

親愛的患者/家人：

您的護理小組需了解並觀察各種症狀對閣下生活質素造成之影響。我們特附背頁的評估表作此用。

有些腎病患者會出現影響他們生活的症狀。常見的症狀包括：

- 身體常感不適
- 疼痛
- 感到悲傷、“憂鬱”、或沮喪
- 噁心
- 缺乏氣力
- 感到焦慮和擔憂
- 食欲欠佳
- 不寧腿

請翻到背面完成“我的症狀評估表”。我們要知道您過去一個星期內感覺如何。這樣可幫助我們觀察您有哪些症狀，並了解這些症狀如何影響您的生活。我們或許不能舒緩您所有的症狀，但會設法幫您改善整體的健康狀況。

若您對這份評估表有任何疑問，請與我們聯絡。

您的腎病護理小組 謹啟

簡介视频



我的症狀評估表*

此評估表能助您的護理小組了解並觀察您的各種症狀。詳情請參閱背頁。

日期: _____ (日期-月份-年份)

時間: _____ (24小時制之時刻:分鐘)

PATIENT INFORMATION/LABEL

Name: _____

Address: _____

Phone: _____

PHN: _____

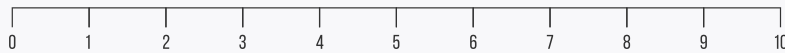
請圈出最準確地描述您在過去一星期內的症狀的數字:

症狀等級: 0 = 無此症狀

10 = 此症狀最嚴重的情況

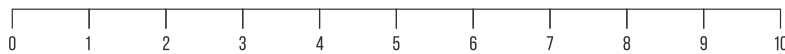


無疼痛
No pain



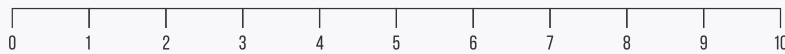
極度疼痛
Worst possible pain

無疲倦
Not tired



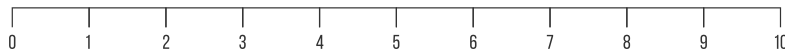
極度疲倦
Worst possible tiredness

無噁心
Not nauseated



極度噁心
Worst possible nausea

無沮喪
Not depressed



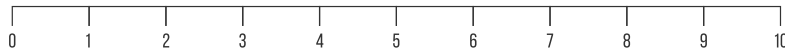
極度沮喪
Worst possible depression

無焦慮
Not anxious



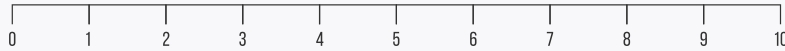
極度焦慮
Worst possible anxiety

無睏倦
Not drowsy



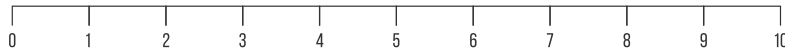
極度睏倦
Worst possible drowsiness

食欲極佳
Best appetite



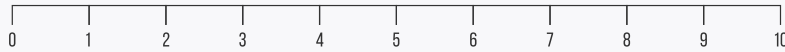
食欲極差
Worst possible appetite

感到極安寧
Best feeling of wellbeing



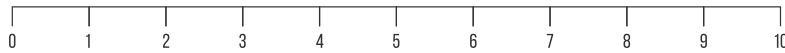
感到極不安寧
Worst possible feeling of wellbeing

無呼吸急促
No shortness of breath



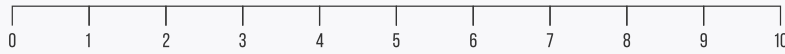
極度呼吸急促
Worst possible shortness of breath

無痕癢
No itch



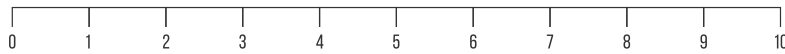
極度痕癢
Worst possible itch

無睡眠問題
No problem sleeping



睡眠有極嚴重問題
Worst possible problem sleeping

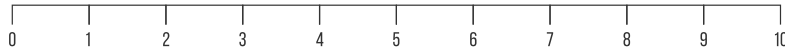
無不寧腿
No restless legs



不寧腿極嚴重
Worst possible restless legs

如有任何其他症狀或擔憂, 請註明: _____

無此症狀
No symptom



此症狀最嚴重的情況
Worst possible symptom

This section to be completed by staff.

Scale completed by: (check one)

Patient

Care Team Member Assisted

Family Member

Patient refused (note why if known)

See progress notes for follow up on symptoms

Care plan updated

Results entered in PROMIS

Enter date: _____ Entered by: _____

