

# Checklist of How CRPS/RSD Impacts My Daily Life

Check the boxes for the symptoms or experiences you have on a daily basis to better assist a potential trainer or program in determining the tasks you might need from a service dog

## Location(s) of My CRPS:

- |  |   |  |                                    |
|--|---|--|------------------------------------|
| <input type="checkbox"/> Left Upper Body | <input type="checkbox"/> Right Upper Body | <input type="checkbox"/> Full Upper Body | <input type="checkbox"/> Full Body |
| <input type="checkbox"/> Left Lower Body | <input type="checkbox"/> Right Lower Body | <input type="checkbox"/> Full Lower Body | <input type="checkbox"/> Other:    |

- |   |   |
|---|---|
| <input type="checkbox"/> Repetitive motions with my arms trigger pain and muscle fatigue (like sorting laundry or sweeping) | <input type="checkbox"/> Thunderstorms trigger severe pain and/or anxiety   |
| <input type="checkbox"/> I experience sensory overload in stores  | <input type="checkbox"/> I experience adrenaline surges & need calming down   |
| <input type="checkbox"/> Sensory overload makes me dizzy, nauseous, blackout, and/or disoriented                            | <input type="checkbox"/> I get anxious during medical visits/procedures   |
| <input type="checkbox"/> I experience brain fog often & can't find things   | <input type="checkbox"/> I need help getting medication when I'm alone  |
| <input type="checkbox"/> Brain fog makes it hard for me to find my person or an exit in a store                             | <input type="checkbox"/> I need help getting off the floor after a fall   |
| <input type="checkbox"/> When I get hurt I have trouble getting the first aid kit   | <input type="checkbox"/> I need help getting out of a chair/the shower/tub  |
| <input type="checkbox"/> I fall down or lose my balance often   | <input type="checkbox"/> My body can't regulate it's temperature and I get too cold, and need to be warmed up at home or on the go. |
| <input type="checkbox"/> I worry about getting bumped into and it causing a pain flare                                      | <input type="checkbox"/> I need help getting dressed or undressed because of the motions, balance, or sensory pain from the fabric  |
| <input type="checkbox"/> Crowds make me anxious and disoriented   | <input type="checkbox"/> I have seizures  |
| <input type="checkbox"/> Bending over causes pain   | <input type="checkbox"/> I have migraines   |
| <input type="checkbox"/> Bending over causes me to lose my balance  | <input type="checkbox"/> I have heart rate/blood pressure swings  |
| <input type="checkbox"/> I get dizzy often  | <input type="checkbox"/> I need assistance functioning at work every day  |
| <input type="checkbox"/> I have trouble accomplishing simple house chores   | <input type="checkbox"/> I worry about being alone or out if my condition flares  |
| <input type="checkbox"/> Turning door knobs triggers wrist pain   | <input type="checkbox"/> I have pain nightmares and/or painsomnia   |
| <input type="checkbox"/> Pulling or pushing motion causes arm pain and fatigue  | <input type="checkbox"/> I need help turning on lights so I can move safer  |
| <input type="checkbox"/> I'm often unable to open doors in public   | <input type="checkbox"/> Bringing groceries inside is very painful and difficult  |
| <input type="checkbox"/> My hand tremors make me drop things  | <input type="checkbox"/> I have occasional temporary paralysis  |
| <input type="checkbox"/> Hand weakness and/or touch sensitivity makes it hard to hold or pick up items                      | <input type="checkbox"/> When I fall or a severe flare hits, I can't call for help  |
| <input type="checkbox"/> I cannot carry anything heavier than 1 lb  | <input type="checkbox"/> I need help reaching items when shopping   |
| <input type="checkbox"/> I cannot carry anything heavier than 5 lbs.  | <input type="checkbox"/> I need reminders to move because sitting too long is painful/my muscles stiffen                            |
| <input type="checkbox"/> Walking is difficult because of pain and instability   | <input type="checkbox"/> Add your own:  |
|   | <input type="checkbox"/> Add your own:  |