BRISTOL IMPACT OF HYPERMOBILITY (BIoH) QUESTIONNAIRE

This questionnaire is designed to ask how hypermobility affects your day to day life. Please answer all of the questions and try not to think too much about your answer.

A. **During the past 7 days**, have you had pain in any of the following areas?

	Yes	No
Shoulders	☐	☐
Elbows	☐	☐
Wrists	☐	☐
Hands	☐	☐
Hips	☐	☐
Knees	☐	☐
Ankles	☐	☐
Feet	☐	☐
Neck	☐	☐
Back	☐	☐

B. We would like to know how often you have experienced pain and fatigue due to hypermobility during the **past 7 days.**

Please circle the number which best reflects…

1) your **average** level of pain during the **past 7 days**

0 1 2 3 4 5 6 7 8 9 10

No pain — Worst imaginable pain

2) your **worst** level of pain during the **past 7 days**

0 1 2 3 4 5 6 7 8 9 10

No pain — Worst imaginable pain

3) how much pain you have had **when walking** during the **past 7 days**

0 1 2 3 4 5 6 7 8 9 10

No pain — Worst imaginable pain

4) how much pain you have had **when resting** during the **past 7 days**

0 1 2 3 4 5 6 7 8 9 10

No pain — Worst imaginable pain

5) your **average** level of fatigue during the **past 7 days**

0 1 2 3 4 5 6 7 8 9 10

No fatigue — Totally exhausted

6) the **effect** fatigue has had on your life during the **past 7 days**

0 1 2 3 4 5 6 7 8 9 10

No effect — Large effect

7) how well you have **coped** with fatigue during the **past 7 days**

*Reverse scored (0=10, 1=9, etc)

0 1 2 3 4 5 6 7 8 9 10

Not at all well — Very well

/70

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C. Please tick the box which best describes how much, during the **past 7 days**, hypermobility has affected...

		Not at all[1]	A little[2]	Somewhat[3]	A lot[4]	Completely[5]
8)	the footwear you have worn	☐	☐	☐	☐	☐
9)	the transport you have used	☐	☐	☐	☐	☐

D. **How often.....**

		Never[1]	Occasionally[2]	Sometimes[3]	Often[4]	Always[5]
10)	have you had unexpected pain (that was not an expected consequence of something you have done) during the past 7 days?	☐	☐	☐	☐	☐
11)	has your wrist or hand given way, leading you to drop, or nearly drop something during the past 7 days?	☐	☐	☐	☐	☐
12)	has your ankle, knee or hip given way, leading to a stumble or trip during the past 7 days?	☐	☐	☐	☐	☐
13)	have you lost your balance during the past 7 days?	☐	☐	☐	☐	☐
14)	have joints seized up during the past 7 days?	☐	☐	☐	☐	☐
15)	has it felt like a joint has slipped out of place during the past 7 days?	☐	☐	☐	☐	☐
16)	have you had muscle cramps or spasms during the past 7 days?	☐	☐	☐	☐	☐
17)	has your sleep been disturbed due to pain or discomfort during the past 7 days?	☐	☐	☐	☐	☐

/50

E. How much difficulty have you had with the following tasks during the **past 7 days** due to hypermobility?

		Not difficult[1]	A little difficult[2]	Somewhat difficult[3]	Extremely difficult[4]	Completely impossible[5]
18)	Bending or twisting	☐	☐	☐	☐	☐
19)	Squatting	☐	☐	☐	☐	☐
20)	Walking on uneven ground	☐	☐	☐	☐	☐
21)	Carrying a heavy bag, such as a shopping bag	☐	☐	☐	☐	☐
22)	Reaching up to high shelves	☐	☐	☐	☐	☐
23)	Pulling or pushing heavy doors	☐	☐	☐	☐	☐
24)	Opening a tight or new jar	☐	☐	☐	☐	☐

