



**Useful Self Assessment tools
to help identify your needs
and how you are feeling –
for patients and their
family/caregivers**

Needs Assessment Tool – Patients & Families [NAT-P&F]

The topics below are often a concern for people with cancer and those close to them. Section 1 is for patients to assess their levels of concern about a range of issues. It can be completed on their own or with the help of a family member or friend. Section 2 is for caregivers, friends or family to assess their own levels of concern.

Please indicate how concerned you are now about each issue, by placing a tick in the appropriate column (Level of Concern).

Indicate with a second tick whether you need to discuss the issue with your doctor or other health professional (eg. cancer care coordinator) or whether you would like to address this concern yourself (Actions).

The last column indicates where in Life, Hope and Reality you may find resources to help you address the specific issue.

Take the completed Needs Assessment Tool (NAT-P & F) with you to your next doctor's appointment. You can use it as a prompt to raise and discuss your concerns.

DATE COMPLETED: _ _ - _ - _						
Section 1: For the person with cancer	Level of Concern			Actions		Read more in <i>Life, Hope & Reality</i>
	None/ minor	Some	A lot	Discuss with doctor	Address concern myself	
How concerned are you NOW about:						
Finding general information about cancer						Introduction
Physical Symptoms						
Managing physical symptoms (eg. pain, fatigue)						Chapter 1 and Symptom Distress Scale (p124) Fatigue Scale (p126) Pain Assessment Tool (p130)

DATE COMPLETED: _ _ - _ - _						
Section 1: For the person with cancer	Level of Concern			Actions		Read more in <i>Life, Hope & Reality</i>
	None/ minor	Some	A lot	Discuss with doctor	Address concern myself	
Physical Symptoms Cont.						
Knowing more about which physical symptoms should I expect						Chapter 1
Carrying out normal daily living activities (eg. walking, getting out of a chair)						Chapter 1
Determining availability of other treatments						Chapter 1
My time spent travelling to hospitals and waiting around for appointments						Chapter 1
Getting more information about my physical needs and where to go to obtain the care I need						Chapter 1
Emotional Needs						
Identifying and managing feelings of anxiety, depression sadness, regret or anger						Chapter 2 and Emotion Thermometers (p133)
Trying to maintain hope or finding meaning in my life						Chapter 2 and Helpless/ Hopeless and Fighting Spirit Scales (p135)
Dealing with changes in sexual feelings or intimate relationships						Chapter 2
Dealing with feelings of being unworthy						Chapter 2
Thinking unclearly or changes in my level of awareness						Chapter 2

DATE COMPLETED: _ _ _

Section 1: For the person with cancer	Level of Concern			Actions		
	None/ minor	Some	A lot	Discuss with doctor	Address concern myself	Read more in <i>Life, Hope & Reality</i>
Emotional Needs Cont						
Accessing health professionals that can help me with my emotional needs						Chapter 2
Social Needs						
My current social support network						Chapter 3
My relationship with my partner and family						Chapter 3
Communicating well about important issues between me and members of my family						Chapter 3
Communicating well with my health professionals						Chapter 3
Conflicting beliefs between my current health care and my way of life or customs						Chapter 3
Overcoming language barriers						Chapter 3
My spirituality and finding meaning in my life						Chapter 3
Lifestyle						
Losing or gaining weight						Chapter 4
Increasing my level of exercise						Chapter 4
Balancing work and my current health						Chapter 4

DATE COMPLETED: _ _ _

Section 1: For the person with cancer	Level of Concern			Actions		
	None/ minor	Some	A lot	Discuss with doctor	Address concern myself	Read more in <i>Life, Hope & Reality</i>
Finances						
My financial situation or legal issues						Chapter 5
End of Life						
Developing an advance care directive or "living will"						Chapter 6
My feelings about death and dying						Chapter 6
Making plans for the future or making other decisions						Chapter 6
The person who cares for you						
Being a burden to loved ones						Chapter 7
Accessing support for those in my family or friends caring for me						Chapter 7
Palliative care						
Knowing when palliative care is appropriate for me						Chapter 8
Knowing which cancer specialist to see to obtain palliative care						Chapter 8

