



CLIENT COMMUNICATOR (CC)

Name:

POC Start Date

CC #

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	DATE (M/D/YEAR) → SYMPTOMS ↓													
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SCORING GUIDELINES (Intensity / Frequency)

Intensity Scores		Frequency Scores	
10	Most Severe	10	Every moment of every day
7-8-9	Severity (7=Low;8=Moderate, 9=High)	9	Every day, but not every moment of the day
4-5-6	Moderate (4=Low; 5 is Moderate; 6=High)	8	Six (6) days a week
1-2-3	Mild (1=Low; 2=Moderate; 3=High Mild)	7	4-5 days a week
NOTE: #1 to 9 are degrees of Severity, Moderate and Mild Symptom Intensity. Ex: Symptom Fatigue is 10 if have no energy to get out of bed; 9 if need walker or wheelchair to get around, 4-6 if dragging most weeks; 1-3 if occasional tiredness not helped by reducing activity or getting a good night's sleep.		6	2-3 days a week
		5	4-7 days of every other week
		4	1-3 days of every other week
		3	Three times per month.
		2	Twice per month.
		1	Once per month.
		0	No Symptoms in Intensity or Frequency