Assessments of DCS symptoms

ID: ____

Mark N for no and Y for Yes

All symptoms should be marked on the illustration

Diving profile:

Before dive	0-15 min after dive	15-45 min after dive	45-90 min after dive	90 min after dive	
	Time after dive:	Time after dive:	Time after dive:	Time after dive:	
Itch:	Itch:	Itch:	Itch:	Itch:	**CALL**
Discoloration of skin:	Discoloration of skin:	Discoloration of skin:	Discoloration of skin:	Discoloration of skin:	**UPON**
Swelling:	Swelling:	Swelling:	Swelling:	Swelling:	**DIVE**
Joint pain:	Joint pain:	Joint pain:	Joint pain:	Joint pain:	**PHYSICIAN**
Abnormal fatigue:	Abnormal fatigue:	Abnormal fatigue:	Abnormal fatigue:	Abnormal fatigue:	**IF**
Dizziness:	Dizziness:	Dizziness:	Dizziness:	Dizziness:	**SYMPTOM**
Loss of motor function:	Loss of motor function:	Loss of motor function:	Loss of motor function:	Loss of motor function:	**AFTER**
Paresthesia:	Paresthesia:	Paresthesia:	Paresthesia:	Paresthesia:	**DIVE**
					