| **HDCT Screening Questions (10)** | | **Yes** | **No** |
| --- | --- | --- | --- |
| FHx | Do you considered yourself or any immediate family members to be double jointed (hypermobile)? \* | Site to enter data | Site to enter data |
| Opthal | Have you had any optic (or ocular) lens problems? | Site to enter data | Site to enter data |
| Cranio-Facial | Have you had any developmental problems with your teeth, poor dental enamel, or temporomandibular joint (TMJ) disorder? | Site to enter data | Site to enter data |
| Cardiac | Has an echocardiogram ever revealed mitral valve prolapse (MVP) or aortic aneurysm (or enlargement)?\* | Site to enter data | Site to enter data |
| Ortho | Have you had any kind of hip or any other joint dislocation, unusual joint pain, or susceptibility to joint injury?\* | Site to enter data | Site to enter data |
| Ortho | Have you ever had flat feet, scoliosis (spinal curvature), or a chest deformity? | Site to enter data | Site to enter data |
| GI | Have you ever been diagnosed with gastric reflux, irritable bowel syndrome, or malabsorption? | Site to enter data | Site to enter data |
| Integ | Have you experienced prolonged wound healing or separation? | Site to enter data | Site to enter data |
| Have you noted fatty skin tumors or bumps, bluish hands or feet, varicose veins, or chronic edema (swelling)? | Site to enter data | Site to enter data |
| Have you experienced easy bruising, stretch marks, stretchy skin, hernias, prolapses, or unusual scar formation? | Site to enter data | Site to enter data |

## Instructions

*Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.*

Important note: None of the data elements included on this CRF are considered Core (i.e., strongly recommended for all studies to collect). These data elements are supplemental or supplemental – highly recommended (\*) and should be collected on clinical trials and only if the research team considers them appropriate for their study.