UHL Radiotherapy Emotion Quick Screen

Addressograph

1. DEMOGRAPHICS

Cancer/Tumour Type _____

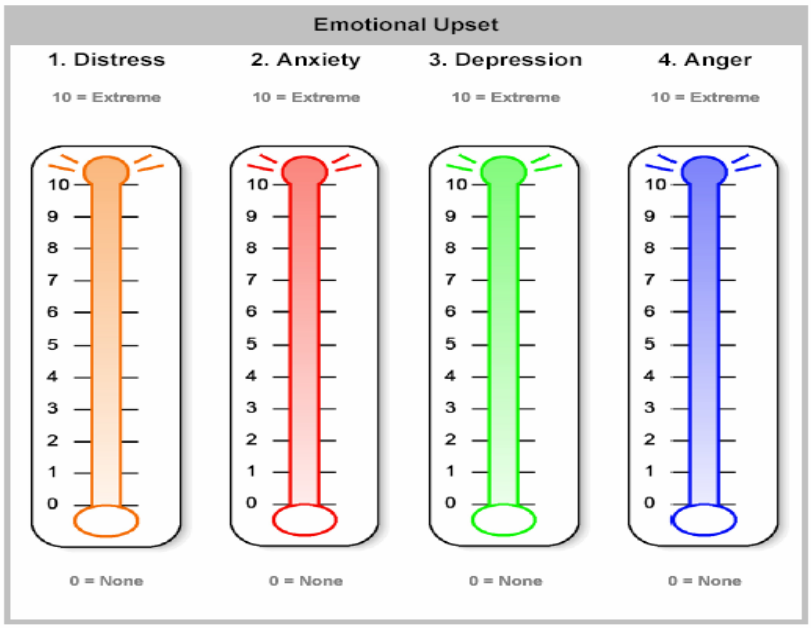
White ☐ Indian / Asian ☐

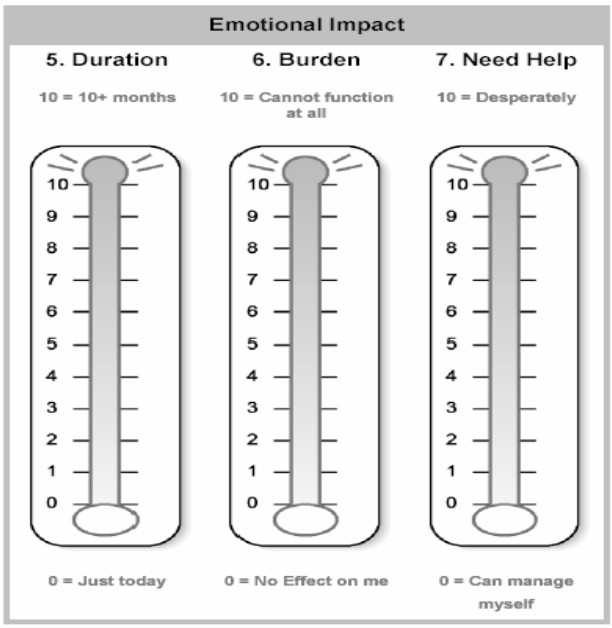
Afro-Caribbean ☐ Unknown / Other ☐ _____

Adjuvant ☐ Neo-adj ☐ Curative ☐ Palliative ☐

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. 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).





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	Emotional Concerns	Physical Concerns
❑ Family Issues	❑ Appearance	❑ Anger / irritability	❑ Breathing
❑ Issues with Health Staff	❑ Self-care	❑ Nervousness / anxiety	❑ Eating / weight
❑ Finances / Bills	❑ Loss of Independence	❑ Depression / hopelessness	❑ Toileting
❑ Lack of Information	❑ Loss or Role	❑ Worry about cancer	❑ Fatigue/Exhaustion
❑ Problems with medication	❑ Sexual/Intimacy Issues	❑ Odd experiences	❑ Sleep problems
	❑ Spiritual issues	❑ Memory / concentration	❑ Nausea
		❑ Self-esteem / confidence	❑ Headaches/Pain
	(1st) Most Pressing	**(2nd) Most Pressing**	**(3rd) Most Pressing**
	_____	_____	_____

4. ACTION TAKEN FOR EACH CONCERN

Free text if needed

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

5a. What was your clinical impression **BEFORE** using this screening tool?

Distressed ☐ Unsure ☐ Well ☐ Other _____

5b. What was your clinical impression **AFTER** using this screening tool?

Distressed ☐ Unsure ☐ Well ☐ Other _____

6. On this occasion was the tool useful?

Useful ☐ Unsure ☐ Not Useful ☐