CLIENT COMMUNICATOR (CC)

Name: POC Start Date CC # Page 1 of

	DATE (M/D/YEAR) → SYMPTOMS ↓														
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SCORING GUIDELINES (Intensity / Frequency) – If both I & F numbers the same, put number once.

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:		**6**	**2-3 days a week**
#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.		**5**	**4-7 days of every other week**
		4	**1-3 days of every other week**
		3	**3-7 times per month.**
		2	**Twice per month.**
		1	**Once per month.**
		0	**No Symptoms in Intensity or Frequency**