

For patients who wish to be admitted to the palliative care unit

Name		Gender		Birth date	MM/DD/YY (Age)
Address					
Phone number			Currently	<input type="checkbox"/> Hospitalized <input type="checkbox"/> At home	
① Name of the medical institution and attending physician you have been seeing.					
② How and by whom has the disease been explained to you? (Please be as specific as possible, including the name of the disease and medical condition)					
③ What is most difficult for you right now? (You may choose more than one)					
<input type="checkbox"/> Pain (location of the pain: _____) <input type="checkbox"/> Breathlessness <input type="checkbox"/> Nausea or vomiting <input type="checkbox"/> Bloating stomach <input type="checkbox"/> Constipation or diarrhea <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Fever <input type="checkbox"/> Sluggishness <input type="checkbox"/> Itching <input type="checkbox"/> Trouble sleeping <input type="checkbox"/> Financial matters <input type="checkbox"/> Family matters <input type="checkbox"/> Anxiety (source of the anxiety: _____) <input type="checkbox"/> Other (please write freely)					
<div style="border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; height: 40px; margin-top: 5px;"></div>					
④ What type of place do you think the palliative care unit is? (You may choose more than one)					
<input type="checkbox"/> Relieves pain and distress <input type="checkbox"/> No painful treatments or tests <input type="checkbox"/> Family members can stay overnight <input type="checkbox"/> Ability to go out and stay out overnight <input type="checkbox"/> Can rest well <input type="checkbox"/> Can eat what I want <input type="checkbox"/> A place to end life <input type="checkbox"/> I do not know <input type="checkbox"/> Others will thoroughly listen to my feelings of distress <input type="checkbox"/> Other (please write freely)					
<div style="border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; height: 40px; margin-top: 5px;"></div>					
⑤ Why did you choose to be in a palliative care unit and what do you hope for? (You may choose more than one)					
<input type="checkbox"/> Because I have painful symptoms <input type="checkbox"/> I do not want to undergo painful treatments or examinations <input type="checkbox"/> I want to live quietly					

- It is difficult to receive medical treatment at home/I am worried about receiving medical treatment at home I do not want to burden my family I cannot stay at the current hospital for a long time
- Recommendations from doctors, nurses, or family members I want to receive treatment for pain or physical problems I want to receive folk medicine
- I want to heal my feelings of distress I do not wish for anything Other (please write freely)

()

⑥ What situation do you consider yourself to be in right now with your disease?

⑦ Do you have any concerns about being admitted to a palliative care unit? (You may choose more than one)

- Being far away from family Family Adjusting to a new environment Money (medical and living expenses)
- Work School None in particular Other (please write freely)

()

⑧ Do you have any concerns or questions at this time? (You may choose more than one)

- About my current medical condition About the future outlook Whether my current pain can be relieved About money
- The kind of medical care that will be provided in the palliative care ward Whether I can receive folk medicine
- Other ()

⑨ How much would you like to have your disease explained to you in the future?

- I want a detailed explanation
- There are some things I do not want to know (specifically:)
- I want an explanation only when I ask for it I do not want an explanation on anything

⑩ When hearing explanations about my disease

- I want to be alone I want to be with other people (relationship:)
- I do not mind either way
- Other ()

⑪ When you are admitted to the palliative care unit, do you have a room preference?

- Paid Free Either, as long as I can be admitted as soon as possible

<p>⑫ Do you wish to receive medical treatment at home when your symptoms subside?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>⑬ Would you like to visit the palliative care unit?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I have already visited</p>
<p>⑭ When you are unable to make decisions on your own, do you know who you would like to make the decisions for you?</p> <p><input type="checkbox"/> Yes (Name () Relationship ())</p> <p><input type="checkbox"/> No</p>
<p>⑮ In the event of an emergency, would you want to have life-prolonging treatment, such as heart massage, ventilator, blood pressure medication, etc.?</p> <p><input type="checkbox"/> I do not want to receive any of them</p> <p><input type="checkbox"/> I want to receive some of them (specifically:)</p> <p><input type="checkbox"/> I want to receive everything</p>

Hand-written signature (signature by the representative)

MM/DD/YY Signature: _____

Thank you for filling out the form.

