

QUESTIONNAIRE №

I. PATIENT FORM

Full name

Mobile phone

Sex

F

M

Age

1. Please answer the following questions truthfully. Be as thorough as possible:

- 1) Do you have any active complaints about your wellbeing?
- 2) How would you describe the presence of pain in your life.
- 3) How would you best describe your health?
- 4) Please thoroughly describe your physical exercise regimen.

2. Please answer the following questions by using a scale from 1-10, where 1 is “Strongly disagree” and 10 is “Strongly agree”:

- 1) I experience pain in my spine.
- 2) My joint “crunch”.
- 3) I have had ligament sprains and/or ruptures.
- 4) I have experienced bone injury.
- 5) I have experienced bone fractures.
- 6) I feel a “crunching” and/or “grinding” sensation when I chew.
- 7) I feel pain in my joints.
- 8) I have had dislocated joints.
- 9) I experienced joint subluxations.
- 10) I am often tired.
- 11) I do not get enough sleep.
- 12) I wake up tired.

Please rate (1-10):

- | | | | | | | | | | | |
|---------------------------|---|---|---|---|---|---|---|---|---|----|
| 1) <u>QUALITY OF LIFE</u> | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 2) <u>OVERALL HEALTH</u> | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

II. EXAMINATOR FORM

1. Primary assement:

Spine pain		"Crunch" in the temporomandibular joint	
"Crunch" in the joints		Arthralgia	
Ligament sprains and ruptures		Joint dislocations and subluxations	
Bone fractures		Asthenic syndrome	
Blood pressure		Heart rate	

2. Anamnesis:

3. The type of exercise that caused the injury:

4. Anthropometric measurements:

Weight		Height		Chest volume	
Quetelet Index		Varga Index		Verveque Index	
Pigne Index		Arm swing		Arm swing/height	
Foot height		Foot length		Foot length/height	
Face height		Zygomatic width		Facial index	
Wrist length		Middle finger length		Wrist length/height	

5. Osteo-articular signs:

Scoliosis		Flatfoot	
Kyphosis		Feet valgus installation	
Kyphoscoliosis		X- and O-shaped legs	
«Flat» back		Macrodaetyly of the first toe	
Shoulder blades' asymmetry		Joint hypermobility (Bayton's criteria)	
Shoulder asymmetry		Wide-set eyes	
Pelvic bones' asymmetry		Gothic high palate	
Pterygoid shoulder blades		Malocclusion	
Infundibular chest deformity		Keel-shaped chest deformity	
Micrognathia		Nasal septum curvature	
Hammer toes		Hip displasia	
Wrist test		Thumb test	

6. Mvopathic and ectodermal signs:

Myotonic syndrome		Skin hyperpigmentation above the spine	
Rectus muscles diastasis		Atrophic striae	
Recurrent hernia		Teleangiectasia	
Thin hyperelastic skin		Nails (soft/fragile/exfoliated)	
Nosebleeds		Hair (thin/brittle/areas of alopecia)	
Keloid scars		Auricles (soft/rolled into a tube)	
Petechia		Ecchymosis	
Bluish / blue sclera		The "tissue paper" symptom	

7. Internal signs:

Mitral valve prolapse		Astigmatism	
Vascular dystonia		Cataract	
Pulse, beats/min		Glaucoma	
Systolic blood pressure		Lens subluxation	
Diastolic blood pressure		Strabismus	
Lower extremities' varicose veins		Myopia	
Hemorrhoids		Biliary dyskinesia	
Esophagus Diverticula		Chronic esophagitis	
Hiatal hernia		Gastroesophageal reflux	
Kidney, liver cysts		Organ ptosis	
Urinary incontinence		Lungs Emphysema	

III. STUDY NOTES.
(include date of note)