Hydrocephalus Daily Monitoring Form - S. Dolle 2010

Name:_____ Dates: Doctor:

Circle Dav's Overall Outcome: Good Fair Poor

Awake:	Time:	Time:	Time:	Time:
Sleep: -2 -1 0 +1 Dream: Y N	Activity:	Activity:	Activity:	Activity:
Mus-Skeletal: -3 -2 -1 0 +1				
Health Other: -3 -2 -1				
Headache -2 -1 N +1 +2				
Shunt: ✔ X ?				
Cog/Spirits -3 -2 -1 OK +1				
Bal/Dizzy -3 -2 -1 OK +1				
Memory -3 -2 -1 0 +1 +2				
IV:	IV:	IV:	IV:	IV::
Productivity: -3 -2 -1 OK +1				

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