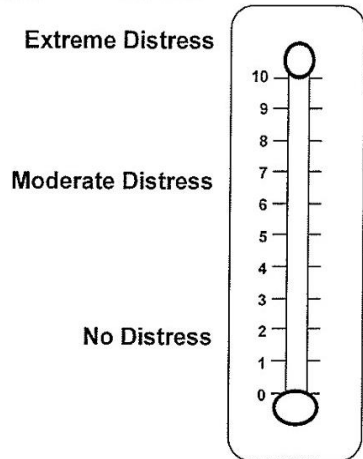


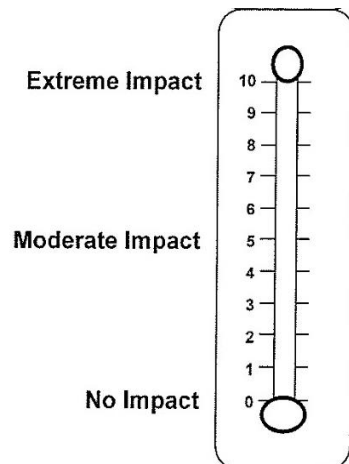
Hauora/Well-being Assessment

The following questions help us provide the right support and assistance to meet your needs.

1. Please circle the number (0-10) that best describes how much **distress (mamae)** you have been experiencing in the **past week**, including today.



2. Please circle the number (0-10) that best describes how much **impact** this distress (mamae) has had on your life.



3. Please indicate if any of the following have been a **problem** for you in the **past week**, including today.

Spiritual (Wairua)

- Challenges to faith and beliefs
- Uncertainties around purpose or meaning of life
- Why me?

Practical

- Caring for others
- Communication with staff
- Cultural obligations
- Hospital processes
- Housework and shopping
- Information – too much, too little, confusing
- Money, work, housing and/or school
- Personal care, bathing, dressing
- Transportation
- Treatment requirements

Emotional (Hinengaro)

- Anger or frustration
- Fears, worries or anxiety
- Feeling down, depressed or hopeless
- Guilt
- Little interest or pleasure in doing things
- Overwhelmed
- Sadness
- Sexual Intimacy

Family (Whanau)

- Relationship with partner
- Relationship with children
- Relationship with other relatives/friends

Physical (Tinana)

- Appearance or body image
- Bathing or dressing
- Breathing difficulties
- Changes in urination
- Changes in taste
- Constipation
- Diarrhoea
- Eating or appetite
- Fatigue, exhaustion
- Feeling swollen
- Getting around
- High temperature or fever
- Hot flushes
- Indigestion
- Memory or concentration
- Nausea or vomiting
- Pain
- Shortness of breath
- Skin dry, itchy or sore
- Sleep problems and/or nightmares
- Sore or dry mouth
- Speech problems
- Taking medications
- Tingling in hands/feet
- Wound care after surgery

4. What **three** areas would you **most** like help with?

1. _____
2. _____
3. _____