Multiple Sclerosis Symptom Tracking

Revision 1.0

Client Name (Print):		
Start Date:	Supervisor:	
Instructions		

- Use the appropriate box for each symptom. If you have symptoms not included, add them on the unlabelled box at the end of this form.
- The patient defines what the SUD numbers (0 to 10) means for each symptom. For example, one client defined 'pain: 0=no pain, 3= the line where she can't ignore it, 7 or 8=when she'd want to medicate it, 10=excruciating.
- The boxes are filled in before and after the ISPS healing sessions, and other times as relevant (please note the reason for it as well as the SUD rating).
- There is a line for comments at each symptom and session.
- If done before and after a session, split the box in two to indicate the change before the session on the top portion of the box, the after session on the bottom portion of the box.

Fatigue

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0	1	2	3	4	5	6	7	8	9	10	Comments
	 					 					
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Scale (example: 0="full of energy", 10="please don't ask me to move"):

Loss of Balance

Date	0	1	2	3	4	5	6	7	8	9	10	Comments

Scale (example: 0="able to hold a balancing yoga posture", 3="walking without canes", 9="needs 2 canes to walk", 10="can't stand without supports"):

Numbness/Paralysis

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Date	0	1	2	3	4	5	6	7	8	9	10	Comments
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Note: Choose the area with the worst numbness or the area you worked on today. List all areas that are numb. **Scale** (example: 0=none, 9="tingly numbness", 10="paralysis (if numbness is in deep tissue)":

Muscle Weakness

Date	0	1	2	3	4	5	6	7	8	9	10	Comments

Scale (example: 0="I feel strong", 7="muscle tremors w/moderate effort (e.g. climbing stairs), 10="I can't move it"):

Headache

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Date	0	1	2	3	4	5	6	7	8	9	10	Comments
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Scale (example: 0=no pain, 3="can't ignore it", 7 or 8="wants medication", 10="excruciating"):

Mental Capacity Impairments

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Date	0	1	2	3	4	5	6	7	8	9	10	Comments

Scale (0="feeling sharp, good memory", 10="huh?"):

Vision Impairment

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Date	0	1	2	3	4	5	6	7	8	9	10	Comments

Scale:

Speech Impairment

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Date	0	1	2	3	4	5	6	7	8	9	10	Comments
		 			 							

Scale:

Heat Sensitivity (increases symptoms)

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Scale:

Date	0	1	2	3	4	5	6	7	8	9	10	Comments

Scale:

Date	0	1	2	3	4	5	6	7	8	9	10	Comments

Scale: