



- Supportive Care Project Final Report-

Maximum 6 pages please (excluding attachments):

1. Project Title

To scope the ability to implement a model of supportive care assessment and referral pathway for patients with cancer receiving treatment at Western Health.

2. WCMICS Hospital / Health Service

Western Health

3. Project Manager

Claire Culley Divisional Director Surgical Services. Project Officers – Colleen Pollitt, Danielle Spence

4. Date of commencement and completion of project (advise if these vary from original application)

July 2008 (Project started later in July due to recruitment procedure issues) July 2009

5. Abstract

Western Health did not utilise a standard psychosocial assessment tool for individuals receiving treatment for cancer. Although all patients are discussed in a multidisciplinary setting, referral to supportive care services is generally dependant on an 'ad-hoc' identification of patient needs. Access to supportive care services is constrained by limited resources, particularly in the ambulatory setting and referral to community services is often required.

6. Introduction (background, purpose of the project)

In order to implement a system of supportive care assessment across tumour streams, scoping was required to ascertain the level of support and sustainability within the service. To achieve this end, two project officers were appointed both working on a part time basis. Key stakeholders supported the project officers by being part of the working party.

It was planned that the project would consist of two phases:

Phase 1

- To scope the ability to implement a supportive care screening tool within the targeted tumour groups.

- To formulate a multidisciplinary supportive care working party consisting of supportive care 'champions' representing the various tumour groups. The objective of this group was to work with the project officers toward selection of an appropriate screening tool for Western Health, to develop referral pathways and to facilitate cultural change and support amongst peers.

Phase 2

- Education and training for staff involved in utilizing the supportive care screening tool and referral pathways. Education would focus on communication strategies, as well as psychosocial clinical practice guidelines and their ability to enhance outcomes for people with cancer. Role definition of key supportive care personnel would also be addressed, along with issues such as role overlap.
- Development of an on-line supportive care guide identifying key resources available within the hospital network and the community. Resources would be culturally appropriate and facilitate services for people at varying stages of disease and treatment.

7. Methodology

- Appointment of two part time project officers to co-ordinate the project.
- Identification of key stakeholders from management, nursing and allied health.
- Sourcing of a consultancy agency (Sheila Hirst Consulting) to facilitate a multidisciplinary stakeholder workshop to discuss supportive care screening within the context of best practice and to identify possible pilot areas and interested parties.
- Formulation of a working party of supportive care 'champions' to represent the various disciplines and tumour groups to meet monthly throughout the course of the project.
- **Literature review** identified several key tools to be tabled for discussion by the working party:
 - Peter McCallum C-care tool
 - Distress thermometer from NCCN
 - K 10 Depression and anxiety tool
 - Duke anxiety and depression scale
- The NCCN 'Distress thermometer' was selected due to validation both overseas and here in Australia. It was deemed to be a simple, one page document to be completed by the patient and was also being trialled in other centres simultaneous to the Western Health project. Permission for use was approved by NCCN, although this proved to be a prolonged process and did lead to delays in the implementation phase of the project.
- Approval was also sought and obtained from NBOCC to use their accompanying checklist for referral, which was adapted with permission to meet local needs. This checklist identifies risk factors for referral.
- Development of a resource package for patients completing screening including information sheet and NBOCC resource "Cancer how are you travelling?"
- Individual and group education training for staff involved in screening.

Staff Training

An education program was developed to support the trial and implementation of the selected tools. The 'Understanding Supportive Care for the Patient with Cancer' education program was developed in conjunction with the Centre for Education to enable endorsement by the Royal College of Nursing and thereby entitling those who attended all programs to 10.5 Continuing Nurse Education. *See appendix 2*

Development of resources Guide

A resource folder was developed to support the use of the Distress Thermometer and Supportive Care Screening Checklist (*appendix 6*). The resource folder provides an introduction to supportive care, information available relating to specific patient characteristics, referral protocols and a directory of services that includes contact details of community health centres and relevant local councils. The content of the guide was discussed by the working party and reviewed at regular intervals for feedback and further development.

The resource guide is available in each area where the tools are being trialled and also on the Western Health Intranet under the Oncology section of Department and Services.

