

ATTACH PATIENT LABEL

HAUORA / WELL-BEING ASSESSMENT

DATE: / /

1. Please circle the number (0-10) that best describes how much distress (mamae) you have been experiencing in the past week including today.

Extreme Distress

Moderate Distress

No Distress

A vertical scale with numbers 0 to 10. At the top (10) is a circle with a dot inside. At the bottom (0) is a circle with a dot inside. Tick marks are present for every number.

2. Please circle the number (0-10) that best describes how much impact this distress (mamae) has had on your life.

Extreme Impact

Moderate Impact

No Impact

A vertical scale with numbers 0 to 10. At the top (10) is a circle with a dot inside. At the bottom (0) is a circle with a dot inside. Tick marks are present for every number.

3. Please indicate if any of the following has been a problem for you in the past week including today;

4. Then rank the 4 problems contributing most to the distress.

RANK **SPIRITUAL (WAIKUA)**

- Challenges to faith / beliefs
- Uncertainties around purpose or meaning of life
- Why me?

PRACTICAL (WHAITAKI)

- Caring for others
- Communication with staff
- Cultural obligations
- Hospital processes
- Housework and shopping
- Housing
- Information—too much, too little, confusing
- Money
- Personal care, bathing, dressing
- Transportation
- Treatment requirements
- Work and School

EMOTIONAL (HINENGARO)

- Anger or frustration
- Fears, worries or anxiety
- Feeling down, depressed or hopeless
- Guilt
- Little interest or pleasure in doing things
- Overwhelmed
- Sadness
- Sexual intimacy
- Isolation / loneliness

RANK **FAMILY (WHĀNAU)**

- Relationship with partner
- Relationship with children
- Relationship with whānau and friends
- Family / friends dealing with my illness

PHYSICAL (TINANA)

- Appearance or body image
- Bowel / Bladder
- Breathing difficulties
- Changes in taste
- Eating or appetite
- Fatigue, exhaustion
- Feeling swollen
- Getting around
- High temperature or fever
- Hot flushes
- Indigestion
- Memory or concentration
- Nausea or vomiting
- Pain
- Skin dry, itchy or sore
- Sleep problems and or nightmares
- Sore or dry mouth
- Speech problems
- Taking medications
- Tingling in hands / feet
- Weight loss / gain
- Wound care after surgery

OTHER
