TEXAS ONCOLOGY

Supportive Care Screening Questionnaire

Patient Name: _____ Date of Birth:_____Today's Date:_____

Your overall well-being is important to us. Below are some concerns common to many patients. Please take a few moments to complete the following so that we can understand your concerns and support you.

☐ Check this box if there are **no changes since your last time** you completed this screening questionnaire

Circle the number that best describes how you feel today:

Not Tired	0	1	2	3	4	5	6	7	8	9	10	Worst possible Tiredness
No Nausea	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Nausea
Not Drowsy	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Drowsiness
Best Appetite	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Appetite
No Shortness of Breath	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Shortness of Breath
Best Feeling of Well-Being	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Feeling of Well-Being
Best Sleep	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Sleep

Over the last 2 weeks, how often have you been bothered by the following?

Circle the number that applies	Not at all	2-3 days	4-5 days	Everyday
Little interest and/or pleasure in doing things	0	1	2	3
Feeling down, depressed and/or hopeless	0	1	2	3

Have you recently had concerns about any of the following?

Emotional Concerns (select all that apply)

☐Fear / Worry / Anxiety ☐Guilt ☐Changes in appearance
☐Sadness ☐Loneliness ☐Intimacy / Sexuality

Social / Family Concerns (select all that apply)

☐Feeling a burden to others ☐Relationship difficulties ☐Support for Caregiver
☐Support for children / teens ☐Interacting with Healthcare Team ☐Help at home

Practical Concerns (select all that apply)

☐Insurance / Financial ☐Advance Care Planning: ☐Transportation
☐Guidance on Social Security Disabilities (Medical Power of Attorney / Living Will) ☐Employment concerns

Would you like to be referred to our support staff regarding your above concerns/selections?

☐ Yes, I would like to be referred ☐ No thank you, not at this time

Reference: Edmonton Symptom Assessment Scale (ESAS) and Patient Health Questionnaire-2 (PHQ2)

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