Okinawa Palliative Care
Committee, Revised in 2018

For families of the patient who wishes to use the palliative care unit

Patient's				
Name		Gender		Birth date MM/DD/YY (Age)
Address				
Phone number		Currently	<input type="checkbox"/> Hospitalized <input type="checkbox"/> At home	
The person filling out the form				
Name		Relationship with the patient		Phone number
① How did the doctor explain the disease to the patient?				
<input type="checkbox"/> The name of the disease, the current condition of the disease, and the prognosis were explained <input type="checkbox"/> There are things that were not explained to the patient (contents: _____) <input type="checkbox"/> Other (_____)				
② How do you think the patient understands the explanation?				
<input type="checkbox"/> The patient understands everything <input type="checkbox"/> The patient does not understand some things (contents: _____) <input type="checkbox"/> The patient does not understand anything <input type="checkbox"/> Other (_____)				
③ How has your family /you been informed about the disease by the doctor? (Please be as specific as possible, including the name of the disease and medical condition)				
④ Why did your family /you request a palliative care ward, and what do you hope for? (You may choose more than one)				
<input type="checkbox"/> Because the patient wanted it <input type="checkbox"/> Because the doctor or nurse recommended it <input type="checkbox"/> Because the patient cannot stay in the current hospital for a long time <input type="checkbox"/> I am worried about taking care of the patient at home <input type="checkbox"/> I want the patient to live in a peaceful environment <input type="checkbox"/> I want the patient to be treated for pain and physical problems <input type="checkbox"/> I want the patient's feelings of distress to be healed <input type="checkbox"/> I want to have time to spend as a family <input type="checkbox"/> I want the patient to receive folk medicine <input type="checkbox"/> I do not want anything to be done to the patient <input type="checkbox"/> Other (please write freely)				
<div style="display: flex; justify-content: space-between; font-size: 2em;"> { } </div>				

⑤ What kind of place do you think the palliative care unit is? (You may choose more than one)

- Relieves physical problems, such as pain and distress No painful treatments or tests
 Can rest well
 Can eat whatever you want Family can stay overnight A place to end life I do not know
 Other (please write freely)

()

⑥ Do you have any concerns about admission to a palliative care ward? (You may choose more than one)

- Being far away from family Family matters I am worried about whether the patient can adjust to a new environment Money (medical and living expenses) Work
 School None in particular Other (please write freely)

⑦ Do you have any concerns or questions at this time? (You may choose more than one)

- About the patient's current condition About the outlook for the future Whether the current pain can be relieved Whether the patient can go out or stay out overnight
 About money The kind of medical care that will be provided in the palliative care unit Whether the patient will be able to see pets
 What will happen if the patient can no longer eat Whether the patient can receive folk medicine
 Other ()

⑧ When the patient is admitted to the palliative care unit, do you have a preference for their room?

- Paid Free Either, as long as the patient can be admitted as soon as possible

⑨ Do you wish for the patient to receive medical treatment at home when their symptoms subside?

- Yes No

⑩ Would you like to visit the palliative care unit?

- Yes No I have already visited

⑪ In the palliative care ward, life-prolonging treatment at the end of life is not performed in principle, but what do you think about life-prolonging treatment (heart massage, ventilator, blood pressure medication, etc.)?

- I would like for the patient to receive it I would not like for the patient to receive it I would like to discuss if necessary

⑫ Have you ever discussed life-prolonging treatment with the patient? What were the patient's wishes at that time?

--

Signature of the person who filled out the form

MM/DD/YY Signature: _____

Thank you for filling out the form.