

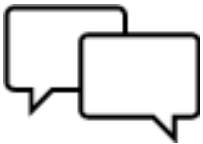
Easy Read

Holistic Needs Assessment

This leaflet is about a holistic needs assessment



Difficult words are written in **bold**. There is a list of what the words mean at the end.

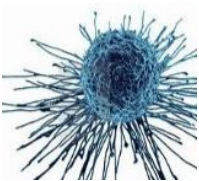


If you are worried please speak to your **Clinical Nurse Specialist** who will be happy to help.

What is a holistic needs assessment?



Holistic is a word used to set out the needs you might come across.



Cancer can affect many areas of your life and your needs may change.



As part of your ongoing care we offer you an **assessment** for you to ask any questions you may have, and we will try our best to answer.

This is what we call a Holistic Needs Assessment (HNA)



The holistic needs assessment gives you a chance to think about your problems and discuss possible answers.

It has three parts:

1



A simple set of questions to identify any concerns you may have. Called a concerns checklist.

2



A talk with your **health professional** or Cancer Support Worker involved in your care to talk about your **physical**, **psychological**, **spiritual** and social needs.

3



Development of a written care plan.



The focus is on you as a whole not just your illness.



The questions may be answered on paper or **electronically**.



It will take around ten minutes to complete. You can choose to be sent the check list of questions in advance or you can fill one out at the time of the appointment.



The holistic needs assessment can also be done online using a smartphone, laptop or tablet.

Why do I need a holistic needs assessment?



It gives you opportunity for you to talk about any worries or concerns you may have.



It will help you to see what your needs are and, also get you help from the right services.

Do I need to have a Holistic Needs Assessment?



The team caring for you will offer an assessment to every patient with cancer. You may find an assessment helpful to show you what support is available.



If you do not wish to have an assessment, you do not have to have one you can still access support and information.



You can discuss your needs at any time with the health care professionals involved in your care.

When will the assessment take place?



You may be offered an assessment at the time of your diagnosis, during treatment or at the end of treatment. Because your needs may change, you can ask for an assessment at any time you feel it would help.



You can ask your **Clinical Nurse Specialist** if you have any issues you may wish to discuss.

Who will do the assessment?



The holistic needs assessment will be done by your **key worker**, and this is normally the person who is caring for you.

They will find somewhere private to talk with you, if your needs change or you have issues you can contact them.

What will be done with the information?



The information will be held with your medical notes, and they may need to share some of this information with other health professionals.

You will always be notified of any need to share information regarding this assessment. You will be given a summary of what has been discussed for you to keep and go back to.

What can I talk about during the assessment?



Physical symptoms (for example weight loss, appetite or eating and tiredness).

Emotional concerns (for example worries about the future and relationships).

Practical issues (for example sorting out housework and where to get equipment that can help).

Job, money or housing worries (for example balancing work and treatment, and benefits or financial advice).

Spiritual concerns (for example your faith or beliefs, and any impact this may be having).

What about my family and friends?



If you would like your close family or a friend to come with you this is ok, they will also get any information and support that they may need also.

If you like you can also have this in private which is something we respect.

What a concerns checklist looks like

This is an example of the paper version of the concerns checklist

Concerns Checklist – identifying your concerns

Patient's name or label

Key worker: _____

Date: _____

Contact number: _____

This self assessment is optional, however it will help us understand the concerns and feelings you have. It will also help us identify any information and support you may need.

If any of the problems listed have caused you a concern recently and you wish to discuss them with a key worker, please score the concern from 1 to 10, with 10 being the highest. Leave the box blank if it doesn't apply to you or you don't want to discuss it now.

