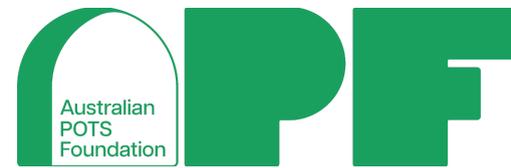


Please circle the number on the scale that corresponds to your average symptoms for the past week. You should only answer once per question. If you haven't experienced symptoms, circle zero (0).



**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

**MALMO POTS SCORE:** \_\_\_\_\_ [Score  $\geq 42$  = 97% sensitivity/ 98% specificity for POTS]