Sheet for medical staffs

ECOG PS	
□ PS 0	Fully active, able to carry on all pre-disease performance without restriction
□ PS 1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work
□ PS 2	Ambulatory and capable of all selfcare but unable to carry out any work activities. Up and about more than 50% of waking hours
□ PS 3	Capable of only limited selfcare, confined to bed or chair more than 50% of waking hours
□ PS 4	Completely disabled. Cannot carry on any selfcare. Totally confined to bed or chair

Karnofsky PS (KPS)	
□ 100%	Normal, no complaints, no evidence of disease
□ 90%	Able to carry on normal activity; minor signs or symptoms of disease
□ 80%	Normal activity with effort; some signs or symptoms of disease
□ 70%	Cares for self; unable to carry on normal activity or do active work
□ 60%	Requires occasional assistance, but is able to care for most of the needs
□ 50%	Requires considerable assistance and frequent medical care
□ 40%	Disabled; requires special care and assistance
□ 30%	Severely disabled, hospitalization indicated. Death not imminent
□ 20%	Very sick, hospitalization and active supportive treatment necessary
□ 10%	Moribund, progressing rapidly

Day Month Name

Considering your health and life for this week, please answer the questions.

Ⅰ. Do you have any trouble in your physical health?

Supposing that the worst is 10 points, please circle the number that best applies to you.

P1)	Pain ? ·····	severe	10	9	8	7	6	5	4	3	2	1	0	not at all
P2)	Short breath ? ·····	severe	10	9	8	7	6	5	4	3	2	1	0	not at all
P3)	Nausea ? ·····	severe	10	9	8	7	6	5	4	3	2	1	0	not at all
P4)	Poor appetite ? ·····	severe	10	9	8	7	6	5	4	3	2	1	0	not at all
P5)	Sleeping trouble ? ·····	severe	10	9	8	7	6	5	4	3	2	1	0	not at all
P6)	Constipation ? ·····	severe	10	9	8	7	6	5	4	3	2	1	0	not at all
P7)	Diarrhea ? ·····	severe	10	9	8	7	6	5	4	3	2	1	0	not at all
P8)	Abdominal discomfort ? ···	severe	10	9	8	7	6	5	4	3	2	1	0	not at all
P9)	Fatigue ? ·····	severe	10	9	8	7	6	5	4	3	2	1	0	not at all
P10)	Loss of energy? ·····	severe	10	9	8	7	6	5	4	3	2	1	0	not at all

Ⅱ. Do you have any trouble in your mental health?

Supposing that the worst is 10 points, please circle the number that best applies to you.

M2)	Anxiety ? ·····	severe	10	9	8	7	6	5	4	3	2	1	0	not at all
M4)	Depression ? ·····	severe	10	9	8	7	6	5	4	3	2	1	0	not at all

Ⅲ. Please answer about your daily life.

Supposing that the BEST is 10 points, please circle the number that best applies to you.

L 7)	Quality of life ? ···	the worst	0	1	2	3	4	5	6	7	8	9	10	the best
L 6)	Happy feeling ? ···	the worst	0	1	2	3	4	5	6	7	8	9	10	the best

Ⅳ. What is necessary to improve your QOL ? Please tell us concretely.

(Care Notebook Pal version 1.1)