



myHAEcheckup.ca

# SELF-ASSESSMENT QUESTIONNAIRE

1. How often are you worried about your next unexpected attack? *Please select one.*



ALWAYS



OFTEN



SOMETIMES



RARELY



NEVER

2. Are you staying close to home in case you have an attack?



3. Has the worry of an unexpected HAE attack held you back from making plans with family and friends? ?



4. Does your experience with HAE hold you back from taking on educational or professional opportunities? *If yes, what opportunities would you pursue?*



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



6. Now that HAE and its impact on your life are fresh in your mind, do you believe your quality of life could be better? *If yes, how so?*



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



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VV-MEDMAT-64003