

**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)”

[www.breathenvs.com](http://www.breathenvs.com)



International Centre for Polio Education

[www.postpolioinfo.com/centre.php](http://www.postpolioinfo.com/centre.php)



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



[www.papolionetwork.org/information-for-pps-caregivers-and-providers](http://www.papolionetwork.org/information-for-pps-caregivers-and-providers)

Post-Polio Health International [www.post-polio.org](http://www.post-polio.org)



“Preventing Complications in Polio Survivors Undergoing Surgery”

[www.papolionetwork.org/-anesthesia-warning](http://www.papolionetwork.org/-anesthesia-warning)



**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: \_\_\_\_\_