



### Malmö POTS Score (MAPS)

Date: .....

Name: .....

Date of birth: .....

Study number: .....

Dear Mr/Mrs/Ms,

This questionnaire concerns symptoms related to postural orthostatic tachycardia syndrome (POTS). It will help us to evaluate how affected you are by symptoms originating from this syndrome. We kindly ask you to fill in this questionnaire as thoroughly as possible.

Please circle the number on following scale that corresponds to your average symptoms for the past week. You should only answer once per question. If you haven't experienced symptoms described below, circle zero (0).

**No symptoms**

**Pronounced symptoms**

**1. Dizziness in upright position or while standing up**

0    1    2    3    4    5    6    7    8    9    10

**2. Dizziness, feeling that you are going to faint**

0    1    2    3    4    5    6    7    8    9    10

**3. Palpitations, high pulse, or feeling heart beating irregularly**

0 1 2 3 4 5 6 7 8 9 10

**4. Difficult breathing/dyspnoea, both at effort and rest**

0 1 2 3 4 5 6 7 8 9 10

**5. Chest pain**

0 1 2 3 4 5 6 7 8 9 10

**6. Headache**

0 1 2 3 4 5 6 7 8 9 10

**7. Concentration difficulties and/or problems with thinking**

0 1 2 3 4 5 6 7 8 9 10

**8. Muscle pain**

0 1 2 3 4 5 6 7 8 9 10

**9. Nausea**

0 1 2 3 4 5 6 7 8 9 10

**10. Gastrointestinal problems (stomach-ache, diarrhoea, constipation)**

0 1 2 3 4 5 6 7 8 9 10

**11. Abnormal tiredness that persists after rest**

0 1 2 3 4 5 6 7 8 9 10

**12. Insomnia**

0 1 2 3 4 5 6 7 8 9 10