How Are You Doing?

Person Completing Form:

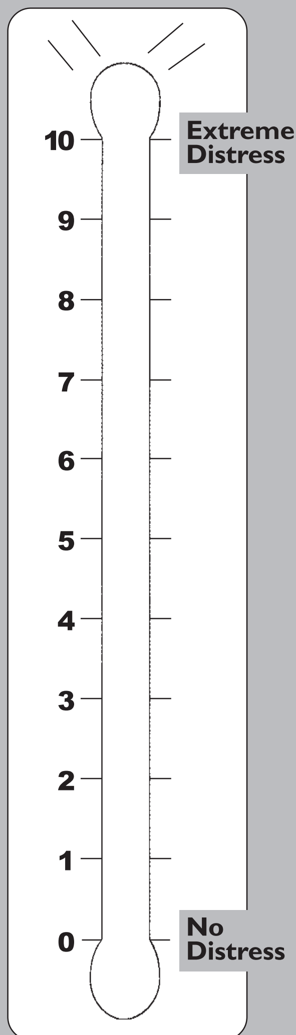
☐ **Patient** ☐ **Other: Name** ____________________ **Relation** ____________

Contact Phone #____________________

May we leave a message identifying ourselves from the Swedish Cancer Institute? ☐ Yes ☐ No

Doctor you are meeting today? ____________________ Date ____________

Please fill in the thermometer* to show how much distress you have been experiencing in the past week, including today.



***Please turn over for examples.**

We're here to help. Be sure to indicate areas in which you have need and/or concern.

PRACTICAL ASSISTANCE	EMOTIONAL HEALTH
☐ Financial Difficulties ☐ No Income ☐ Limited Insurance Coverage ☐ No Health Insurance ☐ Housing ☐ Chores/Respite ☐ Other: ____________	☐ Sad ☐ Anxious ☐ Anger ☐ Fear ☐ Questions: Faith/Values/God ☐ Fear of Dying ☐ Other: ____________
INFORMATION & RESOURCES	**RELATIONSHIPS COMMUNICATION**

☐ Transportation
☐ School/Work
☐ Power of Attorney/Living Wills
☐ Counseling
☐ Support Groups
☐ Nutrition Support/Naturopathic
☐ Exercise & Movement
☐ Educational Classes
☐ Other ____________
	☐ Talking with Spouse/Partner
	☐ Spouse/Partner needs support
	☐ Talking with my children
	    ☐ Less than 6 years old
	    ☐ 6-12 years old
	    ☐ 12-18 years old
	☐ Intimacy
	☐ Sexuality
	☐ Other ____________

PHYSICAL HEALTH

Fatigue Level *over the past 7 days* (please circle)

0 1 2 3 4 5 6 7 8 9 10

No fatigue — Worst fatigue imaginable

Pain Level *in the past 24 hours* (please circle)

0 1 2 3 4 5 6 7 8 9 10

No pain — Worst pain imaginable

☐ Eating concerns
☐ Sexual concerns
☐ Sleep
☐ Breathing
☐ Getting Around
☐ Other ____________

After you have completed this form, please return it with your paperwork or to your nurse.

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PATIENT LABEL

SWEDISH
CANCER INSTITUTE

SEATTLE, WASHINGTON

Form 37791 Nonstock Rev. 11/18/09

Here's how to fill out your thermometer to show us how you are doing.

1-2	4-5	4-5
I am doing well.	I am having a very hard time.	I am feeling overwhelmed.

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For free physician referral:
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