

## Dr. Herbst's Questionnaire for Patients

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

Lymphedema

Who initially diagnosed you with your condition?

No one

How did you hear or learn about Dr. Herbst?

a. Total Lipedema Care website

d. Instagram

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

c. Menopause

Is your tissue painful?

Yes

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

After giving birth 25 years ago

Which areas of the body are you experiencing pain?

b. Lower arms

c. Breasts

d. Abdomen

e. Upper back

f. Lower back

g. Front of thighs

j. Front of calves

k. Back of calves

m. Ankles

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

7 / 10

What pain level do you experience on a bad day?

10 / 10

What pain level do you experience on a good day?

5 / 10

Do you experience swelling?

Yes

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

a. Upper arms

b. Lower arms

d. Abdomen

e. Upper back

f. Lower back

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?**

c. 6-10 minutes

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

Yes

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

c. 6-10 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?**

No

**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

b. Lower arms

d. Abdomen

e. Upper back

f. Lower back

g. Chest

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?**

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	Not helpful
Diosmin, MPFF or Vasculera	
Ozempic, Wegovy or other	Not helpful
GLP-1 agonist	
Metformin	Not helpful

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

Mediterranean

Anti-inflammatory

Intermittent fasting

Low carbohydrate

Other

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

Depends on the day. Some days I can't work nor can I walk comfortably.

**What exercise do you do?**

Walking

HIIT

Weightlifting

Personal trainer

**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

Lower arms

Abdomen

Upper back

Front of thighs

Back of thighs

Inner thighs

Front of calves

Back of calves

Ankles

**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?**

Yes

**Do you consider yourself double-jointed?**

No

**Do you wear compression garments?**

Yes

**How long have you worn compression?**

< one month

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

None of the above

<b>Have you tried the following manual therapy: manual lymphatic drainage (MLD) therapy as part of complete decongestive therapy?</b>	<input type="button" value="Yes"/>
<b>If you tried MLD, did it improve your symptoms?</b>	<input type="button" value="Yes"/>
<b>Have you tried the following manual therapy: Deep tissue therapy such as myofascial release, Rolfing, Swedish massage, Thai massage, etc.</b>	<input type="button" value="Yes"/>
<b>If you tried deep tissue therapy, did it improve your symptoms?</b>	<input type="button" value="No"/>
<b>Do you have an intermittent pneumatic compression (IPC) pump?</b>	<input type="button" value="No"/>
<b>If you have an IPC pump how often do you use it?</b>	<input type="text" value="I do not have an IPC pump"/>
<b>Which of the following therapies have you tried and received benefit for your symptoms (Choose all that apply):</b>	<input type="text" value="None of the above"/>
<b>Does your physical health interfere with your social activities?</b>	<input type="button" value="Yes"/>
<b>What do you do for work?</b>	<input type="text" value="Restaurant owner and vice president of a small non profit"/>
<b>Does your physical health interfere with your work?</b>	<input type="button" value="Yes"/>
<b>Do you bruise easily?</b>	<input type="button" value="No"/>
<b>How often do you find bruises on your body?</b>	<input type="text" value="Monthly"/>
<b>Do you have spider veins?</b>	<input type="button" value="Yes"/>
<b>Do you have varicose veins?</b>	<input type="button" value="No"/>
<b>Have you ever had a vein procedure such as injection of detergent or radio frequency ablation or stripping to close one of your veins?</b>	<input type="button" value="No"/>
<b>If your veins were ever treated, did your symptoms improve?</b>	<input type="button" value="No"/>

<b>Have you ever experienced a blood clot or have been diagnosed with deep vein thrombosis (DVT)/pulmonary embolus?</b>	No
<b>Do you feel hard nodules, lumps, or "grains" under the skin in areas with affected tissue?</b>	Yes
<b>What areas of your body have nodules, lumps or grains?</b>	Upper arms
<b>Rate your overall health?</b>	Good
<b>What was your highest weight in pounds?</b>	216
<b>What was your lowest weight in pounds?</b>	140
<b>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?</b>	Yes
<b>If you participated in a supervised weight loss program, did your affected tissue reduce or did your symptoms improve?</b>	No
<b>If you have previously had any surgical procedures for your condition, did your symptoms improve after the surgery?</b>	I have not had surgery
<b>Is there any additional information you would like for us to know so we can better care for you?</b>	My swelling seems to be all over the body not just in isolated places.