

AMS Worksheet

Based on the Lake Louise AMS Questionnaire

Name _____ Age _____ Sex _____ Date _____

Prev Hx AMS/HAPE/HACE?

Meds:

Ascent Profile:

Treatment:

Time _____
Altitude _____

Symptoms:

1. Headache:

| | | | | | | |
|------------------------|---|-------|-------|-------|-------|-------|
| No headache | 0 | _____ | _____ | _____ | _____ | _____ |
| Mild headache | 1 | _____ | _____ | _____ | _____ | _____ |
| Moderate headache | 2 | _____ | _____ | _____ | _____ | _____ |
| Severe, incapacitating | 3 | _____ | _____ | _____ | _____ | _____ |

2. GI

| | | | | | | |
|-----------------------------|---|-------|-------|-------|-------|-------|
| No GI symptoms | 0 | _____ | _____ | _____ | _____ | _____ |
| Poor appetite or nausea | 1 | _____ | _____ | _____ | _____ | _____ |
| Moderate nausea or vomiting | 2 | _____ | _____ | _____ | _____ | _____ |
| Severe N&V incapacitating | 3 | _____ | _____ | _____ | _____ | _____ |

3. Fatigue/weakness:

| | | | | | | |
|----------------------------|---|-------|-------|-------|-------|-------|
| Not tired or weak | 0 | _____ | _____ | _____ | _____ | _____ |
| Mild fatigue/weakness | 1 | _____ | _____ | _____ | _____ | _____ |
| Moderate fatigue/weakness | 2 | _____ | _____ | _____ | _____ | _____ |
| Severe F/W, incapacitating | 3 | _____ | _____ | _____ | _____ | _____ |

4. Dizzy/lightheaded:

| | | | | | | |
|------------------------|---|-------|-------|-------|-------|-------|
| Not dizzy | 0 | _____ | _____ | _____ | _____ | _____ |
| Mild dizziness | 1 | _____ | _____ | _____ | _____ | _____ |
| Moderate dizziness | 2 | _____ | _____ | _____ | _____ | _____ |
| Severe, incapacitating | 3 | _____ | _____ | _____ | _____ | _____ |

5. Difficulty sleeping:

| | | | | | | |
|-------------------------------------|---|-------|-------|-------|-------|-------|
| Slept as well as usual | 0 | _____ | _____ | _____ | _____ | _____ |
| Did not sleep as well as usual | 1 | _____ | _____ | _____ | _____ | _____ |
| Woke many times, poor night's sleep | 2 | _____ | _____ | _____ | _____ | _____ |
| Could not sleep at all | 3 | _____ | _____ | _____ | _____ | _____ |

Symptom Score:

Clinical Assessment:

6.Change in mental status:

| | | | | | | |
|--------------------------|---|-------|-------|-------|-------|-------|
| No change | 0 | _____ | _____ | _____ | _____ | _____ |
| Lethargy/lassitude | 1 | _____ | _____ | _____ | _____ | _____ |
| Disoriented/confused | 2 | _____ | _____ | _____ | _____ | _____ |
| Stupor/semiconsciousness | 3 | _____ | _____ | _____ | _____ | _____ |

7.Ataxia (heel to toe walking):

| | | | | | | |
|-------------------------------|---|-------|-------|-------|-------|-------|
| No ataxia | 0 | _____ | _____ | _____ | _____ | _____ |
| Maneuvers to maintain balance | 1 | _____ | _____ | _____ | _____ | _____ |
| Steps off line | 2 | _____ | _____ | _____ | _____ | _____ |
| Falls down | 3 | _____ | _____ | _____ | _____ | _____ |
| Can't stand | 4 | _____ | _____ | _____ | _____ | _____ |

8.Peripheral edema:

| | | | | | | |
|-----------------------|---|-------|-------|-------|-------|-------|
| No edema | 0 | _____ | _____ | _____ | _____ | _____ |
| One location | 1 | _____ | _____ | _____ | _____ | _____ |
| Two or more locations | 2 | _____ | _____ | _____ | _____ | _____ |

Clinical Assessment Score:

Total Score (Symptom + Clinical):

Using the worksheet

Patients are assigned a single score for each numbered group. For visual ease, we have designed the worksheet so that this score is entered next to the corresponding symptom severity level.

For example, a person with moderate AMS might get 2 points for moderate headache, 1 point for poor appetite, and 1 point for mild fatigue, for a total symptom score of 4. In addition, this person might get 1 point for facial edema, for a clinical assessment score of 1 and a total AMS score of 5.

Serial evaluations several hours apart give a good measure of whether a patient is responding to treatment or deteriorating.