Other topics of concern? Please list here and discuss with health professionals:

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DATE COMPLETED: _ _ _

Section 2: For Caregivers, family members or friends	Level of Concern			Actions		
	None/ minor	Some	A lot	Discuss with doctor	Address concern myself	Read more in <i>Life, Hope & Reality</i>
How concerned are you NOW about						
Finding general information about cancer						Introduction
Patient's Physical Symptoms						
Knowing the physical symptoms that the person with cancer may experience						Chapter 1 and Symptom Distress Scale (p124) Fatigue Scale (p126) Pain Assessment Tool (p130)
Knowing the extent to which I can help the person with cancer with managing physical symptoms.						Chapter 1
Knowing the extent to which I can help the person with cancer in performing daily living activities						Chapter 1 Chapter 7
Providing physical care the person with cancer requires						Chapter 1 Chapter 7
The difficulty the person with cancer is having looking after him/herself						Chapter 1 Chapter 7
Determining availability of other treatments						Chapter 1
My time spent travelling to hospitals and waiting around for appointments						Chapter 1
Getting more information about the physical needs of the person with cancer and where to go to obtain the care needed						Chapter 1

DATE COMPLETED: _ _ _

Section 2: For Caregivers, family members or friends	Level of Concern			Actions		
	None/ minor	Some	A lot	Discuss with doctor	Address concern myself	Read more in <i>Life, Hope & Reality</i>
Patient's Emotional Needs						
Identifying and managing the feelings and emotional issues the person with cancer may be experiencing (eg. anxiety, depression)						Chapter 2 Emotion Thermometers (p133) Helpless/ Hopeless and Fighting Spirit Scales (p135)
Identifying and managing the feelings and emotional issues I am experiencing (eg. anxiety, depression)						Chapter 2 Emotion Thermometers (p133) Helpless/ Hopeless and Fighting Spirit Scales (p135)
Maintaining or instilling hope in the person with cancer and myself						Chapter 2 Helpless/ Hopeless and Fighting Spirit Scales (p135)
Dealing with changes in the person with cancer's sexual feelings						Chapter 2
Dealing with changes in my intimate relationship with the person with cancer						Chapter 2
Maintaining the person with cancer's sense of worthiness						Chapter 2
Managing impaired thinking and changes in awareness the person with cancer may be experiencing						Chapter 2
Accessing health professionals that can help the person with cancer and me with emotional needs						Chapter 2

DATE COMPLETED: _ - -

Section 2: For Caregivers, family members or friends	Level of Concern			Actions		Read more in <i>Life, Hope & Reality</i>
	None/ minor	Some	A lot	Discuss with doctor	Address concern myself	
Social Needs						
My current social support network						Chapter 3
My relationship with the person with cancer						Chapter 3
Communicating well with the person with cancer						Chapter 3
Communicating well with health professionals						Chapter 3
Conflicting beliefs between my current health care and my way of life or customs						Chapter 3
Overcoming language barriers						Chapter 3
My spirituality and finding meaning in my life						Chapter 3
Lifestyle						
Helping the person with cancer maintain a healthy lifestyle						Chapter 4
Obtaining resources so I can maintain a healthy life myself						Chapter 4 Chapter 7
Maintaining the person with cancer's work						Chapter 4
Obtaining resources so I can continue to work						Chapter 4 Chapter 7
Finances						
My financial situation or legal issues that are upsetting me or that require assistance.						Chapter 5
End of Life						
Helping the person with cancer to develop an advance care directive or "living will"						Chapter 6

