Sask cancer AGENCY

What matters the MOST to you TODAY?

(Screening for Distress) **Date:__________________**

Affix patient label within this box

Screening completed as part of

☐New Patient Consult ☐Navigation ☐RT treatment ☐Clinic Review ☐Pain/Symptom Management

Information provided by ☐Patient ☐ Family/Support Person ☐ Assisted by support person/healthcare team member

Please circle the number that best describes how you feel NOW		
No pain	0 1 2 3 4 5 6 7 8 9 10	Worst possible pain
No tiredness (Tiredness = lack of energy)	0 1 2 3 4 5 6 7 8 9 10	Worst possible tiredness
No drowsiness (Drowsiness = feeling sleepy)	0 1 2 3 4 5 6 7 8 9 10	Worst possible drowsiness
No nausea	0 1 2 3 4 5 6 7 8 9 10	Worst possible nausea
No lack of appetite	0 1 2 3 4 5 6 7 8 9 10	Worst possible lack of appetite
No shortness of breath	0 1 2 3 4 5 6 7 8 9 10	Worst possible shortness of breath
No depression (Depression = feeling sad)	0 1 2 3 4 5 6 7 8 9 10	Worst possible depression
No anxiety (Anxiety = feeling nervous)	0 1 2 3 4 5 6 7 8 9 10	Worst possible anxiety
Best well-being (Well-being = how you feel overall)	0 1 2 3 4 5 6 7 8 9 10	Worst possible well-being

Referrals

For Staff Use Only

☐ Dietitian
☐ Social Work
☐ Pain Management
☐ Pharmacy
☐ Oxygen Therapy
☐ Home Care
☐ Palliative Care
☐ Dentist
☐ Family Dr./NP
☐ Oncofertility
☐ Physiotherapy
☐ Other:____________

Check all of the following items that are CURRENTLY concerns for you TODAY

Emotional
☐ Fears/Worries
☐Sadness
☐Frustration/Anger
☐Changes in appearance
☐Intimacy/Sexuality

Practical
☐Work/School
☐Finances
☐Getting to & from appointments
☐Home Care
☐Accommodation
☐Drug Cost
☐Health Insurance

Physical
☐Concentration/Memory
☐Sleep
☐Weight
☐Fever/Chills
☐Bleeding/Bruising
☐Cough
☐Mouth Sores
☐Difficulty swallowing
☐Special diet
☐Heartburn/indigestion
☐Diarrhea
☐Constipation
☐Bladder problem
☐Dizziness
☐Headaches
☐Trouble with everyday activities (ie. bathing, dressing)
☐Vision or hearing changes
☐Numbness/Tingling
☐Changes to skin/nails
☐Lymphedema/swelling
☐Sensitivity to cold

Informational
☐Understanding my illness and/or treatment
☐Talking with the health care team
☐Making treatment decisions/Personal Directive
☐Creating an Advance Care Directive
☐Knowing about available resources
☐Taking medications as prescribed
☐Quitting smoking

Spiritual
☐Meaning/Purpose of life
☐Faith

Social/Family
☐Feeling a burden to others
☐Worry about family/friends
☐Feeling alone
☐Support with children/partner

Fall Prevention
☐History of previous fall
☐Sensory deficits
☐Impaired mobility
☐Generalized weakness
☐Cognitive changes
☐Taking diuretics/laxatives/narcotics
☐No concern identified

☐ Some cancer treatments can affect fertility or reproductive health. This means they may make it harder to have biological children now or in the future. I would like to talk with a health care professional about this.

For Staff Use Only

☐ CPC reviewed with patient

Patient's Priority: Please mark patient's top priority with an asterisk (*) from either ESAS or CPC list or ☐ **Other Priority Concern:** ________________

Response/Management of distress
☐Provided emotional support ☐Provided information/education ☐Medication adjusted ☐Further assessment/testing

Form not completed due to: ☐ illness ☐ patient declined ☐ language barrier ☐ literacy ☐ vision issues ☐ unable to reach ☐other:____________

STAFF Comments:

☐Form not reviewed with patient: Reason:____________

Reviewed by (Name of Health Care Professional)		**Date (MM-DD-YYYY)**	

Screening for Distress Tool:

We would like to better understand your current physical and emotional well-being so that our team of oncologists, nurses, social workers, radiation therapists and dietitians can work towards addressing any concerns you may have.

On the back side of these instructions is the **Screening for Distress Tool**. You are being asked to complete it while waiting to see your oncologist. This tool has been developed by the Saskatchewan Cancer Agency and includes nationally used screening questions to better help our staff identify issues/concerns you may be having and determine how we can best meet your individual needs.

The first component is the **Edmonton Symptom Assessment System, or ESAS**. You are being asked to circle the number that best **indicates how you are feeling at the present time**, with **0** indicating the best possible feeling, and **10**, the worst.

The second component is the **Canadian Problem Checklist**. You are being asked to tick off each box that reflects **issues or concerns that you have experienced within the last week**, including today.

We invite you to have a family member assist you in the completion of the form and if you need further instructions on how to complete the form, please ask one of our volunteers or staff members to help you. Please give the form to the nurse when she calls you for your appointment.

As with any written documentation in the Cancer Center, your answers are confidential and will be used to provide the best care for you and your family.