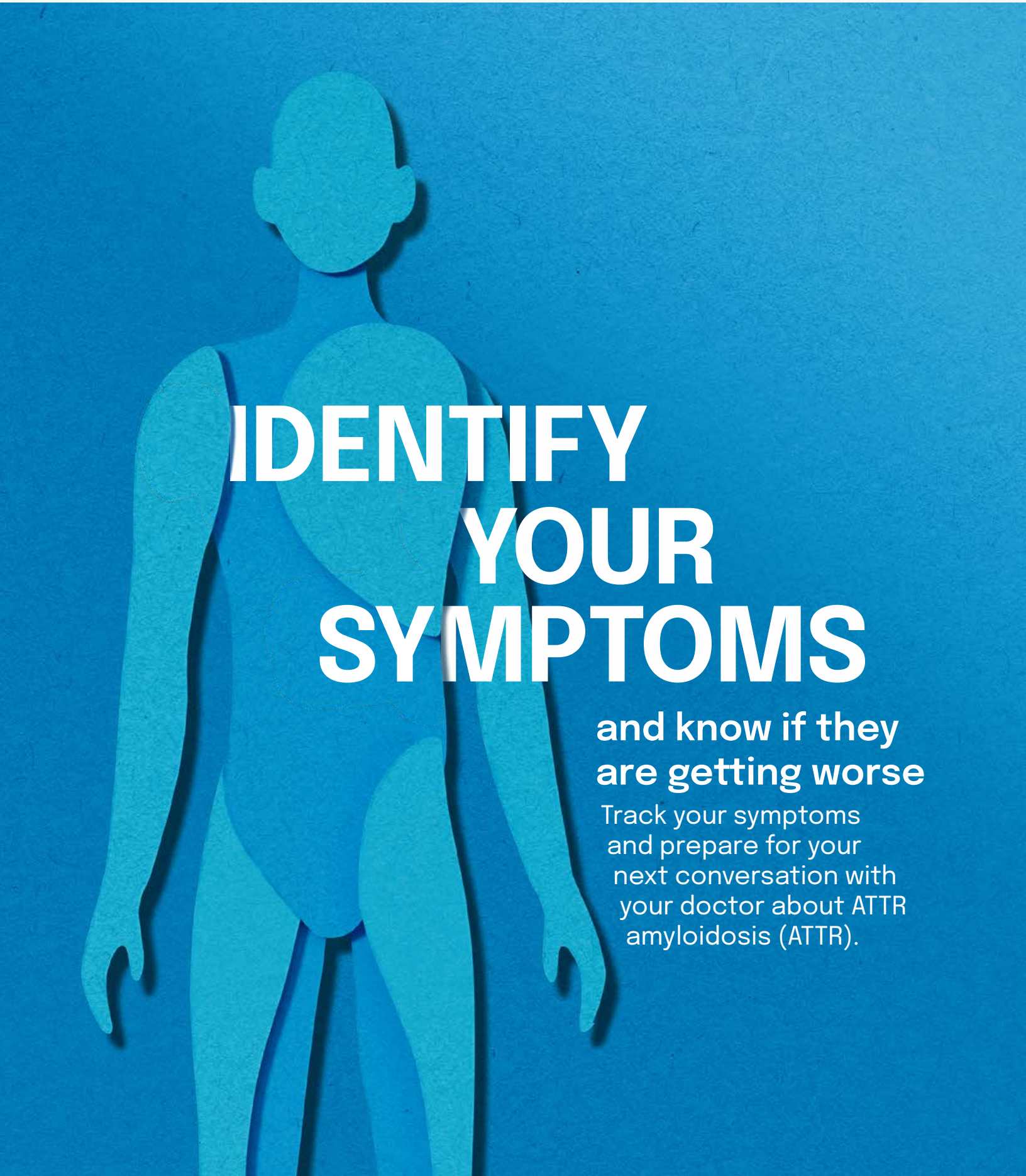
ATTR AMYLOIDOSIS REVEALED™

SYMPTOMS TRACKER & CHECKLIST

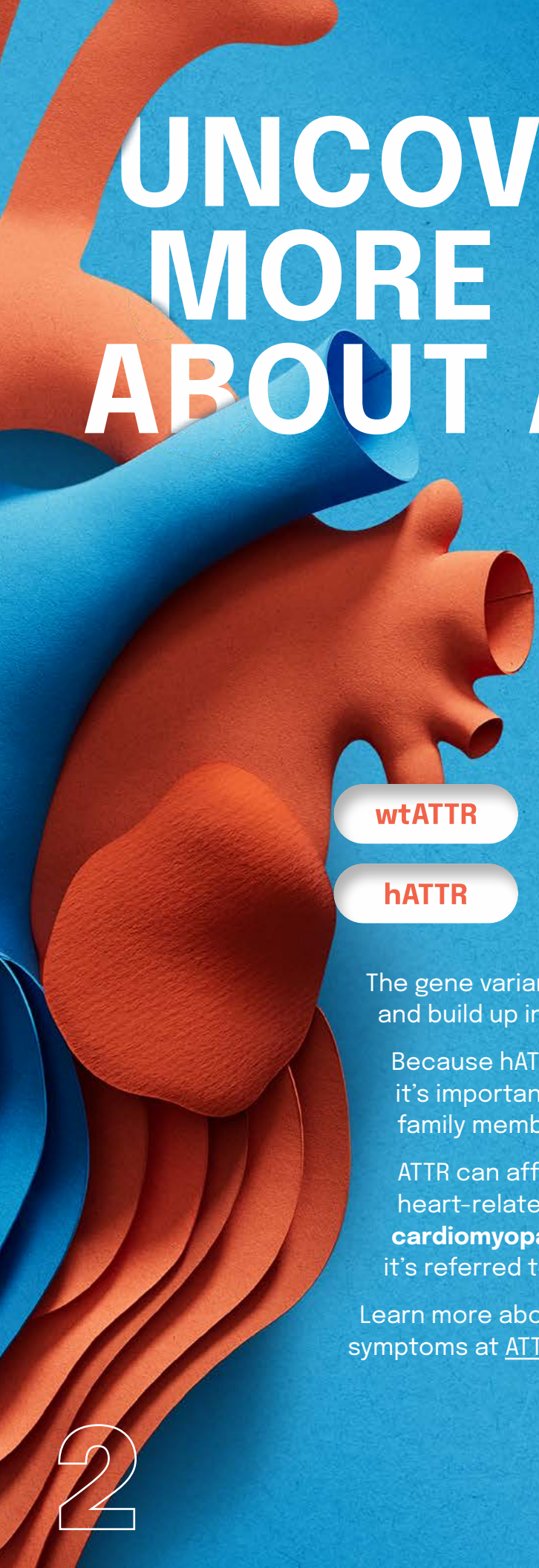


IDENTIFY YOUR SYMPTOMS

and know if they are getting worse

Track your symptoms and prepare for your next conversation with your doctor about ATTR amyloidosis (ATTR).

UNCOVER MORE ABOUT ATTR



ATTR is an underdiagnosed disease with symptoms that can worsen over time and affect multiple parts of the body, including the **heart, nerves, and digestive system**.

There are 2 types of ATTR, wild-type ATTR (wtATTR) and hereditary ATTR (hATTR).

wtATTR

This type is not inherited and may be associated with aging.

hATTR

This type is caused by an inherited gene variant, or change, in the TTR gene passed down through family members.

The gene variant causes the TTR protein to misfold and build up in the body as amyloid deposits.

Because hATTR is passed down through family members, it's important to tell your doctor about symptoms that family members may have experienced.

ATTR can affect multiple parts of your body. With heart-related symptoms, it's referred to as **ATTR with cardiomyopathy (ATTR-CM)**. With nerve-related symptoms, it's referred to as **ATTR with polyneuropathy (ATTR-PN)**.