DATE COMPLETED: _ - -

Section 2: For Caregivers, family members or friends	Level of Concern			Actions		Read more in <i>Life, Hope & Reality</i>
	None/ minor	Some	A lot	Discuss with doctor	Address concern myself	
End of Life Cont						
My feelings about death and dying						Chapter 6
Making plans for the future or making other decisions						Chapter 6
Implications of caring for a person diagnosed with cancer						
Providing the help and support that the person with cancer requires						Chapter 7
Accessing information relevant to your own needs as a caregiver from relevant support services						Chapter 7
Taking the break I need						Chapter 7
My illnesses or injuries that make it difficult for me to care for the person with cancer						Chapter 7
Feeling burnt out by my care giving role						Chapter 7
Support for my family or friends caring for me						Chapter 7
Palliative Care						
Knowing when palliative care is appropriate for me care for the person with cancer						Chapter 8
Knowing which cancer specialist the person with cancer should see to obtain palliative care						Chapter 8

Other topics of concern? Please list here and discuss with health professionals:

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Symptom Distress Scale

Date completed: ___/___/___

Instructions to complete assessment: Below are 5 different numbered statements. Think about what each statement says, then place a circle the statement that most closely indicates how you have been feeling lately. The statements are ranked from 1 to 5, where number 1 indicates no problems and number 5 indicates the maximum amount of problems. Numbers 2 through 4 indicate you feel somewhere in between these two extremes.

Nausea (1)

1	2	3	4	5
I seldom if ever have nausea	I have nausea once in a while	I have nausea fairly often	I have nausea half the time at least	I have nausea continually

Nausea (2)

1	2	3	4	5
When I do have nausea, it is very mild	When I do have nausea, it is mildly distressing	When I have nausea, I feel pretty sick	When I have nausea, I usually feel very sick	When I have nausea, I am as sick as I could possibly be

Appetite

1	2	3	4	5
I have my normal appetite and enjoy good food	My appetite is usually, but not always, pretty good	I don't really enjoy my food	I have to force myself to eat my food	I cannot stand the thought of food

Insomnia

1	2	3	4	5
I sleep as well as I always have	I occasionally have trouble getting to sleep and staying asleep	I frequently have trouble getting to sleep	I have difficulty getting to sleep and staying asleep almost every night	It is almost impossible for me to get a decent night's sleep

Pain (1)

1	2	3	4	5
I almost never have pain	I have pain once in a while	I have pain several times a week	I am usually in some degree of pain	I am in some degree of pain almost constantly

Pain (2)

1	2	3	4	5
When I do have pain, it is very mild	When I do have pain, it is mildly distressing	When I do have pain, it is usually fairly intense	The pain I have is very intense	The pain I have is almost unbearable

Fatigue

1	2	3	4	5
I seldom feel tired or fatigued	There are periods when I am rather tired or fatigued	There are periods when I am quite tired and fatigued	I am usually very tired and fatigued	Most of the time, I feel exhausted

Bowel

1	2	3	4	5
I have my normal bowel pattern	My bowel pattern occasionally causes me some discomfort	My present bowel pattern occasionally causes me considerable discomfort	I am usually in considerable discomfort because of my present bowel pattern	I am in almost constant discomfort because of my bowel pattern

Concentration

1	2	3	4	5
I have my normal ability to concentrate	I occasionally have trouble concentrating	I occasionally have considerable trouble concentrating	I usually have considerable difficulty concentrating	I just can't seem to concentrate at all

From McCorkle R, Cooley ME, She JA. A user's manual for the Symptom Distress Scale. Philadelphia: University of Pennsylvania

Instructions to interpret assessment: The presence of any symptom should be discussed with your health professional (2 or above). The more intense these are (3 and above), the more it may become urgent for you to discuss these with your health professionals.

Fatigue Scale

Date completed: ___/___/___

Instructions to complete assessment: Many individuals can experience a sense of unusual or excessive tiredness whenever they become ill, receive treatment or recover from their illness/treatment. This unusual sense of tiredness is not usually relieved by either a good night's sleep or by rest. Some call this symptom "fatigue" to distinguish it from the usual sense of tiredness.

For each of the following questions, please fill in the space provided for that response that best describes the fatigue you are experiencing now or for today. Please make every effort to answer each question to the best of your ability.

