How Spasticity Is Affecting You

Date:	Telephone:	
Name:	Caregiver's Name:	
Address:	City, State, Zip Code:	
Doctor's Name:	Doctor's Telephone:	

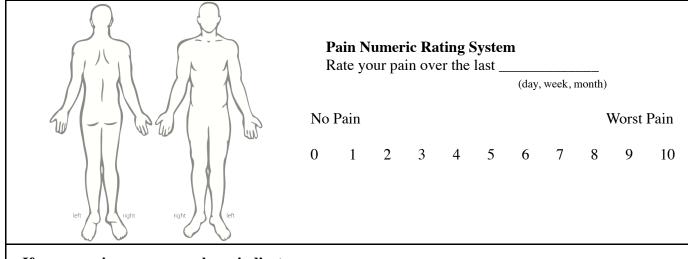
Please indicate which activities below are impacted by your symptoms.

Do you have any of the following symptoms?

Tight Limbs Charley Horse/Cramps Spasms (involuntary		Feeding Toileting	Bathing Sleeping	
Do you use an assistive device:	Yes No	Dressing Have you fallen in the last 3 months?	Walking Yes No	

Please list the medications that you are currently taking:

If you experience pain associated with spasticity or tight, stiff muscles, please use the picture below to indicate where.



If you experience spasms, please indicate where and the severity of the spasm:

Spasm Rating Scale

0 = No spasm

1 = Mild spasms induced by stimulation

2 - Infrequent full spaces occurring less than once

Patient's Global Impr Since beginning treatm LIMITATIONS, SYM (select one) No change (or condition Almost the same, hard A little better, but no near Somewhat better, but to the Moderately better, and Better, and a definite in the A great deal better, and the same at this clinic: Much Better Worse 1 10	nent at this clinic, ho PTOMS, EMOTION on has gotten worse) lly any change at all acticeable change the change has not m I a slight but noticeal mprovement that has d a considerable imp	w would you des IS, and OVERAL 1 ade any real difference change made a real and rovement that has	erence worthwhile destande all the	OF LIFE r	elated to your selection of the selectio	our condition 2 3
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Since beginning treatm LIMITATIONS, SYM	nent at this clinic, ho	w would you des		•		
_	_		cribe the chan	ige (if any)	in ACTIV	ITY
	ession of Change (F	PGIC) Scale*				
Improved The Sam	ne Worse					
Since your last visit, yo						
nly complete this sec	ction if this is NOT	your first visit to	the clinic fo	r managin	g your spa	sticity.
totes/Comments						
Notes/Comments:	<u> </u>				•	
Patient Name:					Dat	te:
Trunk	Feet					
Face	Legs					
Head Neck	Arms Hands					
TT 1	A	4 = Spa	sms occurring	g more than	10 times p	per hour
			sms occurring			
			ioui			
		per h	equent full sp our	asms occur	ring less th	nan once

* Hurst H, Bolton J. Assessing the clinical significance of change scores recorded on subjective outcome measures	s.
Journal of Manipulative Physiological Therapeutics (IMPT) 2004;27:26-35.	

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