An education package was also developed to provide to staff attending the education and who were to be involved in the trial. This included a summary guide for health professionals – Clinical Practice guidelines for the psychosocial care of adults with cancer (3) and 'Cancer How are you travelling?' (4).

The project staff met with Allied Health Department Heads to discuss the project. This allowed each discipline to determine how their service should be accessed and what the indications and boundaries for referral were. Allied Health staff also participated in the initial workshop and then regularly attended the working party meetings. Each area fed back to the project officers what information should be included in the resource folder.

Due to the high workload and funding arrangements for Allied Health Services, those services are not always readily available to non-inpatients. It was important therefore to include options for referral to community services.

Contact was made with GRICS (Gippsland Regional Integrated Cancer Services). This service, in conjunction with Monash University, had developed a Supportive Care Resource Kit to support the use of the 'Distress Thermometer'. We were able to view the resource and gain helpful information and insight. (5)

Trial Period

The trial of the forms commenced at beginning of March 2009. Commencement of the trial was delayed due to amount of time the scoping process required including approval time from NBOCC and NCCN and the interruptions of the Christmas and New Year Holiday period. As a result the trial period was restricted to three months. Although this limited the amount of screening tools that were circulated, establishing the framework to implement the tool in the designated areas was deemed integral to the success of the project and will lead to long term sustainability post project completion.

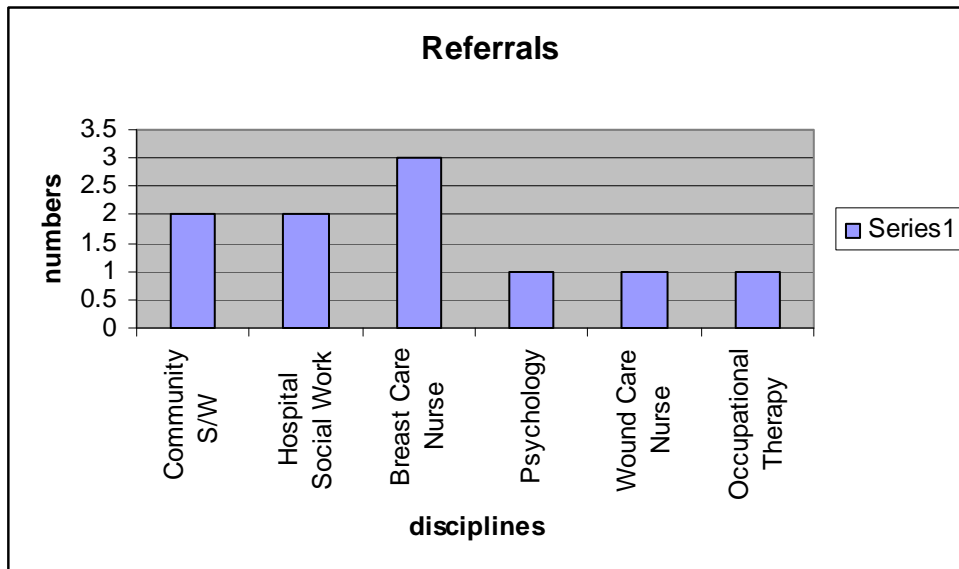
A database was established to record the outcomes of screening and to provide a measure for future reference.

The scoping process, the stakeholder workshop and subsequent working party meetings identified the following staff and key areas as the most appropriate for implementation of the screening tool at Western Health. This included:

- Breast Care Nurse Consultants
- Preadmission clinic
- Urology Clinical nurse Consultants
- Research Nurses
- Oncology HITH nursing staff
- Cancer Care Co-ordinators
- Day Oncology Nurses
- Pre-admission nurses
- Oncology Hospital in the Home nurses

8. Project activities, findings, outcomes including evidence of achievement (specify any information/tools developed and suitable/applicable for sharing across the WCMICS)

Supportive Care screening was conducted for 41 patients over a three-month period. 10 referrals were subsequently required. *See table below.*



The majority of patients screened in the pilot were from the breast tumour group and hence had ongoing access to high-level support from Specialist Breast Care Nurses. The number of referrals required by the pilot group may not necessarily reflect the overall patient demographic.

