Taunton and Somerset NHS Trust

Holistic Assessment

Name/NHSNumber:	

If you would like to discuss any of these concerns, please tick the box and scale your distress level
☐I have questions about my diagnosis/treatment that I would like to discuss

Discussed with		Date	

0 = No Distress 10 = Extreme Distress

Practical Concerns Distress level: ☐	☐ Caring Responsibilities ☐ Preparing Meals/Drinks ☐ Grocery Shopping ☐ Talking or being Understood ☐ Smoking Cessation ☐ My Medication	☐ Washing and Dressing ☐ Transport or Parking ☐ Money or Finance ☐ Taking Care of Others ☐ Pets ☐ Difficulty Making Plans	☐ Travel ☐ Work or Education ☐ Laundry or Housework ☐ Housing ☐ Problems with Alcohol or Drugs
Family/ Relationship Concerns Distress level: ☐	☐ Children ☐ Person who looks after me	☐ Partner ☐ Person who I look after	☐ Other Relative or Friend
Emotional Concerns Distress level: ☐	☐ Anger or Frustration ☐ Worry, Fear or Anxiety ☐ Unable to Express Feelings ☐ Independence	☐ Guilt ☐ Loss of Interest/Activities ☐ Sadness or Depression ☐ Thinking about the future	☐ Loneliness or Isolation ☐ Hopelessness ☐ Uncertainty ☐ Regret about the past
Spiritual Concerns Distress level: ☐	☐ Faith or Spirituality	☐ Not being at Peace or Feeling Regret about the Past	☐ Meaning or purpose of life
Physical Concerns Distress level: ☐	☐ My Appearance ☐ Constipation ☐ Tired/Exhausted or Fatigued ☐ Hot Flushes/Sweating ☐ Memory or Concentration ☐ Pain or discomfort ☐ Sleep Problems ☐ Wound Care ☐ Swallowing	☐ Breathing Difficulties ☐ Diarrhoea ☐ Swelling ☐ Moving Around (Walking) ☐ Sore or Dry Mouth or Ulcers ☐ Sex/Intimacy/Fertility ☐ Speech or Voice Problems ☐ Changes in Weight ☐ Cough	☐ Passing Urine ☐ Eating, Appetite or Taste ☐ High Temperature or Fever ☐ Indigestion ☐ Nausea or Vomiting ☐ Dry, Itchy or Sore Skin ☐ Tingling in Hands/Feet ☐ Sight or Hearing ☐ Other Medical Conditions

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Information or Support Distress level: ☐	☐ Complementary Therapies ☐ Sun Protection ☐ Managing my symptoms	☐ Diet and Nutrition ☐ Making a will or legal advice ☐ Patient or carer's support groups	☐ Exercise and Activity ☐ Planning for my future priorities ☐ Health and Wellbeing

Other Concerns	

Additional Comments	

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