The symptom checklist is intended to help you decide whether Transthyretin Familial Amyloid Polyneuropathy (TTR-FAP) should be considered in your differential diagnosis for patients with polyneuropathy of unknown cause who may or may not be experiencing autonomic symptoms. **IT IS NOT INTENDED TO DIAGNOSE TTR-FAP.** A positive genetic test for a *TTR* gene mutation and/or a positive TTR amyloid biopsy can confirm a diagnosis of TTR-FAP.

Patient name _____

Patient age _____

Date _____

Pre-screen questions:
Does the patient have a family history of TTR-FAP? **Yes**___ **No** ___

Is the patient experiencing changes in body weight? **Yes**___ **No** ___

SENSORY IMPAIRMENT

Check levels of reduced sensation observed

LOWER LIMBS	Toe	Leg	Thigh
Coldness			
Pinprick			
Light touch			
Other			
UPPER LIMBS	Finger	Elbow	Shoulder
Coldness			
Pinprick			
Light touch			
Other			

AUTONOMIC DYSFUNCTION

DIARRHEA/CONSTIPATION*	Alternating diarrhea/constipation	Diarrhea predominant	Severe diarrhea
Check severity present			
ORTHOSTATIC HYPOTENSION	SBP: 0-20 mm Hg decrease	SBP: >20 mm Hg decrease	Severe with fainting
Check severity present			
URINARY DYSFUNCTION	Mild incontinence	Moderate incontinence	Complete incontinence
Check severity present			
ERECTILE DYSFUNCTION	Difficulty keeping an erection	Difficulty getting an erection	
Check severity present			

Other _____

MOTOR FUNCTION

Check levels of severity observed

LOWER LIMBS	Normal	Good	Fair	Poor	None
Anterior tibia					
Quadriceps					
UPPER LIMBS	Normal	Good	Fair	Poor	None
Wrist flexors					
Biceps					

CARDIAC INVOLVEMENT based on EKG

Check level of severity observed

CONDUCTION DELAY	None	AV block I	AV block II or SSS	Complete AV block
Severity present				

This symptoms checklist was developed and modified from the FAP Clinical Score as described in Tashima K, et al. *J Neurol Sci.* 1999;171:19-23.
*Diarrhea severity is based on physician discretion; it is important to understand the patient's bowel habits at baseline.

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