



Hypermobility self-assessment

Please tick Yes, No or Not sure for each question before your appointment. If you are filling this in for your child, answer for your child. This sheet helps your physiotherapist understand your symptoms; it is not a diagnosis.

Patient details

Full name	Date of birth	Age	Today's date

Completed by:

- ☐ Myself
☐ Parent or carer, for my child

Flexibility

Answer for now, or for when you were a child.

Question	Yes	No	Not sure
Can you place your hands flat on the floor without bending your knees?	☐	☐	☐
Can you bend your thumb back to touch your forearm?	☐	☐	☐
Can you bend your little fingers back past a right angle?	☐	☐	☐
Do your elbows or knees bend backwards beyond straight?	☐	☐	☐
Could you do the splits,	☐	☐	☐

Question	Yes	No	Not sure
or "party tricks" with your joints, as a child?			
Have you ever been called "double-jointed"?	☐	☐	☐
Has a kneecap, shoulder or other joint ever slipped out of place?	☐	☐	☐

Symptoms

Tick Yes if you or your child have noticed these often, or for a long time.

Symptom	Yes	No	Not sure
Aching joints or muscles, especially after activity	☐	☐	☐
Aching legs or joints at night	☐	☐	☐
Joints that click, slip or "give way"	☐	☐	☐
Frequent sprains or strains	☐	☐	☐
Clumsiness, tripping or poor balance	☐	☐	☐
Getting tired quickly, or needing more rest than others	☐	☐	☐
Avoiding sport or PE because of discomfort	☐	☐	☐
Slumping, or leaning on walls or furniture	☐	☐	☐
Pain or tiredness when writing, typing or drawing	☐	☐	☐

Other signs, family history and previous advice

Question	Yes	No	Not sure
Do you bruise easily?	☐	☐	☐
Soft or stretchy skin, or stretch marks you cannot explain?	☐	☐	☐
Any hernias (a bulge in the tummy or groin)?	☐	☐	☐
Dizziness, fainting or a racing heart when you stand up? Please tell your physiotherapist.	☐	☐	☐
Does a parent, brother, sister or child have very flexible joints?	☐	☐	☐
Has a relative been told they have hypermobility or Ehlers-Danlos syndrome?	☐	☐	☐
Have you or your child been told you have hypermobility, hypermobility spectrum disorder or Ehlers-Danlos syndrome?	☐	☐	☐
Have you or your child had physiotherapy or other treatment for hypermobility before?	☐	☐	☐

If yes to either of the last two, who told you or treated you, and when?

What is your main concern today?

Which activities are hardest?

- ☐ Sport or PE
- ☐ Walking or standing
- ☐ Writing or typing
- ☐ Sleep
- ☐ Work or school

☐ Other: _____

On a typical day, how much do symptoms affect you or your child?

- ☐ Not at all
- ☐ A little
- ☐ A lot

Beighton test (clinic use): one point for each tick	Left	Right
Little finger bends back beyond 90°	☐	☐
Thumb touches the forearm	☐	☐
Elbow bends backwards beyond 10°	☐	☐
Knee bends backwards beyond 10°	☐	☐
Palms flat on the floor with knees straight (one point in total)	☐	

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