



Prehabilitation Screening Record

Patient label

Postcode:

Date completed:

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:

Item	Activity	Yes	No
1	Can you take care of yourself (eating dressing bathing or using the toilet)?	2.75	0
2	Can you walk indoors such as around your house?	1.75	0
3	Can you walk a block or two on level ground?	2.75	0
4	Can you climb a flight of stairs or walk up a hill?	5.50	0
5	Can you run a short distance?	8.00	0
6	Can you do light work around the house like dusting or washing dishes?	2.70	0
7	Can you do moderate work around the house like vacuuming sweeping floors or carrying in groceries?	3.50	0
8	Can you do heavy work around the house like scrubbing floors or lifting and moving heavy furniture?	8.00	0
9	Can you do yardwork like raking leaves weeding or pushing a power mower?	4.50	0
10	Can you have sexual relations?	5.25	0
11	Can you participate in moderate recreational activities like golf bowling dancing doubles tennis or throwing a baseball or football?	6.00	0
12	Can you participate in strenuous sports like swimming singles tennis football basketball or skiing?	7.50	0

To be completed by healthcare team:

Duke Activity Status Index (DASI) = Total sum of 'Yes' replies _____

Estimated $\dot{V}O_{2peak}$ = $(0.43 \times \text{DASI}) + 9.6$

Estimated $\dot{V}O_{2peak}$ = _____ ml/kg/min \div 3.5 ml/kg/min = _____ **METS**

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

<p>1. Weight (See Worksheet 1)</p> <p>In summary of my current and recent weight:</p> <p>I currently weigh about _____ kg I am about _____ cm tall</p> <p>One month ago I weighed about _____ kg Six months ago I weighed about _____ kg</p> <p>During the past two weeks my weight has:</p> <p><input type="checkbox"/> decreased (1) <input type="checkbox"/> not changed (0) <input type="checkbox"/> increased (0)</p> <p style="text-align: right;">Box 1 <input style="float: right;" type="checkbox"/></p>	<p>2. Food intake: As compared to my normal intake, I would rate my food intake during the past month as</p> <p><input type="checkbox"/> unchanged (0) <input type="checkbox"/> more than usual (0) <input type="checkbox"/> less than usual (1)</p> <p>I am now taking</p> <p><input type="checkbox"/> <i>normal food</i> but less than normal amount (1) <input type="checkbox"/> little solid food (2) <input type="checkbox"/> only liquids (3) <input type="checkbox"/> only nutritional supplements (3) <input type="checkbox"/> very little of anything (4) <input type="checkbox"/> only tube feedings or only nutrition by vein (0) Box 2 <input style="float: right;" type="checkbox"/></p>
<p>3. Symptoms: I have had the following problems that have kept me from eating enough during the past two weeks (check all that apply)</p> <p><input type="checkbox"/> no problems eating (0) <input type="checkbox"/> no appetite, just did not feel like eating (3) <input type="checkbox"/> nausea (1) <input type="checkbox"/> constipation (1) <input type="checkbox"/> mouth sores (2) <input type="checkbox"/> things taste funny or have no taste (1) <input type="checkbox"/> problems swallowing (2) <input type="checkbox"/> pain; where? (3) _____ <input type="checkbox"/> other (1) ** _____</p> <p>**Examples: depression, money, or dental problems Box 3 <input style="float: right;" type="checkbox"/></p>	<p>4. Activities and Function:</p> <p>Over the past month, I would generally rate my activity as:</p> <p><input type="checkbox"/> normal with no limitations (0) <input type="checkbox"/> not my normal self, but able to be up and about with fairly normal activities (1) <input type="checkbox"/> not feeling up to most things, but in bed or chair less than half the day (2) <input type="checkbox"/> able to do little activity and spend most of the day in bed or chair (3) <input type="checkbox"/> pretty much bed ridden, rarely out of bed (3)</p> <p style="text-align: right;">Box 4 <input style="float: right;" type="checkbox"/></p>
<p>Additive Score of Boxes 1-4 <input style="float: right;" type="checkbox"/> A</p>	

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 = _____