

# **CARES**

## **CAncer Rehabilitation Evaluation System**

Developed  
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# CARES

## CAncer Rehabilitation Evaluation System

### Patient Information

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Date: \_\_\_\_\_

Age: \_\_\_\_\_

Sex:     M     F

Type of Cancer: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_ Name of Physician: \_\_\_\_\_

### Instructions

Below is a list of Problem Statements that describe situations and experiences of individuals who have or have had cancer. Read each statement and circle the number that best describes **HOW MUCH EACH STATEMENT APPLIES TO YOU** during the **PAST MONTH, INCLUDING TODAY**. Some sections will not apply to you. Please skip these sections and proceed to the next one as directed. For any problem statement that you rate between 1 and 4, indicate whether this is a problem with which you would like help by circling Y for yes or N for no.

### Example

How much does it apply to you?	<div style="display: flex; justify-content: space-around; text-align: center;"> <div>Not at all A little</div> <div>A fair amount Much</div> <div>Very much</div> </div>					Do you want help?
1. I have difficulty walking .....	0	①	2	3	4	Y ①N
2. I find that food tastes bad .....	0	1	2	3	④	①Y N

How much does it apply to you?	Not at all	A little	A fair amount	Much	Very much	Do you want help?
1. I have difficulty bending or lifting .....	0	1	2	3	4	Y N
2. I have difficulty walking and/or moving around .....	0	1	2	3	4	Y N
3. I have difficulty doing physical activities such as running and playing sports .....	0	1	2	3	4	Y N
4. I do not have the energy I used to .....	0	1	2	3	4	Y N
5. I have difficulty driving .....	0	1	2	3	4	Y N
6. I have difficulty doing household chores .....	0	1	2	3	4	Y N
7. I have difficulty bathing, brushing my teeth, or grooming myself .....	0	1	2	3	4	Y N
8. I have difficulty preparing meals .....	0	1	2	3	4	Y N
9. I am not interested in recreational activities like I used to be .....	0	1	2	3	4	Y N
10. I do not engage in the recreational activities that I used to .....	0	1	2	3	4	Y N
11. I do not have enough enjoyable activities to fill the day .....	0	1	2	3	4	Y N
12. I have difficulty planning activities because of the cancer or its treatments .....	0	1	2	3	4	Y N
13. I cannot gain weight .....	0	1	2	3	4	Y N
14. I am continuing to lose weight .....	0	1	2	3	4	Y N
15. I find food unappealing .....	0	1	2	3	4	Y N
16. I find that food tastes bad .....	0	1	2	3	4	Y N
17. I find it difficult to swallow .....	0	1	2	3	4	Y N
18. I find that the cancer or its treatments keep me from working .....	0	1	2	3	4	Y N
19. I find that cancer or its treatments interfere with my ability to work .....	0	1	2	3	4	Y N
20. I frequently have pain .....	0	1	2	3	4	Y N
21. I have chronic pain from scars and surgery .....	0	1	2	3	4	Y N
22. I have pain that is not controlled by pain medication .....	0	1	2	3	4	Y N

How much does it apply to you?	Not at all	A little	A fair amount	Much	Very much	Do you want help?
23. I have pain that is controlled by pain medication .....	0	1	2	3	4	Y N
24. I find that my clothes do not look good on me .....	0	1	2	3	4	Y N
25. I find that my clothes do not fit .....	0	1	2	3	4	Y N
26. I have difficulty finding clothes to fit .....	0	1	2	3	4	Y N
27. I find that the medical team withholds information from me about the cancer .....	0	1	2	3	4	Y N
28. I find that doctors don't explain what they are doing to me .....	0	1	2	3	4	Y N
29. I find that nurses don't explain what they are doing to me .....	0	1	2	3	4	Y N
30. I have difficulty asking doctors questions .....	0	1	2	3	4	Y N
31. I have difficulty asking nurses questions .....	0	1	2	3	4	Y N
32. I have difficulty expressing my feelings to the doctors and nurses .....	0	1	2	3	4	Y N
33. I have difficulty telling my doctor about new symptoms .....	0	1	2	3	4	Y N
34. I have difficulty understanding what the doctors tell me about the cancer or its treatments .....	0	1	2	3	4	Y N
35. I have difficulty understanding what the nurses tell me about the cancer or its treatments .....	0	1	2	3	4	Y N
36. I would like to have more control over what the doctors do to me .....	0	1	2	3	4	Y N
37. I would like to have more control over what the nurses do to me .....	0	1	2	3	4	Y N
38. I am embarrassed to show my body to others because of my illness .....	0	1	2	3	4	Y N
39. I am uncomfortable showing my scars to others .....	0	1	2	3	4	Y N
40. I am uncomfortable with the changes in my body .....	0	1	2	3	4	Y N
41. I frequently feel anxious .....	0	1	2	3	4	Y N
42. I frequently feel depressed .....	0	1	2	3	4	Y N
43. I frequently feel angry .....	0	1	2	3	4	Y N

How much does it apply to you?	Not at all	A little	A fair amount	Much	Very much	Do you want help?
44. I frequently feel upset .....	0	1	2	3	4	Y N
45. I frequently feel overwhelmed by my emotions and feelings about the cancer .....	0	1	2	3	4	Y N
46. I have difficulty sleeping .....	0	1	2	3	4	Y N
47. I have difficulty concentrating .....	0	1	2	3	4	Y N
48. I have difficulty remembering things .....	0	1	2	3	4	Y N
49. I have difficulty thinking clearly .....	0	1	2	3	4	Y N
50. I have difficulty telling my friends or relatives to come over less often .....	0	1	2	3	4	Y N
51. I have difficulty telling my friends or relatives to leave when I do not feel well .....	0	1	2	3	4	Y N
52. I have difficulty asking my friends or relatives to do something fun with me .....	0	1	2	3	4	Y N
53. I do not know what to say to my friends or relatives .....	0	1	2	3	4	Y N
54. I have difficulty asking friends or relatives to do things for me .....	0	1	2	3	4	Y N
55. I have difficulty telling my friends or relatives about the cancer .....	0	1	2	3	4	Y N
56. I have difficulty asking my friends or relatives to come over more often .....	0	1	2	3	4	Y N
57. I find that my friends or relatives tell me I'm looking well when I'm not .....	0	1	2	3	4	Y N
58. I find that my friends or relatives withhold information from me .....	0	1	2	3	4	Y N
59. I find that my friends or relatives avoid talking with me about the cancer .....	0	1	2	3	4	Y N
60. I find that my friends or relatives do not visit often enough .....	0	1	2	3	4	Y N
61. I find that my friends or relatives do not call often enough .....	0	1	2	3	4	Y N

How much does it apply to you?	Not at all A little A fair amount Much Very much	Do you want help?
62. I find that my friends or relatives are uncomfortable when they visit me .....	0 1 2 3 4	Y N
63. I find that friends or relatives have difficulty talking with me about my illness .....	0 1 2 3 4	Y N
64. I feel uncomfortable when I see other patients getting treatments .....	0 1 2 3 4	Y N
65. I become nervous when I have to go to the hospital .....	0 1 2 3 4	Y N
66. I become nervous when I am waiting to see the doctor .....	0 1 2 3 4	Y N
67. I become nervous when I am waiting to find out the results of tests .....	0 1 2 3 4	Y N
68. I become nervous when I am having diagnostic tests .....	0 1 2 3 4	Y N
69. I become nervous when I get my blood drawn .....	0 1 2 3 4	Y N
70. I worry about whether my treatments are working .....	0 1 2 3 4	Y N
71. I worry about whether the cancer is progressing .....	0 1 2 3 4	Y N
72. I worry about not being able to care for myself .....	0 1 2 3 4	Y N
73. I worry about how my family will manage if I die .....	0 1 2 3 4	Y N
74. I do not feel sexually attractive .....	0 1 2 3 4	Y N
75. I do not think my partner(s) finds me sexually attractive .....	0 1 2 3 4	Y N
76. I am not interested in having sex .....	0 1 2 3 4	Y N
77. I do not think that my partner(s) is interested in having sex with me .....	0 1 2 3 4	Y N
78. I sometimes don't show up for my doctor's appointment .....	0 1 2 3 4	Y N
79. I sometimes don't show up for my treatments .....	0 1 2 3 4	Y N
80. I sometimes don't take my medication as prescribed .....	0 1 2 3 4	Y N
81. I sometimes don't follow my doctor's instructions .....	0 1 2 3 4	Y N
82. I have financial problems .....	0 1 2 3 4	Y N



