

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 Very much

5. *I have experienced a change in my appetite.*

Not at all 1 2 3 4 5 Very much

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 Very much

7. *Cancer and its treatment have interfered with my daily activities.*

Not at all 1 2 3 4 5 Very much

8. *Cancer and its treatment have interfered with my family or social life.*

Not at all 1 2 3 4 5 Very much

9. *Cancer and its treatment have interfered with my sexual life.*

Not at all 1 2 3 4 5 Very much

10. *Pain and discomfort have caused me to limit my activities.*

Not at all 1 2 3 4 5 Very much

11. *Cancer has caused physical, emotional or financial hardship for me.*

Not at all 1 2 3 4 5 Very much

12. *Cancer and its treatment have caused changes in my physical appearance and this concerns me.*

Not at all 1 2 3 4 5 Very much

13. *I have had difficulty coping with the stress I have experienced.*

Not at all 1 2 3 4 5 Very much

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.