

Consider the following when filling out the additional information section of this worksheet:

- Have any of your family members experienced injuries in their 40s and 50s from falls due to symptoms of weakness or paralysis?
- Have any of your family members experienced permanent weakness in their 40s and 50s, which resulted in use of a cane, wheelchair, scooter, or walker?

These symptoms, in combination with others, could be signs of **Permanent Muscle Weakness**.⁴

Also, consider:

- Do you know how old these family members were when they started experiencing episodes of weakness or paralysis?



“Although none of my children have been officially diagnosed yet, knowing they may end up having Primary Periodic Paralysis weighs heavy on my heart. Thankfully, however, they will be armed with information and management options I didn’t have.”

– **Stefanie**,
Strongbridge Patient Ambassador

Grandmother		Grandfather			
<input type="checkbox"/> Confirmed PPP diagnosis <input type="checkbox"/> Had episodes of muscle weakness or paralysis after exposure to triggers Additional information: _____ _____ _____		<input type="checkbox"/> Confirmed PPP diagnosis <input type="checkbox"/> Had episodes of muscle weakness or paralysis after exposure to triggers Additional information: _____ _____ _____			
Aunt/Uncle		Mother/Father		Aunt/Uncle	
<input type="checkbox"/> Confirmed PPP diagnosis <input type="checkbox"/> Had episodes of muscle weakness or paralysis after exposure to triggers Additional information: _____ _____ _____		<input type="checkbox"/> Confirmed PPP diagnosis <input type="checkbox"/> Had episodes of muscle weakness or paralysis after exposure to triggers Additional information: _____ _____ _____		<input type="checkbox"/> Confirmed PPP diagnosis <input type="checkbox"/> Had episodes of muscle weakness or paralysis after exposure to triggers Additional information: _____ _____ _____	
Sister/Brother		You		Sister/Brother	
<input type="checkbox"/> Confirmed PPP diagnosis <input type="checkbox"/> Had episodes of muscle weakness or paralysis after exposure to triggers Additional information: _____ _____ _____		<input type="checkbox"/> Confirmed PPP diagnosis <input type="checkbox"/> Had episodes of muscle weakness or paralysis after exposure to triggers Additional information: _____ _____ _____		<input type="checkbox"/> Confirmed PPP diagnosis <input type="checkbox"/> Had episodes of muscle weakness or paralysis after exposure to triggers Additional information: _____ _____ _____	
Child		Child		Child	
<input type="checkbox"/> Confirmed PPP diagnosis <input type="checkbox"/> Had episodes of muscle weakness or paralysis after exposure to triggers Additional information: _____ _____ _____		<input type="checkbox"/> Confirmed PPP diagnosis <input type="checkbox"/> Had episodes of muscle weakness or paralysis after exposure to triggers Additional information: _____ _____ _____		<input type="checkbox"/> Confirmed PPP diagnosis <input type="checkbox"/> Had episodes of muscle weakness or paralysis after exposure to triggers Additional information: _____ _____ _____	