How much does it apply to you?	Not at all A little A fair amount Much Very much					Do you want help?	
83. I have insurance problems .....	0	1	2	3	4	Y	N
84. I have difficulty with transportation to and from my medical appointments and/or other places .....	0	1	2	3	4	Y	N
85. I am gaining too much weight.....	0	1	2	3	4	Y	N
86. I find some diagnostic procedures extremely painful .....	0	1	2	3	4	Y	N
87. I have frequent episodes of diarrhea .....	0	1	2	3	4	Y	N
88. I have times when I do not have control of my bladder .....	0	1	2	3	4	Y	N
<b>Do you have children?</b> <div style="float: right;">Yes    No</div>							
<i>If No, skip to next section.</i>							
89. I have difficulty taking care of the children and/or the grandchildren ....	0	1	2	3	4	Y	N
90. I have difficulty helping my children cope with my illness .....	0	1	2	3	4	Y	N
91. I have difficulty helping my children talk about my illness .....	0	1	2	3	4	Y	N
<b>Are you working or have you been employed during the last month?</b> <div style="float: right;">Yes    No</div>							
<i>If No, skip to next section.</i>							
92. I have difficulty talking to my boss about the cancer .....	0	1	2	3	4	Y	N
93. I have difficulty talking to the people who work with me about the cancer .....	0	1	2	3	4	Y	N
94. I have difficulty telling my employer that I cannot do something because of my illness .....	0	1	2	3	4	Y	N
95. I have difficulty asking for time off from work for medical treatments ....	0	1	2	3	4	Y	N
96. I am worried about being fired .....	0	1	2	3	4	Y	N

How much does it apply to you?		Not at all A little A fair amount Much Very much					Do you want help?			
<b>Did you look for work during the past month?</b>									Yes    No	
<i>If No, skip to next section.</i>										
97. I have difficulty finding a new job since I have had cancer.....		0	1	2	3	4	Y   N			
98. I find that employers are reluctant to hire people with a cancer history .....		0	1	2	3	4	Y   N			
<b>Have you been sexually active since your cancer diagnosis?</b>									Yes    No	
<i>If No, skip to next section.</i>										
99. I find that the frequency of sexual activity has decreased.....		0	1	2	3	4	Y   N			
100. I have difficulty becoming sexually aroused .....		0	1	2	3	4	Y   N			
101a. I have difficulty getting or maintaining an erection ( <b>Males</b> ) .....		0	1	2	3	4	Y   N			
b. I have difficulty getting lubricated ( <b>Females</b> )										
102. I have difficulty reaching orgasm .....		0	1	2	3	4	Y   N			
<b>Are you married or in a significant relationship?</b>									Yes    No	
<i>If No, skip to next section.</i>										
103. My partner and I have difficulty talking about our feelings .....		0	1	2	3	4	Y   N			
104. My partner and I have difficulty talking about our fears .....		0	1	2	3	4	Y   N			
105. My partner and I have difficulty talking about what will happen after my death .....		0	1	2	3	4	Y   N			
106. My partner and I have difficulty talking about our future .....		0	1	2	3	4	Y   N			
107. My partner and I have difficulty talking about the cancer and what might happen .....		0	1	2	3	4	Y   N			



