

Hauora / Well-being Assessment

Name: _____

NHI: _____

Date: _____

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

Extreme Distress	10	_____
	9	_____
	8	_____
	7	_____
	6	_____
Moderate Distress	5	_____
	4	_____
	3	_____
	2	_____
	1	_____
No Distress	0	_____

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

Extreme Impact	10	_____
	9	_____
	8	_____
	7	_____
	6	_____
Moderate Impact	5	_____
	4	_____
	3	_____
	2	_____
	1	_____
No Impact	0	_____

Originally developed by the National Comprehensive Cancer Network and adaptations made based on the work of Massey University Cancer Psychology Service, Brennan et al, 2012, Akazuki et al, 2005 and the Cancer Psychology and Social Support Service.

3 Please indicate (by clicking on the corresponding box) if any of the following has been a problem for you in the past week including today:

<p>Spiritual (Wairua)</p> <ul style="list-style-type: none"> Challenges to faith/beliefs Uncertainties around purpose or meaning of life Why me? <p>Practical (Whaitaki)</p> <ul style="list-style-type: none"> 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 <p>Emotional (Hinengaro)</p> <ul style="list-style-type: none"> Anger or frustration Fears, worries or anxieties Feeling down, depressed or hopeless Guilt Little interest or pleasure in doing things Overwhelmed Sadness Sexual intimacy Isolation / loneliness <p>Other</p> <p>_____</p>	<p>Family (Whānau)</p> <ul style="list-style-type: none"> Relationship with partner Relationship with children Relationship with whānau and friends Family / friends dealing with my illness <p>Physical (Tinana)</p> <ul style="list-style-type: none"> 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 or nightmares Sore or dry mouth Speech problems Taking medications Tingling in hands / feet Weight loss / gain Wound care after surgery
--	--