Learn more about ATTR and how to recognize its signs and symptoms at ATTRrevealed.com/symptoms.

Tracking is just the start

3

This **Symptoms Checklist & Tracker** can help you take note of your symptoms, how they have been impacting your life, and whether or not they changed over time.

Sharing this information is an important step in your journey to diagnosis and monitoring your condition. For your doctor, these details will help them determine your next steps. For your loved ones, knowing how you're feeling gives them an opportunity to support you better.

This resource does not include a complete list of symptoms that may be experienced by people with ATTR. Each person has a different experience and you may not have all of these symptoms, or you may not have them at the same time. Talk to your doctor about all of your symptoms, even if they seem unrelated.



JERRY,
living with wtATTR

4 Symptoms related to the heart

Which symptoms are you experiencing? Mark all that apply.	How limiting is the symptom? Mark the appropriate number. 1 - Minimal 2 - Mild 3 - Moderate 4 - Severe 5 - Extreme	How long have you had this symptom? Note when you first experienced the symptom. MM/DD/YYYY	How has the symptom changed over time? Check the appropriate box.
☐ Shortness of breath	1 2 3 4 5		Better Worse Same
☐ Swelling of legs, ankles, and/or feet (edema)	1 2 3 4 5		Better Worse Same
☐ Fatigue	1 2 3 4 5		Better Worse Same
☐ Fainting	1 2 3 4 5		Better Worse Same
☐ Abnormal heart rhythms (arrhythmias)	1 2 3 4 5		Better Worse Same
☐ Irregular heartbeat	1 2 3 4 5		Better Worse Same

Has another family member experienced any of these symptoms? YES | NO

Have you been diagnosed with heart failure? YES | NO

Notes:

Symptoms related to nerves in hands, feet, arms, and legs



Which symptoms are you experiencing? Mark all that apply.	How limiting is the symptom? Mark the appropriate number. 1 - Minimal 2 - Mild 3 - Moderate 4 - Severe 5 - Extreme	How long have you had this symptom? Note when you first experienced the symptom. MM/DD/YYYY	How has the symptom changed over time? Check the appropriate box.
☐ Burning pain, numbness, tingling, and/or pins and needles in the extremities	1 2 3 4 5		Better Worse Same
☐ Loss of sensitivity to temperature	1 2 3 4 5		Better Worse Same
☐ Difficulty holding on to items	1 2 3 4 5		Better Worse Same
☐ Difficulty using fingers (ex: buttoning, writing, picking up coins)	1 2 3 4 5		Better Worse Same
☐ Problems with balance and/or feeling unsteady on feet	1 2 3 4 5		Better Worse Same
☐ Difficulty getting out of a chair	1 2 3 4 5		Better Worse Same
☐ Difficulty walking	1 2 3 4 5		Better Worse Same

Has another family member experienced any of these symptoms? YES | NO

Have you been diagnosed with polyneuropathy? YES | NO

Notes:

6 Symptoms related to control over bodily functions



Which symptoms are you experiencing?
Mark all that apply.

	How limiting is the symptom?	How long have you had this symptom?	How has the symptom changed over time?
	Mark the appropriate number. 1 - Minimal 2 - Mild 3 - Moderate 4 - Severe 5 - Extreme	Note when you first experienced the symptom. MM/DD/YYYY	Check the appropriate box.
☐ Digestive issues (ex: feeling full quickly, diarrhea, constipation)	1 2 3 4 5		Better Worse Same
☐ Nausea and/or vomiting	1 2 3 4 5		Better Worse Same
☐ Unexplained weight loss	1 2 3 4 5		Better Worse Same
☐ Dizziness or light-headedness upon standing	1 2 3 4 5		Better Worse Same
☐ Urinary incontinence or recurrent urinary tract infections (UTI)	1 2 3 4 5		Better Worse Same
☐ Increase or decrease in sweating	1 2 3 4 5		Better Worse Same
☐ Sexual dysfunction	1 2 3 4 5		Better Worse Same
☐ Difficulty adjusting to changes in lighting	1 2 3 4 5		Better Worse Same

Has another family member experienced any of these symptoms? **YES** | **NO**

Notes:

Symptoms related to muscles, joints, and tendons

Have you ever been diagnosed with these conditions, or talked about them with your doctor?
Mark all that apply.

