

Patient characteristics questionnaire

1. Age:
2. Sex:
3. Height:
4. Weight:
5. Are you known with other diseases? If yes, which (e.g. diabetes, hypertension)
6. Medication:
7. Have you ever used oral anticonception? If yes, how many years?
8. Have you ever been pregnant? If yes, how many pregnancies have you gone through?
9. On what age did you recognize that the legs were proportionally bigger than the upper body?
10. The diagnosis lipoedema was made on the following age:
11. The diagnosis was made by a:
 - a. Dermatologist, surgeon, general practitioner or other?
12. How many doctors have you visited before the diagnosis lipoedema was made?
13. Does lipoedema occur in the family?

Physical complaints questionnaire

14. I have the following complaint in my legs:

- a. Pain upon pressure
- b. Bruising
- c. Pain in rest
- d. Cold legs
- e. Burning sensation
- f. Deafness
- g. Other complaints, which are?
- h. No complaints

15. On what age did the above named complaints start?

16. How much pain do you have in your legs? (On the lines below you need to place a vertical bar which, in your opinion, corresponds to the maximum, minimum and current pain you experience. Right means intolerable pain, left means no pain.)

Maximum pain

None I _____ I Maximum

Minimum pain

None I _____ I Maximum

Current pain

None I _____ I Maximum

17. Please indicate how these complaints are proportionate to the cosmetic aspect?

- a. The above named complaints are more important than the cosmetic aspect.
- b. The above named complaints are equally important as the cosmetic aspect.
- c. The above named complaints are less important than the cosmetic aspect.