

Lake Louise Consensus Scoring System for Acute Mountain Sickness (AMS) in Adults. Self assessment required, other parts optional.
 露易絲湖急性高山症指數成人自我評量表。自我評估必填，其餘部分為選填。

Date (日期)	_____	_____	_____	_____	_____	_____	_____	Name (姓名):
Sleeping altitude (睡覺海拔)	_____	_____	_____	_____	_____	_____	_____	
Maximum altitude (最高海拔)	_____	_____	_____	_____	_____	_____	_____	

Self-Assessment. Score yourself for the five symptoms listed below. Remember that fatigue will be expected after exercise.
 自我評估：請針對以下五項病徵進行評估。記得運動後疲勞是正常的。

S1. Headache (頭痛)	_____	_____	_____	_____	_____	_____	_____
(0) None at all (沒有頭痛)							
(1) Mild headache (輕微頭痛)							
(2) Moderate headache (中度頭痛)							
(3) Severe, incapacitating headache (嚴重頭痛並影響活動)							
S2. Gastrointestinal (胃腸症狀)	_____	_____	_____	_____	_____	_____	_____
(0) Good appetite (食慾良好)							
(1) Poor appetite and/or nausea (食慾不振或噁心)							
(2) Moderate nausea and/or vomiting (中度噁心或嘔吐)							
(3) Severe, incapacitating nausea/vomiting (嚴重噁心或嘔吐並影響活動)							
S3. Fatigue and/or weakness (疲倦或虛弱)	_____	_____	_____	_____	_____	_____	_____
(0) Not tired or weak (沒有疲倦或虛弱)							
(1) Mild fatigue/weakness (輕微疲倦或虛弱)							
(2) Moderate fatigue/weakness (中度疲倦或虛弱)							
(3) Severe fatigue/weakness (嚴重疲倦或虛弱並影響活動)							
S4. Dizziness or light-headedness (頭暈或暈痛)	_____	_____	_____	_____	_____	_____	_____
(0) None (無)							
(1) Mild (輕微)							
(2) Moderate (中度)							
(3) Severe, incapacitating (嚴重並影響活動)							
S5. Difficulty sleeping (睡眠困難)	_____	_____	_____	_____	_____	_____	_____
(0) Slept as well as usual (正常睡眠)							
(1) Did not sleep as well as usual (比平時差)							
(2) Woke many times, poor night's sleep (時常睡中醒來，無法安眠)							
(3) Could not sleep at all (完全無法入眠)							
Total Self-Assessment Score (S)=	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(自我評估總分)							

Clinical Assessment. These questions are answered by a physician or other examiner. Clarifications at right are for untrained examiners.
 臨床評估：這些問題是由內科醫師或檢查員回答。對於未受過訓練的檢查員請參考右邊說明。

C1. Change in mental status (精神狀態之改變)	_____	_____	_____	_____	_____	_____	_____	Inability to motivate to perform appropriate tasks (無法驅使自己執行正確任務)
(0) No change (正常)								
(1) Lethargy/lassitude (嗜睡/疲倦)								
(2) Disoriented/confused(失去方向辨識能力/精神混亂)								
(3) Stupor/semi-consciousness (木僵/半昏迷)								
(4) Coma (昏迷)								
C2. Ataxia (heel/toe walking) (運動失調 (足跟貼腳尖步行測試))	_____	_____	_____	_____	_____	_____	_____	Draw a line 6-10 ft long on safe, flat ground (在安全平坦的地面畫6-10英尺的直線)
(0) None (無運動失調)								
(1) Balance maneuvers (須移動身體以保持平衡)								Using arms and body movement to maintain balance (使用手臂或身體移動來保持平衡)
(2) Steps off the line (偏離路線)								
(3) Falls down (跌倒)								
(4) Unable to stand (無法獨自站立)								
C3. Peripheral edema (周邊水腫)	_____	_____	_____	_____	_____	_____	_____	Swelling of the extremities (e.g., ankles) or around the eyes 四肢（例如腳踝）或眼睛周圍腫大
(0) None (無任何水腫)								
(1) One location (水腫限於一個部位)								
(2) Two or more locations (水腫在兩個或以上多個部位)								
Total Clinical Score (臨床評估總分) (C)=	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Functional Score. Rate yourself:

功能分數：請自行評估。							
F1. Effect on activities (影響活動程度) (F)=	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(0) None (未影響)							
(1) Mild reduction (輕微影響)							
(2) Moderate reduction (中度影響)							
(3) Severe reduction; bed rest (嚴重影響並需要馬上躺下休息)							

You have AMS if you have a headache and:

- Your total self-assessment score **(S)** is 3 or higher, OR
- The sum of your total self-assessment score and your total clinical assessment score **(S+C)** is 5 or higher, OR
- The sum of all scores **(S+C+F)** is 6 or higher.

Seek appropriate treatment and do not ascend further if you have AMS.