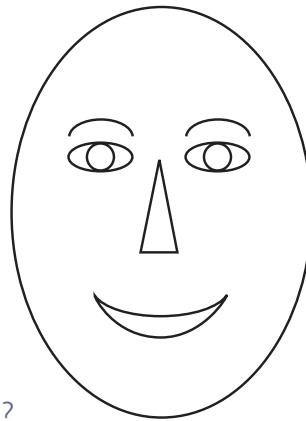


LIVECHART The LIVERpool botulinum toxin effects chart

Section 1. To be completed by your doctor

Name or Label			
Botox®	Dysport®	Neurobloc®	Xeomin®



	Right	Left
Total		

Section 2. How well are your symptoms controlled?

Week		Bad		Good
Start	/ / /	0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100		
1	/ / /	0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100		
2	/ / /	0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100		
3	/ / /	0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100		
4	/ / /	0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100		
5	/ / /	0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100		
6	/ / /	0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100		
7	/ / /	0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100		
8	/ / /	0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100		
9	/ / /	0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100		
10	/ / /	0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100		
11	/ / /	0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100		
12	/ / /	0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100		
13	/ / /	0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100		
14	/ / /	0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100		
15	/ / /	0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100		
16	/ / /	0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100		
17	/ / /	0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100		
18	/ / /	0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100		

Section 3.

Continued overleaf

- How soon did you feel some effect? _____ days/weeks
- How long before it was working reasonably well? _____ days/weeks
- How long did this response last? _____ days/weeks
- How long ago did it start to wear off? _____ days/weeks
- For how long has it not been working well enough? _____ days/weeks
- How long since it wore off completely? _____ days/weeks

Section 4. Did you experience any side effects? Please describe these side effects in the boxes below.

Side effects	Start - days/weeks	End - days/weeks	How long did it last?	Severity - Mild/Moderate/Severe
1				
2				
3				
4				

Section 5. While it was working what was the effect of your injection?

Major deterioration	Moderate deterioration	Minor deterioration	No effect	Minor benefit	Moderate benefit	Major benefit
---------------------	------------------------	---------------------	-----------	---------------	------------------	---------------

Section 6. How did it compare with your previous injection?

Much worse	Worse	Slightly worse	Same	Slightly better	Better	Much better
------------	-------	----------------	------	-----------------	--------	-------------

Patients name: _____ Date of injection: _____

How to use

The LIVEchart is used to record the botulinum toxin treatment you have received and enable you to report on how it is working to help make your future treatment better.

<p>Section 1 This section contains the details of your treatment. Your healthcare professional will complete this section for you.</p>	<p>Section 2 Please rate how well you think your injection has been working each week by ringing a number between 0 (extremely badly) and 100 (extremely well).</p>	<p>Section 3 Answer these simple questions about your treatment effects. Ring or underline days or weeks.</p>	<p>Section 4 Write down any side effects you experience here.</p>	<p>Sections 5 and 6 Put a circle around the statement that best describes:</p> <ul style="list-style-type: none"> the overall effect of your current treatment how it compares with previous injections
---	--	--	--	--

Ideally it should be the same person who completes the questionnaire each time.

Week		Bad	Good
19		0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100	
20		0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100	
21		0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100	
22		0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100	
23		0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100	
24		0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100	
25		0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100	
26		0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100	
27		0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100	
28		0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100	
29		0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100	
30		0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100	
31		0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100	
32		0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100	
33		0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100	
34		0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100	
35		0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100	
36		0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100	
37		0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100	
38		0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100	
39		0 - 5 - 10 - 15 - 20 - 25 - 30 - 35 - 40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100	

Use this space for additional diagrams, instructions or patient comments

