

Psychooncological Basic Documentation Short Form (PO-Bado SF)

*the psycho-social condition
of cancer patients*

Rater:

Patient:

Date:

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**.

| Psycho-social 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 |
| ... mood swings / 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"/> |
| ... depression / grief. | <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 problems, e.g. social or family problems. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |