

Guide to discussing HPN with your doctor



It is important to prepare for your medical consultation.

To facilitate the diagnosis by your doctor, bring this completed questionnaire to your next consultation, either by printing it or having it on your phone.



Compared to 6 months ago, do you or your loved one continue to engage in daily activities and hobbies that you enjoyed? (*long walks, golf, cooking, spending time with family and friends, shopping, etc.*)

- Yes, there have been no major changes in my daily routine.
- Yes, but activities had to be slowed down a bit.
- No, it is no longer possible to carry out most activities.

Specify which activities are more difficult to perform and why:



Have you noticed any of the following symptoms in yourself or your loved one?

Check all that apply

IN WALKING:

- Awkward gait: feet seem glued to the ground
- Slow walking: small steps forward
- Loss of balance
- Falls

URINARY SYMPTOMS:

- Urges to urinate: urgent and difficult to hold back
- Urinary leakage

COGNITIVE SYMPTOMS:

- Feeling of physical and/or intellectual fatigue
- Need to take a nap, need more sleep
- Loss of desire to do certain activities previously enjoyed
- Slower reading speed
- Memory loss
- Signs of depression may also be frequent

List any other symptoms you or your loved one are experiencing:
