# Background form: Adult XLH patient

1. How old were you when you were first diagnosed with X linked hypophosphatemia (XLH)? |\_|\_|
   * Don’t know
2. How severe would you say is your XLH currently?

* Mild
* Moderate
* Severe
* Don’t know

1. Which treatments do you currently receive for your XLH? *Please tick all that apply*

* Phosphate
* Calcitriol / activated vitamin D
* Vitamin D
* Surgery
* Dental procedures
* Physiotherapy
* Other, please specify: \_\_\_
* Don’t know

1. Which treatments have you received in the past for your XLH? *Please tick all that apply*

* Phosphate
* Calcitriol / activated vitamin D
* Vitamin D
* Growth hormone
* Surgery
* Dental procedures
* Physiotherapy
* Other, please specify: \_\_\_
* Don’t know

1. Do any other members of your family have XLH? *Please tick all that apply*
   * Mother
   * Father
   * Brother or sister
   * Other, please specify: \_\_\_
2. Do you have any other illnesses or conditions which limit your daily activities?
   * Yes, please specify: \_\_\_
   * No
3. What is your age? |\_|\_|
4. Are you…
   * Male
   * Female
   * Other
   * Prefer not to answer
5. What is your current living situation? *Select one*

* Living with partner / spouse
* Living alone
* Living with relative(s)
* House sharing
* Other
* Prefer not to answer

1. Which of the following best describes your current employment status? *Select one for each column*

* Employed / Self-employed, full-time
* Employed / Self-employed, part-time
* Homemaker
* Unemployed, seeking work
* Unable to work due to health issues
* Retired
* Student
* Other
* Prefer not to answer

1. Which of the following best describes your highest level of educational qualification? *Select one*

* No formal qualifications
* Primary education
* Secondary education
* Degree level or higher
* Other
* Prefer not to answer