1. How long have you been feeling fatigue? (Check one response only).

- 1. Not feeling fatigue
- 2. Minutes
- 3. Hours
- 4. Days
- 5. Weeks
- 6. Months
- 7. Other (Please describe) _____

2. To what degree is the fatigue you are feeling now causing you distress?

No Distress									A Great Deal
1	2	3	4	5	6	7	8	9	10

3. To what degree is the fatigue you are feeling now interfering with your ability to complete your work or school activities?

None									A Great Deal
1	2	3	4	5	6	7	8	9	10

4. To what degree is the fatigue you are feeling now interfering with your ability to socialise with your friends?

None									A Great Deal
1	2	3	4	5	6	7	8	9	10

5. To what degree is the fatigue you are feeling now interfering with your ability to engage in sexual activity?

None									A Great Deal
1	2	3	4	5	6	7	8	9	10

6. Overall, how much is the fatigue which you are now experiencing interfering with your ability to engage in the kind of activities you enjoy doing?

None									A Great Deal
1	2	3	4	5	6	7	8	9	10

7. How would you describe the degree of intensity or severity of the fatigue which you are experiencing now?

Mild									Severe
1	2	3	4	5	6	7	8	9	10

8. To what degree would you describe the fatigue which you are experiencing now as being?

Pleasant									Unpleasant
1	2	3	4	5	6	7	8	9	10

9. To what degree would you describe the fatigue which you are experiencing now as being?

Agreeable									Disagreeable
1	2	3	4	5	6	7	8	9	10

10. To what degree would you describe the fatigue which you are experiencing now as being?

Protective									Destructive
1	2	3	4	5	6	7	8	9	10

11. To what degree would you describe the fatigue which you are experiencing now as being?

Positive									Negative
1	2	3	4	5	6	7	8	9	10

12. To what degree would you describe the fatigue which you are experiencing now as being?

Normal									Abnormal
1	2	3	4	5	6	7	8	9	10

13. To what degree are you now feeling:

Strong									Weak
1	2	3	4	5	6	7	8	9	10

14. To what degree are you now feeling:

Awake									Sleepy
1	2	3	4	5	6	7	8	9	10

15. To what degree are you now feeling:

Lively							Listless (“washed out”)		
1	2	3	4	5	6	7	8	9	10

16. To what degree are you now feeling:

Refreshed									Tired
1	2	3	4	5	6	7	8	9	10

17. To what degree are you now feeling:

Energetic									Unenergetic
1	2	3	4	5	6	7	8	9	10

18. To what degree are you now feeling:

Patient									Impatient
1	2	3	4	5	6	7	8	9	10

19. To what degree are you now feeling:

Relaxed									A Great Deal
1	2	3	4	5	6	7	8	9	10

20. To what degree are you now feeling:

Exhilarated									Depressed
1	2	3	4	5	6	7	8	9	10

21. To what degree are you now feeling:

Able to Concentrate							Unable to Concentrate		
1	2	3	4	5	6	7	8	9	10

22. To what degree are you now feeling:

Able to Remember					Unable to Remember				
1	2	3	4	5	6	7	8	9	10

23. To what degree are you now feeling:

Able to Think Clearly							Unable to Think Clearly		
1	2	3	4	5	6	7	8	9	10

24. Overall, what do you believe is *most* directly contributing to or causing your fatigue?

25. Overall, the *best* thing you have found to relieve your fatigue is:

26. Is there anything else you would like to add that would describe your fatigue better to us?

27. Are you experiencing any other symptoms right now?

From Piper BF, Dibble SL, Dodd MJ, Weiss MC, Slaughter RE, Paul SM. The revised Piper Fatigue Scale: Psychometric evaluation in women with breast cancer. *Oncology Nursing Forum*. 1998 May; 25(4): 677-684

Instructions to interpret assessment: If you have scored 4 and above on questions 1-23, detach this sheet and use it to discuss your fatigue with your health professionals. Also, complete questions 24-27, as this will help your health professional better understand you experience with fatigue

Pain Assessment Tool

Date completed: ___/___/___

Instructions to complete assessment: The following assessment is to help you evaluate any pain experienced.