Interestingly, many needs identified could be met through the provision of additional resources that are readily available through agencies such as CCV or NBOCC.

It is the finding of the project that in areas where specialist nursing staff are available for particular tumour streams, the process of supportive care screening is easier to introduce and maintain. As more tumour groups begin to have dedicated specialist nursing staff, it may be possible to implement supportive care screening on a wider basis.

In terms of meeting the education requirements of nursing staff, for the purpose of this

project one on one or smaller group sessions was found to be a more effective way of to reach the target audience, particularly in double staffing time to enable staff to attend.

To assist in future education needs of oncology nurses at Western Health, collaboration was sought through the Centre for Education to develop an on-line staff survey. This template is now in place and can be repeated for future project planning if required.

Retrospectively, it may have been beneficial to conduct a staff educational needs survey prior to establishment of the formatted program.

9. Limitations

Majority of patients screened were from the breast tumour group and hence had access to ongoing and high level support from Specialist BCN's. Consequently results of the pilot group may not necessarily reflect supportive care needs of the overall patient demographic.

There were several barriers that influenced the outcome of the project and the ability to implement screening in some areas.

These included:

- Addressing education needs of nursing staff, particularly in the Day Oncology Unit
- Fostering culture of change
- Lack of designated oncology nurse educator
- Meeting the needs of CALD patients
- Inability to translate the Distress Thermometer into other languages (NCCN directive)
- Time delays in obtaining permission to use selected tools

10. Recommendations

Sustainability:

It is hoped that the use of the Distress Thermometer and the Supportive Care Screening checklist will continue beyond the completion of the project. This is imperative if Western Health is to meet the two milestones included in Action Area 4 of the Victorian Government Cancer Action Plan.

- By 2012 we will provide evidence of training of the cancer workforce in supportive care screening processes and survivorship awareness
- We will aim to document supportive care screening for 50 percent of newly diagnosed cancer patients by 2012 (reference)

The Clinical Nurse consultants and other specialist nurses are well placed to continue supportive care screening at Western Health. This includes the Breast Care Nurse Consultants, Urology Nurse Consultants and the Oncology research nurses. The Oncology HITH nursing staff are also in a position to continue with screening post project and all have participated in training. The small number of staff working in this area will contribute to sustainability.

Ongoing education of nursing staff is required to support screening on a wider basis and funding is ideally required to support backfilling of nursing staff to attend educational sessions within working hours. Funding to support appointment of a designated oncology nurse educator would also assist in sustainability of screening and other initiatives within the supportive care stream.

Outside of this project Dr Adrian Dabscheck (Palliative Care Physician) and Grey Searle (Psychologist) have conducted the VCCCP programs for clinicians working with cancer patients. Continuation of this work is yet another means to achieve and provide evidence of ongoing training for staff.

Continued support from Executive and Unit Managers is required to sustain supportive care screening to ensure Western Health remain on track to meet the 2012 Cancer Action Plan target.

During the project, permission was sought from the Western Health Forms Committee to create a medical record number for the supportive care checklist. Following completion of the required three month trial, agreement was reached by the committee to approve the form for use beyond the project. The presence of a medical record number for the supportive care checklist will allow the form to be stored in the patient file and will be vital to sustainability.

Ongoing representation at WCMICS Supportive Care Advisory Groups meetings is essential to maintain communication lines and awareness of new initiatives and possibilities for further development and project work.

The WCMICS Administration Co-ordinators at Western Health will continue post project completion to audit the supportive care referral process and outcomes as part of ongoing work in the supportive care domain.

Collaboration with future projects such as the WCMICS funded Peter MacCallum pilot involving several key hospitals, including Western Health will also assist in reinforcing to staff the importance of supportive care screening.

The Victorian Government's supportive care policy, *Providing optimal cancer care: Supportive care policy for Victoria* has now been released and should be promoted throughout the service (6)

Available at

www.health.vic.gov.au/cancer/docs/suppcare/supportive_care_policy.pdf

WCMICS are in the process of reviewing this policy in line with their existing WCMICS priority area for supportive care, which may impact on the future direction of work at Western health in this field.

Transferability:

The outcomes of this project, developed tools and resources will be available to be reviewed and used by WCMICS and participating organisations as required. However, any organisations that wish to use the Distress Thermometer should gain consent from the National Comprehensive Cancer Network (NCCN).

11. Expenditure report

| Budget item | Original forecast amount | Final amount spent | Comment |
|---|--------------------------|--------------------|---------|
| Project Officers x 2 (part time) | \$58,000 | \$58,000 | |
| Laptop, printer, software, testing and port | \$2,600 | \$2,600 | |
| Chairs x 2, desk | \$800.00 | \$800.00 | |
| Phone/Fax | \$300.00 | \$300.00 | |
| Staff Education/training sessions | \$1600.00 | \$1600.00 | |
| Miscellaneous/stationary etc | \$2020.00 | | |
| Total amount (pre GST) | | \$65,320.00 | |

12. Project Manager (Applicant) signature

I declare that this report is a true and proper representation of the activities undertaken in this project

..... Position:

13. Applicant Manager signature

I fully endorse this report and its content

..... Position:

14. Chief Executive signature

I fully endorse this report and its content

..... Position: Chief Executive Officer

15. Appendix:

Appendix 1: Reference list

Appendix 2: Supportive Care Education program

Appendix 3: Project Working Party

Appendix 4: Supportive Care Screening Checklist

Appendix 5: Distress Thermometer and Introductory Page – Western Health

Appendix 1 - Reference list

1. NCCN Clinical Practice Guideline in Oncology, Distress Management V.1.2008 DIS 3
2. NBOCC – National Breast and Ovarian Cancer Centre Psychosocial Care Referral Checklist
3. Clinical practice guidelines for the psychosocial care of adults with cancer- A summary guide for health professionals. National Breast Cancer Centre and National Cancer Control Initiative.
Complete Guidelines can be downloaded from National Health and Medical Research Council website www.nhmrc.gov.au/publications
4. NBOCC – National Breast and Ovarian Cancer Centre – resources.
5. Ristevski, E., Breen, S and Regan, M. (2008) Supportive Care Resource Kit. Monash University Department of Rural and Indigenous Health, and Gippsland Regional Integrated Cancer Services, Traralgon, Victoria, Australia.
6. Victoria's Cancer Action Plan 2008-2011, published by the Victorian Government Department of Human Services, Melbourne, Vic. January 2009.

Appendix 2: Supportive Care Education program

UNDERSTANDING SUPPORTIVE CARE FOR THE PATIENT WITH CANCER

DAY 1 February 10th 2009 – Session 1

| | |
|----------------------|---|
| Session Title | Psychosocial Guidelines for the care of the patient with cancer. Use of the Distress Thermometer and referral pathways. |
| Duration | 1 1/2 Hours including question time |
| Audience | Nursing Staff at Western Health |
| Delivery Mode | Seminar Room on site at Western Health Printed material will be distributed |
| Speaker | Facilitators - Danielle Spence – Breast Care Nurse/Project Officer Colleen Pollitt – Supportive Care Project Officer |
| Objectives | <ul style="list-style-type: none"> • To explain the psychosocial guidelines for care of cancer patients • To provide an understanding of what supportive care is. • To examine how supportive care management impacts on patients and staff. • To explain the Distress Thermometer and the principles behind it. • To review and discuss the checklist and guidelines that will support the Distress Thermometer. • To review pathways for referral if required |
| Group activity | <ul style="list-style-type: none"> • Activities will include presentations by facilitators. • Question and answer time |
| Assessment | <ul style="list-style-type: none"> • Evaluation forms will be distributed to enable staff to provide feedback. • Attendance records will be maintained. |
| Outcome | Nursing staff will gain an increased awareness and knowledge of psychosocial guidelines and supportive care strategies that will assist them to undertake supportive care screening. |

DAY 1 – Session 2

| | |
|-----------------------------|---|
| <i>Session Title</i> | Spirituality |
| <i>Duration</i> | 40 minutes including question time. |
| <i>Audience</i> | Nursing Staff at Western Health |
| <i>Delivery Mode</i> | Seminar Room on site at Western Health Printed material will be distributed. |
| <i>Speaker</i> | Facilitators - Danielle Spence – Breast Care Nurse/Project Officer Colleen Pollitt – Supportive Care Project Officer Presenter – Kerrie Godbold, Manager Pastoral Care Services. |
| <i>Objectives</i> | To inform staff about spirituality and cancer and signs of spiritual distress |
| <i>Activity</i> | Presentation regarding <ul style="list-style-type: none"> • Types of Spirituality • Signs of Spiritual Distress • Supportive Care Strategies for different kinds of Spiritual Distress <p>Question and answer time</p> <p>Information re available cancer specific resources</p> |
| <i>Assessment</i> | <ul style="list-style-type: none"> • Evaluation forms will be distributed to enable staff to provide feedback. • Attendance records will be maintained. |
| <i>Outcome</i> | Nursing staff will have an increased understanding of the concept of spirituality, determining signs of spiritual distress in cancer patients and supportive care strategies for different kinds of spiritual distress. |

DAY 1 – Session 3

| | |
|-----------------------------|---|
| <i>Session Title</i> | Emotional responses requiring psychosocial intervention |
| <i>Duration</i> | 40 minutes including question time |
| <i>Audience</i> | Nursing Staff at Western Health |
| <i>Delivery Mode</i> | Seminar Room on site at Western Health Printed material will be distributed |
| <i>Speaker</i> | Facilitators - Danielle Spence – Breast Care Nurse/Project Officer Colleen Pollitt – Supportive Care Project Officer Presenter - Grey Searle, Psychologist |
| <i>Objectives</i> | To provide an increased understanding of emotional response to a cancer diagnosis, with reference to “normal anxiety” and that requiring psychological intervention |
| Group activity | Exploration of emotional responses that may require psychosocial intervention Question and answer time |
| <i>Assessment</i> | <ul style="list-style-type: none"> • Evaluation forms will be distributed to enable staff to provide feedback. • Attendance records will be maintained. |
| <i>Outcome</i> | Nursing staff will have an increased understanding of emotional responses and the interventions that may be required or similarly, not required and the pathways to these interventions |

DAY 2 – Tuesday February 24th. 2009

| | | | | | | | | | | | | | | | |
|---|--|-----------------------|------------|---|------------|----------------------------|------------|--------------------------------|------------|-------|------------|-----------------------------------|-------------|-------|------------|
| Session Title | RESPONDING TO EMOTIONAL CLUES (Co-sponsored by the Cancer Council Victoria) | | | | | | | | | | | | | | |
| Duration | 4 Hours including lunch time | | | | | | | | | | | | | | |
| Audience | Nursing Staff at Western Health- Maximum of 8 participants. | | | | | | | | | | | | | | |
| Delivery Mode | Seminar Room on site at Western Health Package from CCV will be given to participants | | | | | | | | | | | | | | |
| Speaker | Facilitators - Grey Searle - Psychologist Colleen Pollitt Facilitators have been trained by The Cancer Council Victoria | | | | | | | | | | | | | | |
| Objectives | Workshop aim <ul style="list-style-type: none"> To ensure cancer clinicians are resourced with appropriate communication skills and a framework in which to elicit and respond to emotional cues. Learning outcome <ul style="list-style-type: none"> By the end of the workshop participants will be able to demonstrate some of the key communication skills required for eliciting and responding to emotional cues. | | | | | | | | | | | | | | |
| Group activity | Program guidelines are provided by Cancer Council Victoria. Role Plays with professional actor. <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Workshop Introduction</td> <td style="text-align: right;">20 minutes</td> </tr> <tr> <td>Slide show : Why teach communication skills</td> <td style="text-align: right;">10 minutes</td> </tr> <tr> <td>Slide show: Emotional cues</td> <td style="text-align: right;">20 minutes</td> </tr> <tr> <td>Slide show: DVD and Discussion</td> <td style="text-align: right;">30 minutes</td> </tr> <tr> <td>Break</td> <td style="text-align: right;">20 minutes</td> </tr> <tr> <td>Theoretical linking and role play</td> <td style="text-align: right;">120 minutes</td> </tr> <tr> <td>Close</td> <td style="text-align: right;">20 minutes</td> </tr> </table> | Workshop Introduction | 20 minutes | Slide show : Why teach communication skills | 10 minutes | Slide show: Emotional cues | 20 minutes | Slide show: DVD and Discussion | 30 minutes | Break | 20 minutes | Theoretical linking and role play | 120 minutes | Close | 20 minutes |
| Workshop Introduction | 20 minutes | | | | | | | | | | | | | | |
| Slide show : Why teach communication skills | 10 minutes | | | | | | | | | | | | | | |
| Slide show: Emotional cues | 20 minutes | | | | | | | | | | | | | | |
| Slide show: DVD and Discussion | 30 minutes | | | | | | | | | | | | | | |
| Break | 20 minutes | | | | | | | | | | | | | | |
| Theoretical linking and role play | 120 minutes | | | | | | | | | | | | | | |
| Close | 20 minutes | | | | | | | | | | | | | | |
| Assessment | <ul style="list-style-type: none"> Evaluation forms will be distributed to enable staff to provide feedback. Attendance records will be maintained | | | | | | | | | | | | | | |
| Outcome | Cancer clinicians are resourced with appropriate communication skills and a framework in which to elicit and respond to emotional cues. | | | | | | | | | | | | | | |

