

# Supporting life with cancer

### Preparation tool – to help you – prior to an interview about rehabilitation and palliation

Your cancer and treatment can cause symptoms and changes in everyday life that you and your relatives may experience as stressful. This tool will help you identify the most significant problems. You can use the tool as preparation for an interview with the staff in order to provide the appropriate help and support. You decide for yourself, whether or not you want to use the tool, and handing it in is not mandatory. It might be a good idea to fill in the form together with your closest relative, who may also join the interview.

### Problems/challenges in your everyday life that you would like to discuss

Select by ticking yes or no boxes, which problems or challenges you experience in your everyday life.

#### Challenges regarding activities of daily living

Yes No

- Shopping, cooking, doing the laundry etc
- Babysitting
- Bathing and getting dressed
- Housing
- Insurance/economy
- Transportation
- Work/school
- Aid facilities
- Taking medication

#### Challenges in your social life

Yes No

- Children
- Work
- Partner/spouse
- Networking with friends, acquaintances, colleagues
- Health issues among your closest relations
- Living a good and/healthy life
- Spending time with others
- Physical exercise, hobbies, and other interests
- Exercising religious beliefs and attend ceremonies
- Sharing thoughts and concerns with someone close

#### I have support from

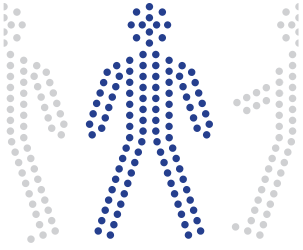
Yes No

- My family
- Acquaintances, friends
- Municipal assistance like home care, social worker, employment center
- General practitioner
- Hospital
- Others

#### Physical and mental challenges

Yes No

- Fatigue/lack of energy/sleep
- Pain
- Impaired vision/hearing
- Respiration
- Food/drink
- Nausea/vomiting
- Constipation/diarrhea
- Infection/fever
- Body odor
- Urinating
- Skin/mucosa/wounds
- Decreased mobility and muscle power
- Swelling of arm/leg/neck
- Dizziness/Balance
- Sensory disturbances
- Sexuality
- Fertility/having children
- Appearance
- Memory/concentration
- Thoughts about death
- Fear/anxiety
- Nervousness/concerns
- Sadness/grief



# Supporting life with cancer

## Distress

How is your level of distress in everyday life?

Tick on the thermometer

Very distressed



Not distressed

**What is important to you in your daily life?**

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**What should cancer not prevent you from doing?**

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**What worries you the most?**

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**Other areas you want to talk about**

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