

Dr. Herbst's Questionnaire for Patients

Who initially diagnosed you with your condition?	Have not been diagnosed
How did you hear or learn about Dr. Herbst?	Premier Lipedema Clinic
When did your condition start or when do you think it started?	d. After hysterectomy
Have you ever noticed your legs were larger than the rest of your body or larger than people of your same age? At what age?	Yes.
Is your tissue painful?	Yes
If yes, at what age and/or after what event did the pain start?	Hysterectomy
Which areas of the body are you experiencing pain?	a. Upper arms d. Abdomen f. Lower back g. Front of thighs
Are there areas of your body that are tender to the touch? If yes, where?	a. Upper arms d. Abdomen f. Lower back g. Front of thighs
On a comparative pain scale of 1-10 (10 being the most painful), what pain level are you experiencing on a daily basis?	6 / 10
What pain level do you experience on a bad day?	9 / 10
What pain level do you experience on a good day?	4 / 10
Do you experience swelling?	Yes
If yes, where on the body do you experience swelling?	m. Ankles

Do you swell more standing for long periods of time?

Yes

How long (minutes) can you stand without swelling, pain or other issues?

b. 1-5 minutes

Do you swell sitting for long periods of time?

Yes

How long can you sit without swelling, pain or other issues?

b. 1-5 minutes

Do you swell or does your swelling worsen in the heat?

Yes

Do you elevate your legs to make them feel better?

Yes

Does any swelling you have resolve with elevation or sleeping overnight?

Yes

Are there any areas of your body that you don't lose fat tissue from by diet or exercise? (choose all that apply)

a. Upper arms

d. Abdomen

f. Lower back

h. Abdomen

i. Front of thighs

j. Back of thighs

k. Inner thighs

Have you been able to lose weight on an eating plan?

No

Have any of the following medications or supplements been helpful for your signs and symptoms? (Choose any that apply)

Phentermine	Not helpful
Dextroamphetamine/Adderall	
Diosmin, MPFF or Vasculera	
Ozempic, Wegovy or other	
GLP-1 agonist	
Metformin	Not helpful

What eating plans have you tried that improved your symptoms, including swelling and pain?

Mediterranean

What activities are you unable to perform?

Hard to wipe my butt. Hard to walk up stairs. Walk for long periods of time

What exercise do you do?

Walking

Do you experience extreme fatigue defined as a lingering tiredness that is constant and limiting; in other words, unexplained, persistent, and relapsing exhaustion.

Yes

Do you have brain fog?

Yes

Choose all parts of your body where you have heavy tissue:

Upper arms

Abdomen

Lower back

Front of thighs

Inner thighs

As a child did you amuse your friends by contorting your body into strange shapes OR could you do the splits?

No

Can you now (or could you ever) bend your thumb to touch your forearm?

No

Can you now (or could you ever) place your hands flat on the floor without bending your knees?

No

As a child or teenager did your shoulder or kneecap dislocate on more than one occasion?

No

Do you consider yourself double-jointed?

No

Do you wear compression garments?

Yes

How long have you worn compression?

One month – 6 months

What are the benefits of wearing your compression garments?

Reduction in pain

Have you tried the following manual therapy: manual lymphatic drainage (MLD) therapy as part of complete decongestive therapy?

No

Have you tried the following manual therapy: Deep tissue therapy such as myofascial release, Rolfing, Swedish massage, Thai massage, etc.

No

Do you have an intermittent pneumatic compression (IPC) pump?

No

If you have an IPC pump how often do you use it?

I do not have an IPC pump

Which of the following therapies have you tried and received benefit for your symptoms (Choose all that apply):

None of the above

Does your physical health interfere with your social activities?

Yes

What do you do for work?

Lab Technician

Does your physical health interfere with your work?

Yes

Do you bruise easily?

Yes

How often do you find bruises on your body?

Weekly

Do you have spider veins?

Yes

Do you have varicose veins?

Yes

Have you ever had a vein procedure such as injection of detergent or radio frequency ablation or stripping to close one of your veins?

No

If your veins were ever treated, did your symptoms improve?

No

Have you ever experienced a blood clot or have been diagnosed with deep vein thrombosis (DVT)/pulmonary embolus?

No

Do you feel hard nodules, lumps, or "grains" under the skin in areas with affected tissue?

Yes

What areas of your body have nodules, lumps or grains?

Upper arms

Lower arms

Abdomen

Lower back

Front of thighs

Back of thighs

Inner thighs

Rate your overall health?

Fair

What was your highest weight in pounds?

313

What was your lowest weight in pounds?

112

Have you participated in a supervised weight loss program such as a bariatric surgery program, a weight loss clinic, a supervised dietary program, a nutritionist supervised program, a personal trainer or other?

No

If you participated in a supervised weight loss program, did your affected tissue reduce or did your symptoms improve?

I did not participate in a supervised weight loss program

If you have previously had any surgical procedures for your condition, did your symptoms improve after the surgery?

I have not had surgery