

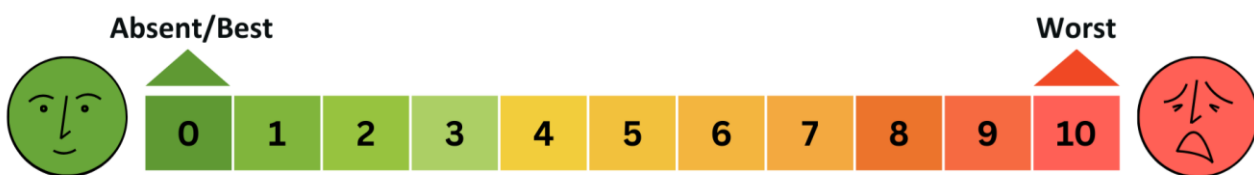
## Talking about your symptoms and concerns

Please use this form to tell us about your symptoms and concerns. This information will help us to best manage your care.

To complete this form:

### Symptom Assessment

What best describes how you felt during the last 24 hours?



1. Write the day or date in the first row.
2. Look at the scale above to choose a number between 0 (zero) and 10 that shows how strong the symptom or concern has been over the last 24 hours.

	Example	Day or date						
<b>Symptom or concern</b>	Monday							
Pain 0 = No pain 10 = Worst possible pain	2							
Tiredness (lack of energy) 0 = No tiredness 10 = Worst possible tiredness	4							
Drowsiness (feeling sleepy) 0 = No drowsiness 10 = Worst possible drowsiness	0							
Nausea 0 = No nausea 10 = Worst possible nausea	0							
Appetite 0 = Best appetite 10 = Worst possible appetite	2							
Shortness of Breath 0 = No shortness of breath 10 = Worst possible shortness of breath	0							
Constipation 0 = No constipation 10 = Worst possible constipation	0							

	Example	Day or date						
<b>Symptom or concern</b>	Monday							
Sleep 0 = Best sleep 10 = Worst possible sleep	0							
Depression (feeling sad) 0 = No depression 10 = Worst possible depression	0							
Anxiety (feeling nervous) 0 = No anxiety 10 = Worst possible anxiety	2							
Wellbeing (how you feel overall) 0 = Best wellbeing 10 = Worst possible wellbeing	3							
<p>In the 'Other symptom' rows below:</p> <ol style="list-style-type: none"> <li>write the letter for your symptom, e.g., write 'D' for Dry or sore mouth, 'I' for itch, 'S' for swallowing and 'O' for other symptom if your symptom is not listed</li> <li>write the number to rate how strong your symptom is.</li> </ol>								
Other symptom D = Dry or sore Mouth I = Itch S = Swallowing O = Other	D							
Other symptom score 0 = Absent symptom 10 = Worst possible other symptom	4							

# Talking about your symptoms and concerns

While you are receiving care, a health care professional will regularly ask you about your health symptoms and concerns. This is important to best manage your care. Symptoms and concerns are things that make you feel uncomfortable, hurt, or unwell either in your body or mind.

## ***Tell us how you feel***

Please tell us how you feel by rating each symptom or concern on a scale from 0 (zero) to 10.

To do this, look at the scale below and pick a number that best match how strong the symptom or concern has been **over the last 24 hours**.

Please rate your symptoms and concerns yourself. If needed, you can ask a family member, carer or a staff member to help you.

### Symptom Assessment

What best describes how you felt during the last 24 hours?

Absent/Best Worst

0 1 2 3 4 5 6 7 8 9 10

### ***The health symptoms and concerns we will ask you about are:***

- Pain
- Tiredness
- Drowsiness
- Nausea
- Appetite
- Shortness of breath
- Constipation
- Sleep
- Depression
- Anxiety
- Wellbeing
- Other symptoms

### ***What do the scores and colours mean?***

- 0 dark green** – no problem at all
- 1 light green** – a small problem, but it's manageable
- 5 orange** – a moderate problem and more difficult to manage
- 10 red** – a big problem and very hard to manage

**Need an Interpreter?** Ask the nurse to organise an Interpreter if you need help to communicate with staff. You can also call the Translating and Interpreting Service anytime on 131 450. These services are free and confidential.



**Your privacy is important:** Palliative care services send symptom information to the Palliative Care Outcomes Collaboration (PCOC), to help improve palliative care treatments. Patients' names and addresses **are not included** in this information. If you don't want your symptom information sent to PCOC, please email PCOC at [pcoc@uow.edu.au](mailto:pcoc@uow.edu.au).