

**MaPS Version 2.0**  
**POTS Symptom Assessment**

Hello,

This questionnaire will help assess how affected you are by your POTS-related symptoms. Please complete the following form as accurately as possible.

Please circle the number on the scale that best represents the average severity of your symptoms over the past week. You should give an answer for each symptom. If you have not experienced a particular symptom, please circle zero (0).

**1. Dizziness while standing or after standing up**

No symptoms Worst imaginable

0    1    2    3    4    5    6    7    8    9    10

**2. Feeling that you are going to faint**

0    1    2    3    4    5    6    7    8    9    10

**3. Feeling rapid heart rate**

0    1    2    3    4    5    6    7    8    9    10

**4. Shortness of breath when doing an activity (e.g., daily activity, physical activity)**

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**

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. Stomach or intestinal problems (stomachache, diarrhea, constipation)**

0 1 2 3 4 5 6 7 8 9 10

**11. Abnormal tiredness that does not go away after rest**

0 1 2 3 4 5 6 7 8 9 10

**12. Sleeping difficulties**

0 1 2 3 4 5 6 7 8 9 10

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