

DISTRESS-PAIN ASSESSMENT SCREENING: Whole Patient-Centered Care through Bio-Psycho-Social-Existential Perspectives

Below is a list of common concerns and symptoms experienced during Medical Illness.
Please Label Each Item on a Scale of 0 - 10
(0 = No Distress, 1 - 3 = Mild, 4 - 6 = Moderate, 7 - 10 = Severe/Highest Distress)
If You Are Experiencing:
Distress, Pain or are
In Need of Assistance

Patient Name

Date of Service

PRACTICAL CONCERNS

- ___ Insurance Benefits
- ___ Getting Medications & Cost
- ___ Transportation to Treatment
- ___ Transportation Around Town
- ___ Housing
- ___ Financial Burden
- ___ Financial Accounts
- ___ Resources in the Community
- ___ Caregiver Burden
- ___ Work & School, for Self or Family
- ___ Childcare & School
- ___ Providing Care for Others
- ___ Needing Help at Home
- ___ Understanding Treatment Options
- ___ Making Treatment Decisions
- ___ Alternative Medicine & Treatment
- ___ Goals of Care & Coordinating
- ___ Speaking with My Medical Team
- ___ Advance Directives
- ___ Last Will & Testament
- ___ Dealing with Family
- ___ OTHER _____

PHYSICAL-BODY CONCERNS

- ___ Physical Pain from Disease
- ___ Physical Pain from Treatment
- ___ Side Effects from Treatment/Meds
- ___ Functional Ability
- ___ Physical Appearance
- ___ Fatigue
- ___ Strength
- ___ Breathing
- ___ Sleep & Rest
- ___ Nausea, Vomiting & Appetite
- ___ Eating & Swallowing
- ___ Urination
- ___ Constipation
- ___ Speech
- ___ Sexual Function
- ___ Fertility/Infertility
- ___ Bathing & Dressing
- ___ Memory & Concentration
- ___ Substance or Meds Use or Overuse
- ___ Tobacco Use or Overuse
- ___ Moving Around, Walking, Climbing
- ___ Joint Pain & Limitations
- ___ Physical Changes & Swelling
- ___ Weight Gain/Loss
- ___ Physical Exercise
- ___ Skin Issues
- ___ OTHER _____

EMOTIONAL CONCERNS

- ___ Loss of Function
- ___ Coping Abilities
- ___ Overwhelmed
- ___ Difficulty Expressing My Needs, Questions, Concerns
- ___ Anxiety & Nervousness
- ___ Sadness
- ___ Depression
- ___ Lack of Enjoyment
- ___ Loss of Joy & Desire
- ___ Isolation or Abandonment
- ___ Fear of Medical Procedures
- ___ Fear of Unknown & Future
- ___ General Ongoing Worry
- ___ Worry About the Future
- ___ Mental Illness Diagnoses
- ___ Shame, Guilt
- ___ Anger, Resentment
- ___ Emotional Difficulties
- ___ Appearance Changes
- ___ Life Role Changes
- ___ Primary Relationship, Others
- ___ Affection from Partner/Others
- ___ Losing Control
- ___ Desire for Death
- ___ Suicidal or Dark Thoughts
- ___ OTHER _____

EXISTENTIAL & SPIRITUAL CONCERNS

- ___ Identity After Diagnosis
- ___ Life Closure & Unfinished Business
- ___ Hopelessness & Despair
- ___ Religious Concerns & Questions
- ___ Spiritual Concerns & Questions
- ___ Cultural Beliefs
- ___ Concern for Family & Friends/Future
- ___ Suffering
- ___ Forgiveness
- ___ Why Me?
- ___ View Illness as Punishment
- ___ Meaning of Illness/Pain
- ___ Meaning & Purpose of Life
- ___ End of Life Fear & Issues
- ___ OTHER _____



This Distress-Pain Assessment Screening is designed to give a full overview of patient concerns and symptoms during the medical illness treatment process for the multidisciplinary team to provide whole patient care, consistent with the current standards of care in Cancer and Medical Illness treatment. The standard rating scale of 0 - 10 has been designated to allow enough room for variation and levels of distress, with a comprehensive list of concern items, based on clinical evidence-based research in the field of psycho-social oncology assessment and treatment needs.

Scoring the Distress-Pain Assessment Screening and Triage:

- There will be a designated member from the Center's multidisciplinary team that will give the patient instructions on how to take this assessment. The designated member will explain to the patient how to label the items on the assessment, answer any questions the patient has regarding the items, and can help to read items or explain if necessary. Designated critical periods and frequency during illness/treatment for administering the Screening Assessment, will be decided upon by the Center to comply with whole patient care standards, triaging, and research purposes.
- The patient is asked to label each item on a scale of 0 - 10, (where 0 = No Distress, 1 - 3 = Mild Distress, 4 - 6 = Moderate Distress, 7 - 10 = Severe/Highest Distress), for their level of: distress, pain, or needing assistance with. This is a paper and pencil assessment, and can become automated/electronic according to the Center's capabilities.
- Any individual item that is labeled 4 or higher, will be triaged to the appropriate member of the multidisciplinary team, and/or additional resources for care within the community will be provided, within a 24-72 hour period. Certain items may need immediate attention, (i.e., desire for death, suicidal or dark thoughts, any items labeled 7 - 10).
- An aggregate of each domain can be assigned by taking an average of the domain, however, regardless of the overall score of each domain, any individual item that is labeled 4 or higher, will be triaged.
- The Center will triage and designate the appropriate staff members, based on the Center's resources, to attend to the different overall domains or individual items. The Center will decide how this information will be administered to those staff members based on the Center's capabilities (i.e., phone call, email, text, page).
- Example of Triage from the Assessment:
 - Physical Concerns: MD, RN, NP, Nutritionist
 - Practical Concerns: Case Manager, Social Worker, Navigator
 - Emotional Concerns: Social Worker, Psychologist, Psychiatrist, Chaplain
 - Existential & Spiritual Concerns: Social Worker, Psychologist, Chaplain
 - If the Center has limited staff resources, triage will be according to capabilities; the Center will have several external resources available to provide and refer patients to.
- This assessment, and subsequent assessments during treatment, should be placed in the patient's Medical Record, and/or Electronic Medical Record (EMR).