

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

- . **EASILY SEDATED**, and may 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):

- |  |  |
|--|--|
| <input type="checkbox"/> Overwhelming Fatigue  | <input type="checkbox"/> Muscle Weakness           |
| <input type="checkbox"/> Muscle and Joint Pain | <input type="checkbox"/> Sleep Disorders           |
| <input type="checkbox"/> Cold Intolerance      | <input type="checkbox"/> Difficulty Swallowing     |
| <input type="checkbox"/> Difficulty Breathing  | <input type="checkbox"/> Sensitivity to Anesthesia |

“Breathing Outcomes for Post-Poliomyelitis Syndrome (PPS)”

<http://www.breathenvs.com/#!/blank/n0gnd>



International Centre for Polio Education

<http://postpolioinfo.com/centre.php>



“Post-Polio Care for our Families and Health Care Providers”



<https://www.papolionetwork.org/information-for-pps-caregivers-and-providers.html>

Post-Polio Health International

<http://www.post-polio.org/> and  
<http://www.post-polio.org/edu/healthcare/index.html>



“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, relating to my medical history on the back side of this page. (Allergies, Current Medications, Tests Etc.)**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_