UHL Radiotherapy Emotion Quick Screen							
1. DEMOGRAPHICS Cancer/Tumour Type							
White Indian / Asian Afro-Caribbean Unknown / Other				Addressograph			
Adjuvant L N	Neo-adj	rative Palliative L	_				
2. EMOTION THE	RMOMETERS II	nstructions					
In the first four columns, please mark the number (0-10) that best describes how much emotional upset you have been experiencing in							
the past week including today. Then mark the duration of upset in months (5), its impact on you (6) and how much you need help for							
these emotional concerns (7).							
1. Distress	Emotions		4 Annex	5. Duration	Emotional Impact 6. Burden		
10 = Extreme	2. Anxiety 10 = Extreme	3. Depression	4. Anger	10 = 10+ months	10 = Cannot function	7. Need Help 10 = Desperately	
					at all		
10-	10-	10-		10-	10-	10-	
9 —	9 —	9 — — 9	· - 		9	9 — —	
8	8	8 8		8	8	8	
6 —	6 —	6 6		6	6	6	
5 —	5 —	5 — — 5	· -	5 — —	5 — —	5 — —	
3 —	3 —	3 — — 4		4	4	4	
2	2				2		
1	1 —	1 - 1		1 - -	1 - -	1 -	
	(° 🖰		, C				
0 = None	0 = None	0 = None	0 = None	0 = lust today	0 = No Effect on me	0 = 0 = = = = = = = = = = = = = = = = =	
0 = None	0 = None	U = None	U = None	0 = Just today	U = NO Effect on me	0 = Can manage myself	
3. CONCERNS CHECKLIST Instructions							
Please ask the patient to indicate most pressing concerns causing distress over the past week, including today.							
Practical Concerns Personal Concerns En			Emotional	otional Concerns Physical Concerns			
☐ Family Issue	es 🗆	Appearance	□ A	nger / irritability	Breathin	g	
☐ Issues with I	Health Staff	Self-care	□ N	ervousness / anxiety	☐ Eating /	weight	
☐ Finances / B	Bills	Loss of Independence	e 🚨 D	epression / hopelessness	Toileting		
☐ Lack of Infor	mation \square	Loss or Role	□ W	orry about cancer	☐ Fatigue/	Exhaustion	
□ Problems with medication		Sexual/Intimacy Issue	es 🔲 O	dd experiences	☐ Sleep problems		
		Spiritual issues	□ M	lemory / concentration	☐ Nausea		
			□ s	elf-esteem / confidence	Headach	☐ Headaches/Pain	
(1 st) Most Pressing		(2 nd) Mo	st Pressing	(3 rd) Most Pressing			
4. ACTION TAKE	N FOR EACH CO	NCERN					
		■ No action taken	□ N	o action taken	□ No actio	on taken	
Free text if neede	24	No action needed		o action needed		on needed	
		■ Declined Help	□ D	eclined Help	□ Decline	d Help	
		□ Help Given		elp Given	☐ Help Gi	•	
		□ Referral	□ R	eferral	☐ Referra	I	
	`	Other (state)	O	ther (state)	Other (s	state)	
5a. What was your clinical impression BEFORE using this screening tool? 5b. What was your clinical impression AFTER using this screening tool?							
						th = =	
		☐ Other	_ '		_		
6. On this occasion	n was the tool usef	ul?	Useful	☐ Unsure ☐	Not Useful		