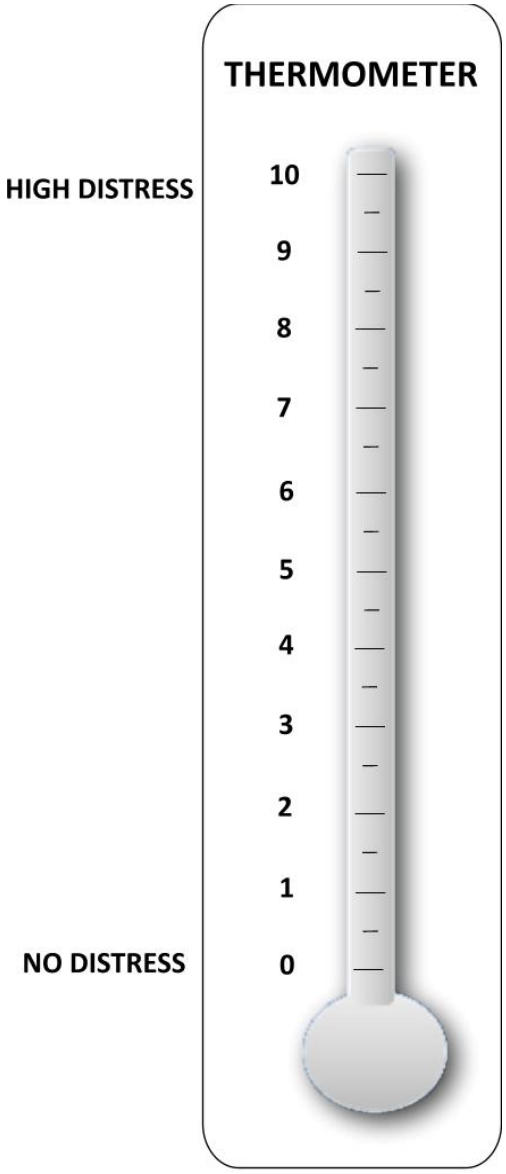
DT Treatment Review

Patient's name _____ Date _____

1. **Please circle the number below (0-10) that best describes in general how much distress you feel you have been experiencing over the past week, including today.**



2. **If any items below have been a cause of this distress for you over the past week, including today, please tick the box next to it. Please leave it blank if it does not apply to you.**

3. **Then rank (1st, 2nd, 3rd, 4th) your top 4 difficulties (1 would be the biggest problem, 4 would be your fourth biggest concern) and put this number beside the item in the RANKING column.**

RANKING	Physical Problems
	☐ My appearance
	☐ Bathing or dressing
	☐ Breathing difficulties
	☐ Passing urine
	☐ Constipation
	☐ Diarrhoea
	☐ Eating or appetite
	☐ Fatigue, exhaustion or extreme tiredness
	☐ Feeling swollen
	☐ High temperature or fever
	☐ Getting around (e.g. walking)
	☐ Indigestion
	☐ Sore or dry mouth
	☐ Nausea or vomiting
	☐ Pain
	☐ Dry, itchy or sore skin
	☐ Sleep problems and/or nightmares
	☐ Tingling in hands and/or feet
	☐ Changes in how things taste
	☐ Hot flushes
	☐ Memory or concentration
	☐ Speech problems
	☐ Wound care after surgery

RANKING	Practical Problems
	☐ Caring responsibilities
	☐ Finance, work or housing
	☐ Transport or parking
	☐ Questions about my illness / treatment
	☐ Communication with NHS staff

Family Problems

- ☐ Relationship with my children
- ☐ Relationship with my partner
- ☐ Relationship with other relatives / friends

Emotional Problems

- ☐ Loneliness or isolation
- ☐ Sadness or depression
- ☐ Worry, fear or anxiety
- ☐ Anger or frustration
- ☐ Difficulty making plans
- ☐ Guilt
- ☐ Hopelessness
- ☐ Sexual concerns

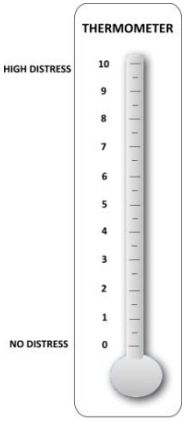
Spiritual/religious concerns

- ☐ Loss of faith or other spiritual concern
- ☐ Loss of meaning or purpose in life
- ☐ Not being at peace with, or feeling regret about the past

Other concerns (e.g. other medical conditions, etc.)**:** _____

_____

Patient Details



Signed by staff member:		
	DURATION OF INTERVIEW: (in minutes)	
Diagnosis:		

4

Highest ranked concerns	RATING	Description and history of problem	Plan of action
1			
2			
3			
4			