	How limiting is the symptom? Mark the appropriate number. 1 - Minimal 2 - Mild 3 - Moderate 4 - Severe 5 - Extreme	How long have you experienced this symptom? Note when you first experienced the symptom. MM/DD/YYYY	How has the symptom changed over time? Check the appropriate box.
☐ Carpal tunnel syndrome	1 2 3 4 5		Better Worse Same



Carpal tunnel syndrome, especially in both wrists, may be one of the first symptoms of ATTR and can appear up to 10 years before ATTR is diagnosed.

☐ Lumbar spinal stenosis*	1 2 3 4 5		Better Worse Same
☐ Biceps tendon rupture	1 2 3 4 5		Better Worse Same
☐ Rotator cuff injury	1 2 3 4 5		Better Worse Same
☐ Osteoarthritis	1 2 3 4 5		Better Worse Same
☐ Trigger finger	1 2 3 4 5		Better Worse Same

Has another family member experienced any of these symptoms? **YES** | **NO**

Notes:

*Narrowing of the spinal canal in the lower back that may cause pain or numbness in the legs.

8 General health and impact on daily activities



Which of these are you experiencing? Mark all that apply.	How severe is the limitation? Mark the appropriate number. 1 - Minimal 2 - Mild 3 - Moderate 4 - Severe 5 - Extreme	How long have you experienced this? Note when you first experienced the symptom. MM/DD/YYYY	How has this changed over time? Check the appropriate box.
☐ Physical health interferes with normal social activities (ex: hobbies, visiting friends or family, etc.) and/or work	1 2 3 4 5		Better Worse Same
☐ Weakness and/or shakiness interferes with normal activities (ex: shopping, housework, etc.)	1 2 3 4 5		Better Worse Same
☐ Difficulty bathing/showering	1 2 3 4 5		Better Worse Same
☐ Difficulty getting dressed	1 2 3 4 5		Better Worse Same
☐ Anxiety or depression	1 2 3 4 5		Better Worse Same
☐ Difficulty walking 1 block on flat ground	1 2 3 4 5		Better Worse Same

Notes:

Other symptoms



Which symptoms are you experiencing? Mark all that apply.	How limiting is the symptom? Mark the appropriate number. 1 - Minimal 2 - Mild 3 - Moderate 4 - Severe 5 - Extreme	How long have you had this symptom? Note when you first experienced the symptom. MM/DD/YYYY	How has the symptom changed over time? Check the appropriate box.
☐ Glaucoma, blurred or spotty vision	1 2 3 4 5		Better Worse Same
☐ Floaters in the eye	1 2 3 4 5		Better Worse Same
☐ Stroke-like episodes, causing symptoms (ex: trouble speaking, severe headaches, or seizures)	1 2 3 4 5		Better Worse Same
☐ Trouble remembering things and/or forgetfulness	1 2 3 4 5		Better Worse Same
☐ Kidney dysfunction	1 2 3 4 5		Better Worse Same

Has another family member experienced any of these symptoms? YES | NO

Notes:

10 Preparing for your next conversation with your doctor

Identifying and monitoring your symptoms is an important part of being better informed when you discuss ATTR with your doctor. Because open communication with your healthcare team is crucial to figuring out what your next steps can be, here are some other things to think about before your next appointment.

List any other symptoms you may be experiencing that aren't listed in this tracker and when you started noticing them.

