

	CATALYST THERAPIES LLC Name:												Date:				
Intensity of your pain: Rate your average pain level over the past 24 hours on a scale of 0 (no pain) to 10 (worst pain imaginable).																	
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0	ļ	1	2	2	ا ع	4	 5		 6 ノ	7	 8		 9 ノ	 10			
None			Mil	d			Modera	te			Severe			worst			
Plea	se r	ead e	ach q	uestion a	and circl	le the re	esponse	e that be	est appl	ies to yo	ou.						
ź		How N No Pair		you rate	the usi	ual pain	of you	r heada	che on a	a scale f		o 10? orst Pair	n				
	C	)	1	2	3	4	5	6	7	8	9	10					
2. When you have headaches, how often is the pain severe? Never 1-9% 10-19% 20-29% 30-39% 40-49% 50-59% 60-69% 70-79% 80-89% 90-100% ALWAY																	
	N C		1-9% 1	10-19% <b>2</b>	20-29% 3	30-39% 4	40-49% 5	50-59% 6	60-69% 7	70-79% 8	80-89% 9	90-100 10	0% ALWA	YS			
	Ľ	)	T	Z	Э	4	5	0	/	0	9	10					
3. On how many days in the month did you actually lie down for an hour or more because of yo headaches?													e of your				
		lone		4-6	7-9	10-12	13-15	16-18	19-21	22-24	25-27		EVERYD	AY			
	C	)	1	2	3	4	5	6	7	8	9	10					
2		When you have a headache, how often do you miss work or school for all or part of the day?															
	N C		1-9% 1	10-19% <b>2</b>	20-29% 3	30-39% 4	40-49% 5	50-59% 6	60-69% 7	70-79% 8	80-89% 9	90-100 10	0% ALWA	NYS .			
		•	-	-	5		5	Ū	,	U	5	10					
[			you l 1-9%	have a he				•	• ·				ty to wo % UNAB				
	C	NOT )	1-9%	10-19% <b>2</b>	20-29% 3	4	40-49% 5	6 6	<sup>60-69%</sup>	8 8	9 9	10	TO WO				
	_																
6				days in tl day beca					kept fro	m perto	orming h	nousev	vork or (	chores for at lea	ast		
		NONE		4-6	7-9	10-12	13-15	16-18	19-21	22-24	25-27	28-31	EVERY D	AY			
	C	)	1	2	3	4	5	6	7	8	9	10					
-	7. \	Nhen	voul	have a he	adache	. how n	nuch is i	vour ab	ility to r	perform	housev	vork o	r chores	reduced?			
			1-9%					•	• •				0% UNAB				
	C	)	1	2	3	4	5	6	7	8	9	10 то	D PERFOR	M			
٤		. How may days in the last month have you been kept from non-work activities (family, social or recreational).												, social or			
	٦	NONE	1-3	4-6	7-9	10-12	13-15	16-18	19-21	22-24	25-27	28-31	EVERY DA	λY			
		0	1	2	3	4	5	6	7	8	9	10					
g		When you have a headache, how much is your ability to engage in non-work activities (family, social, recreational) reduced?															
		ecrea IOT		10-19%		30-39%	40-49%	50-59%	60-69%	70-79%	80-89%	90-100	% UNAB	LE			
	C		1	2	3	4	5	6	7	8	9		D PERFOR				