

HELP (HyperEmesis Level Prediction) SCORE

Name: _____ Date: _____ Gestational Age: _____ SCORE: _____

TODAY'S Weight: _____ LAST WEEK'S Weight: _____ Change: _____% PREVIOUS SCORE: _____

Meds: Ondansetron Granisetron Diclegis Promethazine Metoclopramide _____

Mark ONE box in EACH ROW that describes symptoms over the last 24 hours unless specified otherwise.

My nausea level most of the time:	0	1 (Mild)	2	3 (Moderate)	4	5 (Severe)
I average __ vomiting episodes/day:	0	1-2	3-5	6-8	9-12	13 or more
I retch/dry heave __ episodes daily:	0	1-2	3-5	6-8	9-12	13 or more
I am urinating/voiding:	Same	More often due to IV fluids; or light color	Slightly less often, and normal color	Once every 8 hours; or slightly dark yellow	Less than every 8 hours or darker	Rarely; dark or bloody; or foul smell
Nausea/vomiting severity 1 hour after meds OR after food/drink if no meds:	0 or No Meds	1 (Mild)	2	3 (Moderate)	4	5 (Severe)
Average number of hours I'm <u>unable</u> to work adequately at my job and/or at home due to being sick has been:	0	1-2 (hours are slightly less)	3-4 (can work part time)	5-7 (can only do a little work)	8-10 (can't care for family)	11+ (can't care for myself)
I have been coping with the nausea, vomiting and retching:	Normal	Tired but mood is ok	Slightly less than normal	It's tolerable but difficult	Struggling; moody, emotional	Poorly: irritable depressed
Total amount I have been able to eat/drink AND keep it down: <i>Medium water bottle/large cup = 2 cups/500mL.</i>	Same; no weight loss	Total of about 3 meals & 6+ cups fluid	Total of about 2 meals & some fluid	1 meal & few cups fluid; or only fluid or only food	Very little, <1 meal/minimal fluids; or frequent IV	Nothing goes or stays down, or daily IV/TPN/NG
My anti-nausea/vomiting meds stay down or are tolerated:	No meds	Always	Nearly always	Sometimes	Rarely	Never/IV/SQ (SubQ pump)
My symptoms compared to last week:	Great	Better	About Same	Worse	Much Worse	So Much Worse!!!
Weight loss over last 7 days: ___%	0%	1%	2%	3%	4%	5%
Number of Rx's for nausea/vomiting*	0	1	2	3	4	5+
	0 pts	1 pt/answer	2 pts/answer	3 pts/answer	4 pts/answer	5 pts/answer
TOTAL each column = (#answers in column) x (# points for each answer)	0	_____	_____	_____	_____	_____
TOTAL for ALL columns: _____	None/Mild ≤ 19		Moderate 20-32		Severe 33-60	

© 2016 HER Foundation. All Rights Reserved.

Weight Loss % = (Amount lost ÷ Pre-pregnancy weight) x 100
(Weight loss calculation optional for home use)

* Number of Rx's = Number of Rx medications for HG (not doses)



info@hyperemesis.org
www.hyperemesis.org

Support:
GetHelpNow@hyperemesis.org

HER Foundation
10117 SE Sunnyside Road F8
Clackamas, OR 97015 USA

Reprints:
www.hyperemesis.org/tools