How much does it apply to you?	Not at all A little A fair amount Much Very much	Do you want help?
108. My partner and I have difficulty talking about wills and financial arrangements .....	0 1 2 3 4	Y N
109. I do not feel like embracing, kissing, or caressing my partner .....	0 1 2 3 4	Y N
110. My partner does not feel like embracing, kissing or caressing me .....	0 1 2 3 4	Y N
111. I am not interested in touching my partner .....	0 1 2 3 4	Y N
112. My partner is not interested in touching me .....	0 1 2 3 4	Y N
113. My partner and I are not getting along as well as we usually do .....	0 1 2 3 4	Y N
114. My partner and I are upset with each other more often than usual .....	0 1 2 3 4	Y N
115. My partner and I have so much time together that we get on each other's nerves .....	0 1 2 3 4	Y N
116. My partner and I are more distant than usual .....	0 1 2 3 4	Y N
117. My partner won't let me do activities that I am capable of doing .....	0 1 2 3 4	Y N
118. My partner spends too much time taking care of me .....	0 1 2 3 4	Y N
119. My partner does not take care of me enough .....	0 1 2 3 4	Y N
120. I have difficulty asking my partner to take care of me .....	0 1 2 3 4	Y N
<b>Are you single and not in a significant relationship?</b> Yes    No <b><i>If No, skip to next section.</i></b>		
121. I have difficulty initiating contact with potential dates .....	0 1 2 3 4	Y N
122. I have difficulty meeting potential dates .....	0 1 2 3 4	Y N
123. I am afraid to go to places that I used to visit to meet dates .....	0 1 2 3 4	Y N
124. I have difficulty telling a date about the cancer or its treatments .....	0 1 2 3 4	Y N
125. I am afraid to initiate a sexual relationship with someone .....	0 1 2 3 4	Y N

How much does it apply to you?										Do you want help?						
										Not at all	A little	A fair amount	Much	Very much		
Have you had chemotherapy treatments in the last month?										Yes		No				
<i>If No, skip to next section.</i>																
126.	I become nervous when I get chemotherapy .....									0	1	2	3	4	Y	N
127.	I become nauseated during and/or before chemotherapy .....									0	1	2	3	4	Y	N
128.	I vomit during and/or before chemotherapy .....									0	1	2	3	4	Y	N
129.	I feel sick when I think about my chemotherapy .....									0	1	2	3	4	Y	N
130.	I feel nauseated after I receive chemotherapy .....									0	1	2	3	4	Y	N
131.	I vomit after chemotherapy .....									0	1	2	3	4	Y	N
132.	I feel tired after my chemotherapy .....									0	1	2	3	4	Y	N
133.	I have other side effects after chemotherapy .....									0	1	2	3	4	Y	N
134.	I have lost my hair and/or it is growing back slowly because of chemotherapy .....									0	1	2	3	4	Y	N
Have you had radiation therapy treatments in the last month?										Yes		No				
<i>If No, skip to next section.</i>																
135.	I feel fatigued after my radiation treatments .....									0	1	2	3	4	Y	N
136.	I get nervous when I get radiation treatments .....									0	1	2	3	4	Y	N
137.	I feel nauseous or vomit after my radiation treatments .....									0	1	2	3	4	Y	N
Do you have an ostomy?										Yes		No				
<i>If No, skip to next section.</i>																
138.	I have problems with ostomy care and maintenance .....									0	1	2	3	4	Y	N

How much does it apply to you?

Not at all  
A little  
A fair amount  
Much  
Very much

Do  
you  
want  
help?

Do you have a prosthesis?

Yes No

*If No, skip to next section.*

139. I have difficulty with my prosthetic device (artificial limb, breast prosthesis, etc.).....

0 1 2 3 4

Y N

Please list any additional cancer or treatment-related problems that may not have been addressed:

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

E. \_\_\_\_\_