

Franklin Cardiovascular Associates, PA
Questionnaire on Hypermobility Syndromes (EDS and Related Disorders).

Please Circle with yes or no.

1. Do you develop pain in joints that is continuous or intermittent that is difficult to relieve and causes discomfort, and also possible abdominal discomfort or migraines? **Yes or No**
2. Do you have significant fatigue during the day or on awakening? **Yes or No**
3. Do your limbs feel like lead and become heavy at times? **Yes or No**
4. Do you get bouts of drowsiness or sleepiness? **Yes or No**
5. Do you have difficulty standing up for long periods of time? **Yes or No**
6. Do you have profuse sweating? **Yes or No**
7. Do you get chills or cold extremities? **Yes or No**
8. Do you believe that you have a drop in blood pressure periodically? **Yes or No**
9. Do you bruise easy, Do you have bleeding from your gums, mouth, nose, or heavy periods?
Yes or No
10. Are you hypersensitive to sound, smells, sudden positional changes, flickering lights, or any cutaneous stimulation? **Yes or No**
11. Do you have problems with blurred vision or does the image ever split? **Yes or No**,
12. Does your vision at times feel as though it gets tired? **Yes or No**
13. Do you get shortness of breath on minimal exertion? **Yes or No**
14. Do you have memory deficits? **Yes or No**
15. Do you get brain fog, orientation difficulties, difficulty concentrating, or have attention deficit problems? **Yes or No**
16. Do you have clumsiness when you walk? Do you fall? **Yes or No**
17. Do you get frequent sprains, dislocate, or sublux your joints, such as your ankles, knees, jaw, or any other joints? Please list joints that are affected. **Yes or No**
18. Have you suffered numerous miscarriages (if female)? **Yes or No**
19. Do you have urological problems such as losing urine or retaining urine? **Yes or No**
20. Do you get sleep disturbances? **Yes or No**
21. Do you get pneumothoraces? **Yes or No**
22. Have you ever had swelling of the legs or lymphedema? **Yes or No**
23. Have you ever had a history of arterial aneurysms? **Yes or No**
24. Do you have excessive elasticity or stretchability of your skin? **Yes or No**
25. Do you have easy bruisability? **Yes or No**
26. Do you have scars that formed oftentimes on your skin? **Yes or No**
27. Do you have stretch marks before pregnancy or do you get stretch marks easily? **Yes or No**
28. Do you have delayed healing? **Yes or No**
29. Do you have thin skin? **Yes or No**
30. Do you have transparent skin? **Yes or No**
31. As a child did you participate or excel in gymnastics, swimming or cheerleading? **Yes or No**

32. Do you get fractures often? **Yes or No**, If so how many fractures_____
33. Do you or a family member have diverticulitis or diverticulosis? **Yes or No**
34. Do you have a cleft lip or cleft palate? **Yes or No**
35. Is the white of your eyes discolored either blue gray or off white? **Yes or No**
36. Do you have hernias? **Yes or No**
37. Do you have Scoliosis? **Yes or No**
38. Do you have herniated discs, ruptured disc or bulging disc? **Yes or No**
39. Do you have mitral valve prolapse? **Yes or No**
40. Do you have family history of Ehlers-Danlos, Marfans osteogenesis imperfecta, sickle cell syndrome, pseudoxanthoma elasticum? **Yes or No**
41. Do you develop cigarette paper skin after a cut, stitches or when you form a scar? **Yes or No**
42. Are you double jointed such as touch your thumb on your wrist or put palms on the floor when bending waist without bending knee? **Yes or No**
43. Can you put your thumb through your closed fist and have it come out the other side? **Yes or No**
44. Can you pull the skin from your elbow more than 2 inches? **Yes or No**
45. Is your hair very thick? **Yes or No**
46. Is your hair very thin? **Yes or No**
47. Are your nails weak and fragile? **Yes or No**
48. Are your nails strong and grow back fast? **Yes or No**
49. Does your chest cave in or does it appear to cave in or have you had any family members who had to have their chest bone or sternum removed because it was pushing on your heart? **Yes or No**