Do I need professional support?

SELF ASSESSMENT QUESTIONNAIRE FOR PATIENTS

The following questionnaire, may help you determine whether you might benefit from professional counselling. Every patient experiences some of these symptoms; there are no right or wrong answers.

During the past two weeks:											
1. I have felt anxious or worried about cancer and the treatment I am receiving.											
	Not at all	1	2	3	4	5	All the time				
2. I have felt depressed or discouraged.											
	Not at all	1	2	3	4	5	All the time				
3. I have been irritable or unusually angry and I have not controlled it well.											
	Not at all	1	2	3	4	5	All the time				
4. My sleeping habits have changed.											
	Not at all	1	2	3	4	5	All the time				
5. I have experienced a change in my appetite.											
	Not at all	1	2	3	4	5	All the time				
6. I have had difficulty concentrating at work or at home, or on routine things such as reading the newspaper or watching television.											
	Not at all	1	2	3	4	5	All the time				
7. Cancer and its treatment have interfered with my daily activities.											
	Not at all	1	2	3	4	5	All the time				

Reference:

^{1.} The Emotional Facts of Life with Cancer: A Guide to Counselling and Support for Patients, Families and Friends, Canadian Association of Psychosocial Oncology, 2003. Reprinted with permission of the Canadian Association of Psychosocial Oncology (www.Capo.ca)

8. Cancer and its treatment have interfered with my family or social life.											
	Not at all	1	2	3	4	5	All the time				
9. Cancer and its treatment have interfered with my sexual life.											
	Not at all	1	2	3	4	5	All the time				
10. Pain and discomfort have caused me to limit my activities.											
	Not at all	1	2	3	4	5	All the time				
11. Cancer has caused physical, emotional or financial hardship.											
	Not at all	1	2	3	4	5	All the time				
12. Cancer and its treatment have caused changes in my physical appearance and its concerns me.											
	Not at all	1	2	3	4	5	All the time				
13. I have had difficulty coping with the stress I have experienced.											
	Not at all	1	2	3	4	5	All the time				
14. My quality of life during the past two weeks has been:											
	Excellent	1	2	3	4	5	Very poor				

If you find that many of your answers are in columns four or five, you may be experiencing significant distress and should consider discussing your feelings with a counsellor.

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