DAY 3 – Monday 10th March 2008

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|----------------------|--|
| Session Title | Transition to Palliative Care Workshop (co-sponsored by the Cancer Council Victoria) |
| Duration | 4 Hour including ½ hour lunch |
| Audience | Nursing Staff at Western Health |
| Delivery Mode | Seminar Room on site at Western Health Package from CCV will be given to all participants |
| Speaker | Facilitators - Grey Searle - psychologist Adrian Dabscheck – Palliative Care Physician |
| Objectives | To ensure cancer clinicians are resourced with a framework and an appropriate set of skills to effectively communicate the transition to palliative care to cancer patients and their families. Learning outcomes By the end of the workshop participants will have: <ul style="list-style-type: none"> • An increased understanding of the psychosocial issues affecting patients, carers and family when patients have advanced cancer. • A communication framework and skill-set to draw upon when talking about the transition to palliative care with cancer patients and their families. • The confidence to open a discussion about palliative care, identify concerns and make a referral when appropriate. |
| Group activity | Program guidelines are provided by The Cancer Council Victoria Role play using a professional actor Activity Time Workshop introduction 10 mins Slide show: Why teach communication skills? 10 mins DVD and discussion 30 mins Slide show: Cancer and palliative care 20 mins Break 20 mins Theoretical linking and role-play 130 mins Close 20 mins |
| Assessment | <ul style="list-style-type: none"> • Evaluation forms will be distributed to enable staff to provide feedback. • Attendance records will be maintained |
| Outcome | Cancer clinicians are resourced with a framework and an appropriate set of skills to effectively communicate the transition to palliative care to cancer patients and their families. |

Appendix 3: Project Working Party


PROJECT WORKING PARTY

A multidisciplinary working party was established to oversee the implementation of the project at Western Health and to support and guide the project officers in ensuring the goals and objectives were met in a timely manner. The first meeting was held on 15th October 2008 and monthly thereafter. Meetings were face to face with one email meeting being held.

Members of the working party were as follows:

Colleen Pollitt – Project Officer
Danielle Spence – Breast Care Nurse, Project Officer
Nyree Dillon – Project Officer WCMICS
Helen Brassier – Oncology research Nurse
Carla McCarthy – NUM 3 West
Loretta Williams – Palliative Care Nurse
Angela Baugh – Oncology Research Nurse
Nadine Gilby – Nurse Unit Manager, Day Oncology
Gael Wilder – Nurse Unit Manager, Oncology Ward
Georgina Akers – Oncology Research Nurse
Cathy Hammond – WCMICS Administration Assistant, Western Health
Angelina Cutri - WCMICS Administration Assistant, Western Health
Anna Tasevska – Oncology Social Worker
Janice Pescodd – Clinical Nurse Specialist, Preadmission clinic
Grey Searle – Manager Psychology Services
Leanne Storer – Breast Care Nurse
Kerrie Godbold – Manager, Pastoral Care
Barbara Taylor – Consumer Representative
Cassie Carnovale – Urology Clinical Nurse Consultant

