

GoShare Survey Package - Individual Response for a recipient

GoShare Recipient: 4733798

Recipient UID:

Bundle Sent: 17 Feb 2026 04:25 PM

Patient Send Id: 7064010

Recipient Response Lodged: 17 Feb 2026 04:26 PM

Language used to Respond: English

Interactive Package: GenPal - Assessment 2 (ESAS)

URL: [genpalassessment2](#)

Total Score: 56 / 137

Outcome: Pain/Breath: MOD, Other symptoms: SEVERE

Formula Scores

Formula #	Title	Score
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Interactive Package Questions and responses

Question #	Question	Response	Score
1	If you had pain over the past 24 hours, how would you rate your pain? (0 = No pain, 10 = Worst possible) Touch the number that best matches your symptoms.	5	5
2	If you felt tired or fatigued over the past 24 hours, how would you rate how tired or fatigued you have felt? (0 = No tiredness, 10 = Worst possible)	7	7
3	If you felt drowsy or sleepy over the past 24 hours, how would you rate how drowsy or sleepy you have felt? (0 = No drowsiness, 10 = Worst possible)	2	2
4	If you had nausea over the past 24 hours, how would you rate how nauseous or sick in the stomach you have felt? (0 = No nausea, 10 = Worst possible)	7	7
5	If you had appetite problems over the past 24 hours, how would you rate your problems with appetite? (0 = Best appetite, 10 = Worst possible)	5	5
6	If you had shortness of breath over the past 24 hours, how would you rate your level of breathlessness? (0 = No shortness of breath, 10 = Worst possible)	1	1
7	If you have had a problem with constipation over the past 24 hours, how would you rate your problem with constipation? (0 = No constipation, 10 = Worst possible)	8	8
8	If you have had any problems with sleep over the past 24 hours, how would your rate your problems with sleep? (0 = Best sleep, 10 = Worst possible)	6	6

9	If you had low mood or feelings of depression over the past 24 hours, how would you rate your low mood or feelings of depression? (0 = No depression, 10 = Worst possible)	3	3
10	If you have felt anxious or worried over the past 24 hours, how would you rate how anxious or worried you have felt? (0 = No anxiety, 10 = Worst possible)	6	6
11	How would you rate your overall sense of wellbeing, over the past 24 hours? (0 = Best wellbeing, 10 = Worst possible)	2	2
12	Are you completing this screening at home or at the general practice / clinic?	General Practice / Clinic	2
13	Do you spend 50% or more of the day in a bed or chair?	Yes	1
14	Have you been to hospital or the emergency department since your last My Symptom Check-In?	Yes	1

Clinical Decision Prompt

Using clinical judgement, consider specialist palliative care referral. Example:

[Severe 7+ for pain or breathlessness] + [persistent 2 days]

Serious Illness Conversation Prompts

I wish – aligns with the patient’s hopes

I wish we could get you back to being able to doing what you enjoy.

I worry – expresses truthful concern

I worry that if we don’t plan ahead now, things will change for you, and we won’t be prepared.

I wonder – gentle suggestion or recommendation

I wonder if we could talk about organising some more support for you and your family at home.

General Practice Office Use Only:

1. **GP: Attach this screening result to specialist palliative care referral**
2. Administration: Complete Assessment 3
3. Administration: Include this referral in monthly project data

<https://www.ariadnelabs.org/wp-content/uploads/2023/05/Serious-Illness-Conversation-Guide.2023-05-18.pdf>
<https://vitaltalk.org/discussing-prognosis/>