<p>Physical concerns</p> <ul style="list-style-type: none"> <input type="checkbox"/> Breathing difficulties <input type="checkbox"/> Passing urine <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Eating, appetite or taste <input type="checkbox"/> Indigestion <input type="checkbox"/> Swallowing <input type="checkbox"/> Cough <input type="checkbox"/> Sore or dry mouth or ulcers <input type="checkbox"/> Nausea or vomiting <input type="checkbox"/> Tired, exhausted or fatigued <input type="checkbox"/> Swelling <input type="checkbox"/> High temperature or fever <input type="checkbox"/> Moving around (walking) <input type="checkbox"/> Tingling in hands or feet <input type="checkbox"/> Pain or discomfort <input type="checkbox"/> Hot flushes or sweating <input type="checkbox"/> Dry, itchy or sore skin <input type="checkbox"/> Changes in weight <input type="checkbox"/> Wound care <input type="checkbox"/> Memory or concentration <input type="checkbox"/> Sight or hearing <input type="checkbox"/> Speech or voice problems <input type="checkbox"/> My appearance <input type="checkbox"/> Sleep problems 	<ul style="list-style-type: none"> <input type="checkbox"/> Sex, intimacy or fertility <input type="checkbox"/> Other medical conditions <p>Practical concerns</p> <ul style="list-style-type: none"> <input type="checkbox"/> Taking care of others <input type="checkbox"/> Work or education <input type="checkbox"/> Money or finance <input type="checkbox"/> Travel <input type="checkbox"/> Housing <input type="checkbox"/> Transport or parking <input type="checkbox"/> Talking or being understood <input type="checkbox"/> Laundry or housework <input type="checkbox"/> Grocery shopping <input type="checkbox"/> Washing and dressing <input type="checkbox"/> Preparing meals or drinks <input type="checkbox"/> Pets <input type="checkbox"/> Difficulty making plans <input type="checkbox"/> Smoking cessation <input type="checkbox"/> Problems with alcohol or drugs <input type="checkbox"/> My medication <p>Emotional concerns</p> <ul style="list-style-type: none"> <input type="checkbox"/> Uncertainty <input type="checkbox"/> Loss of interest in activities <input type="checkbox"/> Unable to express feelings <input type="checkbox"/> Thinking about the future <input type="checkbox"/> Regret about the past <input type="checkbox"/> Anger or frustration 	<ul style="list-style-type: none"> <input type="checkbox"/> Loneliness or isolation <input type="checkbox"/> Sadness or depression <input type="checkbox"/> Hopelessness <input type="checkbox"/> Guilt <input type="checkbox"/> Worry, fear or anxiety <input type="checkbox"/> Independence <p>Family or relationship concerns</p> <ul style="list-style-type: none"> <input type="checkbox"/> Partner <input type="checkbox"/> Children <input type="checkbox"/> Other relatives or friends <input type="checkbox"/> Person who looks after me <input type="checkbox"/> Person who I look after <p>Spiritual concerns</p> <ul style="list-style-type: none"> <input type="checkbox"/> Faith or spirituality <input type="checkbox"/> Meaning or purpose of life <input type="checkbox"/> Feeling at odds with my culture, beliefs or values <p>Information or support</p> <ul style="list-style-type: none"> <input type="checkbox"/> Exercise and activity <input type="checkbox"/> Diet and nutrition <input type="checkbox"/> Complementary therapies <input type="checkbox"/> Planning for my future priorities <input type="checkbox"/> Making a will or legal advice <input type="checkbox"/> Health and wellbeing <input type="checkbox"/> Patient or carer's support group <input type="checkbox"/> Managing my symptoms
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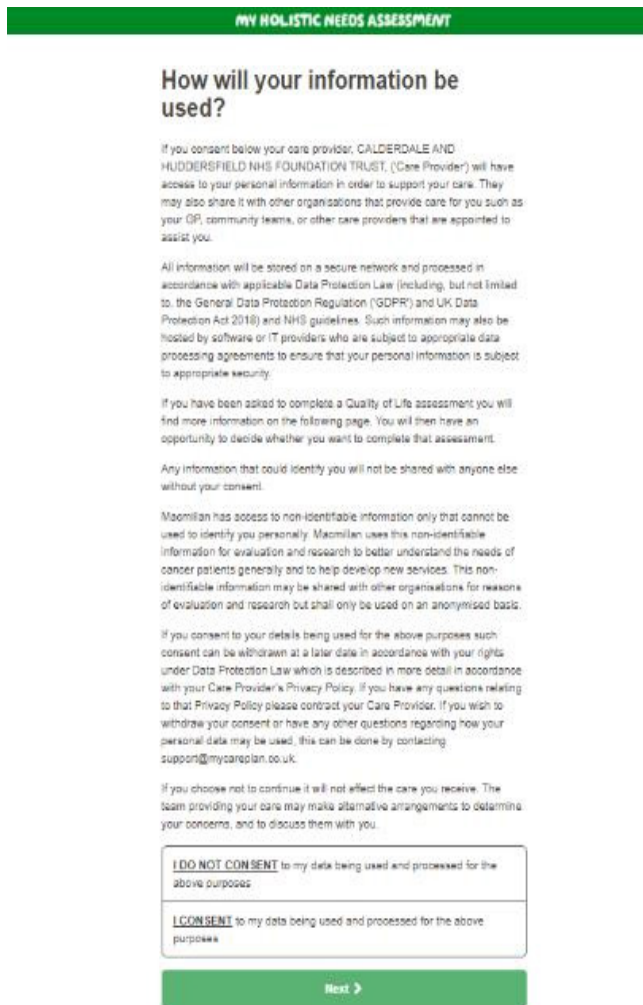
I have questions about my diagnosis, treatments or effects

