Symptom Check List
For Families and Caregivers
I am a Polio Survivor with Post-Polio Sequelae

- EASILY SEDATED, and can be difficult to wake
- Can Have Difficulty BREATHING and SWALLOWING with Anesthesia
- HYPERSENSITIVE to PAIN and COLD.
  May Need heated blanket and Increased pain medication post-op.

Name: __________________________________________________________

I have these Symptoms of PPS (checked):

☐ Overwhelming Fatigue  ☐ Muscle Weakness
☐ Muscle and Joint Pain  ☐ Sleep Disorders
☐ Cold Intolerance  ☐ Difficulty Swallowing
☐ Difficulty Breathing  ☐ Sensitivity to Anesthesia

“Breathing Outcomes for Post-Poliomyelitis Syndrome (PPS)”
http://www.breathenvs.com/#!blank/n0gnd

International Centre for Polio Education
http://postpolioinfo.com/library.php

“Post-Polio Care for our Families and Health Care Providers”
http://www.papolionetwork.org/information-for-pps-caregivers-and-providers.html

Post-Polio Health International

“Preventing Complications in Polio Survivors Undergoing Surgery”
http://www.papolionetwork.org/-anesthesia-warning.html

Please take this information into account, when you are creating my treatment plan. I have added additional information (as it relates to my polio history) on the back side of this page.

Signature: _____________________________________________ Date: ________________