

Patient's Name: _____

Date _____

ANOREXIA & CACHEXIA

<p>Normal</p> <ul style="list-style-type: none"> • How would you describe your appetite normally/before your diagnosis? • How would you describe your diet before your diagnosis? • Is there anything causing your lack of appetite? (eg. Recent surgery, medication such as warfarin and antibiotics, inability to swallow) 	
<p>Onset</p> <ul style="list-style-type: none"> • When did you notice a change in your appetite? • When did you notice a change in your body weight? 	
<p>Provoking / Palliating</p> <ul style="list-style-type: none"> • What makes it better? Worse? 	
<p>Quality (in last 24 hours)</p> <ul style="list-style-type: none"> • Can you describe your symptoms? How much weight have you lost? Are you still losing weight? • How much are you eating and drinking compared to your usual intake? 	
<p>Severity / Other Symptoms</p> <ul style="list-style-type: none"> • How bothersome is this symptom to you? (0-10 scale, with 0 not at all – 10 being worst imaginable) • Have you been experiencing any other symptoms? (Note presence and severity of any symptoms that may influence nutritional intake such as: diarrhea, constipation, dysphagia, depression, early satiety, fatigue, oral mucositis, nausea or vomiting, pain, taste changes, xerostomia) 	
<p>Treatment</p> <ul style="list-style-type: none"> • Using any medications to promote appetite? If so, what type? Effective? • Using any nutritional supports? If so, what type? Effective? • Any other medications or treatments? (e.g. analgesics, steroids, antidiarrheal agents, antiemetics) Effective? 	
<p>Understanding / Impact on You</p> <ul style="list-style-type: none"> • Is this affecting your ability to carry out your normal daily activities (ADLs)? • How else is this symptom affecting you or your family? 	
<p>Value</p> <ul style="list-style-type: none"> • What do you believe is causing your lack of appetite? • What is your acceptable level for this symptom (0 – 10 scale)? 	