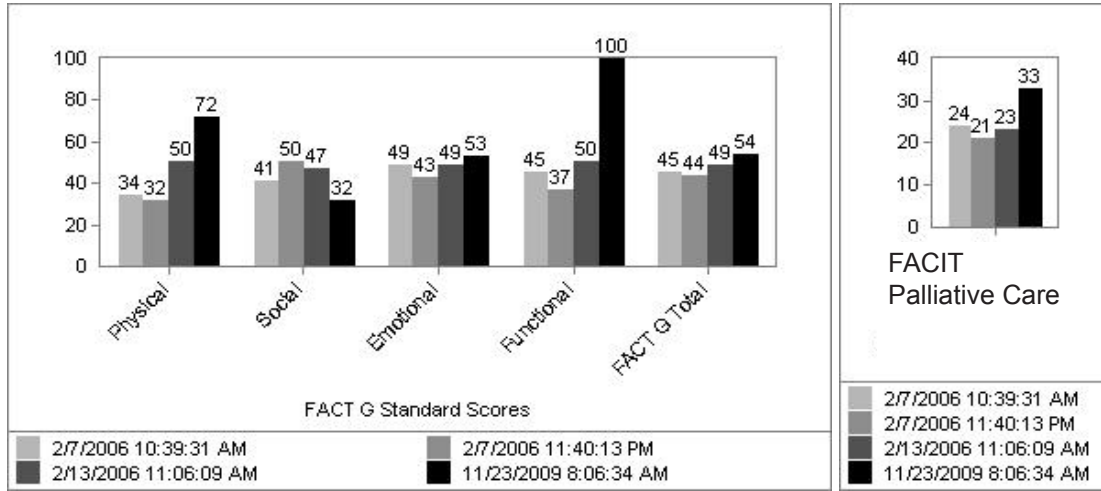


Allenbrook Healthcare Center
Personal- centered care,
 How you are doing

Functional Assessment of Chronic Illness Therapy
 Quality-of-Life, Palliative-Care Report



Name: _____
ID: _____
Date: _____



Resident Identified Concerns (in Bold)

Anemia	Anorexia/Weight loss	Anxiety	Cognitive impairment
			Alzheimers
Depression	Fatigue	Safety of facility	Neuropathy
Medication Side Effects	Thrombocytopenia	Pain	Navigating safely
Privacy	Marital / partner / family relations	Nausea	Diarrhea
Shortness of breath	Cough	Fever	Vomiting

Referrals

Psychiatry/ Counseling	Respiratory Therapy
Dietician	Veterans Benefits
Smoking cessation	Patient Advocate / Social Services
Physical therapy	Other

Community Resources

Specialized Elder Care	www.ncea.aoa.gov
Home Care Doctor Plan	www.medicare.gov/Physician/
Medicaid Insurance	www.medicare.gov/MedicareEligibility
Reverse Mortgages	www.consumerreports.org
National Institute of Health	WWW.NHL.gov
Other	

Signature _____ Date: _____

Allenbrook Healthcare Center
Personal- centered care,
 How you are doing

Functional Assessment of Chronic Illness Therapy

Quality-of-Life Questions/Responses, Palliative-Care Questions/Responses Report

FACT Raw Answers

Physical Well-Being (Raw Score = 24)

I have a lack of energy	A little bit
I have nausea	Not at all
I have trouble meeting the needs of family	A little bit
I have pain	Not at all
I am bothered by side effects of treatment	Not at all
I fell ill	Somewhat
I am forced to spend time in bed	Not at all

Social/Family Well-Being (Raw Score = 5)

I feel close to my friends	Not at all
I get emotional support from my family	A little bit
I get support from my friends	Not at all
My family has accepted my illness	Somewhat
Satisfied with family communication	Not at all
I feel close to my partner	Somewhat
I am satisfied with my sex life	Not at all

Emotional Well-Being (Raw Score = 15)

I feel sad	Somewhat
I am satisfied with how I'm coping	A little bit
I am losing hope in fight against my illness	Somewhat
I feel nervous	Not at all
I worry about dying	Somewhat
I worry that my condition will get worse	Not at all

