Study: \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_

Subject #: \_\_\_\_\_\_\_ SpO2: \_\_\_\_\_\_\_\_\_ Heart rate: \_\_\_\_\_\_

**AMS Symptom Scores**



**Lake Louise Acute Mountain Sickness Questionnaire**

Please circle the score under each question below according to how you feel right now.

Headache

0 Headache

1 Mild headache

2 Moderate headache

3 Severe headache, incapacitating

Gastrointestinal symptoms

0 No gastrointestinal symptoms

1 Poor appetite or nausea

2 Moderate nausea and vomiting,

3 Severe nausea and vomiting, incapacitating

Fatigue and/or weakness

0 Not tired or weak

1 Mild fatigue/weakness

2 Moderate fatigue/weakness

3 Severe fatigue/weakness, incapacitating

Dizziness/lightheadedness

0 Not dizzy

1 Mild dizziness

2 Moderate dizziness

3 Severe dizziness, incapacitating

Overall, if you had any symptoms, how did they affect your activity

0 No reduction in activity

1 Mild reduction in activity

2 Moderate reduction in activity

3 Severe reduction in activity (e.g. bed rest)

**Headache Pain Intensity**

If you have a headache now, please describe the headache pain intensity by circling one of the items below:

0 No pain

1 Mild pain

2 Moderate pain

3 Severe pain