University of Notre Dame Australia
National Palliative Care GO1995 Project

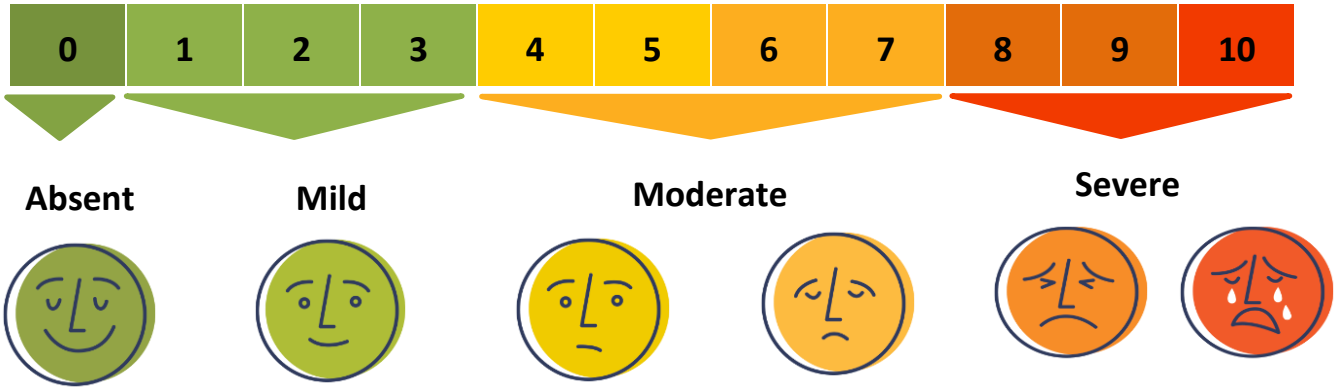
Assessing psycho-existential wellbeing

(Please complete or affix Label here)

UPI:
Surname
First name:
DOB:

Psycho-Existential Symptom Assessment Scale

Please use this form to tell us about the symptoms that bother, worry or distress you. This information will help us to meet your needs.



1. Write the day or date in the first row.
2. Use the scale above to choose a number between 0 and 10 that shows how bothered, worried or distressed you are.

Day or date									
Anxiety									
Discouragement									
Trapped by illness									
Hopelessness									
Pointlessness									
Loss of control									
Loss of roles									
Depression									
Wish to die									
Confusion									