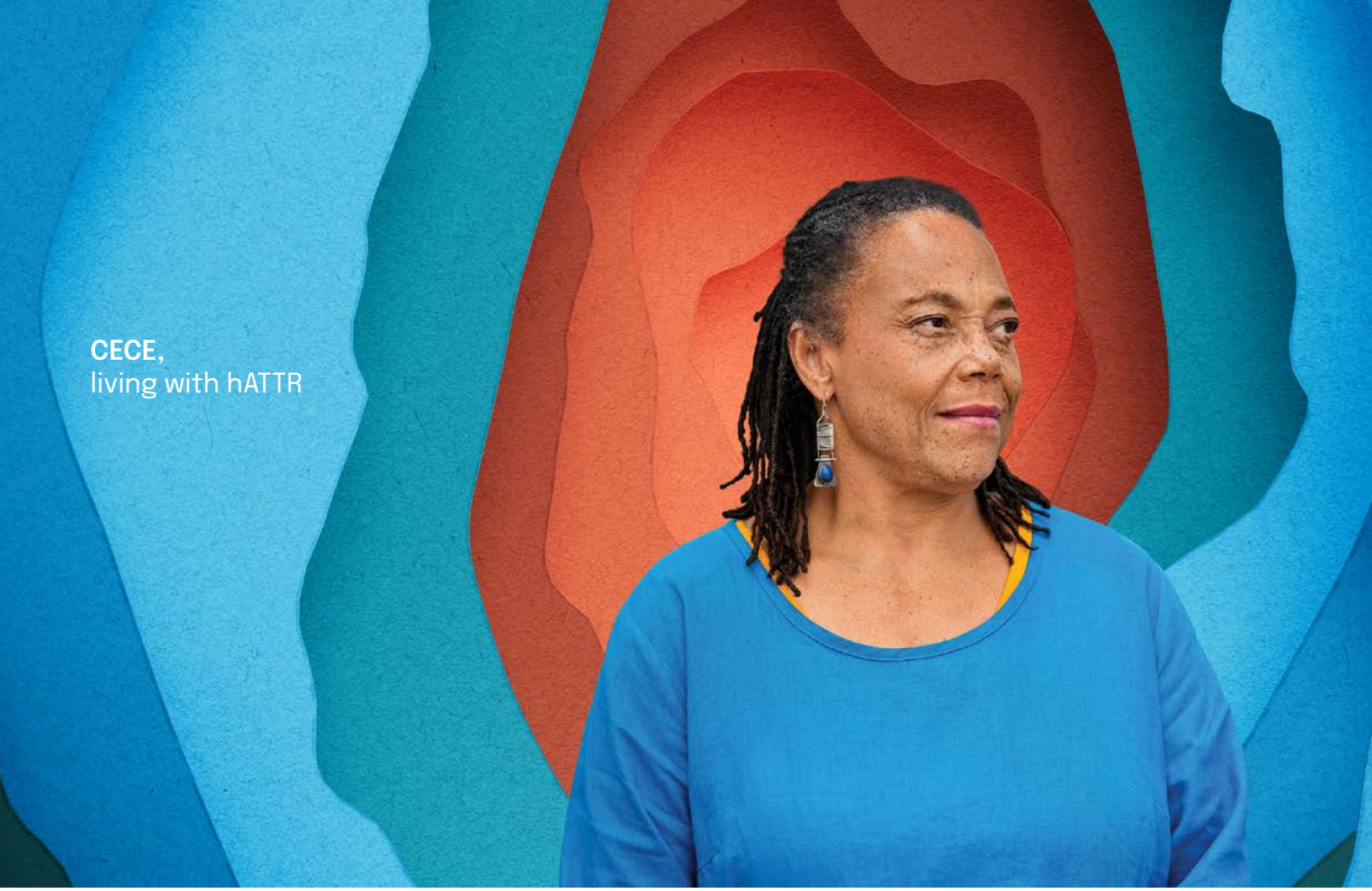
Which symptoms are new since your last appointment?

Since your last appointment, which symptoms have interfered with your daily activities?

Has anyone shared with you that they have noticed a change in your symptoms?

If you've been diagnosed with heart failure, which medications have you been prescribed? How have your symptoms changed since you started the treatment?

List all medications you are taking.



Scan the code or visit www.ATTRrevealed.com to receive more educational resources and learn about ATTR.

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