





**M. Other**

1 None	2 Mild	3 Moderate	4 Severe	5 NA
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	Rec. Made		Rec Tx Implemented		Outcome of Treatment			Re-eval/Change in T		Outcome of Change in Tx		
	Yes	No	Yes	No (See Code)	Well Controlled	Partially Controlled	Not Controlled	Yes	No	Well Controlled	Partially Controlled	Not Controlled

5) **What is concerning you the Most?** Please mark next to the symptom ( P - patient and F - family)

	P or F		P or F
a. Anxiety		m. Nausea	
b. Constipation		n. Pain	
c. Cough		o. SOB	
d. Depression		<b>p. Family</b>	
e. Diarrhea		1. Spouse	
f. Dizziness		2. Children	
g. Drowsiness		3. Other	
h. Fatigue		q. Financial	
i. Inactivity		r. Spiritual	
j. Itching		s. Dying	
k. Loss of Appetite		t. Dyspnea	
l. Myalgia		u. NA	

6) **Satisfaction with current symptom control?**

	Patient	Family
Yes		
No		
NA		

7A) How would you rate your overall quality of life over the last month?

0	1	2	3	4	5	6	7	8	9	10
Very Bad										Excellent

7B) NA

8A) When I think of the future, I am.....

0	1	2	3	4	5	6	7	8	9	10
Not Afraid										Constantly Terrified

8B) NA

9)

	Surrogate	Name and Information	Phone Number
	1. Spouse, significant other		
	2. Child		
	3. Parent		
	4. Other: _____		
	5. Not Applicable		

10)

	1	2	3	4	5	6
	Excellent	Good	Fair	Poor	None	NA
1) Pt understanding of illness						
2) Pt understanding of Treatment Options						
3) Pt understanding of prognosis						

11)

	1	2	3	4	5	6
	Excellent	Good	Fair	Poor	None	NA
1) Family understanding of illness						
2) Family understanding of Treatment Options						
3) Family understanding of prognosis						

12) Financial Concerns:

1. Yes
2. No
3. NA

13) How religious would you say you are?

1. Very
2. Somewhat
3. Not Very
4. Not at all

14) Would it be helpful to speak to a clergy member?

1. Yes
2. NO
3. NA

15)

	End of Life Decision	Doc. Pre PC		PC Discuss		Recommended		Implemented		If not implemented, give reason (Code A)
		Yes	No	Yes	No	Yes	No	Yes	No	
A)	A. Advance Directive									
	1 DNR (date)									
	2 Proxy									
	3 Living Will									
B)	B. Decision to forgo Tx									
	1 Mechanical Ventilation									
	2 CPR									
	3 Artificial Nutrition									
	4 IV Fluids									
	5 Antibiotics									
	6 Transfusions									
	7 Other (Specify)									

Code A Choices
1. Pt. Refused
2. Family Refused
3. MD Refused
4. Change in clinical status
5. Alternate Plan
6. Health system barrier
7. Pending implementation, pt died
8. Don't Know
9. Other (specify)

16)

	Yes	No
MD-Pt Conflict		
Pt-Family Conflict		
MD-Family Conflict		

Cognitive Assessment

17)

Acute Onset: Is there evidence of an acute change in mental status from the patient's baseline?	Yes	NO	Uncertain	NA
Inattention: Did the patient have difficulty focusing attention (easily distractible, or difficulty keeping track what was said.)				
Disorganized thinking: Was the patients thinking disorganized or incoherent (rambling or irrelevant conversation)				

18)

Did this behavior fluctuate during the interview	Yes	No	Uncertain	NA

19)

Overall how would you rate this pts level of consciousness?	1. Alert	
	2. Vigilant (hyperalert, overly sensitive to stimuli, startled very easily)	
	3. Lethargic (drowsy, easily aroused)	
	4. Stupor (difficult to arouse)	
	5. Coma (unarousable)	
	6. Uncertain	
	9. NA	

20)

Interviewer's interpretation of patients coping mechanisms	1. Adequate	
	2. Impaired	
	3. Not able to ascertain	
	4. Not applicable	

21A)

Medical/Rehab Consults/Referrals	A		B		
	Recommended		Referral Conducted		If No, Reason (Code)
	Yes	No	Yes	No	
1 Pastoral Care					
2 Medical Oncology					
3 Behavioral Medicine					
4 Wound Care Nurse					
5 Nutrition					
6 Pain					
7 Psychiatry					
8 Radiation Therapy					
9 Radiology					
10 Rehab/OT/PT					
11 Speech					
12 Surgery					

Code (Choices)
1. Pt. Refused
2. Family refused
3. MD Refused
4. Change in clinical status
5. Alternate Plan
6. Health system barrier
7. Pending Imp. pt died
8. Don't Know
9. Other (specify)

21B)

Discharge Plan and Recommendations	A		B		
	Recommended		Referral Conducted?		If No, Reason (Code)
	yes	No	Yes	No	
1. Nursing Home					
2. Home with Caregiver					
3. Home without Caregiver					
4. Home with visiting nurse					
5. Home with UPMC hospice					
6. Home with other hospice					
7. SNF/NH					
8. Other Hospital					
9. Other:					



