

COMMUNICATION AND INFORMATION ISSUES

1. Have you been able to talk to any of the following people about your condition?

a. Your doctor	<input type="checkbox"/>	<input type="checkbox"/>
b. Community nurse	<input type="checkbox"/>	<input type="checkbox"/>
c. Hospital nurse	<input type="checkbox"/>	<input type="checkbox"/>
d. Religious advisor	<input type="checkbox"/>	<input type="checkbox"/>
e. Social worker	<input type="checkbox"/>	<input type="checkbox"/>
f. Family	<input type="checkbox"/>	<input type="checkbox"/>
g. Other people (please state): _____		

PHYSICAL SYMPTOMS

Please circle one answer per line

In the past month, have you been distressed or bothered by:

	Not at all	A little bit	Quite a bit	Very much
2. Pain?	0	1	2	3
3. Loss of memory?	0	1	2	3
4. Headache?	0	1	2	3
5. Dry mouth?	0	1	2	3
6. Sore mouth?	0	1	2	3
7. Shortness of breath?	0	1	2	3
8. Cough?	0	1	2	3
9. Feeling sick (nausea)?	0	1	2	3
10. Being sick (vomiting)?	0	1	2	3
11. Bowel problems (e.g. constipation, diarrhoea, incontinence)?	0	1	2	3
12. Bladder problems (urinary incontinence)?	0	1	2	3
13. Feeling weak?	0	1	2	3
14. Feeling tired?	0	1	2	3
15. Problems sleeping at night?	0	1	2	3
16. Feeling sleepy during the day?	0	1	2	3

17.	Loss of appetite?	0	1	2	3
18.	Changes in your weight?	0	1	2	3
19.	Problems with swallowing?	0	1	2	3
20.	Being concerned about changes in your appearance?	0	1	2	3
21.	Feeling restless and agitated?	0	1	2	3
22.	Feeling that your symptoms are not controlled?	0	1	2	3

PSYCHOLOGICAL ISSUES		Please circle <u>one</u> answer per line			
<i>In the past month, have you been distressed or bothered by:</i>		Not at all	A little bit	Quite a bit	Very much
23.	Feeling anxious?	0	1	2	3
24.	Feeling as if you are in a low mood?	0	1	2	3
25.	Feeling confused?	0	1	2	3
26.	Feeling as if you are unable to concentrate?	0	1	2	3
27.	Feeling lonely?	0	1	2	3
28.	Feeling that everything is an effort?	0	1	2	3
29.	Feeling that life is not worth living?	0	1	2	3
30.	Thoughts about ending it all?	0	1	2	3
31.	The effect of your condition on your sexual life?	0	1	2	3

RELIGIOUS AND SPIRITUAL ISSUESPlease circle one answer per line***In the past month, have you been distressed or bothered by:***

	Not at all	A little bit	Quite a bit	Very much
32. Worrying thoughts about death or dying?	0	1	2	3
33. Religious or spiritual needs not being met?	0	1	2	3

INDEPENDENCE AND ACTIVITYPlease circle one answer per line***In the past month, have you been distressed or bothered by:***

	Not at all	A little bit	Quite a bit	Very much
34. Losing your independence?	0	1	2	3
35. Changes in your ability to carry out your usual daily activities such as washing, bathing or going to the toilet?	0	1	2	3
36. Changes in your ability to carry out your usual household tasks such as cooking for yourself or cleaning the house?	0	1	2	3

FAMILY AND SOCIAL ISSUESPlease circle one answer per line***In the past month, have you been distressed or bothered by:***

	Not at all	A little bit	Quite a bit	Very much
37. Feeling that people do not understand what you want?	0	1	2	3
38. Worrying about the effect that your illness is having on your family or other people?	0	1	2	3
39. Lack of support from your family or other people?	0	1	2	3
40. Needing more help than your family or other people could give?	0	1	2	3

TREATMENT ISSUES

Please circle one answer per line

In the past month, have you been distressed or bothered by:

Not at all A little bit Quite a bit Very much

41.	Side effects from your treatment?	0	1	2	3
42.	Worrying about long term effects of your treatment?	0	1	2	3

PERSONAL ISSUES

43. Do you need any help with your personal affairs?

44. Would you like to talk to another professional about your condition or treatment?

45. **Would you like any more information about the following?**

a. Your condition

b. Your care

c. Your treatment

d. Other types of support

e. Financial issues

f. Other (please state): _____