

**CONFIDENTIAL:** Only to those with access to medical records

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## **Spiritual & Emotional Self-Assessment:**

### **The Four Cs - Cancer, Coping, Comfort, Community**

*This reflection will help our team serve you better.*

- Instructions:** a) take your time  
b) there are no "right" or "wrong" answers  
c) check as many boxes as apply to you now  
d) please write additional comments if you wish

#### **1. How do you feel about the cancer?**

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> o.k.                 | <input type="checkbox"/> anxious       | <input type="checkbox"/> helpless  |
| <input type="checkbox"/> at peace             | <input type="checkbox"/> angry         | <input type="checkbox"/> depressed |
| <input type="checkbox"/> hopeful              | <input type="checkbox"/> why me?       | <input type="checkbox"/> sad       |
| <input type="checkbox"/> uninformed/confused  | <input type="checkbox"/> sense of loss | <input type="checkbox"/> betrayed  |
| <input type="checkbox"/> lonely               | <input type="checkbox"/> fearful       | <input type="checkbox"/> guilty    |
| <input type="checkbox"/> other comments _____ |  |                                    |

#### **2. How are you coping?**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> just fine                   | <input type="checkbox"/> avoiding reality | <input type="checkbox"/> loss of meaning        |
| <input type="checkbox"/> good family/friends support | <input type="checkbox"/> stressed         | <input type="checkbox"/> financial worries      |
| <input type="checkbox"/> experiencing closer ties    | <input type="checkbox"/> no energy        | <input type="checkbox"/> anxious about children |
| <input type="checkbox"/> partner/family not coping   | <input type="checkbox"/> fearful          | <input type="checkbox"/> not coping well at all |
| <input type="checkbox"/> other comments _____        |   |   |

#### **3. What are your sources of comfort (strength, hope and support)?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> family               | <input type="checkbox"/> music             | <input type="checkbox"/> friends   |
| <input type="checkbox"/> nature walks         | <input type="checkbox"/> pets              | <input type="checkbox"/> no sources  |
| <input type="checkbox"/> physical activity    | <input type="checkbox"/> prayer/meditation | <input type="checkbox"/> religious practices (e.g. worship, scripture, sacraments) |
| <input type="checkbox"/> self                 | <input type="checkbox"/> faith             |  |
| <input type="checkbox"/> other comments _____ |  |  |

#### **4. Do you have a faith community? (and/or a community of support?)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> yes                        | <input type="checkbox"/> none                        | <input type="checkbox"/> had faith community, not now |
| <input type="checkbox"/> personal meditation/prayer | <input type="checkbox"/> loss of faith since cancer  | <input type="checkbox"/> nature experiences           |
| <input type="checkbox"/> friends, congregation      | <input type="checkbox"/> spiritual but not religious | <input type="checkbox"/> hurtful memories of religion |
| <input type="checkbox"/> support group (e.g. A.A.)  | <input type="checkbox"/> religious and spiritual     |   |
| <input type="checkbox"/> other comments _____       |  |   |

*Thank you very much for supplying this information. Please ask if you have any questions.*

*"Caring for the Whole Person"*