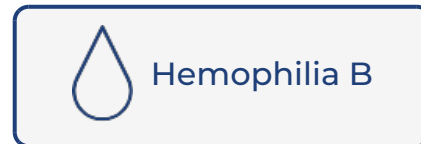
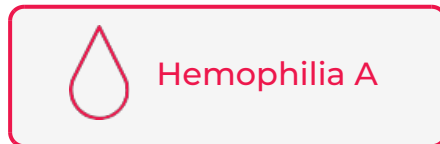




*Report generated on 27 September 2025*

## Select Your hemophilia Type



## Questions for reflection

- 1** How would you describe the impact of your hemophilia on obtaining your life goals? (Goals related to work, education, family, hobbies, etc.)

- 2** Why are you considering a change to your therapy?

## Statements for Reflection



- 1 I feel tied to (or constrained by) my hemophilia treatment regimen **[0]**
- 2 Managing my hemophilia takes a lot of effort **[0]**
- 3 My hemophilia is always in the back of my mind **[0]**
- 4 I feel adequately protected against bleeds **[0]**
- 5 I am concerned about the potential side effects of novel therapies for hemophilia **[0]**
- 6 I feel upset about missing significant opportunities because of my hemophilia **[0]**
- 7 My hemophilia makes it difficult to keep up a satisfying social life **[0]**
- 8 My hemophilia keeps me from being able to fulfill the roles I expect to be able to do **[0]**

Selected Treatment Classes for Comparison

Suggested Questions to Discuss with Your Health Care Team