

CARES

CAncer Rehabilitation Evaluation System

For Research

Developed
by
C. Anne Coscarelli Schag, Ph.D.
and
Richard L. Heinrich, M.D.

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Cancer Rehabilitation Evaluation System

For Research

Patient ID#: _____

Date: _____

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.

Example

How much does it apply to you?

Not at all
 A little
 A fair amount
 Much
 Very much

- | | | | | | |
|--------------------------------------|---|---|---|---|---|
| 1. I have difficulty walking | 0 | ① | 2 | 3 | 4 |
| 2. I find that food tastes bad | 0 | 1 | 2 | 3 | ④ |

How much does it apply to you?

Not at all
A little
A fair amount
Much
Very much

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

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

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

How much does it apply to you?

Not at all
A little
A fair amount
Much
Very much

83. I have insurance problems0 1 2 3 4
84. I have difficulty with transportation to and from my medical appointments and/or other places0 1 2 3 4
85. I am gaining too much weight0 1 2 3 4
86. I find some diagnostic procedures extremely painful0 1 2 3 4
87. I have frequent episodes of diarrhea0 1 2 3 4
88. I have times when I do not have control of my bladder0 1 2 3 4

Do you have children?

Yes No

If No, skip to next section.

89. I have difficulty taking care of the children and/or the grandchildren0 1 2 3 4
90. I have difficulty helping my children cope with my illness0 1 2 3 4
91. I have difficulty helping my children talk about my illness0 1 2 3 4

Are you working or have you been employed during the last month?

Yes No

If No, skip to next section.

92. I have difficulty talking to my boss about the cancer0 1 2 3 4
93. I have difficulty talking to the people who work with me about the cancer0 1 2 3 4
94. I have difficulty telling my employer that I cannot do something because of my illness0 1 2 3 4
95. I have difficulty asking for time off from work for medical treatments0 1 2 3 4
96. I am worried about being fired0 1 2 3 4

How much does it apply to you?		Not at all A little A fair amount Much Very much				
Did you look for work during the past month?		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
98.	I find that employers are reluctant to hire people with a cancer history.....	0	1	2	3	4
Have you been sexually active since your cancer diagnosis?		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
100.	I have difficulty becoming sexually aroused	0	1	2	3	4
101a.	I have difficulty getting or maintaining an erection (Males)	0	1	2	3	4
b.	I have difficulty getting lubricated (Females)					
102.	I have difficulty reaching orgasm	0	1	2	3	4
Are you married or in a significant relationship?		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
104.	My partner and I have difficulty talking about our fears.....	0	1	2	3	4
105.	My partner and I have difficulty talking about what will happen after my death.....	0	1	2	3	4
106.	My partner and I have difficulty talking about our future.....	0	1	2	3	4
107.	My partner and I have difficulty talking about the cancer and what might happen.....	0	1	2	3	4

How much does it apply to you?

Not at all
A little
A fair amount
Much
Very much

108. My partner and I have difficulty talking about wills and financial arrangements0 1 2 3 4
109. I do not feel like embracing, kissing, or caressing my partner0 1 2 3 4
110. My partner does not feel like embracing, kissing or caressing me0 1 2 3 4
111. I am not interested in touching my partner0 1 2 3 4
112. My partner is not interested in touching me0 1 2 3 4
113. My partner and I are not getting along as well as we usually do0 1 2 3 4
114. My partner and I are upset with each other more often than usual0 1 2 3 4
115. My partner and I have so much time together that we get on each other's nerves0 1 2 3 4
116. My partner and I are more distant than usual0 1 2 3 4
117. My partner won't let me do activities that I am capable of doing0 1 2 3 4
118. My partner spends too much time taking care of me0 1 2 3 4
119. My partner does not take care of me enough0 1 2 3 4
120. I have difficulty asking my partner to take care of me0 1 2 3 4

Are you single and not in a significant relationship?

Yes No

If No, skip to next section.

121. I have difficulty initiating contact with potential dates0 1 2 3 4
122. I have difficulty meeting potential dates0 1 2 3 4
123. I am afraid to go to places that I used to visit to meet dates0 1 2 3 4
124. I have difficulty telling a date about the cancer or its treatments0 1 2 3 4
125. I am afraid to initiate a sexual relationship with someone0 1 2 3 4

How much does it apply to you?

Not at all
A little
A fair amount
Much
Very much

Have you had chemotherapy treatments in the last month?

Yes No

If No, skip to next section.

- | | | | | | |
|---|---|---|---|---|---|
| 126. I become nervous when I get chemotherapy | 0 | 1 | 2 | 3 | 4 |
| 127. I become nauseated during and/or before chemotherapy | 0 | 1 | 2 | 3 | 4 |
| 128. I vomit during and/or before chemotherapy | 0 | 1 | 2 | 3 | 4 |
| 129. I feel sick when I think about my chemotherapy | 0 | 1 | 2 | 3 | 4 |
| 130. I feel nauseated after I receive chemotherapy | 0 | 1 | 2 | 3 | 4 |
| 131. I vomit after chemotherapy | 0 | 1 | 2 | 3 | 4 |
| 132. I feel tired after my chemotherapy | 0 | 1 | 2 | 3 | 4 |
| 133. I have other side effects after chemotherapy | 0 | 1 | 2 | 3 | 4 |
| 134. I have lost my hair and/or it is growing back slowly because of chemotherapy | 0 | 1 | 2 | 3 | 4 |

Have you had radiation therapy treatments in the last month?

Yes No

If No, skip to next section.

- | | | | | | |
|---|---|---|---|---|---|
| 135. I feel fatigued after my radiation treatments | 0 | 1 | 2 | 3 | 4 |
| 136. I get nervous when I get radiation treatments | 0 | 1 | 2 | 3 | 4 |
| 137. I feel nauseous or vomit after my radiation treatments | 0 | 1 | 2 | 3 | 4 |

Do you have an ostomy?

Yes No

If No, skip to next section.

- | | | | | | |
|---|---|---|---|---|---|
| 138. I have problems with ostomy care and maintenance | 0 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|

How much does it apply to you?

Not at all
A little
A fair amount
Much
Very much

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