1. Please mark the area of pain on the drawing. If you have more than one pain, label them A, B, C, etc. and describe your pain in the box:

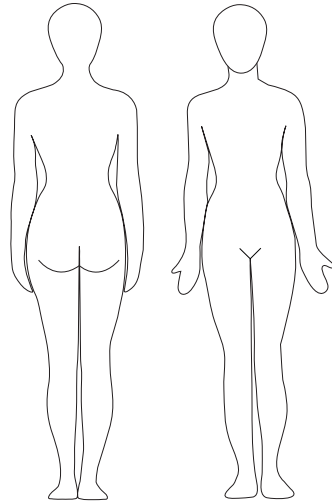
Identification of areas of pain:

A.

B.

C.

D.



2. How would you rate your overall pain?

Use the scale below where 0 = no pain and 10 = severe pain.

No pain Severe
1 2 3 4 5 6 7 8 9 10

3. How and when did your pain begin?

4. Check the words that best describe the kind of pain you have:

- Dull ache Stabbing External Pins & needles
 Internal Sharp Burning Cramping
 Throbbing Other (describe): _____

5. How long does the pain usually last?

- Seconds Hours Minutes Constant

6. What makes the pain worse?

- Walking Moving Eating
 Other (describe): _____

7. Is your pain worse at a particular time of day? When?

8. What makes the pain better?

- Heat/cold Distraction Medication Massage
 Lying still Relaxation Changing position
 Other (describe): _____

9. What pain medications are you presently taking?

1. _____
2. _____
3. _____
4. _____
5. _____

10. What medications have helped to control your pain?

1. _____
2. _____
3. _____
4. _____
5. _____

11. What medications have not helped?

1. _____
2. _____
3. _____
4. _____
5. _____

12. Has the pain or treatment produced any other effects?

- Nausea
- Drowsiness
- Anxiety
- Unclear thinking
- Constipation
- Disturbed sleep
- Dizziness
- Diarrhea
- Changes in mood
- Loss of appetite
- Other (describe): _____

13. How has the pain affected your daily activities (eg. bathing, sleeping, eating)?

14. How has the pain affected you life (eg. finances, job, family relationships)?

From Registered Nurses Association of Ontario.
Nursing Best Practice Guideline: Assessment and Management of Pain. 2007.

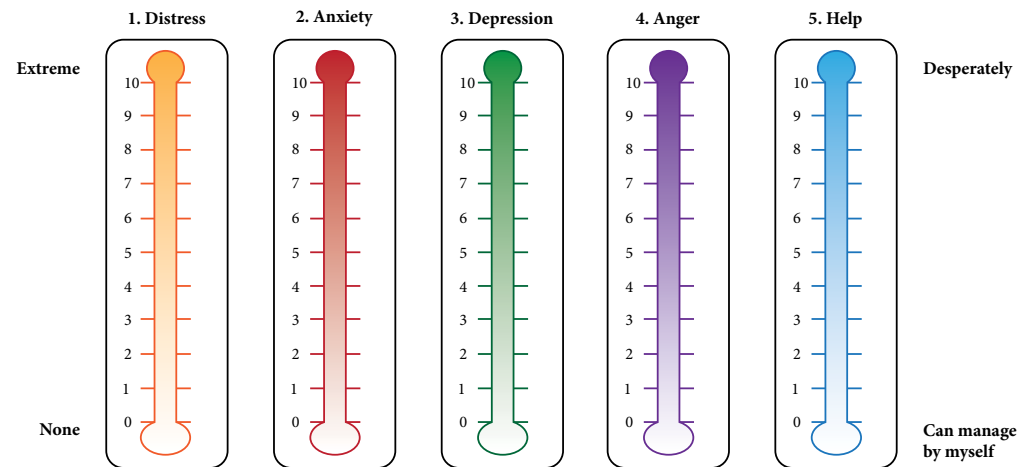
Instructions on how to interpret assessment: Please detach this assessment sheet and bring it to your doctor, so they will be able to find the best way to help alleviate your pain

Emotion Thermometers

Date completed: ____/____/____

Instructions to complete assessment: The following assessment is to help you or your family members or friends evaluate the extent to which you or they are emotionally upset.

