UHL Chemotherapy Suite Emotional Quick Screen vMar09

1. PATIENT DETAILS

Addressograph

Stage Diagnosis In-Treatment Remission Recurrence/Late Other

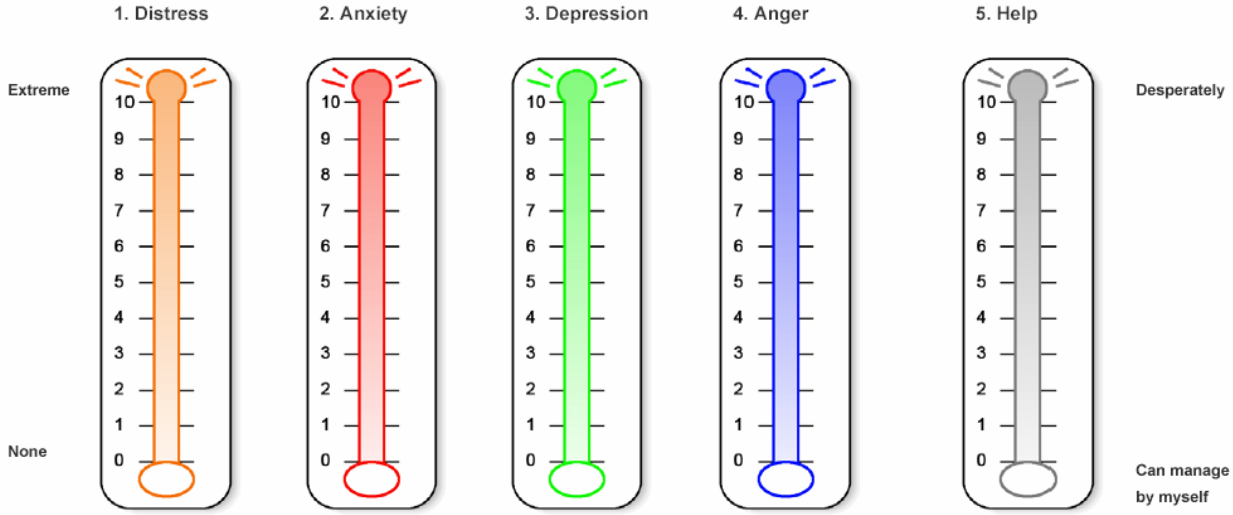
DOB _____ **M / F**

Ward/Dept_____ **Other**_____

2. EMOTION THERMOMETERS

Instructions

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. In the final column please indicate how much you need help for these concerns.



3. CONCERNS CHECKLIST

Instructions

Please ask the patient to tick any of the following that has been a cause of distress over the past week, including today. Also ask for the most pressing concerns.

Practical Concerns

- ❑ Family Issues
- ❑ Issues with Health Staff
- ❑ Finances / Bills
- ❑ Lack of Information
- ❑ Problems with medication
- ❑ Others

_____

_____

Personal Concerns

- ❑ Appearance
- ❑ Self-care
- ❑ Loss of Independence
- ❑ Loss or Role
- ❑ Sexual/Intimacy Issues
- ❑ Spiritual issues

Emotional Concerns

- ❑ Anger / irritability
- ❑ Nervousness / anxiety
- ❑ Depression / hopelessness
- ❑ Worry about cancer
- ❑ Odd experiences
- ❑ Memory / concentration
- ❑ Self-esteem / confidence

Physical Concerns

- ❑ Breathing
- ❑ Eating / weight
- ❑ Toileting
- ❑ Fatigue/Exhaustion
- ❑ Sleep problems
- ❑ Nausea
- ❑ Headaches
- ❑ Pain

(1st) Most Pressing _____

(2nd) Most Pressing _____

(3rd) Most Pressing _____

4. ACTION TAKEN FOR EACH CONCERN

❑ No action	❑ No action	❑ No action
❑ Declined Help	❑ Declined Help	❑ Declined Help
❑ Help Given	❑ Help Given	❑ Help Given
❑ Referral	❑ Referral	❑ Referral
❑ Other (state)	❑ Other (state)	❑ Other (state)

Clinician Name _____ **Designation** _____ **Specialty** _____ **Date**_____

Outcome/Referred to (describe) _____ Please file with additional information in notes & return the feedback form

UHL Chemotherapy Suite Quick Screen Feedback Form vMar09

INSTRUCTIONS

We would be grateful if you can fill in this form after ***each application (for each patient)*** of the Quick Screen, so that we can evaluate its success. Please return a copy for all patients not just those with high scores. This form can be completed by any relevant clinical nurse specialist. Please fax to the address below (for queries ring 0116 2256218).

PATIENT RESULTS

Where is the patient on the patient pathway? Diagnosis ☐ In-Treatment ☐ Remission ☐ Recurrence/Late ☐ Other ☐

How many times have you seen this person ? First time ☐ Second time ☐ Third time ☐ Four or Five ☐ Many ☐

What was the score on the Emotion Thermometers Distress ☐ Anxiety ☐ Anger ☐ Anger ☐ Help ☐

What were the three most pressing concerns? (1)_____ (2)_____ (3)_____ OR None

What was your clinical impression **BEFORE** screening? (tick any that apply)

Distressed ☐ Depressed ☐ Anxious ☐ Angry ☐ Unsure ☐ Well ☐ Other _____

What was your clinical impression **AFTER** screening?

Distressed ☐ Depressed ☐ Anxious ☐ Angry ☐ Unsure ☐ Well ☐ Other _____

ACTION TAKEN FOR EACH CONERN

(1)	**(2)**	**(3)**	**(4) N/A**
❑ No action	❑ No action	❑ No action	
❑ Declined Help	❑ Declined Help	❑ Declined Help	❑ There were no concerns
❑ Help Given	❑ Help Given	❑ Help Given	
❑ Referral	❑ Referral	❑ Referral	
❑ Other (state)	❑ Other (state)	❑ Other (state)	

YOUR FEEDBACK

Training **Have you received training for the detection of emotional problems?**

Yes No Don't Know Did not receive training

Practicality **Is the enclosed screening instrument practical for your setting?**

Yes No (too long) No (other reason)_____

Discussion **Did the instrument help you talk about psychosocial issues with the patient?**

Yes No Don't Know

Detection **Did the instrument help you detect psychological problems such as depression / anxiety**

Yes No Don't Know

Confidence **How would you rate your usual confidence in detecting emotional problems**

High Above Av. Average Below Av. Low

COMMENTS **Do you have any specific comments or suggestions for us (please write in the space below)?**

Clinician Name _____ **Specialty**_____ **Date**_____

Designation _____ **Return a FAXED copy to Alex Mitchell, Liaison Psychiatry, LGH** **0116 2951951**