Appendix 5: Distress Thermometer and Introductory Page – Western Health

| | | | | | | | | | | | |
|--|--|---------|-----|------------|-----|---------|--|---------|----------|-----|-----------|
|  <p>Western Health SUPPORTIVE CARE SCREEN – DISTRESS THERMOMETER <input type="checkbox"/> Western Hospital (Tel: 03 8345 6666) <input type="checkbox"/> Sunshine Hospital (Tel: 03 8345 1333)</p> | <p>ATTACH LABEL OR RECORD PATIENT DETAILS</p> <table> <tr> <td>SURNAME</td> <td>URN</td> </tr> <tr> <td>GIVEN NAME</td> <td>SEX</td> </tr> <tr> <td>ADDRESS</td> <td></td> </tr> <tr> <td>SURBURB</td> <td>POSTCODE</td> </tr> <tr> <td>DOB</td> <td>TELEPHONE</td> </tr> </table> | SURNAME | URN | GIVEN NAME | SEX | ADDRESS | | SURBURB | POSTCODE | DOB | TELEPHONE |
| SURNAME | URN | | | | | | | | | | |
| GIVEN NAME | SEX | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | |
| SURBURB | POSTCODE | | | | | | | | | | |
| DOB | TELEPHONE | | | | | | | | | | |
| <p>A cancer diagnosis can be challenging and stressful experience. You may need different kinds for support for the different needs that may arise over time.</p> <p>There are many issues which are upsetting and can contribute to levels of distress.</p> <p>The following form provides an opportunity to work out the kinds of support that may be most helpful for you during your treatment.</p> <p>Please complete the form and return it to your nurse. You can ask a family member or carer to help you if needed.</p> <ul style="list-style-type: none"> • Your nurse will read it and discuss any issues with you. • It may be that these issues can be addressed with the provision of written information. • In some cases, however, a referral to supportive care services may be required. <p>Your nurse can give you appropriate information or arrange for it to be sent to you.</p> <p>Please speak with your nurse if you have any questions.</p> | | | | | | | | | | | |

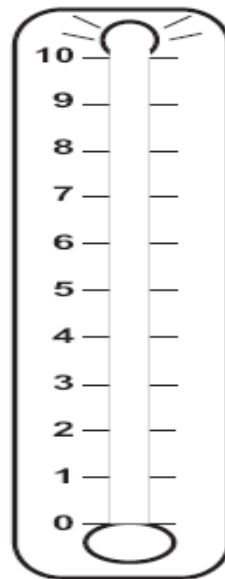
The Distress Thermometer Screening Tool FIGURE (DIS-A) from the NCCN 1.2008 Distress Management Guidelines has been reproduced with permission from The NCCN 1.2008 **Distress Management** Clinical Practice Guidelines in Oncology. ©National Comprehensive Cancer Network, 2008. Available at: <http://www.nccn.org>. Accessed January 6th 2009. To view the most recent and complete version of the guideline, go online to www.nccn.org.

Distress Management

SCREENING TOOLS FOR MEASURING DISTRESS

Instructions: First please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.

Extreme distress



No distress

Second, please indicate if any of the following has been a problem for you in the past week including today. Be sure to check YES or NO for each.

YES NO Practical Problems

- Child care
- Housing
- Insurance/financial
- Transportation
- Work/school

Family Problems

- Dealing with children
- Dealing with partner

Emotional Problems

- Depression
- Fears
- Nervousness
- Sadness
- Worry
- Loss of interest in usual activities

- Spiritual/religious concerns**

YES NO Physical Problems

- Appearance
- Bathing/dressing
- Breathing
- Changes in urination
- Constipation
- Diarrhea
- Eating
- Fatigue
- Feeling Swollen
- Fevers
- Getting around
- Indigestion
- Memory/concentration
- Mouth sores
- Nausea
- Nose dry/congested
- Pain
- Sexual
- Skin dry/itchy
- Sleep
- Tingling in hands/feet

Other Problems: _____