1. In the first four columns or thermometers, please circle the number that best describes how much emotional upset you have been experiencing in the past week, including today. In the last column please indicate how much you need help for these concern:



Instructions to interpret assessment: If you scored a 4 and above on any of these thermometers, please detach this sheet and communicate your assessment with your health professional.

2. Please indicate whether the following is contributing to being emotionally upset:

NO	YES		NO	YES	
		Practical Problems			Physical Problems
<input type="checkbox"/>	<input type="checkbox"/>	Housing	<input type="checkbox"/>	<input type="checkbox"/>	Pain
<input type="checkbox"/>	<input type="checkbox"/>	Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Nausea
<input type="checkbox"/>	<input type="checkbox"/>	Work/School	<input type="checkbox"/>	<input type="checkbox"/>	Fatigue
<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	Sleep
<input type="checkbox"/>	<input type="checkbox"/>	Childcare	<input type="checkbox"/>	<input type="checkbox"/>	Getting around
		Family Problems	<input type="checkbox"/>	<input type="checkbox"/>	Bathing/dressing
<input type="checkbox"/>	<input type="checkbox"/>	Dealing with partner	<input type="checkbox"/>	<input type="checkbox"/>	Breathing
<input type="checkbox"/>	<input type="checkbox"/>	Dealing with children	<input type="checkbox"/>	<input type="checkbox"/>	Mouth Sores
		Emotional Problems	<input type="checkbox"/>	<input type="checkbox"/>	Eating
<input type="checkbox"/>	<input type="checkbox"/>	Worry	<input type="checkbox"/>	<input type="checkbox"/>	Indigestion
<input type="checkbox"/>	<input type="checkbox"/>	Fears	<input type="checkbox"/>	<input type="checkbox"/>	Constipation
<input type="checkbox"/>	<input type="checkbox"/>	Sadness	<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea
<input type="checkbox"/>	<input type="checkbox"/>	Depression	<input type="checkbox"/>	<input type="checkbox"/>	Changes in urination
<input type="checkbox"/>	<input type="checkbox"/>	Nervousness	<input type="checkbox"/>	<input type="checkbox"/>	Fevers
		Spiritual/Religious Concerns	<input type="checkbox"/>	<input type="checkbox"/>	Skin dry/itchy
<input type="checkbox"/>	<input type="checkbox"/>	Relating to God	<input type="checkbox"/>	<input type="checkbox"/>	Nose dry/congested
<input type="checkbox"/>	<input type="checkbox"/>	Loss of Faith	<input type="checkbox"/>	<input type="checkbox"/>	Tingling in hands/feet
			<input type="checkbox"/>	<input type="checkbox"/>	Feeling swollen
			<input type="checkbox"/>	<input type="checkbox"/>	Sexual

Other Problems:

Helpless/Hopeless and Fighting Spirit Scales

Instructions to complete assessment: A number of statements are given below which describe people's feeling of hope. Please mark with a '√' or an 'x' your answer to each statement that indicates how far it applies to you at the present. For example, if the statement definitely does not apply to you then you should answer '1'.

DATE COMPLETED: __-__-__				
	1	2	3	4
	Definitely does not apply to me	Does not apply to me	Applies to me	Definitely applies to me
I see my illness as a challenge				
I feel like giving up				
I feel completely at a loss about what to do				
I try to fight the illness				
I can't handle it				
I am not hopeful about the future				
I feel there is nothing I can do to help myself				
I think it is the end of the world				
I am very optimistic				
I feel that life is hopeless				
I can't cope				
I am determined to fight this disease				

From Watson M, Law, M, dos Santos M, Greer S, Baruch J, Bliss J. The mini-mac: Further development of the mental adjustment to cancer scale. *Journal of Psychosocial Oncology* 1994; 12(3): 33-46.

Instructions to interpret assessment: Add up all of your answers. If your score is less than 25, you should discuss your answers with your health professional.