

Psychooncological Basic Documentation (PO-Bado)

Rater:

Patient:

Date:

*the psycho-social condition
of cancer patients*

PsychoOncological Basicdocumentation

Supported by 'Deutsche Krebshilfe'
www.po-bado.med.tu-muenchen.de

Sociodemographic and Medical Data

Age:		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Steady relationship	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not known
Children:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not known
Work Situation:	<input type="checkbox"/> Employed	<input type="checkbox"/> Sick leave	<input type="checkbox"/> Retired
	<input type="checkbox"/> Home duties	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Other:
Tumour-Diagnosis / Localisation	<input type="checkbox"/> Mamma	<input type="checkbox"/> Haematological disease (leukaemia etc.)	
	<input type="checkbox"/> Gynaecological	<input type="checkbox"/> Skin (melanoma, basalioma etc.)	
	<input type="checkbox"/> Lungs/bronchia	<input type="checkbox"/> Sarcoma	
	<input type="checkbox"/> Prostate/testicles	<input type="checkbox"/> Urological tumour (urinary tract, kidneys, bladder etc.)	
	<input type="checkbox"/> Colon/rectum	<input type="checkbox"/> Stomach, esophagus, pancreas	
	<input type="checkbox"/> Ear/nose/throat	<input type="checkbox"/> Other	
Metastasis:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not known
Date of first diagnosis:	(Month/Year) /.....	<input type="checkbox"/> Not known	
Current state of the disease:	<input type="checkbox"/> First occurrence	<input type="checkbox"/> Second tumour	<input type="checkbox"/> Not known
	<input type="checkbox"/> Recurrence	<input type="checkbox"/> Remission	
Treatments during the last two months:	<input type="checkbox"/> Surgery	<input type="checkbox"/> Radiotherapy	<input type="checkbox"/> Other:.....
	<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> Hormones	<input type="checkbox"/> None
Other relevant physical diseases:	<input type="checkbox"/> Yes (please specify):		
	<input type="checkbox"/> No	<input type="checkbox"/> Not known	
Psychoactive medication / Opiates (e.g. tranquiliser, morphine)	<input type="checkbox"/> Yes (please specify):		
	<input type="checkbox"/> No	<input type="checkbox"/> Not known	
Previous psychological / psychiatric treatment	<input type="checkbox"/> Yes	<input type="checkbox"/> Not known	
	<input type="checkbox"/> No		
Performance status: (WHO-ECOG-Scale 0-4)	<input type="checkbox"/> ₀ Normal Activity.		
	<input type="checkbox"/> ₁ Symptoms, but nearly fully ambulatory.		
	<input type="checkbox"/> ₂ Some bed time, but needs to be in bed less than 50 % of normal waking hours.		
	<input type="checkbox"/> ₃ Needs to be in bed more than 50 % of normal waking hours.		
	<input type="checkbox"/> ₄ Permanently confined to bed.		

Please base your assessment on the **subjective experience** of the patient during the **past three days**.

1. Physical Distress

The patient suffers from ...	not at all	a little	moderate	much	very much
... fatigue / tiredness.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
... pain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... functional limitations in daily activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... other somatic problems (e.g. nausea, loss of parts of the body, sexual dysfunction).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Psychological Distress

The patient suffers from ...	not at all	a little	moderate	much	very much
... sleep disturbance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... mood swings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... cognitive impairments (e.g. problems with concentration and memory).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... helplessness / vulnerability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... anxiety / worries / tension.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... shame / loss of self-esteem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... depression / grief.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... other psychological problems (e.g. anger, irritability, feelings of guilt).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Other Distress

	Yes	No
Problems in the family or with significant others.	<input type="checkbox"/>	<input type="checkbox"/>
Economic / work-related problems.	<input type="checkbox"/>	<input type="checkbox"/>
Additional stressful factors (e.g. problems with doctors/nurses, problems because of threatened or current need for physical care and help).	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
The current emotional state is affected by factors that are independent of the illness and/or treatment.	<input type="checkbox"/>	<input type="checkbox"/>

Currently, professional psycho-social support is indicated for the patient.