

Brief Rehabilitation Assessment for Survivors of Head and Neck Cancer (BRASH)

This list contains some possible concerns you may have related to your cancer treatment, for which rehabilitation may be available. Please read the list and place a check mark next to any concerns you may have. Check the “I would like to discuss rehabilitation for this” column, if this is something you would like to talk about with the rehabilitation consultant. Do not worry if some words are unclear. You will have the chance to ask questions during the consult. This list is meant to give you some time to think about your rehabilitation needs before the consult, and to help guide the conversation at that time. If you would like to talk about something that is not listed here, feel free to add it at the end. Please bring this form with you when you meet with the rehabilitation consultant.

Issue	I have concerns about this	I would like to discuss rehab for this	Not Applicable
Physical			
Personal appearance/body image			
General fitness level (for example, exercise or reconditioning)			
Tiredness			
Weakness			
Pain			
Swelling (lymphedema or edema)			
Stiffness of the neck and/or shoulder			
Trouble moving the mouth and/or jaw			
Weight change			
Speech (for example, slurred speech)			
Voice			
Trouble chewing			
Dry mouth			
Dental issues			
Trouble swallowing (food stuck in throat, coughing while eating or drinking)			

Issue	I have concerns about this	I would like to discuss rehab for this	Not Applicable
Tingling, numbness, or other changes in sensation (for example, in hands or feet)			
Changes to senses (smell, taste, sight, hearing)			
Other:			
Cognitive/Psychosocial			
Issues with thinking (for example, memory or judgment)			
Concern that social support is inadequate to carry out rehabilitation goals			
Feeling anxious			
Feeling sad			
Changes in sexuality/intimacy (for example, less interest in sex)			
Other:			
Activity/Role			
Doing my usual work, including paid work, volunteering, or school			
Doing household chores			
Doing my basic self-care activities (washing, dressing, eating)			
Doing errands outside of the house (for example, groceries, banking)			
Doing quiet leisure activities that are important to me (for example, reading, knitting, repair work, socializing)			
Doing active leisure activities that are important to me such as sports, dog walking, gardening, fishing.			

Issue	I have concerns about this	I would like to discuss rehab for this	Not Applicable
Being able to tell other people about my needs (for example, telling someone I need help making dinner and being understood)			
Being able to carry out my usual roles (for example, spouse, parent, friend)			
Being able to eat in public with others			
Other:			

Make note below of any other problems that are not listed on this sheet.

Which of the issues noted above are most important to you and why?

BRASH Part B: Goal Ratings

If participants have goals, assist them to formulate specific meaningful and achievable goal statements that will allow them to rate their confidence that they can achieve the goal, their present goal performance, and their present satisfaction with goal performance.

GOAL STATEMENT #1:

GOAL STATEMENT #2:

GOAL STATEMENT #3:

1. Rate how **CONFIDENT** you are that you can achieve each goal by recording a number for 0 to 100 using the scale given below:

0	10	20	30	40	50	60	70	80	90	100
Not at all confident I can meet goal			Moderately confident I can meet the goal				Highly confident I can meet the goal			

2. Rate your **CURRENT PERFORMANCE LEVEL** for each goal by recording a number for 0 to 100 using the scale given below:

0	10	20	30	40	50	60	70	80	90	100
Cannot do at all			Can do moderately well				Can do very well			

3. Rate your **CURRENT SATISFACTION LEVEL** with your performance level for each goal by recording a number for 0 to 100 using the scale given below:

0	10	20	30	40	50	60	70	80	90	100
Not satisfied at all			Moderately satisfied				Completely satisfied			

	CONFIDENCE	PERFORMANCE	SATISFACTION
GOAL #1			
GOAL #2			
GOAL #3			