

CLIENT COMMUNICATOR (CC)

Name: CC# POC#1 Start Date Page:

	DATE (M/D/YEAR) → SYMPTOMS ↓															
							1									
							-									
	SCO	RING	G GUI	IDEL	INES	(In	tensity	/ Fre	equen	cy)						
	Intensity Score						Frequency Scores									
10	Most Severe		10	Every moment of every day												
7-8-9	Severity (7=Low;8=Moderate, 9=High)						Every day, but not every moment of the day									
4-5-6	` / / /							Six (6) days a week								
1-2-3 Mild (1=Low; 2=Moderate; 3=High Mild)						7	4-5 days a week									
NOTE:							2-3 days a week									
#1 to 9 are degrees of Severity, Moderate and Mild							4-7 days of every other week									
Symptom Intensity. Ex: Symptom Fatigue is 10 if							1-3 days of every other week									
have no energy to get out of bed; 9 if need walker							3-7 days out of the month									
or wheelchair to get around, 4-6 if dragging most							Twice per month.									
weeks; 1-3 if occasional tiredness not helped by reducing activity or getting a good night's sleep.							Once per month. No Symptoms in Intensity or Frequency									
reduci	ng activity or getting a goo	0	No S	ympt	oms i	n Inte	ensity	or Fi	reque	ncy						