

**Headache Rating System (HRS):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_ Patient #: \_\_\_\_\_

**Please mark the number that best answers each question:**

**How Frequent?**

1. Less than 1x per week
2. 1x per week
3. 2-4x per week
4. Daily but intermittent
5. Constant

**Intensity?**

1. Low
2. Low to Moderate
3. Moderate
4. Moderate to Severe
5. Severe

**Response to Medications?**

1. Complete decrease in intensity.
2. Strong decrease in intensity
3. Moderate decrease in intensity
4. Mild decrease in intensity
5. No decrease in intensity

Each number is added up out of a total score of 15. 15/15 is most severe, 3/15 is least severe.

*No documentation as of yet on clinical significant difference, but it has been suggested that a score change at least 3 points before you consider it clinically significant.*

The patient should be reassessed every few weeks.

**Pain Score Limitation**

The patient is asked at the initial evaluation, "Over the past 24 hours, has pain limited you from performing any of your normal, daily activities?"

The patient then points to a number on this scale:

0    1    2    3    4    5    6    7    8    9    10

Unable  
to do  
anything

Activities  
have not  
been limited

A clinical significant difference is considered to be 3 points.

The patient is reassessed every few weeks.

\*This scale is made for chronic pain patients. Though their pain may never go away, we want to see an increase in their ability to function. You can talk to them about this at the initial evaluation using this scale.