Attach Patient ID Label
(Note: Client to complete this form as part of referral to Massey Health Conditions Psychology Service)

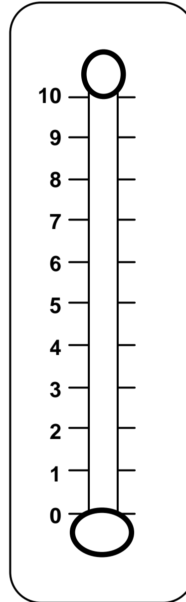
Date: / /

Please circle the number (0-10) that best describes how much distress (mamae) you have been experiencing in the past week including today

Extreme Distress

Moderate Distress

No Distress

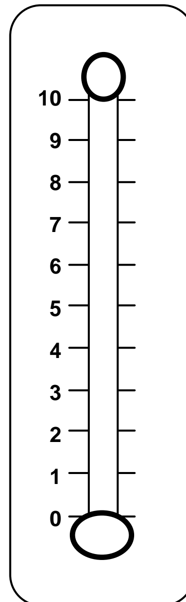


Please circle the number (0-10) that best describes how much impact this distress (mamae) has had on your life.

Extreme Impact

Moderate Impact

No Impact



Please indicate if any of the following has been a problem for you in the past week including today. Be sure to check Yes or No for each.

Yes	No	Spiritual (Wairua)
❑	❑	**Concerns**
		Practical Problems
❑	❑	Child care
❑	❑	Housing
❑	❑	Financial
❑	❑	Transportation
❑	❑	Work / school
❑	❑	Cultural obligations
❑	❑	Hospital Processes
		Family (Whanau) Problems
❑	❑	Dealing with children
❑	❑	Dealing with partner
❑	❑	Other family members
❑	❑	Family/Whanau dealing with the situation
❑	❑	Living Alone
		Emotional (Hinengaro) Problems
❑	❑	Depression
❑	❑	Fears
❑	❑	Anxiety
❑	❑	Sadness
❑	❑	Worry
❑	❑	Loss of interest in usual activities

Yes	No	Physical (Tinana) Problems
❑	❑	Appearance
❑	❑	Bathing/Dressing
❑	❑	Breathing
❑	❑	Changes in urination
❑	❑	Constipation
❑	❑	Diarrhoea
❑	❑	Eating
❑	❑	Fatigue
❑	❑	Feeling Swollen
❑	❑	Fevers
❑	❑	Getting around
❑	❑	Indigestion
❑	❑	Memory/concentration
❑	❑	Mouth sores
❑	❑	Nausea
❑	❑	Nose dry / congested
❑	❑	Pain
❑	❑	Sexual
❑	❑	Skin dry / itchy
❑	❑	Sleep
❑	❑	Tingling in hands /feet

Other Problems

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