Cancer Care Ontario
Action Cancer Ontario

ᐅᑕᑯᓯ ᐁᑎᐸᒋᒥᑎᓱᒻ ᑲᐧᐊᐧᐊᐧᑭᒻ ᐁᑦᓇᑯᑎᓂᐦ

ᑭᑐᑕᒧᐧᐃᓇᑦ & ᑲᐧᐊᐧᐊᐧᑭᔭᑦ: ᐅᑕᓇᐦ ᑲᑭᐱᐅᓯᒧᐧᐊᐦ ᑲᑭᑦᑎᐸᑭᑦᑕᑦ ᑐᑕᒧᐧᐃᓇᑦ:

- ❑ ᐧᑲᔭᐦ ᑐᑕᑦ ᕿᑯᓇᑦ ᐁᑲ ᐁᑭᐱᒡᑲᑯᔭᑦ ᑕᑯᓯᐧᐃᑦ
  Normal with no limitations
- ❑ ᑲᐧᐃᑦ ᐧᑲᔭᐦ ᑎᑦᔭᓯᑦ, ᕋᑯᒻ ᐸᐸᒥᑲᐸᐧ ᐁᑐᑕᒪᓇᑦ ᑐᑕᒧᐧᐃᓇᑦ ᒪᒪᑦᒡ
  Not my normal self, but able to be up and about with fairly normal activities
- ❑ ᐁᑲ ᐁᐃᓐᑕᒪᑦ ᒋᑐᑕᒪᓇᑦ ᕿᑯᓇᑦ ᑲᑐᑕᒪᑦ, ᕋᑯᒻ ᐱᒥᑦᑦ ᒥᓇ ᓂᓇᒪᑕᒡ ᐊᐱᑕᐧᐃᑭᑦᐦ ᒥᓂᑯᐦ
  Not feeling up to most things, but in bed or chair less than half the day
- ❑ ᐸᑦᑭ ᑐᑕᓇᑦ ᑐᑕᒧᐧᐃᓇᑦ & ᕿᑲᐟ ᐯᑦᑯᑭᑦᐦ ᐱᒥᑦᑦ ᑲᐸᒪ ᓂᓇᒪᑕᒡ ᑌᓴᐱᐅᐧᐃᓂᐦ
  Able to do little activity and spend most of the day in bed or chair
- ❑ ᑲᐯᑊᐃ ᐱᒥᑦᑦ ᓂᐯᐧᐃᓂᐦ, ᑲᐧᐃᑦ ᑭᐧᐊᓂᒡᑲᓯᑦ
  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