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when filled in

# GUILLAIN-BARRÉ SYNDROME WORKSHEET

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**SECTION I. ADMIN DATA.**

1. NAME:

2. DODID: | 3. DATE:

**SECTION II. AUTONOMIC DYSFUNCTION WORKSHEET – REVIEW OF SYMPTOMS. IF ALL NEGATIVE, WORKSHEET COMPLETE.**

1. GEN (*Check all that apply*):

- ☐ EXERCISE TOLERANCE
- ☐ FATIGUE
- ☐ COLD OR HEAT INTEROLERANCE
- ☐ DECREASED OR INCREASED SWEATING

2. CV/PULM (*Check all that apply*):

- ☐ LIGHTHEADEDNESS
- ☐ DIZZINESS
- ☐ CHEST PAIN
- ☐ PALPITATIONS
- ☐ SHORTNESS OF BREATH

3. GI/GU (*Check all that apply*):

- ☐ CONSTIPATION
- ☐ DIARRHEA
- ☐ NAUSEA
- ☐ EARLY SATIETY
- ☐ URINARY URGENCY OR INCONTINENCE

4. NEURO (*Check all that apply*):

- HEADACHES
- NECKACHE (COAT-HANGER PAIN)

**SECTION III. ORTHOSTATIC VITAL SIGNS PROCEDURE SHEET. ONLY COMPLETE SECTION III IF POSITIVE AUTONOMIC REVIEW OF SYMPTOMS.**

1. DATE: | 2. TIME:

3. RECUMBENT DATA. (P*atient should lie recumbent for 20 minutes for baseline testing*)

a. DURATION RECUMBENT PRIOR TO MEASURES (10-20 MINUTES):

b. BLOOD PRESSURE: | c. HEART RATE:

4. STANDING DATA. (*Testing blood pressure and heart rate immediately upon standing and every minute for 10 minutes immediately after standing. Record symptoms or clinical signs in comments.*)

| TIME | BLOOD PRESSURE | HEART RATE | COMMENTS/ PATIENT SX |
|---|---|---|---|
| 0 minutes | | | |
| 1 minute | | | |
| 2 minutes | | | |
| 3 minutes | | | |
| 4 minutes | | | |
| 5 minutes | | | |
| 6 minutes | | | |
| 7 minutes | | | |
| 8 minutes | | | |
| 9 minutes | | | |
| 10 minutes | | | |



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