UMDF Patient-Focused Drug Development Mini Session - Nashville Attendee Input

* 1. What best describes you?

- ◯ I am the parent and/or caregiver of a pediatric mitochondrial disease patient with neurologic manifestations.
- ◯ I am a mitochondrial disease affected adult with a myopathy.
- ◯ Other (please specify)

* 2. Please provide input as to whether you felt the panels and polling questions addressed their own child's experiences living with mitochondrial disease.

* 3. Please identify any experiences you felt were NOT addressed within the panels or polling questions.

* 4. Additional Comments?

5. Please contact me for further input...

Name

Email Address