Cancer Care Ontario
Action Cancer Ontario

ᐊᑊᑯᓯ·ᐃᓄᓐ ᐁ ᑎᐸᒋᒥᓱᑦ ᐁ ᐃᖅᐱᖅ ᑏᑊ ᐃᑊᑑᑕᒃ ᕿ·ᑲᓐᑊ

ᐁ ᐃᑊᑎᓈᓄᑊ·ᑲᑊ ᕿ·ᑲᓐᑊ ᑲᔪ ᐁ ᐃᓂ ᑏᑊ ᐃᑊᑑᑕᒫᓐ ᕿ·ᑲᓐ: ᐆ ᐆᑖᑊᒃ ᐲᓯᒍ, ᒫᐟ ᕿᑏ ᐃᖅᐱᖅ ᑏᑊ ᐃᑊᑑᑕᒫᓐ ᕿ·ᑲᓐ:

- ❑ **ᓂᒦᔫᐸᔨᓐ ᓇᒧᐃ ᕿ·ᑲᓐ ᓂᑖᔨᒥᑊᐃᑯᓐ**
  Normal with no limitations
- ❑ **ᓇᒧᐃ ᒐᑲᔅ ᓂᒦᔫᐸᔨᓐ ᒧᑯ ᒫᒃ ᓂᑏ ᐃᑊᑑᒐᓐ ᐁᔅᑯ ᕿᑏ ᓈᓃᐳᔾᔨᓐ ᑲᔪ ᐊᐱᑦᑐᓂ ᓂᑏᑊ ᐃᑊᑑᒐᓐ ᓂᑲᔾ ᑲᑏ ᐃᑖᐸᑎᓯᓈᓄᑊᒃ**
  Not my normal self, but able to be up and about with fairly normal activities
- ❑ **ᓇᒧᐃ ᓈᔅᒃ ᓂ·ᐃᑊ ᐃᑊᑑᒐᓐ ᕿ·ᑲᓐ, ᐅᔅ ᓂᐯ·ᐃᓂᑊᒃ ᒫᒃ ᒐᑊᑕᐳ·ᐃᓂᑊᒃ ᓂᑎᑊᑖᓐ ᐊᐱᑊᑑ ᐁ ᐃᖅᐱᖅ ᑏᑦᑎᑲᒃ**
  Not feeling up to most things, but in bed or chair less than half the day
- ❑ **ᓇᒧᐃ ᓈᔅᒃ ᓂ·ᐃᑊ ᐃᑊᑑᒐᓐ ᕿ·ᑲᓐ, ᐅᔅ ᓂᐯ·ᐃᓂᑊᒃ ᒫᒃ ᒐᑊᑕᐳ·ᐃᓂᑊᒃ ᓂᑎᑊᑖᓐ ᐊᐱᑊᑑ ᐁ ᐃᖅᐱᖅ ᑏᑦᑎᑲᒃ**
  Able to do little activity and spend most of the day in bed or chair
- ❑ **ᓇᒧᐃ ᓈᔅᒃ ᓂ·ᐃᑊ ᐃᑊᑑᒐᓐ ᕿ·ᑲᓐ, ᐅᔅ ᓂᐯ·ᐃᓂᑊᒃ ᒫᒃ ᒐᑊᑕᐳ·ᐃᓂᑊᒃ ᓂᑎᑊᑖᓐ ᐊᐱᑊᑑ ᐁ ᐃᖅᐱᖅ ᑏᑦᑎᑲᒃ**
  Pretty much bedridden, rarely out of bed

Patient's Name _____

Date _____ Time _____

Completed by (check one):
- ❑ Patient
- ❑ Family caregiver
- ❑ Health care professional caregiver
- ❑ Caregiver-assisted

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