of another attack?
If yes, please describe.



3. Has the fear of an impending HAE attack held you back from making plans with family and friends? *Please describe.*



4. Is the fear of an unexpected HAE attack holding you back from taking on educational or professional opportunities? *Please describe.*



5. What other ways does HAE currently impact the way you live your life between attacks? *Please describe.*



6. Now that HAE and its impact on your life are fresh in your mind, do you believe life could be better? *Please describe.*



Share your responses with your HAE healthcare team.
Don't be afraid to ask for resources and support that will help you deal with the emotional concerns you have identified through this reflection exercise.



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