



## Pearlman-Mayo Survey of Needs A Questionnaire for Patients Completing Treatment

Please take a few minutes to provide us with information about how your cancer and your treatments have affected you, and turn it in to your nurse or therapist before you leave today. We'll use your responses to help us plan the next phase of your care, survivorship.

Diagnosis \_\_\_\_\_  
 Date completed treatment \_\_\_\_\_  
 Chemotherapy Regimen \_\_\_\_\_  
 Radiation Description \_\_\_\_\_

Patient ID - Place label here

As a cancer survivor you may experience some lasting side effects from your treatment. Please rate each topic according to how much distress it caused during your treatment. The scale runs from 0 (no distress) to 5 (extreme distress).

### Physical Effects

	no distress	extreme distress		no distress	extreme distress								
Fatigue	0	1	2	3	4	5	Hot flashes / Menopause	0	1	2	3	4	5
Pain	0	1	2	3	4	5	Trouble swallowing	0	1	2	3	4	5
Sleep disturbance	0	1	2	3	4	5	Hair and skin care issues	0	1	2	3	4	5
Sexual issues / Intimacy	0	1	2	3	4	5	Dental or mouth problems	0	1	2	3	4	5
Body changes	0	1	2	3	4	5	Osteoporosis / Bone health	0	1	2	3	4	5
Balance / Walking / Mobility	0	1	2	3	4	5	Memory and concentration	0	1	2	3	4	5
Bowel or bladder changes	0	1	2	3	4	5	Physical therapy / Rehab	0	1	2	3	4	5
Weight changes	0	1	2	3	4	5	Tingling & numbness in feet & hands (neuropathy)	0	1	2	3	4	5
Nausea / Vomiting	0	1	2	3	4	5	Other (specify): _____	0	1	2	3	4	5
Poor appetite	0	1	2	3	4	5	Other (specify): _____	0	1	2	3	4	5
Swelling in legs or arms (lymphedema)	0	1	2	3	4	5							

### Social Issues

	no distress	extreme distress		no distress	extreme distress								
Managing household activities	0	1	2	3	4	5	Returning to work	0	1	2	3	4	5
Caring for family members	0	1	2	3	4	5	Health insurance	0	1	2	3	4	5
Fertility issues	0	1	2	3	4	5	Legal concerns	0	1	2	3	4	5
Genetic counseling (worry about your children getting cancer)	0	1	2	3	4	5	Financial concerns	0	1	2	3	4	5
Talking about cancer with family & friends	0	1	2	3	4	5	Debt from medical bills	0	1	2	3	4	5
							Other (specify): _____	0	1	2	3	4	5
							Other (specify): _____	0	1	2	3	4	5

### Emotional Aspects

	no distress	extreme distress		no distress	extreme distress								
Defining a new sense of normal	0	1	2	3	4	5	Looking for the bright side:	0	1	2	3	4	5
Managing difficult emotions: (anger, fear, sadness, depression, guilt, anxiety, uncertainty)	0	1	2	3	4	5	(hope, gratitude, forgiveness, love, happiness, contentment)						
Coping with grief and loss	0	1	2	3	4	5	Connecting to counseling services	0	1	2	3	4	5
Finding support resources	0	1	2	3	4	5	Changing relationships with spouse, family, friends, co-workers	0	1	2	3	4	5
Living with uncertainty	0	1	2	3	4	5	Other (specify): _____	0	1	2	3	4	5
Fear of recurrence	0	1	2	3	4	5	Other (specify): _____	0	1	2	3	4	5
Managing stress	0	1	2	3	4	5							

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**Spiritual Issues**

	no distress					extreme distress						no distress					extreme distress										
	0	1	2	3	4	5		0	1	2	3	4	5		0	1	2	3	4	5		0	1	2	3	4	5
Religious or spiritual support	0	1	2	3	4	5	End of life distress	0	1	2	3	4	5														
Loss of faith	0	1	2	3	4	5	Isolation / Feeling alone	0	1	2	3	4	5														
Religious distress	0	1	2	3	4	5	Other (specify): _____	0	1	2	3	4	5														

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**Other Issues**

	no distress					extreme distress						no distress					extreme distress										
	0	1	2	3	4	5		0	1	2	3	4	5		0	1	2	3	4	5		0	1	2	3	4	5
Staying connected with the medical system	0	1	2	3	4	5	Use of complementary and alternative therapies	0	1	2	3	4	5														
Who to call for medical problems	0	1	2	3	4	5	Concern about long-term effects of treatment	0	1	2	3	4	5														
Keeping your primary care physician informed of your cancer treatment & risk of recurrence	0	1	2	3	4	5	Having a sense of well being	0	1	2	3	4	5														
							Other (specify): _____	0	1	2	3	4	5														
							Other (specify): _____	0	1	2	3	4	5														

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**What specific topics are you interested in learning about?**

HEALTHY LIVING CHOICES:	Nutrition	Safe exercise	Smoking cessation
FINANCIAL CONCERNS:	Estate planning	Living wills	Disability
ENHANCING COMMUNICATION:	With your doctors	With your spouse	
HEALTH SCREENINGS:	Cancer	Heart	
COMMUNITY EDUCATION PROGRAMS ON VARIOUS TOPICS		Yes	No

**As you end your treatments, what questions, concerns, or thoughts do you have regarding your healthcare needs?**

**Additional comments:**