**UNIVERSITY OF WASHINGTON QUESTIONNAIRE FOR STUDY:**

**Glycosaminoglycan Levels in Newborn Dried Blood Spots from MPS Patients**

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In order for our research study to lead to interpretable results, we require some specific information about the MPS patient, and would like to ask that you provide the information listed below. Please only complete this form if you are the MPS patient or have legal permission to provide answers for the patient (ie. a parent or legal guardian).

1. Circle the name of the disorder:

MPS-I

MPS-II

MPS-IIIA

MPS-IIIB

MPS-IIIC

MPS-IIID

MPS-IVA

MPS-VI

MPS-VII

MLD

MSD

2. Sex: Male\_\_\_\_\_, Female\_\_\_\_\_

3. Current age of the patient: \_\_\_\_\_yrs, \_\_\_\_\_months.

4. Approximate age when first symptoms of the disease were noticed : years\_\_\_\_, months\_\_\_\_\_\_

5. List the first symptoms:

6. List the current symptoms:

7. Approximate age of the patient when the diagnosis by the medical expert was made: years\_\_\_\_\_\_, months\_\_\_\_\_\_\_

8. If you have the patient's genotype, please put it below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. If you don't know the patient's genotype, please contact your family's physician if you think he/she has the genotype and write it below or indicate that the genotype was never obtained (as far as you known).

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Sample label (leave blank, this will be provided by the staff member of the National MPS Society:

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