

Supporting you to live well with a chronic illness



About this booklet

Living with a chronic condition can affect how you feel and what you're able to do. You may have symptoms that bother you and you may have questions or concerns about your health.

Your doctor and nurse are experienced in supporting people in similar situations to you. They care about your health. It helps if they know what you are going through and the things that matter to you most. But it can be hard to talk about all the things that are important to you when you go to see your doctor or nurse.

This booklet has a series of questions for you to answer that will help your doctor and nurse to understand the symptoms you are experiencing, along with any questions or concerns you may have about your health. It is like a conversation starter that captures important information about you that you can then talk about in more detail with your nurse or doctor.

The booklet asks about a range of issues that people with a chronic condition often experience. Please select the ones that apply to you. Please complete the questions in the booklet and bring it with you when you next see your doctor or nurse. You may feel some questions are not relevant to you, in which case please skip these.

It might be a good idea to book in a long appointment to see your doctor to go through the booklet. Or you may be asked to complete this booklet prior to a regular health check. It may take more than one appointment to talk about all the things that are important to you. That's okay. What's most important is starting the conversation with your health professionals.

Your full name:

Date:

What have been your main problems or concerns **over the past week?**

1.

2.

3.

Below is a list of symptoms, which you may or may not have experienced. For each symptom, please **tick one box** that best describes how it has **affected** you **over the past week**.

	Not at all	Slightly	Moderately	Severely	Overwhelmingly
Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weakness or lack of energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nausea (feeling like you are going to be sick)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting (being sick)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constipation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sore or dry mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drowsiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Please list any **other** symptoms not mentioned above, and **tick one box** to show how they have affected you **over the past week**.

	Not at all	Slightly	Moderately	Severely	Overwhelmingly
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Over the past week

	Not at all	Occasionally	Sometimes	Most of the time	Always
Have you been feeling anxious or worried about your illness or treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have any of your family or friends been anxious or worried about you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been feeling depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Always	Most of the time	Sometimes	Occasionally	Not at all
Have you felt at peace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been able to share how you are feeling with your family or friends as much as you wanted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had as much information as you wanted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Problems addressed/ No problems	Problems mostly addressed	Problems partly addressed	Problems hardly addressed	Problems not addressed
Have any practical problems resulting from your illness been addressed? (such as financial or personal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	On my own	With help from a friend or relative		With help from a member of staff	
How did you complete this questionnaire?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

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NAT-CC – Caring for *you*.

Needs Assessment Tool for people with a chronic condition.

The topics below are often a concern for people with a chronic condition.

1. Please rate how concerned you are about each issue. Tick the box which best describes your level of concern **now**.
2. Tick the topics you want to discuss with your doctor or nurse, either now or at some stage in the future.

Your full name:				Date:	
Information issues	Level of concern (tick one)			I would like to discuss this with my doctor or nurse? (tick one if applicable)	
	None	Some	A lot	Now	Later
Finding general information about my health condition(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What to expect during the illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to plan for the unexpected things relating to the illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to plan for my future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing financial matters e.g. accessing Centrelink allowances and other benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal matters e.g. preparing or updating a will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not knowing who to go to with my questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing information to my family/carer about my health condition(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Level of concern (tick one)			I would like to discuss this with my doctor or nurse? (tick one if applicable)	
	None	Some	A lot	Now	Later
Practical issues					
My ability to look after myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My medical conditions limit my ability to carry out my usual activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to manage my medications or treatment regimes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship issues	None	Some	A lot	Now	Later
I have problems in close/intimate relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have problems in other relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meaning issues	None	Some	A lot	Now	Later
The illness and its effects are challenging my beliefs and values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The illness and its effects are challenging because of my culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Questions you may like to ask (tick any questions you would like to ask)

- ☐ What can be done to improve my physical symptoms?
- ☐ What can be done to improve my well-being?
- ☐ Are there any other care services available that can assist me?
- ☐ What help, assistance or information is available to support my family?
- ☐ What can I expect in the future with this condition(s)?

Your own questions or concerns – please list here:

To help your doctor or nurse understand what matters most to you, please write the most important issues that have been raised from filling out this booklet below.

The top three concerns or questions I want to talk about with my doctor or nurse now, or in the near future, are:

1.

2.

3.

Now that you've completed the booklet, book an appointment with your doctor or nurse to talk more about the things that are concerning you.

You may also like to complete a fresh copy of this booklet again in the future, so that you and your healthcare team can monitor how things are going with your symptoms and concerns. You could ask your GP or nurse for a new copy.

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