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		Not difficult[1]	A little difficult[2]	Somewhat difficult[3]	Extremely difficult[4]	Completely impossible[5]
25)	Writing for more than 30 minutes	☐	☐	☐	☐	☐
26)	Peeling or chopping vegetables	☐	☐	☐	☐	☐
27)	Carrying a saucepan full of water	☐	☐	☐	☐	☐

/50

F. How much discomfort would you have had after the following activities **during the past 7 days**?

		No discomfort[1]	Slightly uncomfortable[2]	Uncomfortable[3]	Painful[4]	Could not do it[5]
28)	Standing up for more than 30 minutes	☐	☐	☐	☐	☐
29)	Sitting in a chair for more than 30 minutes	☐	☐	☐	☐	☐
30)	Standing up after sitting for more than 30 minutes	☐	☐	☐	☐	☐
31)	Climbing several flights of stairs	☐	☐	☐	☐	☐
32)	Going down several flights of stairs	☐	☐	☐	☐	☐
33)	Walking at your own pace for a few miles	☐	☐	☐	☐	☐
34)	Walking briskly for a few miles	☐	☐	☐	☐	☐
35)	Wandering around shops or museums	☐	☐	☐	☐	☐
36)	Bending or twisting	☐	☐	☐	☐	☐
37)	Squatting	☐	☐	☐	☐	☐

/50

G. **Please circle** the number which best indicates…

38) how much you have felt in control of the movement of your body and limbs during the **past 7 days**

0 1 2 3 4 5 6 7 8 9 10

Completely in control — Completely unable to control

39) how accurately you have been able to predict how you might feel in general over the **past 7 days**

0 1 2 3 4 5 6 7 8 9 10

Always able to predict — Completely unable to predict

40) how frustrated you have felt with hypermobility during the **past 7 days**

0 1 2 3 4 5 6 7 8 9 10

Not at all frustrated — Very frustrated

41) how strong your body and limbs have felt generally over the **past 7 days**

0 1 2 3 4 5 6 7 8 9 10

Very strong — Extremely weak

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42) how ‘tight’, ‘strong’, ‘held together’ your body and limbs have felt generally during the **past 7 days**

0 1 2 3 4 5 6 7 8 9 10

Very tight — Extremely loose

43) how able you have felt to control your fatigue in the **past 7 days**

0 1 2 3 4 5 6 7 8 9 10

Completely in control — No control whatsoever

44) how much you have felt in control of your pain in the **past 7 days**

0 1 2 3 4 5 6 7 8 9 10

Completely in control — No control whatsoever

45) how much you have felt in control of your life in the **past 7 days**

0 1 2 3 4 5 6 7 8 9 10

Completely in control — No control whatsoever

H. Thinking about what you are usually able to do, how much has hypermobility interfered with your activities during the **past 7 days**?

Please circle the number which best shows. . .

46) how much hypermobility has interfered with your daily activities during the **past 7 days**?

0 1 2 3 4 5 6 7 8 9 10

Not at all — Unable to do

47) how much difficulty you have had in carrying out your desired level of exercise during the **past 7 days**

0 1 2 3 4 5 6 7 8 9 10

No difficulty — Extreme difficulty

/100

I. Please tick the box which best describes your agreement with the following statements

		Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
48)	My body does not feel strong	☐5	☐4	☐3	☐2	☐1
49)	I am concerned about my condition getting worse	☐5	☐4	☐3	☐2	☐1
50)	I feel frustrated with my condition	☐5	☐4	☐3	☐2	☐1
51)	My coordination is poor	☐5	☐4	☐3	☐2	☐1
52)	I feel that I could trip or fall at any time	☐5	☐4	☐3	☐2	☐1
53)	I can control the movement of my limbs	☐1	☐2	☐3	☐4	☐5
54)	I feel that I can remain physically active	☐1	☐2	☐3	☐4	☐5
55)	I feel that I can manage my condition	☐1	☐2	☐3	☐4	☐5

/40

Thank you for taking the time to complete this questionnaire.

Total = /360

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