# Spasticity JOURNAL

Keeping a record of the fluctuations in your spasticity may assist you and your clinician in determining your optimal treatment method. Use the chart below to track what you were doing when your spasticity changed. Rate your spasticity on a scale of 1–10, with 1 being no spasticity and 10 being the worst spasticity you have experienced. You may also want to make note of when you administered a spasticity treatment (medication, injection, stretching, or physical therapy).

Bring this completed document to your next appointment with your spasticity physician. It should help expand your physician's understanding of your spasticity. If you would like more tools to use at your next spasticity appointment, visit www.exploringspasticity.com.

**You may wish to copy this page or print extras from a downloadable file on www.exploringspasticity.com.**

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|---|
| **Morning** | Activity | Activity | Activity | Activity | Activity | Activity | Activity |
| | Treatment<br>Rating ☐ | Treatment<br>Rating ☐ | Treatment<br>Rating ☐ | Treatment<br>Rating ☐ | Treatment<br>Rating ☐ | Treatment<br>Rating ☐ | Treatment<br>Rating ☐ |
| **Afternoon** | Activity | Activity | Activity | Activity | Activity | Activity | Activity |
| | Treatment<br>Rating ☐ | Treatment<br>Rating ☐ | Treatment<br>Rating ☐ | Treatment<br>Rating ☐ | Treatment<br>Rating ☐ | Treatment<br>Rating ☐ | Treatment<br>Rating ☐ |
| **Evening** | Activity | Activity | Activity | Activity | Activity | Activity | Activity |
| | Treatment<br>Rating ☐ | Treatment<br>Rating ☐ | Treatment<br>Rating ☐ | Treatment<br>Rating ☐ | Treatment<br>Rating ☐ | Treatment<br>Rating ☐ | Treatment<br>Rating ☐ |