Key worker to complete Copy given to patient Copy to be sent to GP

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WE ARE
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 CANCER SUPPORT

This is an example of what some of the screens looks like if you do this online



This page is at the start of the concerns checklist it tells you how your information will be used.

This page gives you help on how to fill out the concerns checklist



Concerns Checklist

We would like to know a bit more about you and your concerns.

Please fill in this questionnaire (with help from a relative or carer if needed).

Please follow the instructions at the top of each page. They will tell you how you should answer, but remember, there are no "right" or "wrong" answers.

Click the **Next** button.



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Physical concerns (1/4)

If any of the issues below have caused you concern recently, please **select**.

Breathing difficulties
Passing urine
Constipation
Diarrhoea
Eating, appetite or taste
Indigestion
Swallowing

[Next >](#)

This page asks if you are worried about anything about your body

[← Back](#)

Practical concerns (1/2)

If any of the issues below have caused you concern recently, please **select**.

Taking care of others
Work or education
Money or finance
Travel
Housing
Transport or parking
Talking or being understood
Laundry or housework

[Next >](#)

This page asks you if anything has worried you lately

[← Back](#)

Emotional concerns (1/2)

If any of the issues below have caused you concern recently, please **select**.

Uncertainty
Loss of interest in activities
Unable to express feelings
Thinking about the future
Regret about the past
Anger or frustration

[Next >](#)

This page asks you how you have been feeling about things

[← Back](#)

This page asks you if you have been worried about your family and friends

Family concerns

If any of the issues below have caused you concern recently, please select.

Partner
Children
Other relatives or friends
Person who looks after me
Person who I look after

[Next >](#)

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This page asks if you are worried about anything spiritual or religious

Spiritual or religious concerns

If any of the issues below have caused you concern recently, please select.

Faith or spirituality
Meaning or purpose of life
Feeling at odds with my culture, beliefs or values

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This section asks what is important to you

Part Two – What matters to you

This plan isn't just about your concerns or worries; it's about what matters to you.

In this section there are a number of questions that can help us find out about the things that matter to you the most. We will ask you about the important people in your life, what makes a good day for you, what helps if you are having a bad day, and what your important routines and possessions are.

This information will help us provide the best support for you. Please answer as many questions as you can.

[Next >](#)

What words mean

Holistic - treating the whole of something not just a part of it

Assessment - check on what you need

Health professional - highly skilled workers

Physical - something belonging to the body

Psychological - something to do with the mind

Spiritual - something to do with the human spirit or soul

Development - steps taken to make something grow in size

Electronically - with the help of electronic devices or equipment

Opportunity - something happens that makes it possible to do something

Diagnosis - to say what is wrong after tests

Clinical Nurse Specialist - Clinical and health care nurse who is highly trained in one area

Key worker - an important member of staff who is going to work with you

Notified - to let you know in a formal way

If you have any comments about this leaflet or the service you have received you can contact :

Christopher Button
Lead Cancer Nurse

Telephone: 01484 343489

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਚ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪ੍ਰਾਰੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ,
ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمیٹ طریبان میں درکار ہوں، تو
برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

"إذا احتجت الحصول على هذه المعلومة بشكل مغاير أو مترجمة إلى لغة مختلفة فيرجى منك الاتصال بالقسم
المذكور أعلاه"