Checklist for SDHX pathogenic variant carrier follow-up consultation

Updated medical and surgical history:
Updated psycho-social history:
Updated medication list:
Updated family history (including whether children have reached age for consideration of predictive gene testing):

Has the patient noticed any of the following:

□ **Headaches**

If yes, how often:

□ **Severe sweating for an unknown reason**

If yes, how often:

□ **Rapid or forceful heartbeat**

If yes, how often:

- □ Has blood pressure been measured during symptoms? □ Yes □ No

  If yes, what was it?

- □ Does the patient look pale during symptoms? □ Yes □ No

□ **Postural dizziness**

□ **Hearing loss or tinnitus**

□ **Voice changes**

□ **Difficulty swallowing**

□ **Difficulty lifting shoulder**

□ **Unexpected weight loss**

If yes, how much:

Over what time period:

□ **Neck mass**

If yes, where is it:

When was it first noticed:

□ **Gastroesophageal reflux or vomiting**

If yes, how often:

Over what time period:

□ **Abdominal fullness or pain**

If yes, how often:

Over what time period:

□ **Dark stools or PR bleeding**

Examination findings:

Neck:
Abdomen:
Lying BP:
Standing BP:

Adapted from: Amar, L., K. Pacak, O. Steichen, et al. 2021. "International consensus on initial screening and follow-up of asymptomatic SDHx mutation carriers." Nat Rev Endocrinol 17(7): 435-444.