CASA COLINA
CENTERS FOR REHABILITATION

Casa Colina EDS Disability Index

NAME_____AGE_____

DATE_____VISIT #_____

1. Directions: For each of the following questions, select the score that best indicates your intensity of these common EDS symptoms over the past 7 days.

a. Please rate your level of pain	No pain □ □ □ □ □ □ □ □ □ □ □ Unbearable pain
b. Please rate the quality of your sleep	Good sleep □ □ □ □ □ □ □ □ □ □ □ Very poor sleep
c. Please rate your level of fatigue	No fatigue □ □ □ □ □ □ □ □ □ □ □ Very fatigued
d. Please rate your ability to concentrate (brain fog)	Good concentration □ □ □ □ □ □ □ □ □ □ □ Very poor concentration
e. Please rate your level of balance problems	No imbalance □ □ □ □ □ □ □ □ □ □ □ Severe imbalance

2. Directions: For each of the following questions chose the score that best indicates how much your EDS made it difficult to perform each of the following activities during the past 7 days. If you did not perform a particular activity in the last 7 days, rate the difficulty for the last time you performed the activity. If you can't perform an activity, circle very difficult.

a. Groom or wash your head or hair	No difficulty □ □ □ □ □ □ □ □ □ □ □ Very difficult
b. Stand without resting to prepare a full meal	No difficulty □ □ □ □ □ □ □ □ □ □ □ Very difficult
c. Lift and carry a bag full of groceries or laundry basket	No difficulty □ □ □ □ □ □ □ □ □ □ □ Very difficult
d. Sit in a firm chair for 45 minutes	No difficulty □ □ □ □ □ □ □ □ □ □ □ Very difficult
e. Complete a shopping trip without sitting or resting (groceries or other essential items)	No difficulty □ □ □ □ □ □ □ □ □ □ □ Very difficult
f. Tolerate a 30min car ride.	No difficulty □ □ □ □ □ □ □ □ □ □ □ Very difficult

Score each item 1-11. Can use total score or Symptom/Function sub-scores.

Chai S, Roney P, Fagan J, Rosario ER. Assessment of a novel Ehlers-Danlos syndromes disability index. *Front Rehabil Sci*. 2024;5:1280582. doi:10.3389/fresc.2024.1280582.