Cancer Care Ontario

Action Cancer Ontario

ᐋᓐᓂᐊᕕᓕᐊᖅᓯᒪᔪᑦ ᐃᒻᒥᖕᓂ ᐅᖃᐅᓯᖓᑦ ᖃᓄᖅ ᐱᓕᕆᔨᓐᓇᑦᑎᐊᕐᒪᖔᒐᑕ ᑎᒥᑎᒃ

ᖃᓄᐃᓕᐅᕐᓂᕆᔭᑎᑦ ᐱᓕᕆᔨᓐᓇᑦᑎᐊᕐᒪᖔᕐᐱᓪᓗ: ᐅᖓᑖᓂ ᑕᕿᖅ ᐊᓂᒍᓴᖅᑐᖅ ᖃᐅᔨᓴᖃᑦᑕᖅᑐᖓ ᖃᓄᐃᓕᖓᓕᕐᒪᖔᕐᒪ ᐃᒪᓐᓇ :

- ❑ ᖃᓄᐃᖕᒋᑦᑎᐊᖅᐳᖓ ᐊᔪᖕᒋᑦᑎᐊᕐᓂᐊᖅᑐᖓ
  Normal with no limitations
- ❑ ᐋᓐᓂᐊᖅᔫᒥᕗᖓ, ᑭᓯᐊᓂᓕ ᒪᑭᑕᔪᓐᓇᖅᑐᖓ ᐃᓚᖕᒋᓐᓂᒡᓗ ᖃᓄᐃᓕᐅᖃᑕᐅᔪᓐᓇᖅᑐᖓ
  Not my normal self, but able to be up and about with fairly normal activities
- ❑ ᐱᓕᕆᔪᒪᑦᑎᐊᖃᑦᑕᓐᖕᒋᑦᑐᖓ, ᑭᓯᐊᓂᓕ ᐃᒡᓕᕐᒥ ᐃᒃᓯᕙᐅᑕᒥᓪᓗᓐᓃᑦ ᐅᑉᓗᓗᒃᑖᖃᑦᑕᓐᖕᒋᑦᑐᖓ
  Not feeling up to most things, but in bed or chair less than half the day
- ❑ ᒥᑭᑦᑐᒥᒃ ᖃᓄᐃᓕᐅᕈᓐᓇᖃᑦᑕᖅᑐᖓ ᐊᒻᒪᓗ ᐃᒡᓕᕐᒦᖃᑦᑕᖅᑐᖓ ᐃᒃᓯᕙᐅᑕᒥᓗᓐᓃᑦ ᐅᑉᓗᓗᒃᑖᖅ
  Able to do little activity and spend most of the day in bed or chair
- ❑ ᐃᒡᓕᕐᒦᖕᒋᓐᓇᓕᖅᑐᖓ, ᐊᖃᕈᓐᓇᑦᑎᐊᕈᓐᓃᖅᑐᖓ
  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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