

## Dr. Herbst's Questionnaire for Patients

Please choose any of the following connective tissue conditions or associated conditions that you are seeking care for:

Lipedema

Who initially diagnosed you with your condition?

Dr Aaron Aday

How did you hear or learn about Dr. Herbst?

e. Publication / medical journal

When did your condition start or when do you think it started?

b. Pregnancy

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?

30

Is your tissue painful?

Yes

If yes, at what age and/or after what event did the pain start?

Menopause around age 56

Which areas of the body are you experiencing pain?

g. Front of thighs

h. Back of thighs

i. Inner thighs

j. Front of calves

k. Back of calves

l. Inner calves

m. Ankles

Are there areas of your body that are tender to the touch? If yes, where?

g. Front of thighs

h. Back of thighs

i. Inner thighs

j. Front of calves

k. Back of calves

l. Inner calves

On a comparative pain scale of 1-10 (10 being the most painful), what pain level are you experiencing on a daily basis?

3 / 10

What pain level do you experience on a bad day?

5 / 10

**What pain level do you experience on a good day?** 2 / 10

**Do you experience swelling?**

Yes

**If yes, where on the body do you experience swelling?**

g. Front of thighs

h. Back of thighs

i. Inner thighs

j. Front of calves

k. Back of calves

l. Inner calves

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?**

d. 11-20 minutes

**Do you swell sitting for long periods of time?**

Yes

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

g. > 60 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

c. Breasts

d. Abdomen

h. Abdomen

i. Front of thighs

j. Back of thighs

k. Inner thighs

l. Front of calves

m. Back of calves

n. Inner calves

o. Ankles

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

Yes

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

|                            |  |
|----------------------------|--|
| Phentermine                |  |
| Dextroamphetamine/Adderall |  |
| Diosmin, MPFF or Vasculera |  |
| Ozempic, Wegovy or other   |  |

|               |  |
|---------------|--|
| GLP-1 agonist |  |
| Metformin     |  |

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

Anti-inflammatory

Intermittent fasting

**What activities are you unable to perform?**

I can no longer run or squat, and it makes me very sad

**What exercise do you do?**

Walking

Pilates

Biking, swimming

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

No

**Do you have brain fog?**

No

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

Front of thighs

Back of thighs

Inner thighs

Front of calves

Back of calves

Inner calves

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

Yes

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

Yes

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

Yes

**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 year

**What are the benefits of wearing your compression garments?**

None of the above

|   |  |
|---|--|
| Have you tried the following manual therapy: manual lymphatic drainage (MLD) therapy as part of complete decongestive therapy?            | Yes  |
| If you tried MLD, did it improve your symptoms?   | 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?   | Yes  |
| If you have an IPC pump how often do you use it?  | Once a day   |
| Which of the following therapies have you tried and received benefit for your symptoms (Choose all that apply):                           | Acupuncture<br>Foam rollers, gua sha tools, other rollers or tools |
| Does your physical health interfere with your social activities?  | No   |
| What do you do for work?  | Self employed fashion designer                                     |
| Does your physical health interfere with your work?   | No   |
| 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  |
| Do you have venous insufficiency?   | 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?    | Yes  |
| If your veins were ever treated, did your symptoms improve?   | Yes  |

**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?**

Abdomen

Front of thighs

Back of thighs

Inner thighs

Front of calves

Back of calves

Inner calves

**Rate your overall health?**

Good

**What was your highest weight in pounds?**

180

**What was your lowest weight in pounds?**

125

**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?**

Yes

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

No

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

I have not had surgery