



Prehabilitation Screening

You are being asked to complete this record by your healthcare team. Completing the questionnaires will provide your healthcare team with the most up to date information in 3 key areas:

- i) Physical activity
- ii) Nutrition
- iii) Psychological wellbeing/support

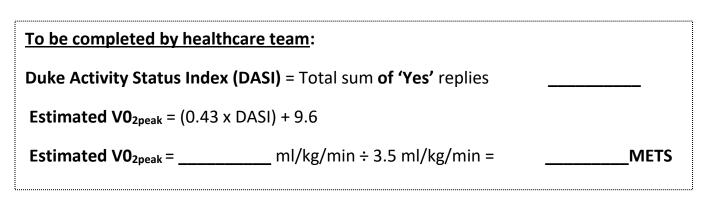
The information provided will help ensure you are provided with the right information and are supported by the right teams and services in your area. You may be asked to complete this questionnaire again in the future.

For more information or if you need support completing the questionnaire please speak to a member of the healthcare team.

Physical Activity: Duke Activity Status Index (DASI)

Please circle the answers to the following questions:

| ltem | Activity | Yes | No |
|------|--------------------------------------------------------------------------------------------------------------------------------------|------|----|
| 1 | Can you take care of yourself (eating dressing bathing or using the toilet)? | | 0 |
| 2 | Can you walk indoors such as around your house? | | |
| 3 | Can you walk a block or two on level ground? | | |
| 4 | Can you climb a flight of stairs or walk up a hill? | | |
| 5 | Can you run a short distance? | 8.00 | 0 |
| 6 | Can you do light work around the house like dusting or washing dishes? | | |
| 7 | Can you do moderate work around the house like vacuuming sweeping floors or carrying in groceries? | | 0 |
| 8 | Can you do heavy work around the house like scrubbing floors or lifting and moving heavy furniture? | | 0 |
| 9 | Can you do yardwork like raking leaves weeding or pushing a power mower? | | 0 |
| 10 | Can you have sexual relations? | | 0 |
| 11 | Can you participate in moderate recreational activities like golf bowling dancing doubles tennis or throwing a baseball or football? | | 0 |
| 12 | Can you participate in strenuous sports like swimming singles tennis football basketball or skiing? | | 0 |



Nutrition: Patient Generated- Subjective Global Assessment (Short form) (PG-SGA (SF))

| 1. Weight (See Worksheet 1) | 2. Food intake: As compared to my normal intake, I would rate my food intake during the past month as |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| In summary of my current and recent weight: | unchanged (0) |
| I currently weigh about kg I am about cm tall | □ more than usual (0) □ less than usual (1) |
| One month ago I weighed about kg Six months ago I weighed about kg | I am now taking normal food but less than normal amount (1) little solid food (2) |
| During the past two weeks my weight has: decreased (1) not changed (0) increased (0) | only liquids (3) only nutritional supplements (3) very little of anything (4) |
| Box 1 | only tube feedings or only nutrition by vein (0) Box 2 |
| 3. Symptoms: I have had the following problems that have kept me from eating enough during the past two weeks (check all that apply) no problems eating (0) | 4. Activities and Function: Over the past month, I would generally rate my activity as: normal with no limitations (0) normal activities (1) not feeling up to most things, but in bed or chair less than half the day (2) able to do little activity and spend most of the day in bed or chair (3) pretty much bed ridden, rarely out of bed (3) |
| | Additive Score of Boxes 1-4 |

Psychological Wellbeing: Patient Health Questionnaire- 4 (PHQ-4)

Please circle the answers to the following questions:

| Over the last 2 weeks, how often have you been bothered by the following problems? | Not at all | Several days | More than half the days | Nearly every day |
|------------------------------------------------------------------------------------|------------|--------------|-------------------------------|---------------------|
| Feeling nervous, anxious or on edge | 0 | 1 | 2 | 3 |
| Not being able to stop or control worrying | 0 | 1 | 2 | 3 |
| Feeling down, depressed or hopeless | 0 | 1 | 2 | 3 |
| Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| | | | | |

| To be completed by healthcare team: | |
|-------------------------------------|--|
| Total Score = | |