Functional Well-Being (Raw Score = 28)

I am able to work (include work in home)	Very much
My work (include work in home) is fulfilling	Very much
I am able to enjoy life	Very much
I have accepted my illness	Very much
I am sleeping well	Very much
I am enjoying the things I usually do for fun	Very much
I am content with quality of life right now	Very much

Total Fact-G Raw Score: 72

FACIT -Pal (Raw Score = 33)

I maintain contact with my friends	Not at all
I have family members who will take on my responsibilities	Somewhat
I feel that my family appreciates me	Not at all
I feel like a burden to my family	Very much
I have been short of breath	Quite a bit
I am constipated	Very much
I am losing weight	Not at all
I have been vomiting	Not at all
I have swelling in parts of my body	Somewhat
My mouth and throat are dry	Very much
I feel independent	A little bit
I feel useful	Not at all
I make each day count	Not at all
I have peace of mind	Very much
I feel hopeful	Very much
I am able to make decisions	Somewhat
My thinking is clear	A little bit
I have been able to reconcile (make peace) with other people	Somewhat
I am able to openly discuss my concerns with the people closest to me	Very much

Total FACIT Palliative Score: 10

Signature _____ Date: _____

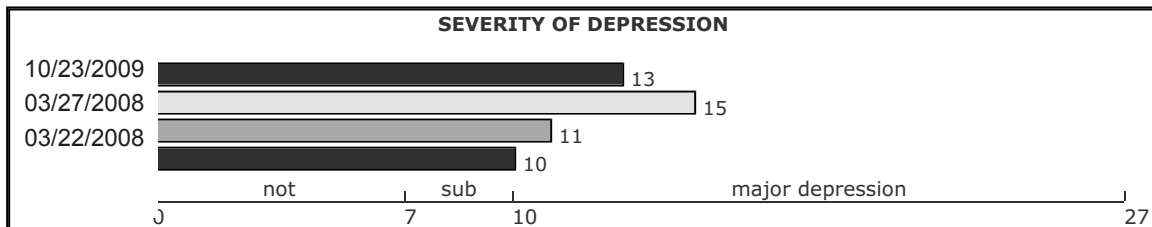
Patient Health Questionnaire



Name:
ID: 222222222
Date: 10/23/2009 4:39:08 P.M.

Gender: Female
Age: 22
Time in Treatment: 1-6 months

PHQ-9 Score = 10



- | | |
|---|------------------|
| 1. Feeling down, depressed , or hopeless. | Nearly every day |
| 2. Little interest or pleasure in doing things. | Nearly every day |
| 3. Trouble falling or staying asleep, or sleeping too much. | Nearly every day |
| 4. Feeling tired or having little energy. | Nearly every day |
| 5. Poor appetite or overeating. | Nearly every day |
| 6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down. | Nearly every day |
| 7. Trouble concentrating on things, such as reading the newspaper or watching the television. | Nearly every day |
| 8. Moving or speaking so slowly that other people could have noticed. Or the Opposite - being so fidgety or restless that have been moving around al lot more than usual. | Nearly every day |
| 9. Thoughts that you would be better off dead or hurting yourself in some way. | Nearly every day |

What is depression – general facts:

Depression is a very common, yet a highly treatable, medical illness that can affect anyone. About 1 of every 20 Americans get depressed every year. Depression is not a character flaw, nor is it a sign of personal weakness.*

Depression is not “just feeling “down-in-the-dumps.” It is more like feeling sad following a loss or hassled by hard times.

Depression is a medical disorder (just like diabetes and high-blood pressure are medical disorders) that affects your thoughts, feelings, physical health and behaviors.

People with depression experience a number of symptoms all day, nearly every day, for at least 2 weeks.

Depression is a treatable medical illness. Most people with depression can begin to feel better in several weeks when they are adequately treated

*The Macarthur Initiative on depression and primary care at Dartmouth and DUKE. WWW.depression-primarycare.org...

Signature _____ Date: