

ADAPT-C PROBLEM-SOLVING TREATMENT PROTOCOL – Components to cover in each session:

Session 1: Introduction and rationale

1. Establish a positive relationship (i.e., communicate warmth, trust, caring, and respect)
2. Present an overview and rationale of the program
 - Why the focus will be on problem solving
 - What the patient will get out of it
 - How PST will uniquely be adapted to a given patient's experience
 - What will actually occur during the training
3. Encourage optimism (i.e., have the patient leave the session with the expectation that this training will be of help)
4. Communicate that the therapist sees the person's potential for effective coping

Session 2: Problem Orientation

1. Facilitate a positive and constructive problem-solving orientation that is focused on improved physical and psychological functioning,
2. Emphasize the idea that problem solving is a viable means of coping with problems,
3. Reduce cognitive distortions or faulty belief patterns that might interfere with effective problem solving and,
4. Facilitate acceptance of emotional reactions and use of emotions as an important problem-solving tool.

Session 3 and 4: Problem Definition

Help patients to:

1. Seek out all available facts (eg, cancer tx)
2. Describe the facts in clear and objective language
3. Be objective – separate facts from assumptions
4. Identify what makes the situation a problem
5. Set realistic goals

Session 5: Generation of Alternatives

Help patients learn brainstorming principles:

1. Quantity breeds quality.
2. Defer judgment.
3. Learn to differentiate between strategies and tactics
4. Teach additional techniques.

Session 6: Decision Making

1. Teach the patient to identify the wide range of consequences (personal, social, short term, and long term) of each alternative idea.
2. Help the patient to make estimates of the value and likelihood of these various consequences
3. Use easier problems initially as practice examples
4. Teach the patient to develop an overall solution plan that addresses multiple factors associated with a problem
5. Emphasize the notion that solution path should contain backup plans
6. Practice decision making tasks with personally relevant problems

Session 7: Solution Implementation and Verification

1. Facilitate the patient's motivation to carry out a solution plan using worksheets
2. If necessary, recycle back to various problem orientation exercises to help encourage patient to implement solution
3. Have the patient rehearse/ role-play carrying out the solution to increase likelihood that he or she will optimally implement it in the future
4. Help the patient develop appropriate monitoring systems relevant to a particular problem and solution plan.
5. Teach the patient to self-reinforce if the problem is solved, and to troubleshoot if the outcome is unsatisfactory.

Session 8: Practice

1. Begin and end sessions in a similar manner as the previous skills-training sessions.
2. Ask patients to review how they applied the problem-solving skills to assigned or new problems since the past session.
3. Discuss areas that have been difficult for them
4. Review completed sets of problem-solving worksheets and assist patients to self-evaluate strengths and difficulties in solving a given problem.
5. Return to certain ideas or training exercises previously introduced to enhance patients' understanding of a given issue or skill acquisition regarding a particular strategy.
6. Continue evaluating and monitoring patients' motivation to practice the problem solving skills.
7. Encourage patients to ask questions regarding the structure or content of these sessions.
8. As a means of enhancing maintenance and generalization, discuss potential problems that may occur in the future.

Session 9: Practice and Termination (You may conduct additional sessions if clinically indicated.)

1. Continue with Practice functions
2. Continue to process the closure of therapy and the therapeutic relationship
3. Review the initial goals of PST, as discussed in the first session
4. Ask patients for examples of how these goals have been met
5. Give your feedback regarding treatment progress
6. Address areas of strengths and weaknesses
7. Give recommendations on how to maintain gains (i.e, practice or monitor self-improvement)
8. Reinforce the patient to encourage continued use of skills gained
9. Encourage patient to use problem solving skills to process feelings, thoughts about termination

ADAPt-C Stepped Care Treatment Algorithm

Step 1¹ (8 weeks)

Based on patient preference, start first line antidepressant (AD) or Problem Solving Treatment (PST)³

Antidepressant (AD) OR **PST**
 (usually an SSRI - titrated to therapeutic dose)⁴ (if patient prefers psychotherapy)
 Evaluate response to step 1 treatment.⁵

Patients with full response go to maintenance treatment. Others go to step 2

(AD in step 1) (PST in step 1)

Step 2

(4-8 weeks)

<p><u>Partial response to step 1</u>⁵ <u>No response</u>⁵</p> <p>Different AD type⁶ PST</p> <p>or</p> <p>Augment AD⁷ Different AD type⁶</p>	<p><u>Partial response</u>⁵ <u>No response</u>⁵</p> <p>Add 1st line AD 1st line AD</p>
---	--

Evaluate response to step 2 treatment.

Patients with full response go to maintenance treatment. Others are considered for step 3.

Step 3⁸ Consider

- Trial of a 2nd or 3rd type of antidepressant
- Combination of antidepressant and PST (if not already tried in step 2)
- Other augmentation of antidepressants (if patient has had a partial response to an antidepressant in step 2)⁷
- Referral to specialty mental health care
- Treatment of comorbid psychiatric disorders (for example OCD, Panic disorder, PTSD)

Continuation and Maintenance Treatment: In general, patients treated with antidepressants should continue the medication for 6-9 months after remission is achieved. For patients experiencing their first episode of depression, medication can be tapered following this course of treatment. Patients who are at high risk for relapse (history of dysthymia, more than 2 prior depressive episodes, or persistent depressive symptoms) are encouraged to continue maintenance treatments for at least 2 years. Decisions about maintenance therapy for patients with 2 uncomplicated episodes of depression can be based on clinical judgment and patient preference. Provide monthly telephone supportive calls and symptom monitoring. Invite to support group.

Additional Treatments to be considered during the course of the intervention⁹.

¹Step one:

Step one treatment will be the initial treatment step for the vast majority of intervention patients. Only the occasional patient who has just completed and failed what appears to be an adequate trial of step one treatment should be considered to start at step two in consultation with the consulting psychiatrist (see below).

²**Depression secondary to general medical condition or medication.** Potential causes of depression in cancer patients include: brain metastases, whole brain irradiation, corticosteroid treatment, hypercalcemia, denutrition, electrolyte imbalances, and paraneoplastic syndromes (Berney et al 2000). Reversible causes of depression should be sought and addressed if possible. If depression symptoms persist, depression should be treated. Consultation between the oncologist and consulting psychiatrist will be key in this step.

³Initial Treatment Choice.

In most cases, patients will be started on PST or an antidepressant medication, **usually a SSRI**. Patients who have previously failed or not tolerated an adequate trial of an SSRI will be considered for an alternative antidepressant (see below). Patients who have previously responded to an antidepressant from a different class should be restarted on the previous antidepressant whenever possible. SSRIs are preferred over TCAs in general at this step because of their lower rates of side effects, particularly in older adults. Patients' report of pain, nausea, and fatigue will also be used to guide first line choice of antidepressant. For example, mirtazapine may be the first line agent in patients with prominent nausea, anorexia, or insomnia. If there are no other medical contraindications, a tricyclic antidepressant may be recommended for a patient with pain. SSRIs alone or in combination with a psychostimulant may be appropriate for patients with severe fatigue. Physicians should pay close attention to potential drug-drug interactions between antidepressants and patients' other medications.

⁴Titration of initial treatment.

Antidepressants should be started at low doses and titrated to a therapeutic dose over a period of 4-6 weeks. See Manual for recommended titration schedules. If patients cannot tolerate a particular treatment (i.e., intolerable side effects even with careful titration and clinical management), consider a switch to an alternative antidepressant or PST after 2-4 weeks and 'restart' step 1. Strategies for managing common side effects of antidepressants are outlined in Manual.

⁵Treatment response:

An adequate trial of step 1 treatment means that patients have completed an 8-week antidepressant trial at a sufficient dose (see manual for dosing guidelines) or a trial of 6-8 sessions of PST. Patients who have had a full response to step 1 treatment (see below) should proceed to relapse prevention planning (see below) and maintenance treatment. Patients who do not have a full response to step 1 treatment should be discussed in the weekly team meeting with the psychiatrist. For patients on PST, a consultation with the psychiatrist will be arranged. Manual provides an outline for such consultations.

The following is a general guideline to defining treatment response:

(1) Full response / remission:

(a) Major depression: Fewer than 3 / 9 DSM IV depressive symptoms **AND** at least a 50 % reduction in the PHQ-9 score.

(b) Dysthymia: Fewer than 2/7 DSM IV depressive symptoms **AND** at least a 50 % reduction in the PHQ-9 score.

(2) Partial response: At least a 30 % reduction in DSM IV depressive symptoms **and** the PHQ-9.

(3) No response:

(a) Major depression: 5 or more DSM IV depression symptoms **OR** greater than 15 on the PHQ-9.

(b) Dysthymia: 3 or more DSM IV dysthymia symptoms **OR** greater than 10 on the PHQ-9.

Initial response to antidepressant medications usually occurs within 2-6 weeks. If there is NO response (see above) to antidepressant treatment after 4-6 weeks of an antidepressant at a therapeutic dose, an alternative plan should be initiated. If there is a partial response by weeks 4-6, a full trial (8-10 weeks) of the antidepressant at a full therapeutic dose is recommended.

⁶Antidepressant selection at step 2

See Manual for general information about antidepressant medications. Patients who have failed an adequate trial of a first-line antidepressant at step 1 (usually an SSRI) should be considered for a trial of an antidepressant from a different class. The choice of the second agent may vary depending on the clinical circumstances. If the first trial was with an SSRI or if the patient has a severe depression with prominent neurovegetative symptoms, a combined serotonergic and noradrenergic agent such as **Venlafaxine XR** may be appropriate. At this stage, patients may also be considered for a trial of a nonSSRI/nonSNRI antidepressant, such as **Bupropion SR** or **Mirtazapine**, at a therapeutic dose (see Manual).

⁷Augmentation Strategies:

In general, augmentation strategies are not preferable as first or second step treatments in general medical settings because they require closer clinical monitoring, more complex drug regimens, and often greater expense to the patient. There are, however, times when a patient has had a partial response to an initial antidepressant agent and augmentation with either psychotherapy (PST) or another medication is clinically indicated. An exception to this general rule is the addition of low dose Trazodone (i.e., 25- 50 mg po qhs) for insomnia in patients who are on an SSRI. See also appendix for management of common side effects.

Recommended augmentation strategies include:

(1) Combination of an antidepressant and PST

(2) Combination of an SSRI and a dopaminergic antidepressant such as bupropion

(3) Combination of an antidepressant with lithium, if there are no medical contraindications

(4) Combination of an antidepressant with a stimulant such as methylphenidate

(5) Combination of an antidepressant with thyroid hormone

⁸Step 3:

Patients who have not had a full response at step 2 should be **discussed in the weekly team meeting and strongly considered for an extended psychiatric evaluation and referral to specialty mental health care**. The choice of treatment at this step depends on the clinical situation, the resources available, and the patient's treatment preferences.

Recommended treatment strategies for step 3 include:

- A trial of a 2nd or 3rd type of antidepressant,

- Combination of antidepressant and PST (if this has not already been tried at step 2),

- Other augmentation strategies (see no. 7 above). This is particularly helpful if the patient has had a partial response to treatment at step 2,

- A referral for additional treatments in a specialty mental health setting,

- Specialized treatments for comorbid psychiatric disorders such as OCD, panic disorder, or PTSD,

⁹Additional treatments may be considered by the CDCS at any stage in the treatment course include referrals to specialty m/h or support groups.

Antidepressant Medications:

Generic	Brand	Starting Dosage	Dosage Range
Fluoxetine	PROZAC	20mg qd	20-60mg qd
Paroxetine	PAXIL	20mg qd	20-50mg qd
Sertraline	ZOLOFT	50mg qd	50-200mg qd
Bupropion	WELLBUTRIN	100-150mg qd	100-400mg qd
Venlafaxine	EFFEXOR	37.5-75mg qd	75-225mg qd
Citalopram	CELEXA	20mg qd	20-60mg qd
Escitalopram	LEXAPRO	10mg qd	10-20mg qd
Mirtazapine	REMERON	15mg qhs	15-45mg qhs

Common Potential Side Effects: SSRIs (e.g. Fluoxetine): GI distress (Nausea/Vomiting/Diarrhea), sexual dysfunction (decreased libido, anorgasmia, delayed ejaculation), insomnia, restlessness, agitation, increased anxiety initially, headache, dizziness, sedation, tremor, and watch for potential drug-drug interactions when prescribing with other medications. Bupropion: Activation, insomnia, restlessness, tremors, increased anxiety, headache, dose dependent risk for seizures (therefore, avoid in patients with seizures, bulimia, or risk of electrolyte imbalances). SNRIs (e.g. Venlafaxine): GI distress, activation, diaphoresis, headache, dose dependent hypertension, sexual dysfunction. Mirtazapine: sedation and weight gain.

ALLEVIATING DEPRESSION AMONG PATIENTS WITH CANCER (ADAPT-C)

This ADAPT-C manual was developed by Kathleen Ell, D.S.W., Principal Investigator and Megan Dwight-Johnson, MD., co-Principal Investigator of the ADAPT-C Pilot Study. Sections of this manual were adapted from earlier study materials developed for the Impact study (Jürgen Unützer, MD., Principal Investigator) and Partners in Care (Kenneth Wells, MD., Principal Investigator).

Table of Contents

	Page
1. Project Overview	4
ADAPT-C intervention	5
Depression and cancer	5
Barriers to depression care	6
2. Collaborative care for depression	8
The intervention team	8
The patient	8
The cancer depression clinical specialist (CDCS)	8
The consulting psychiatrist	9
The patient's oncology/PCP providers	9
Regular conference calls	9
3. Stepped care treatment algorithm for depression	10
Stepped care algorithm (Figure 1)	
4. Intervention flowchart and study timeline	17
Intervention Flowchart (Figure 2)	
Study Timeline	18
Initial patient contact	18
Initial CDCS visit	18
Initial treatment course	22
Assessment of initial treatment course	23
Continuation and maintenance phase	24
Termination	24
5. Building the Therapeutic Relationship	25
6. Documentation and tracking clinical encounters	29
Structured intervention service tracking tools	29
Assuring privacy and confidentiality of patient information	29
7. A brief guide to depression management in oncology care	30
(1) Diagnosing depression in oncology care	30
(2) Educating patients about depression treatments	33
(3) PST	36
(4) Commonly asked questions about PST	40
(5) Guidelines for using antidepressant medications	41
Antidepressant dosing	
Titration of commonly used antidepressants	
Antidepressant drug interactions	
Antidepressant side effects	
Guidelines for switching antidepressants	
(6) Duration of treatment	47
(7) Troubleshooting: what to do if patients don't improve as expected	47
(8) When to refer for a mental health consultation in primary care	48
(9) Prevent relapse	48

(10) Specialty psychiatric evaluation for persistent depression	48
(11) Guide to making a relapse prevention plan	48

Appendixes

A. Resources for the Depression Clinical Specialist (CDCS)	53
(1) Script for initial phone call	53
(2) Guide for assessment of barriers to care	54
(3) Prime-MD Depression Scale (PHQ-9)	59
B. Plan for emergencies	60
C. Tracking forms	61
(1) Initial assessment	
(2) Follow-up contact	
(3) Relapse prevention plan	
(4) Psychiatric evaluation	
(5) Caseload tracking report	

1. PROJECT OVERVIEW

Project Aims:

Recognizing that sustaining quality of care improvements in fragmented health care systems is a major challenge, this research project Alleviating Depression among Patients with Cancer (ADAPt-C) is aimed at improving major depression among low-income, predominantly Latino adults with cancer who were receiving care in a safety net public oncology care system. The ADAPt-C trial design is based on key findings from previous research and its prior pilot study as well as consultation with providers and organizational leaders on sustainability. Depressive disorders affect up to 38% of patients with cancer, worsen over the course of cancer treatment, persist long after cancer therapy,⁵ reoccur with the recurrence of cancer, and negatively affect quality of life. Unfortunately, clinicians and patients may perceive depression as an expected reaction to cancer, thus depression is frequently under-recognized and under-treated in oncology practice. Two recent Institute of Medicine reports highlight failure to adequately address depression among cancer patients. Low-income and medically uninsured patients with cancer have less access to mental health and supportive services. Unmet treatment preferences, economic stress and practical barriers such as cost and transportation to therapy may impede access to cancer and depression care as well as contribute to depression. However, there is also evidence that underserved populations can benefit from quality of care improvement interventions.

We aim to enroll close to 400 depressed patients with cancer from medical oncology clinics in a randomized trial of an oncology based collaborative care model specifically adapted for low-income, minority cancer patients with respect to study recruitment and intervention elements. The ADAPt-C intervention adapted the IMPACT stepped care model, including key evidence-based components: cancer depression clinical specialists (CDCS) who are bilingual social workers with a master's degree; systems and community services navigation by the social worker or patient navigator under CDCS direction, a psychiatrist who supervised the CDCS and prescribed antidepressant medications (AM), communication between the CDCS, psychiatrist, and oncologist, a personalized treatment plan that included patient medication/psychotherapy preferences, protocols for stepped care management and psychotherapy, and proactive maintenance follow-up and outcomes monitoring by the CDCS.

Following a baseline PHQ-9 screen, adult patients with cancer who meet diagnostic criteria for major depression and are receiving acute cancer treatment or follow-up will be study eligible. Problem Solving Therapy (PST) will be offered to all patients, and provided by a bilingual Cancer Depression Clinical Specialist (CDCS) master's degree social worker who will conduct an initial assessment and depression education session, 8-10 sessions of PST, CDCS referral to the study psychiatrist for antidepressant consideration and prescription, and CDCS telephone follow-up (up to 12 months post-baseline enrollment) and motivational and behavioral activation support to reduce depression symptom relapse or recurrence.

All patients will receive trained bilingual outcome interviewers (blind to randomization group) telephone outcome assessments at 6, 12, 18 and 24 months. These will be telephone interviews (or face-to-face for patients without telephones) that will last approximately 45 minutes. To identify the study sample who could participate in a quality of care improvement intervention under real world oncology practice conditions, bilingual study recruiters will identify potentially eligible patients by reviewing daily medical oncology clinic charts. Patients will then be assessed for language preference and asked to provide brief verbal consent to be screened for depressive symptoms. All eligible patients must provide written informed consent to study participation. The baseline interview will be conducted in the oncology clinics or if patients prefer, via telephone. Enhanced Usual Care (EUC) patients receive standard oncology care and supportive services available to all center cancer patients and are also given a patient/family focused educational pamphlet on depression and cancer, a listing of center and community financial, social services, transportation, and childcare resources. The treating oncologist is informed of patients' study participation. Treating oncology

attending physicians, fellows and residents will attend a depression treatment didactic session by the study psychiatrist at the beginning of the study and yearly thereafter. Oncologists are free to prescribe antidepressants or to refer patients for any usually available mental health treatment. Patients are free to seek any usually available mental health treatment.

ADAPt-C Intervention

The intervention will be delivered by a CDCS in the oncology clinics or if patient indicated via telephone. The CDCS will conduct an initial assessment, and provide patient education and patient activation encouraging patients to become active collaborators in their treatment. Initial treatment for depression, either antidepressant medication or psychotherapy, will be determined based on patient preference and the clinical judgment of the CDCS and will follow the Stepped Care Treatment Algorithm (SCTA) as outlined in section 3. The CDCS will support antidepressant medication treatment and will also be trained to deliver a manual based form of Problem Solving Treatment (PST).

A personalized structured stepped care algorithm is used to enable patients to receive care consistent with their clinical presentations and responses to depression treatment (e.g., patient treatment preferences, treatment history, medical condition). The stepped care algorithm was based on the IMPACT algorithm for depression in primary care, as well as the National Comprehensive Cancer Network guidelines for the treatment of depression in cancer patients. If the patient initially chose AM or did not respond to PST, the patient was evaluated by the study psychiatrist. (In our pilot study, we found that the oncologists were reluctant to prescribe antidepressants and that AM treatment was more efficiently managed by a study psychiatrist.) AM was prescribed when clinically indicated. Additional psychotropic medications such as an anti-anxiety agent or sedative-hypnotic were used adjunctively if clinically indicated.

Depression and Cancer

(Taken from the NCI Website)

People who face a diagnosis of cancer will experience different levels of stress and emotional upset. Fear of death, interruption of life plans, changes in body image and self-esteem, changes in the social role and lifestyle, and money and legal concerns are important issues in the life of any person with cancer, yet serious depression is not experienced by everyone who is diagnosed with cancer.

There are many misconceptions about cancer and how people cope with it, such as the following: all people with cancer are depressed; depression in a person with cancer is normal; treatment does not help the depression; and everyone with cancer faces suffering and a painful death. Sadness and grief are normal reactions to the crises faced during cancer, and will be experienced at times by all people. Since sadness is common, it is important to distinguish between "normal" levels of sadness and depression. An important part of cancer care is the recognition of depression that needs to be treated. Some people may have more trouble adjusting to the diagnosis of cancer than others. Major depression is not simply sadness or a blue mood. Major depression affects about 25% of patients and has common symptoms that can be diagnosed and treated.

All people periodically throughout diagnosis, treatment, and survival of cancer will experience reactions of sadness and grief. When people find out they have cancer, they often have feelings of disbelief, denial, or despair. They may also experience difficulty sleeping, loss of appetite, anxiety, and a preoccupation with worries about the future. These symptoms and fears usually lessen as a person adjusts to the diagnosis. Signs that a person has adjusted to the diagnosis include an ability to maintain active involvement in daily life activities, and an ability to continue functioning as spouse, parent, employee, or other roles by incorporating treatment into his or her schedule. A person who cannot adjust to the diagnosis after a long period of time,

and who loses interest in usual activities, may be depressed. Mild symptoms of depression can be distressing and may be helped with counseling. Even patients without obvious symptoms of depression may benefit from counseling. However, when symptoms are intense and long-lasting, or when they keep coming back, more intensive treatment is important.

Potential Barriers to Depression Care for Low-Income Cancer Patients

- **Patient and Family Characteristics, Perceived Stress, and Practical Barriers.**

Gender and socioeconomic status are significant risk factors for depressive disorder, while ethnicity may influence social consequences. Socio-culturally mediated knowledge, feelings of stigma, and beliefs about depression and its treatment affect acceptance and adherence to depression treatment. Family support (or conflict) - subject to socio-cultural influences - may influence the course of depression and treatment acceptance and adherence and adaptation to cancer. For example, while running a support group at LAC+USC, we found that Latinas often reported lack of support from family members for cancer treatment adherence, citing family beliefs that centered on cancer as God's will. Many of these women also reported cognitive processing in which they restructured the belief that their cancer was "God's will" by recognizing that treatment was made available through "God's will". Similar cognitive restructuring regarding cancer care has been found among Hispanic cancer patients and family mores regarding gender and family roles can affect perceived cancer burden and management. Environmental and acculturative stress can activate or worsen depression. Day-to-day family, work, and economic stress and competing life priorities may deter optimal depression and cancer treatment adherence. Cancer has a negative impact on workforce participation; among Hispanics, employment is associated with poorer cancer self-care. Cancer complications, socio-cultural factors (gender, ethnicity, education) and perceived cancer psychosocial burden or emotional distress contribute to risk of depression among patients with cancer. Culturally mediated perceptions of cancer burden appear to differ between Latinos and European Americans, with Latinos focused on negative emotional symptoms and negative effects on family life. Inadequate insurance coverage, indirect (transportation/lost work days) and direct costs may become barriers to treatment adherence. In another study, we found that over 50% of Hispanic women experienced numerous health system and practical barriers to abnormal cancer screen diagnostic follow-up that required case management services.

- **Provider/ Health System.**

Low-income, uninsured, and minority populations are least likely to receive depression care. Whereas, Hispanics are likely to access care for depression from the general health care system, Hispanics are less likely than whites to receive treatment according to evidence-based guidelines, and less than half as likely as whites to have received either a diagnosis of depression or antidepressant medication. Complex patient-provider interactions inherent to caring for patients with cancer (e.g., prioritizing among competing demands) may negatively affect the initiation and particularly the long-term management of depression in oncology. A recent study found that only 14% of depressed cases had been identified and treated in oncology clinics. Other studies find that oncologists and nurses correctly detect mild to moderate depressive symptoms in only one third of patients with depressive symptoms, are likely to underestimate the level of depressive symptoms among patients who are more severely depressed, and are most influenced by overt symptoms. And studies find that the majority of patients with cancer, who meet diagnostic criteria, have not been prescribed antidepressant or are not receiving adequate dosage. In our study of abnormal screening follow-up, of women with depressive or anxiety disorder, less than 50% had received any mental health treatment. Low-income and medically uninsured patients with cancer have less access to mental health services and to either hospital or community based cancer support groups. Because, the interface between the general health care system and specialty mental health system is fragmented, relatively few medical patients are referred to specialty mental health care (particularly among uninsured, only 1/3 to 1/2 of referrals from primary care physicians to mental health professions are carried out by patients, and simply informing oncologists of patients needs does not result in treatment.) In the Partners in Care PORT study, 56% of depressed Hispanic primary care patients preferred psychotherapy versus 24% preferring medications and in ADAPt-C pilot nearly 90% of women initially

chose PST. Relatively modest cultural enhancements, including choice of first line treatment, improve access to depression care and outcomes among Hispanics, but providers often fail to address the issue of patient preferences. While receipt of anti-depressant medications from primary care physician is increasing, few patients are offered psychotherapy and long-term management is often inadequate. Language and patient-staff ratios in public care programs limit patient-physician communication with likely negative affects on treatment adherence.

Effective disease management models have been developed for the management of chronic medical illnesses and depression in primary care.

In recent years, a number of systematic approaches to improve care for chronic medical conditions such as hypertension and cancer have been developed and tested in primary care. Such organized models of care have been described as collaborative care management. These models involve strategic practice redesign, systematic patient education, use of clinical information systems and decision support, and access to expert knowledge and consultation.

2. COLLABORATIVE CARE FOR DEPRESSION

The ADAPT-C Intervention Team

The intervention is delivered by a collaborating team of professionals, including the patient's regular oncologist, a cancer depression clinical specialist (CDCS), and a supervising/consulting psychiatrist. Patients not experiencing $\geq 50\%$ reduction in depressive symptoms in 8 weeks will be discussed by CDCS and consulting psychiatrist, e.g., potential causes for persistent depressive symptoms, AM or PST adjustments/augmentation, patient referral to specialty mental health care. The CDCS will inform oncologist of psychiatrist recommended AM treatment adjustments. Drs. Quon and Ell will review bi-monthly all new and problem cases with the CDCS via telephone; the psychiatrist will be available to the CDCS by telephone/pager to discuss urgent/emergency care.

The Patient

The intervention aims to include the patient as an active collaborator in his or her treatment. In order to assist the patient in this effort, patients in the intervention group will be given a copy of a patient educational brochure on depression and cancer that includes a section for family members. The initial visit with the depression clinical specialist will have a heavy emphasis on patient education and patient activation. The CDCS and the patient will review the patient education brochure about depression and cancer and address any questions about depression or available treatments. The CDCS will also encourage the patient to share an informational brochure designed for family members with his or her spouse, partner, friends, other significant others, or caregivers. In addition to these study materials, the CDCS will also give the patient copies of clinical notes generated for this project in order to engage them as active collaborators in their own care (see section 5, on documentation).

The Cancer Depression Clinical Specialist

The CDCS is a masters' degree social worker who will play a central role in the care of intervention patients. He/She will be primarily responsible for the initial assessment, education, and activation of each enrolled intervention patient. If patients choose, he/she may involve interested family members or significant others in the depression education and support of treatment. The CDCS will coordinate the initiation of treatment (antidepressants and/or PST) with the patient, his/her oncologist, and the study psychiatrist, and will closely follow each patient and coordinate their acute depression care for 16 weeks. He/She will provide onsite or telephone individual PST for those patients who choose to receive psychotherapy. After 16 - 20 weeks, the CDCS will initiate maintenance care follow-up. For those patients who achieve clinically significant remission, she will complete a relapse prevention plan to reduce their risk of relapse or recurrence. The CDCS will document all services provided to intervention patients using structured service tracking forms.

A good working relationship between the patients' cancer care providers and the CDCS is an essential element in the success of this intervention. It will be crucial for the CDCS to keep each patient's oncologist informed about the progress of his or her patients and about any questions or problems that arise in the course of treatment. At the beginning of the study, the CDCS should make a point of personally introducing him / herself to each oncologist and clinical nursing staff in the clinic, providing a brief introduction to the study and the role of the CDCS. They should also ask each oncologist about their preferred method for being contacted about patient related matters. The options may include in-person communication during clinic hours, telephone calls, web or e-mail notes.

Prior to intervention implementation, the CDCS will use published directories and interviews with clinic and community agency personnel to compile a resource manual for the clinic that can be used to refer patients to appropriate community agencies.

The CDCS will receive clinical supervision weekly from the study psychiatrist. They will review his/her caseload, discuss new patients and their treatment plans, and discuss ongoing patients who are not responding to treatment. The study psychiatrist will also be available by pager to the CDCS during the rest of the week to answer clinical or logistic questions. The CDCS will be trained and individually supervised in PST. Each month, the CDCS will participate in a joint PST supervision session with expert study personnel.

The Consulting Psychiatrist

The consulting psychiatrist will meet with the CDCS bi-monthly (or weekly if requested) to review new patients or non-responding patients and will if requested provide telephone consultation to treating physicians.

The Patient's Oncologist or Primary Care Physician

The ADAPt-C intervention is organized to support and collaborate with each patient's oncologist or the study psychiatrist regarding AM receipt. The CDCS will assume primary responsibility for communication with the oncologist/ PCP about the patient's depression care. Each patient's treating physician also has an important role in encouraging and supporting the patient's participation in the intervention activities.

- **Evaluation and acute and follow-up management of antidepressant medication:**

Oncologists and PCPs in participating clinics will receive written materials and the study algorithm to aid them in prescribing antidepressant medications. They will also receive a brief guide to the treatment of depression among cancer patients, which is attached as appendix.

The treating oncologist/PCP will evaluate and manage acute antidepressant treatment in those patients who choose medications as first line treatment or whom the CDCS believes would benefit from a medication evaluation. Treatment will be guided by the SCTA (see below).

The approach outlined above attempts to make the most cost-effective use of the Oncologist or PCP's expertise by focusing his / her efforts on those patients who are more difficult to treat in the oncology setting. It does not eliminate the possibility that some patients may require additional specialty mental health treatment, and a referral to such specialty services at any time as clinically indicated.

Research Team Conference Calls

Members of the research team will participate in weekly or bi-monthly monthly conference calls with the study manager or PI. These calls are intended to address any questions related to the study recruitment or the intervention strategy and to standardize ongoing treatment efforts with patients who are resistant to first and second-line treatment efforts in primary care.

The CDCS will follow the general treatment guidelines outlined in the SCTA below but the CDCS must use clinical judgment to help develop a treatment plan that is optimal for each patient within these guidelines.

3. STEPPED CARE TREATMENT ALGORITHM (SCTA)

The depression intervention will use a stepped care algorithm that is based on a number of consensus statements and treatment guidelines for depression in primary care, including the ACHPR treatment guidelines (Depression Guidelines Panel, 1993), the Texas Medication Algorithm Project (Crismon et al., 1999), Partners in Care (Wells et al 1999) and the Project IMPACT algorithm (Unützer et al., 2001). Patients will be allowed to choose the type of their first line of treatment: antidepressant medication, PST (either individual or group), or combined medication and PST. Antidepressant medication and PST have been shown to be equally effective treatments for mild to moderate major depression and combined treatment may be more effective for severe, chronic, and recurrent forms of depression.

The CDCS, oncologists, and psychiatrist will use the stepped care depression treatment algorithm as a general guideline for treating intervention patients. At enrollment, all patients will meet criteria for major depression. They will, however, differ in their prior history of depression, in the extent of their medical and psychiatric comorbidity, and in their experiences with treatment. Some patients may have a long history of recurrent major depression or dysthymia while others may be suffering from their first episode of major depression, either in response to a severe life stressor or in association with a major medical illness, such as diabetes. Some patients will have significant comorbid medical or psychiatric illness such as panic disorder or PTSD. A few patients will already be on antidepressants, but others may be receiving treatments of questionable or limited benefit such as benzodiazepines. Some may have had counseling for depression that has not been completely effective. Some patients with severe depression may need both CBT and medication. Patients will also have different treatment preferences that should be incorporated in treatment planning whenever possible. Because of this considerable variation in each patient's clinical circumstances, the treatment algorithm may be adapted for individual patient needs.

The detailed algorithm contains specific instructions about managing medications and specific time points at which patients should be reevaluated and treatment adjusted accordingly. The ultimate goals of treatment are to achieve symptomatic remission. At study end, patients may be referred for further care in order to prevent relapse and recurrence of depression.

The recommendations from these consensus statements and guidelines have been adapted for the treatment of depressed cancer patients by the ADAPt-C study investigators.

The ultimate goals of treatment are to (a) achieve symptomatic remission (see below) and full return of psychosocial functioning and to (b) prevent relapse and recurrence of depression, and c) improve overall quality of life.

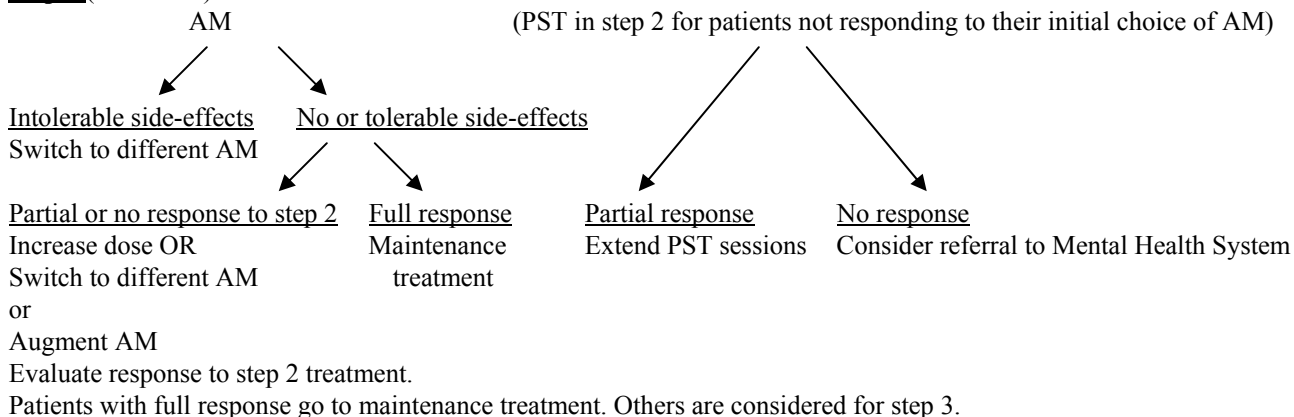
Figure 1: Stepped Care Treatment Algorithm

Step 1 (4-8 weeks)

1) Depending on patient choice, start first line Problem Solving Therapy (PST) or Antidepressant Medication (AM). If the patient has already been on AM and it failed, the medication algorithm will move to the next step (i.e., switch to a different agent). CDCS will evaluate response to step 1 treatment weekly or bi-monthly and keep ONC/PCP and study psychiatrist informed of patient status. Prescription of AM will be made by oncologist or PCP, based on provider preference.

2) Additional psychotropic medications (e.g., an anti-anxiety agent or sedative-hypnotic) can be used adjunctively if suggested by study psychiatrist and clinically indicated. Patients with full response go to maintenance follow-up

Step 2 (4-6 weeks)



Step 3 Consider

- Trial of a 2nd or 3rd type of antidepressant
- Combination of antidepressant and PST (if not already tried in step 2)
- Other augmentation of antidepressants (if patient has had a partial response to an antidepressant in step 2)
- Referral to community mental health of non-responding patients, particularly those with comorbid Panic Disorder or PTSD.

Antidepressant Medications:

Generic	Brand	Starting Dosage	Dosage Range
Fluoxetine	PROZAC	20mg daily	20-60mg daily
Paroxetine	PAXIL	20mg daily	20-50mg daily
Sertraline	ZOLOFT	50mg daily	50-200mg daily
Bupropion	WELLBUTRIN	100-150mg daily	100-400mg daily
Venlafaxine	EFFEXOR	37.5-75mg daily	75-225mg daily
Citalopram	CELEXA	20mg daily	20-60mg daily
Escitalopram	LEXAPRO	10mg daily	10-20mg daily
Mirtazapine	REMERON	15mg qhs	15-45mg qhs

Common Potential Side Effects: SSRIs (e.g. Fluoxetine): GI distress (Nausea/Vomiting/Diarrhea), sexual dysfunction (decreased libido, anorgasmia, delayed ejaculation), insomnia, restlessness, agitation, increased anxiety initially, headache, dizziness, sedation, tremor, and watch drug-drug interactions when prescribing with other medications. Bupropion: Activation, insomnia, restlessness, tremors, increased anxiety, headache, dose dependent risk for seizures (therefore, avoid in patients with seizures, bulimia, or risk of electrolyte imbalances). SNRIs (e.g. Venlafaxine); GI distress, activation, diaphoresis, headache, dose dependent hypertension, sexual dysfunction. Mirtazapine: sedation and weight gain.

Maintenance/Relapse Prevention: On remission, the CDCS provides ongoing monthly follow-up telephone calls or in-person visits up to 6 months after start of treatment. In general, patients treated with AM are encouraged to continue medication for 6-9 months after remission is achieved. For patients whose remission comes later in the study, the CDCS will facilitate referral for post-study treatment by the oncologist or the patient's PCP. Patients who are at high risk for relapse (more than 2 prior depressive episodes, or persistent depressive symptoms) are encouraged to continue maintenance AM for at least 2 years.

SPECIAL POPULATIONS

1. Patients with comorbid anxiety disorders.

In general, patients with comorbid anxiety disorders such as panic disorder can be treated in primary care using antidepressants such as SSRIs. Such patients should usually be started on low doses of an SSRI (such as 5 mg of fluoxetine or 10 mg of paroxetine per day) and slowly titrated up to a therapeutic dose as tolerated because the medication can cause a transient worsening of anxiety symptoms. In some cases, the use of a benzodiazepine such as clonazepam or lorazepam is helpful to reduce severe anxiety during the initial weeks of treatment, but the long-term use of such agents is to be avoided because they can result in physical dependence, cognitive and motor impairment, and falls in the elderly. Consultation with the study psychiatrist can be helpful in making treatment plans for patients with comorbid depression and anxiety disorders.

2. Patients with cancer.

Diagnosis: The symptoms of major depression include having a depressed mood or loss of pleasure and interest in most activities and four or more of the following; changes in eating and sleeping habits; nervousness or sluggishness; tiredness; feelings of worthlessness or inappropriate guilt; poor concentration; and constant thoughts of death or suicide. To make a diagnosis of depression, these symptoms should be present for at least 2 weeks. The diagnosis of depression can be difficult to make in people with cancer due to the difficulty of separating the symptoms of depression from the side effects of medications or the symptoms of cancer. This is especially true in patients undergoing active cancer treatment or those with advanced disease. Symptoms of guilt, worthlessness, hopelessness, thoughts of suicide, and loss of pleasure are the most useful in diagnosing depression in people who have cancer. Some people with cancer may have a higher risk for developing depression. The cause of depression is not known, but the risk factors for developing depression are known. There are cancer-related and non-cancer-related risk factors.

Cancer-Related Risk Factors:

- Depression at the time of cancer diagnosis
- Poorly controlled pain
- An advanced stage of cancer
- Other life events that produce stress
- Increased physical impairment or pain
- Pancreatic cancer
- Being unmarried and having head and neck cancer
- Treatment with some anticancer drugs

Non-cancer-Related Risk Factors:

- History of depression
- Lack of family support/ significant social stressors
- Family history of depression or suicide
- Previous suicide attempts
- History of alcoholism or drug abuse
- Having many illnesses at the same time that produce symptoms of depression (such as stroke or heart attack)

The evaluation of depression in people with cancer should include a careful evaluation of the person's thoughts about the illness; medical history; personal or family history of depression or suicide; current mental status; physical status; side effects of treatment and the disease; other stresses in the person's life; and

support available to the patient. Thoughts of suicide, when they occur, are frightening for the individual, for the health care worker, and for the family. Suicidal statements may range from an offhand comment resulting from frustration or disgust with a treatment course, "If I have to have one more bone marrow aspiration this year, I'll jump out the window," to a statement indicating deep despair and an emergency situation: "I can't stand what this disease is doing to all of us, and I am going to kill myself." Exploring the seriousness of these thoughts is important. If the thoughts of suicide seem to be serious, then the patient should be referred to a psychiatrist or psychologist, and the safety of the patient should be secured.

The most common type of depression in people with cancer is called adjustment disorder. This shows up as feeling moody and being unable to perform usual activities. The symptoms last longer and are more pronounced than a normal and expected reaction but do not meet the criteria for major depression. When these symptoms greatly interfere with a person's daily activities, such as work, school, shopping, or caring for a household, they should be treated in the same way that major depression is treated (such as crisis intervention, counseling, and medication, especially with drugs that can quickly relieve distressing symptoms). Basing the diagnosis on just these symptoms can be a problem in a person with advanced disease since the illness may be causing decreased functioning. In more advanced illness, focusing on despair, guilty thoughts, and a total lack of enjoyment of life is helpful in diagnosing depression.

Medical factors may also cause depression in cancer patients. Medication usually helps this type of depression more effectively than counseling, especially if the medical factors cannot be changed (for example, dosages of the medications that are causing the depression cannot be changed or stopped). Some medical causes of depression in cancer patients include uncontrolled pain; abnormal levels of calcium, sodium, or potassium in the blood; anemia; vitamin B12 or folate deficiency; fever; and abnormal levels of thyroid hormone or steroids in the blood.

For many patients, depression has a chronic course – marked by recurrent or chronic symptoms, occasional emergencies, poor treatment adherence, and significant impairment in functioning. Severity of depression, symptom duration, and the presence of co-morbid anxiety disorder affect the course and outcome of depression. The National Comorbidity Survey showed that three quarters of people meeting criteria for major depression had had more than one episode. Most antidepressant or psychotherapy intervention trials in primary care have found that about one-third of depressed patients have persistent symptoms or treatment resistance. The risk of relapse after 1 episode of major depression among primary care patients is significant (30-80%). Among cancer patients, mild to severe depression is reported to worsen over the course of cancer treatment, persist long after cancer therapy, and to reoccur with the recurrence of cancer. History of depressive symptoms is a risk factor for significant depression among cancer patients. Nearly a third of patients in primary care discontinue antidepressants within 6 weeks, and less than one-half achieve therapeutic doses. Even though more people are exposed to antidepressant medications and data indicate higher rates of patient compliance with SSRIs compared with tricyclics, duration of treatment has not improved in naturalistic primary care studies. While few studies have examined antidepressant treatment adherence among Hispanics, one recent study found that 42% (vs. 21-33% found for non-Hispanic populations) of Hispanics stopped treatment because of side effects, family, or work problems.

Treatment:

Major depression may be treated with antidepressant medications, counseling, or a combination of both. A primary care doctor may prescribe medications for depression and refer the patient to a psychiatrist or psychologist for the following reasons: a physician or oncologist is not comfortable treating the depression (for example, the patient has suicidal thoughts); the symptoms of depression do not improve after 2 to 4 weeks of treatment; the symptoms are getting worse; the side effects of the medication keep the patient from taking the dosage needed to control the depression; and/or the symptoms are interfering with the patient's ability to continue medical treatment.

Antidepressants are safe for cancer patients to use and are usually effective in the treatment of depression and its symptoms. Unfortunately, antidepressants are not often prescribed for cancer patients. About 25% of all cancer patients are depressed, but only about 2% receive medication for the depression. The choice of antidepressant depends on the patient's symptoms, potential side effects of the antidepressant, and the person's individual medical problems and previous response to antidepressant drugs.

Most antidepressants take 3 to 6 weeks to begin working. The side effects must be considered when deciding which antidepressant to use. For example, a medication that causes sleepiness may be helpful in an anxious patient who is having problems sleeping, since the drug is both calming and sedating. Patients who cannot swallow pills may be able to take the medication as a liquid or as an injection. If the antidepressant helps the symptoms, treatment should continue for at least 6 months. Electroconvulsive therapy (ECT) is a useful and safe therapy when other treatments have been unsuccessful in relieving major depression.

Several psychological therapies have been found to be beneficial for the treatment of depression related to cancer. These therapies usually consist of 3 to 10 sessions and explore methods of lowering distress, improving coping and problem-solving skills; enlisting support; reshaping negative and self-defeating thoughts; and developing a close personal bond with an understanding health care provider. Talking with a clergy member may also be helpful for some people.

Supportive Services:

Cancer support groups may also be helpful in treating depression in cancer patients. Support groups have been shown to improve mood, encourage the development of coping skills, improve quality of life, and improve immune response. Support groups can be found through the wellness community, the American Cancer Society, and many community resources, including the social work departments in medical centers and hospitals.

Palliative Care:

When the focus of treatment changes from trying to cure the cancer to relieving symptoms (palliative care), the health care team will not abandon the patient and family and will maintain comfort, control pain, and maintain the dignity of the patient and his or her family members.

Cancer patients who develop suicidal ideation:

Patients who have suicidal ideation at the baseline screening will not be enrolled in the study. In the unlikely event that a patient may become suicidal during the study, the CDCS will notify the consulting psychiatrist and the patient's oncologist. The bilingual CDCS will be a master's degree social worker with experience in diagnosing and working with depressed patients in health care settings. Together the CDCS and the study psychiatrist will develop a plan to manage the suicidal patient, which may include escorting the patient to the psychiatric emergency room. Study recruiters, the CDCS, the Case Manager, and independent study telephone will be fully trained in and will follow the ADAPt-C suicidal ideation protocol, if a patient endorses a PHQ-9 suicidal ideation item. The protocol includes specific follow-up questions, informing the patient that they are not clinicians (the exception is the CDCS), and referring the patient to a specified medical center mental health professional or the study psychiatrist.

The following information may be helpful to the CDCS in evaluating and managing suicidal ideation in cancer patients.

- **Evaluation and Treatment of Suicidal Cancer Patients**

The incidence of suicide in cancer patients may be as much as 10 times higher than the rate of suicide in the general population. Passive suicidal thoughts are fairly common in cancer patients. The relationships between suicidal tendency and the desire for hastened death, requests for physician-assisted suicide, and/or euthanasia are complicated and poorly understood. Men with cancer are at an increased risk of suicide compared with the general population, with more than twice the risk. Overdosing with painkillers and sedatives is the most common method of suicide by cancer patients, with most cancer suicides occurring at home. The occurrence of suicide is higher in patients with oral, pharyngeal, and lung cancers and in HIV-positive patients with Kaposi's sarcoma. The actual incidence of suicide in cancer patients is probably underestimated, since there may be reluctance to report these deaths as suicides.

General risk factors for suicide in a person with cancer include a history of psychiatric problems, especially those associated with impulsive behavior (such as, borderline personality disorders); a family history of suicide; a history of suicide attempts; depression; substance abuse; recent death of a friend or spouse; and having little social support.

Cancer-specific risk factors for suicide include a diagnosis of oral, pharyngeal, or lung cancer (often associated with heavy alcohol and tobacco use); advanced stage of disease and poor prognosis; confusion/delirium; poorly controlled pain; or physical impairments, such as loss of mobility, loss of bowel and bladder control, amputation, loss of eyesight or hearing, paralysis, inability to eat or swallow, tiredness, or exhaustion.

Patients who are suicidal require careful evaluation. The risk of suicide increases if the patient reports thoughts of suicide and has a plan to carry it out. Risk continues to increase if the plan is "lethal," that is, the plan is likely to cause death. A lethal suicide plan is more likely to be carried out if the way chosen to cause death is available to the person, the attempt cannot be stopped once it is started, and help is unavailable. When a person with cancer reports thoughts of death, it is important to determine whether the underlying cause is depression or a desire to control unbearable symptoms. Prompt identification and treatment of major depression is important in decreasing the risk for suicide. Risk factors, especially hopelessness (which is a better predictor for suicide than depression) should be carefully determined. The assessment of hopelessness is not easy in the person who has advanced cancer with no hope of a cure. It is important to determine the basic reasons for hopelessness, which may be related to cancer symptoms, fears of painful death, or feelings of abandonment.

Talking about suicide will not cause the patient to attempt suicide; it actually shows that this is a concern and permits the patient to describe his or her feelings and fears, providing a sense of control. A crisis intervention-oriented treatment approach should be used which involves the patient's support system. Contributing symptoms, such as pain, should be aggressively controlled and depression, psychosis, anxiety, and underlying causes of delirium should be treated. These problems are usually treated in a medical hospital or at home. Although not usually necessary, a suicidal cancer patient may need to be hospitalized in a psychiatric unit.

The goal of treatment of suicidal patients is to attempt to prevent suicide that is caused by desperation due to poorly controlled symptoms. Patients close to the end of life may not be able to stay awake without a great amount of emotional or physical pain. This often leads to thoughts of suicide or requests for aid in dying. Such patients may need sedation to ease their distress.

Other treatment considerations include using medications that work quickly to alleviate distress (such as, antianxiety medication or stimulants) while waiting for the antidepressant medication to work; limiting the quantities of medications that are lethal in overdose; having frequent contact with a health care professional who can closely observe the patient; avoiding long periods of time when the patient is alone; making sure the

patient has available support; and determining the patient's mental and emotional response at each crisis point during the cancer experience.

Pain and symptom treatment should not be sacrificed simply to avoid the possibility that a patient will attempt suicide. Patients often have a method to commit suicide available to them. Incomplete pain and symptom treatment might actually worsen a patient's suicide risk.

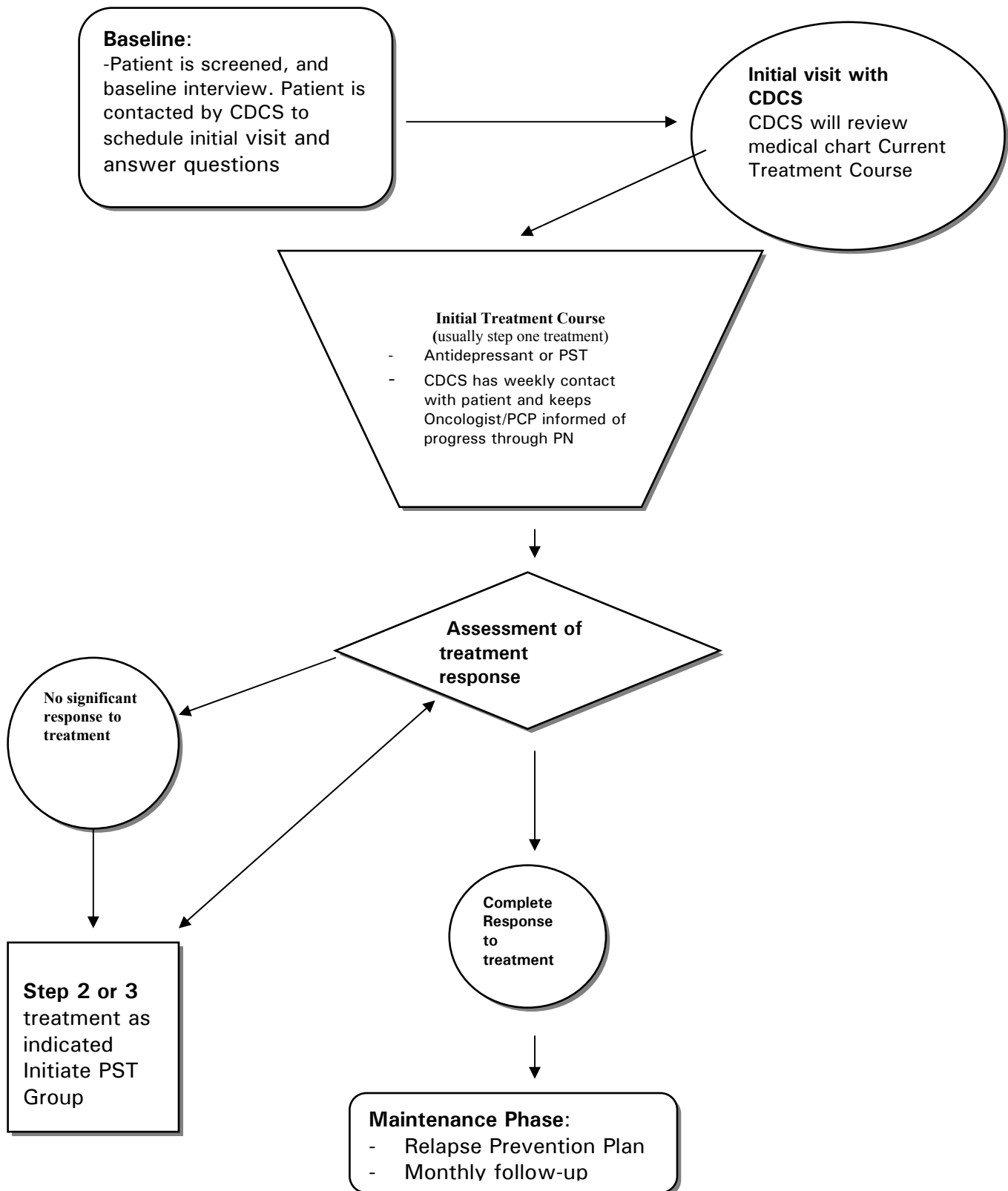
Frequent contact with the health professional can help limit the amount of lethal drugs available to the patient and family. Infusion devices that limit patient access to medications can also be used at home or in the hospital. These are programmable, portable pumps with coded access and a locked cartridge containing the medication. These pumps are very useful in controlling pain and other symptoms. Some pumps can give multiple drug infusions, and some can be programmed over the phone. The devices are available through home care agencies, but are very expensive. Some of the expense may be covered by insurance.

- **Effects of suicide on family and health care providers**

Suicide can make the loss of a loved one especially difficult for survivors. Survivors often have reactions that include feelings of abandonment, rejection, anger, relief, guilt, responsibility, denial, identification, and shame. These reactions are affected by the type and intensity of relationship; the nature of the suicide; the age and physical condition of the deceased; the survivor's support network and coping skills; and cultural and religious beliefs. Survivors should have help during this period of grieving. Mutual support groups can lessen isolation, provide opportunities to discuss feelings, and help survivors find ways to cope. The reactions of health care providers to the suicide are similar to those seen in family members, although caregivers often do not feel they have the right to express their feelings.

4. INTERVENTION FLOWCHART and SCHEDULE OF EVENTS

Figure 2: Intervention Flowchart



STUDY TIMELINE

Baseline interview

Patient is screened, interviewed, by a clinic-based study recruiter. The recruiter will page the CDCS who will speak with the patient in person or by telephone to schedule an initial visit and address any questions or concerns the patient may have. Appendix E suggests a script for an initial telephone call.

Patient's oncologist will be informed of study participation and depression status.

Initial visit with CDCS (Usually week 1)

This visit will focus on initial clinical assessment, patient education, and discussion of initial treatment plans as detailed below.

ASSESSMENT:

The CDCS will use the PRIME-MD and the Mood Disorder Questionnaire to determine the patient's depressive and anxiety disorder diagnoses.

The following includes some probes that may be useful in framing additional questions to gather information required by the Initial Assessment Form. Assess the following:

- Current symptoms of depression. (Determine whether patient meets DSM-IV Diagnostic Criteria for a depressive disorder using the CIDI and administer the PHQ-9. Assess length of illness and current suicidality).

To assess for suicidality: Do you ever have thoughts of wishing you were dead? Have you actively thought of killing or hurting yourself? What have you thought of doing? Are you having such thoughts now? **Refer to your team's plan for handling psychiatric emergencies if a patient endorses active thoughts or plans of suicide (see Appendix B).**

- A history of depression, treatment for depression, or suicidality.
- Impaired social, personal, family, or work functioning

To assess limitations in social, personal, family, and work activities: Has your depression gotten in the way of your usual activities? Are you able to perform your job or household chores? What kinds of things do you usually like to do? Are you still able to do them?

- Coexisting psychiatric conditions:

To assess for mania: see Mood Disorders Questionnaire.

To assess for psychosis: Have you been hearing or seeing things that other people cannot hear or see? Have you been feeling that people are talking about you, following you, or trying to hurt you in some way?

To assess for alcohol or drug use: How many alcoholic drinks do you have on a typical day? How much do you drink? Do you ever feel the need to cut down your use of alcohol? Have you been annoyed by others' criticism of your drinking? Have you ever felt guilty about your drinking? Have you ever needed to have a drink first thing in the morning? Have you ever had a blackout? Do you use any street drugs (marijuana,

cocaine, heroin) or use any prescription medications without a prescription or in larger amounts than prescribed?

- A family history of psychiatric illness
- Coexisting medical conditions and current medications, including alternative treatments
- Current stressors

To assess for stress: Consider losses (deaths, separation or divorce, children leaving home); job loss or change, moving, medical problems, economic stressors.

- Low social support or involved family/friends who should be taken into account

To assess for social support: Which friends or relatives do you have the most contact with? Do you talk to any of these people about private matters? Do you ask any of them for advice on private matters?

- Strong pre-existing treatment preferences, including for alternative treatments

EDUCATION:

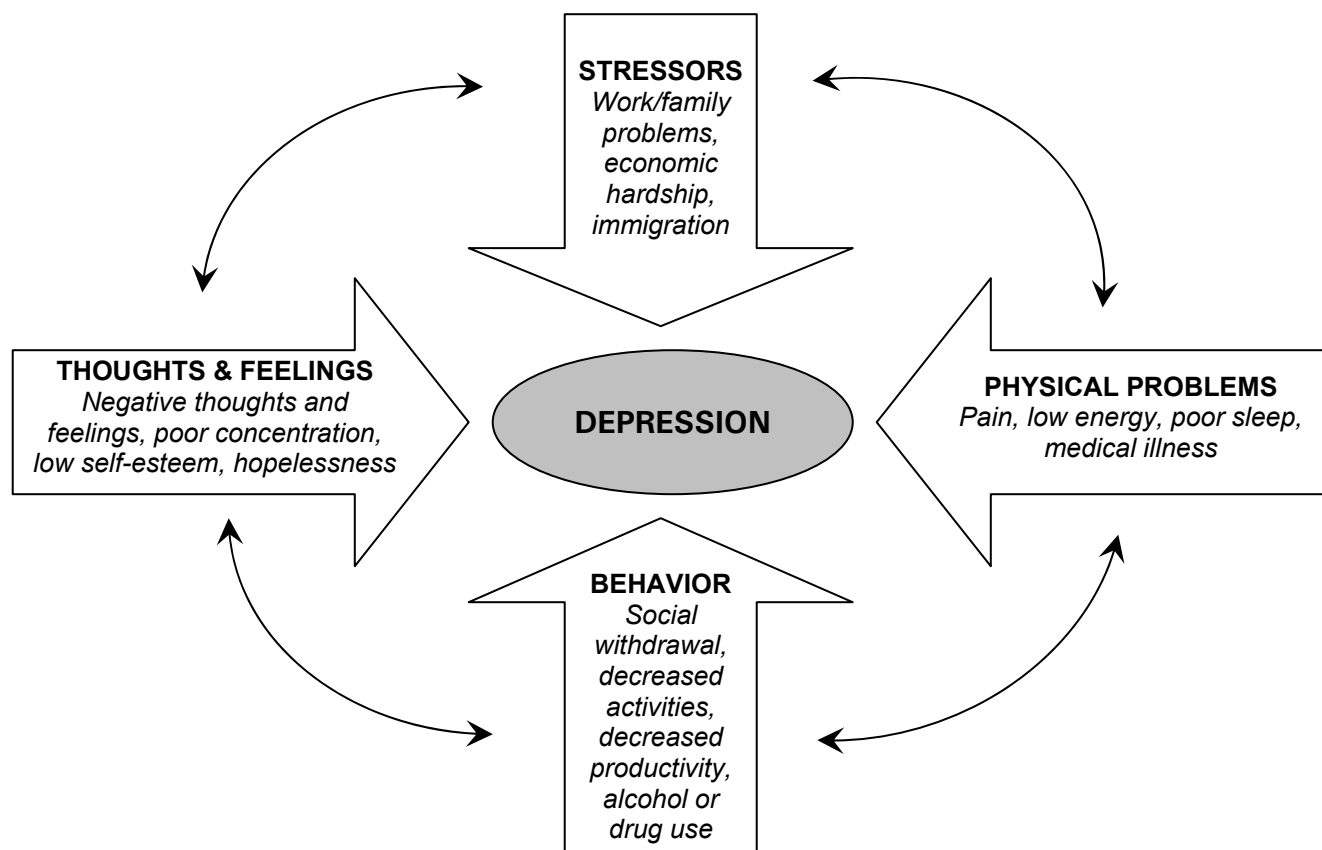
Following the assessment, the CDCS will review the educational brochure with the patient and address any questions or concerns he or she may have about depression or the study. This is a collaborative process during which the CDCS and the patient review the brochure together and discuss pertinent details. The CDCS learns about the patient's views regarding depression and discusses preferences for treatment and treatments available.

For any but the most basic questions, refer the patient to other sources of information. You may say to the patient, for example: "That's something we deal with in the brochure, let's look at this together...." or "That is an important question to bring up with your doctor."

Talking to patients about depression:

The cycle of depression model (below) can be helpful in discussing the topic of depression with patients. It points out that depression is a complex syndrome that can involve thoughts and feelings, behaviors, and physical symptoms. While many patients are troubled by negative thoughts and feelings of sadness or hopelessness, others are most aware of physical symptoms such as low energy, poor sleep, poor appetite or overeating, and feeling agitated or 'slowed down'. The cycle of depression model also emphasizes the fact that both life stresses and medical problems can lead to depression by causing changes in certain brain chemicals. This chemical imbalance then results in some of the common symptoms of depression such as sleep and appetite problems, loss of energy, loss of concentration, and worsening of pain. It can also be helpful to mention that depression is common in primary care and that it is a medical illness, not a character defect or weakness. Minor tranquilizers (such as benzodiazepines), drugs, and alcohol can make depression worse, not better.

The Cycle of Depression



Talking to patients about depression treatments:

The good news is that this downward spiral of depression can be reversed with antidepressant medications or psychotherapy. These treatments can help to improve a person's coping skills, restore normal sleep, and help with pain, fatigue, and poor concentration. When patients begin to feel better, it is easier to enjoy one's daily work and activities. Engaging in more pleasant activities gives one a sense of accomplishment and helps one start to think more positively and climb back out of the depth of depression.

Briefly describe counseling and antidepressant medications, as most patients will not be familiar with these treatments or may have misconceptions about them. The following summaries may be helpful in describing depression treatments. Please refer to Section 7 for more detailed information about medications and counseling.

Counseling is very helpful in the treatment of depression. The person meets with a trained therapist who helps him or her to find ways to understand his or her problems and develop techniques to work through them. The person learns how to change behavior that makes depression worse, learns how to change negative thoughts and beliefs, and learns how to develop a more positive outlook. The person also learns how to improve his or her relationships and incorporate more positive attitudes into his or her daily life. The therapy we will use in this study is NOT a therapy in which you spend many months talking about your childhood or have to lay on a couch.

Therapy can help a person feel better right away, or it can take a few weeks to show good effects. It does not have any physical side effects. Therapy involves seeing the CDCS once each week, for an hour each time for 12 weeks. After that, the person may still need to see a counselor now and then, maybe every two to four weeks. Between therapy sessions, the person may need to do some homework, like writing down their thoughts and feelings. Counseling can either be one-to-one, or in a group. In one-to-one counseling, the person discusses problems while alone with the counselor. In group counseling, several people with similar problems discuss their problems together with the counselor.

Antidepressant medications are also very helpful in the treatment of depression. They help to balance the chemicals in the brain and improve a person's sleep, raise his or her energy level, and return his or her appetite to normal. It can take a few weeks for a person to feel better on medications. Antidepressant medications are not addictive, but can have some physical side effects. A person's body usually adjusts to the medication within a week or two. If not, the medication can be changed to reduce any side effects.

A primary care doctor or a psychiatrist can prescribe antidepressants, meeting with the person who takes them once each month to make sure that everything is going well. The medicine has to be taken once or twice each day, usually for a total of four to twelve months. Some people combine taking a medication from their general doctor or a psychiatrist with counseling.

It may also be helpful to mention:

- Recovery from depression is the rule, not the exception.
- Counseling and medication are equally effective for mild to moderate depression, while a combination may be more effective for severe or chronic depression.
- Individual and group counseling are equally effective.
- There is a high risk of recurrence: 50 % after one episode, 70 % after two episodes, and 90 % after three episodes of major depression, so it is important to learn how to recognize the early warning signs of depression and seek treatment early.

TREATMENT PLANNING:

To assess for treatment preferences, ask the patient whether he/she would prefer to be treated with a course of counseling, antidepressant medication or both. If the patient is not ready to start an antidepressant medication or PST, discuss this with the oncologist and tell the patient that you would like to follow him / her to make sure the symptoms of depression improve or at least do not get worse. Follow-up with a telephone or in-person contact every two weeks. If significant depressive symptoms persist, work with the patient's oncologist to convince the patient to try either an antidepressant or psychotherapy.

If the patient prefers to start with a trial of PST, the CDCS will schedule the patient for his or her initial PST session at the clinic. If he or she prefers medication, the CDCS will schedule a visit with the study psychiatrist that the CDCS will attend. She will discuss the treatment plan with the psychiatrist during her next scheduled weekly supervision, or may page the psychiatrist earlier if she deems necessary.

The initial antidepressant medication prescription will be provided by the study psychiatrist in most cases. Assessment of the patient's medication treatment history, if any, by the CDCS may help the psychiatrist in choosing the initial antidepressant. All approved antidepressants currently on the market are roughly equally efficacious in the treatment of major depression. However, some medications are much easier to use and tolerate than others (see Section 7). Please see the stepped care algorithm (Section 2) for detailed recommendations about a choice of antidepressants. Most study participants should be recommended to start with a selective serotonin reuptake inhibitor (SSRI) as a first choice. However, there are a number of reasons to consider starting with a medication other than an SSRI:

- A patient specifically requests a medication from another class

- A patient has responded well to a medication from another class in the past
- A patient has responded poorly to an adequate trial of an SSRI in the past
- A patient has had intolerable side effects with an SSRI in the past

The study psychiatrist will be available to discuss the treatment plan with the oncologist if desired.

DOCUMENTATION:

Document findings from the initial CDCS assessment on the Initial Assessment Form in the Study Website (appendix C)

Also document the treatment plan including: 1) current antidepressant medication doses or recommendations for psychotherapy; 2) schedule of follow-up visits with the CDCS, oncologist, and/or psychiatrist if appropriate.

Transmit the data from the Initial Assessment to the secure server and print a formatted copy of the form. *Give one* copy to the patient and give another copy to the oncologist. Put a third copy in the patient's study record if clinic policy allows

Initial treatment course (usually step 1; weeks 1-6)

Because patients will enter the study at different stages of treatment, the timing of visits for some patients may differ from the general flowchart, timeline, and stepped care algorithm. The following describes the 'typical' course for a newly diagnosed patient with depression who is not on active treatment at the time of the initial visit. Patients who are already part-way into step 1 treatments at the time of the initial visit will usually continue to complete step 1 unless the current treatment is poorly tolerated. Patients who enter after having recently completed what appears to be good quality step 1 treatment will be discussed with the study psychiatrist and may be entered at step 2. The vast majority of patients, however, will enter at step 1.

If antidepressant treatment has been initiated, the CDCS will have phone contact with the patient within one week to make sure the prescription has been filled and the patient is not experiencing any side effects that might lead to early treatment dropout. The CDCS will then have contact with the patient every 2 weeks during the acute treatment phase. These contacts can be in person or by telephone as clinically indicated. Especially for the early contacts, in person visits are generally recommended. Such early contacts will focus on the recognition and management of early treatment side effects and the possibility of worsening depressive symptoms. Later follow-up contacts will focus on adherence to ongoing treatment and depressive symptoms. Most patients on medication will have a visit with the oncologist at week 4, and the CDCS will make every effort to accompany the patient to follow-up visits with the oncologist.

If PST has been initiated, patients will be seen for 4 -6 individual sessions by the CDCS in the primary care clinic (see PST treatment manual). These sessions will usually be scheduled weekly but not less frequently than every other week. At the conclusion of individual sessions, the CDCS reviews any questions about ongoing treatment including antidepressant medications if patients are receiving them. The CDCS can meet individually with patients at the end of group sessions to answer any questions they may have.

If the patient's treatment preference changes or they cannot adhere to their initial treatment choice, the CDCS will discuss the case with the study psychiatrist and recommendations for restarting step 1 treatment will be made.

During each follow-up contact or therapy session, the CDCS will assess the patient's depression by asking the patient to complete the PHQ-9 (appendix A 3). The PHQ-9 will also be completed and scored during brief telephone contacts. It provides a good opportunity to start a discussion of changes in the patient's depressive symptoms at the beginning of a session or contact, and it can give the patient, the CDCS, the oncologist, and the study psychiatrist an indication of the patient's progress.

The CDCS will document all follow-up contacts using a ‘follow-up note’ (appendix C) that can be shared with the patient, and the patient’s oncologist/PCP. Follow-up notes will be placed on the front of the patient’s medical chart prior to oncologist visits. These will include information about side effects experienced by the patient. A guideline for the oncologist/PCP on how to manage antidepressant side effects is attached in Section 7.

The CDCS will consult with the oncologist/PCP directly as needed if the patient is experiencing symptoms or problems that she cannot easily address; this may prompt additional visits with the treating physician. The CDCS will immediately contact and consult with treating physician if the patient develops any of the following problems and facilitate appropriate referral to specialty mental health care:

- Acute suicidal ideation or plan
- Psychotic symptoms
- Manic symptoms
- Severe lack of appetite, insufficient oral intake and/or rapid weight loss
- Suspected alcohol or drug misuse (including prescription medications)
- Severe side effects, including skin rash (small, red, itching, and spreading)
- New onset of cognitive impairment

All study staff will use a plan for the evaluation and treatment of psychiatric emergencies such as acute suicidality (Appendix B). This plan should start with an evaluation by the CDCS whenever possible but should also be integrated with the response mechanisms for psychiatric emergencies that are generally available in each clinic. It is especially important to assure coverage during times when the CDCS is not immediately available and to ensure that treatment plans for psychiatric emergencies involve the regular clinic providers whenever possible.

Assessment of initial treatment course (usually week 6)

At 4 weeks, the CDCS will meet with each patients. The purpose of this contact is to formally assess response to the initial course of treatment.

Patients who have not had a complete response to the first line of treatment will be offered up to 2 additional sessions and the PST support group. The study psychiatrist will make recommendations about an appropriate course of action based on the stepped care treatment algorithm and patient preference when more than one treatment option exists. The CDCS will communicate these recommendations with the treating physician per protocol and appropriate adjustments in the patient’s treatment will be made. If deemed appropriate by the CDCS, oncologist, an in-person psychiatric consultation can be arranged at this time.

Patients who have had a complete response to antidepressants at week 6 will go to Continuation Treatment (see below). Patients who have had a complete response to PST at week 6 will be encouraged to complete the full 12 week course of therapy and then complete a Relapse Prevention Plan at the conclusion of therapy.

Assessment of medication treatment response to step 2 treatment (usually week 10)

At 10 weeks, the CDCS will again meet with all patients. The purpose of this contact is to formally assess response to current treatment.

All patients who have not had a complete response to treatment by week 10 will be scheduled for a consultation with the treating oncologist or PCP. This consultation will focus on potential causes for persistent depressive symptoms and on adjustments in medication or psychotherapy treatments, if necessary.

During this period of time, the patient will have continued interaction with the CDCS in person or by telephone.

Patients who have had a complete response to antidepressants at week 10 will go to Maintenance/Relapse Continuation Treatment (see below). Patients who have had a complete response to PST at week 4-6 will be encouraged to attend the PST Support Group.

Continuation treatment for medication patients

Patients who have had a full treatment response will meet with the CDCS to complete a Relapse Prevention Plan (appendix b). All medication patients will be encouraged to stay on medication (at the full dose of the antidepressant that led to clinical response) for at least 6-9 months after their depression is in remission. Patients who are at high risk for relapse (e.g., history of dysthymia, more than 2 prior depressive episodes, and persistent depressive symptoms) will be encouraged to continue maintenance treatment indefinitely. If symptoms of depression return or if they have questions about their treatment, patients will be encouraged to call their oncologist/PCP or the CDCS (if remission occurs before study end). Patients who show signs of relapse should be scheduled for additional follow-up visits with their oncologist/PCP as clinically indicated.

Relapse prevention for medication and PST patients

The CDCS will provide acute care for each intervention patient for 3-6 months. The CDCS will provide monthly follow-up and supportive relapse prevention for months 6-8. Active relapse prevention services will include educational and motivational enhancement elements, such as, patients will be encouraged to schedule pleasant and social activities, and use self-monitoring strategies to identify recurrence early.

Termination

At the end of 6-8 months, the CDCS will terminate follow-up. Termination can evoke feelings of sadness, fear, or uncertainty in patients and providers. A clear termination, however, can be an essential phase of the helping relationship. Termination signals that the treatment goals have been reached but more importantly, offers the opportunity to review the improvements a patient has made, to identify what has helped, what has not helped, and finally to discuss future goals and plans for achieving them. Arrangements for future treatment are reviewed, and any feelings or concerns related to termination can be addressed. A CDCS who anticipates difficulties with termination should discuss this with the study psychiatrist and oncologist in order to prevent negative outcomes.

5. BUILDING THE THERAPEUTIC RELATIONSHIP

In order to help empower each patient to be an active participant in his/her treatment, it is very important to establish a good working relationship. Patients with cancer who are low-income, medically underserved, and depressed are struggling with managing depression, cancer treatment, and other medical problems in the face of significant environmental and social stressors. The impact of having someone seek them out, explore with them their feelings, thoughts, and behaviors, offer help, and encourage them to pursue effective treatment for depression can be quite powerful. The CDCS does more than coordinate appointments and assess needs; through her relationship with the patient, she provides a crucial and empowering therapeutic force in ongoing depression treatment and follow-up.

During the initial contacts, the CDCS should communicate her enthusiasm and interest in the patient's well being. Throughout the initial assessment and psycho-educational session, the patient should begin to understand that the CDCS is someone with whom he/she will have ongoing contact. The CDCS will know the particulars of the patient's situation and can help him/her access resources provided within the study and the community. It is important for the CDCS to establish herself as an empathic person who is trustworthy and capable and who works collaboratively with the patient's oncologist, the study psychiatrist, and the rest of the clinic staff. Empathic encouragement can make a difference in getting a patient through rough spots such as being discouraged by the delay in medication effects. The CDCS can help the patient stay clear about his/her goals and support efforts to reach them.

It is important to understand each patient's perspective. Creating a good fit between the clinician's and the patient's understanding of depression is essential for treatment success. Try to listen and talk with the patient in uncomplicated and non-judgmental terms. This will allow the patient to feel part of the treatment team and increase the likelihood of treatment adherence. In many cases, patients focus on somatic symptoms or stress and do not think they have depression. The bio-psychosocial model and the 'cycle of depression model' (see Figure 2) provide useful frameworks for discussing depression with patients.

At times, the CDCS may not feel as effective with some patients or may even feel some antagonism towards certain patients. The CDCS should discuss these concerns during weekly meetings with the study psychiatrist in order to get support and to avoid any negative treatment outcomes. Usually, having a chance to explore one's own reactions with a skilled colleague can help future interactions with the patient go more smoothly.

One of the most important issues the CDCS must address early on with each patient are the limitations of what can be done for a patient within the parameters of the intervention protocol. If there are questions about this, they should be brought up early on in the intervention team meetings and discussed with the patient.

Working with ethnic minority patients

When working with patients, one must always be mindful of the person's cultural background. Being familiar with a patient's cultural beliefs about medicine and mental illness helps one to communicate with patients and increases the probability that patients will adhere to treatment. While it is impossible to know all the nuances of each culture, there are still overarching themes to keep in mind when working with ethnic minority patients. These include respect, family support, and distrust of non-minority organizations, stigma, spirituality, access barriers, and acculturation.

Respect. In many ethnic communities, there are cultural roles that may make it very difficult for adults (particularly men and older persons) to discuss problems or admit to being depressed, for fear of losing respect. This is particularly true for Latinos and Asians, and for African American women, who are often seen as the family cornerstone. One can engage patients in treatment by discussing how depression symptoms have impacted their relationships with their families and by helping them understand that treating

their depression will give them more energy to meet their role responsibilities and to be there for their children, spouses, grandchildren and community.

Sometimes, minority patients will try to be respectful of their doctor and will not complain about medication side effects or lack of treatment effectiveness. They may see any complaints about their physicians' recommendations as being disrespectful. It is therefore important for the CDCS to align herself with the oncologist and explain that she is asking questions about side effects and response in order to help the doctor treat the patient's depression. It is also important to say the doctor wants to know about any problems because he/she knows that these treatments sometimes need to be adjusted or changed. This information will help the patient feel less anxious about being disrespectful.

Family support. In many cultures, when a patient cannot take care of him/herself or when his/her family suspects that he/she needs help with medical care, a family member will schedule the patient's appointments, will want to sit-in on visits, and will be responsible for making sure the patient adheres to treatment recommendations. The family member will also function as the patient's gatekeeper, screening all research related issues. When this is the case, this person must be involved in all aspects of the patient's care (with the exception of PST). This person will most likely be the family member who accompanies the patient to the first visit, but one should always make sure by asking the patient "Is this the person who helps you the most with your appointments and medicines?" Because of the reasons discussed in the respect section above, one should always explain to the family member that you would like to spend a few moments alone with the patient to get to know him or her. This allows the patient some private time to talk about any problems he/she does not want the family to know about. The CDCS can help in family decision making about depression treatment, if the patient desires. She can also assist the patient in negotiating treatment decisions with the family.

Distrust. It can sometimes take a long time to establish a relationship with minority patients, particularly if you are seen as part of a research project, rather than the treatment team. African Americans have often been used as subjects in studies to try to prove that minorities are inferior and have been mistreated. While many African Americans may not be fearful of the study, it is important to be mindful of their potential anxiety in working with you. In response to this, the CDCS may offer to review the informed consent and address any questions. She should also emphasize her connection to the oncologist and clinic. Also, the use of overly processed or glossy materials can make the patient feel the treatment is impersonal. You can personalize the materials for them by writing on the pamphlets and highlighting the points in the materials the patient felt were important to learn.

Stigma. In working with minorities, it is important to discuss with them their beliefs and attitudes about depression and any fears they may have about people finding out they are in treatment for depression. Some of this sense of stigma may come from misinformation that patients and family members have about depression treatments (for example, that depression treatments are addictive). Much of the cultural stigma around depression can be addressed by using psycho-educational materials. However, one should not simply hand the patient or the family member the materials and expect them to read them. One should go over all the information in the office and address any questions. For those patients who are fearful of having others learn of their depression, one may offer to keep the materials for them.

Spirituality and alternative treatments. Religion and spirituality are important components of many cultures. A good way to assess for improvement or worsening of depression for some patients is to assess their level of activity in their church community. For African Americans and Latinos, the use of prayer is often a very important coping mechanism and involvement in the church an important source of social support; these can be encouraged if they are part of the patient's normal practice. In traditional Latino communities, spirituality may also involve the use of healing herbs and "remedios", and visits to a "curandero" are not uncommon. When asking about medicines the person is taking, it is also important to ask

about the use of “botanicos” and other herbal remedies. It is also important to respect their use of these herbs. If you try to get them to choose between the antidepressant or the herb, the antidepressant may lose. Older Latinos are more likely to use these preparations than younger Latinos, so it is important to at least assess their use.

Access barriers. Many low-income patients have trouble making regular appointments because of the many demands on their time. In addition to their own doctor visits, minority women in particular, take care of children, grandchildren or spouses and will often put the needs of their family before their own needs. Both men and women may have inflexible schedules at work that do not permit them to take off to attend medical appointments. Time then is important, and as a provider one must remain flexible, but also encourage patients to look after themselves. A helpful technique in getting patients to attend to their own needs is to educate them about how spending time on themselves makes them stronger and more able to manage their family or work responsibilities.

Other access barriers include transportation and finances. In considering the frequency of treatment visits, one should also assess how long it takes patients to get to the clinic and how difficult it would be to arrange transportation. Cost of care is also important to consider since minorities who are on fixed incomes may not adhere to treatment if the most expensive medication on their list is the antidepressant. So remind them that the project will help them find ways to pay any out-of-pocket cost for medication (such as pharmaceutical company indigent care programs) and that meeting with you is at no cost.

Acculturation. There are no hard and fast rules for working with minorities. How one works with patients will depend in large part on how acculturated they are and to what degree they feel connected to their ethnic community. Before assuming that any of the issues discussed above is true for a Latino, Asian, or African American patient, one should get to know the person first, and treat them with the same respect and consideration one would give any patient. If the patient was never religious, recommending prayer will only offend him or her. One should spend some time talking to the patient about the issues discussed above, so that one can deliver culturally appropriate care.

Working with Women and Men

There may be gender related differences in the ways women and men cope with cancer and with depression. Differences may result from different styles in help-seeking behaviors, in their exposure to different general psychosocial stressors, and in culturally prescribed role differences. For example, men may be more reluctant to seek help and health related information than women. Men may cope in a more process style, while women may be comfortable with a more emotion-focused style. And men, particularly ethnic minority men, are less likely than women to tell others about their depression and are less likely to receive depression care. It will be important for the CDCS to be sensitive to these gender differences in needs and preferences.

Working with family members and significant others

In most cases, it will be very helpful for the CDCS to involve family members or significant others in the treatment of a depressed patient. The CDCS should ask the patient the extent to which he/she would like to involve family members in his/her depression care. The CDCS should discuss with the patient how family members and significant others will feel about the diagnosis of depression and any proposed treatments. The CDCS may encourage the patient to share educational materials with significant others or suggest to talk or meet with important family members to do some education about depression and to ask them to support the patient’s treatment plan. This could include help with adherence to antidepressant medications or with plans made during PST training. See also the section on family support in the section on working with minority patients.

The CDCS should keep in mind that her primary allegiance is to the patient. The CDCS should only speak with family members if the patient provides consent, and should let family members know that she will share any information communicated by them with the patient.

Working with elderly patients

One common detriment to working with older people is the fact that it can sometimes take twice as long to educate older patients about their care than it takes to educate younger patients. This is due to the fact that the interaction of age and depression makes it harder for patients to process new information. In addition, older, depressed people have a harder time keeping focused, and can often use up time answering questions by telling long stories about their lives. While the social support they gain from having someone listening to their story is helpful to them, it is only helpful in the short run and may prevent the CDCS from truly helping them learn about depression and the various ways they can manage their disorder. There are three basic strategies that one can employ to help make the most of limited time with your older patient.

Setting the agenda. Whenever one meets with an older patient, whether it is by telephone or in person, one should always start by telling him/her how much time one has to spend and the things that need to be covered, and then asking the patient what questions or topics he/she wants to discuss. Then one should assign approximate time limits to each topic (“How about we spend about 5 minutes talking about the side effects you mentioned and then ten minutes talking about St. John’s Wort?”). This strategy not only focuses the patient, but allows efficient use of the time available. If the CDCS and the patient do not cover everything, the topics not covered can be added to the agenda for the next visit, making the patient feel that all their issues will be addressed.

Repetition and writing. As mentioned above, older people take longer to learn new information. A good rule of thumb in teaching older people new information is to tell them the new information a couple of times and in different ways. For instance, when educating a patient about depression, break down the information into small sections. After discussing one section, summarize what has just been told, and ask the patient questions about the information reviewed. Also have the patient write down what is discussed, either on the educational materials or in a notebook. This procedure helps the patient focus on the content of what is being said, increasing the likelihood that he/she will remember the information. At the end of each meeting, review all the topics discussed and all the solutions developed, so that the patient has yet another chance to hear them.

Refocusing. One of the hardest things to do is to interrupt an older person in the middle of his or her story. The CDCS may feel that she is the patient’s only source of support and that it is disrespectful to interrupt. In truth, one does the older patient a greater disservice by not refocusing him or her. An older person could potentially take up a majority of the meeting time, leaving the CDCS very little time to go over the education she needs to provide. Reminding patients of the time limits of the visit, setting an agenda early in the meeting, and gently interrupting patients are useful refocusing tools.

6. DOCUMENTING AND TRACKING CLINICAL ENCOUNTERS

Using the web-based clinical information system

The CDCS will use a web-based clinical information system to track each patient's progress throughout the intervention. He/She will use a personal computer (a stand-alone PC or a laptop) and a standard web browser (Microsoft Internet Explorer version 5.0 or higher) to log on to a secure server located at the USC School of Social Work and enter a unique login ID and password. The CDCS will complete a new enrollment form on each new intervention patient and will then enter an initial assessment, follow-up assessments, treatment plans, or a relapse prevention plan as treatment proceeds. Samples of these data entry forms are provided in appendix C.

Data entry can occur 'on line' during a patient session, after a patient session, or at the end of the day. If data are not entered during the patient session, the CDCS should make notes using a paper copy of the relevant form and enter the data as soon as possible (usually the same day). Blank copies of the data acquisition forms can be printed off the password protected section for study staff on the study web site. During the data entry, the CDCS will enter the patient's study ID number and initials, as the database will store information using these identifiers. After completion of a data entry form, the server will validate the form, perform range checks on certain data entry fields, and will prompt the CDCS for corrections if data entered do not seem consistent with ranges specified for particular fields. This will allow for better data quality and may help to identify potential problems with quality of care. After each form is completed and checked, the CDCS will submit the form to the server where it will be stored in a database. The server will then format the information. A copy of each form should be printed and placed in the patient's study record; additional copies can be shared with the patient and the oncologist as clinically appropriate. A copy of each note may also be placed in the patient's regular clinic record based on clinic policy. All completed forms can be accessed on the password protected web site and updated or modified at any time.

The CDCS and study staff can also log on to the secure server and request a caseload tracking report that will show if specific intervention activities have been completed in a timely fashion for each intervention patient. The program will generate prompts to identify potential problems to each CDCS each time she logs on to the system.

The clinical database will be reviewed regularly by the principal investigators and the data manager to identify potential clinical problems or problems in adherence to the intervention protocol. Examples might include cases where patients do not appear to be on active treatments (i.e., antidepressants at adequate doses or PST), or where patients do not seem to have follow-up contacts as specified in the intervention protocol. The database will also be used to track the implementation of the intervention, and it is thus very important that all clinical contacts (both in person and telephone) are recorded as completely as possible.

Assuring privacy and confidentiality of patient information

Patient information gathered for this study is sensitive and must be regarded as highly confidential. Even the fact that the patient is enrolled in the study should be viewed as private and confidential. All study materials that identify patients by name and or number must be kept in locked files or secure locations when not in use. Only the CDCS and the principal investigators should have access to documents that link patient study ID numbers to their other identifying information (i.e., name, address, telephone numbers, or medical record numbers).

7. A BRIEF GUIDE TO TREATING DEPRESSION IN ONCOLOGY CARE

SEVEN KEY CHALLENGES IN MANAGING DEPRESSION

1. **Make a diagnosis.**
2. **Educate and recruit** the patient as a partner in treatment.
3. **Start with the best possible treatment.** Avoid benzodiazepines. Use antidepressants or psychotherapy.
4. **Use an adequate dose.**
5. **Treat long enough.** Patients often take 6 to 8 weeks to respond.
6. **Follow outcomes and adjust treatment** as needed. Consider consultation if patient is not improving.
7. **Prevent relapse.** 50% risk after one episode, 70% after two episodes, and 90% after three episodes.

(1) DIAGNOSING DEPRESSION IN ONCOLOGY CARE

SIGNS AND SYMPTOMS OF DEPRESSION

- **Depressed mood and/or psychological symptoms**

Sadness, tearfulness, guilt, pessimism, sense of failure, self-dislike, dissatisfaction, irritability, social withdrawal, self-harm, apathy, lack of pleasurable activities, decreased sexual interest.

- **Physical/vegetative symptoms**

Trouble sleeping or sleeping too much (includes early morning awakening), trouble concentrating, decreased energy, loss of appetite, overeating, digestive problems, constipation, bowel irregularities, aches and pains.

- **Physical/vegetative signs**

Disheveled appearance; difficulty sitting still; restlessness; slowed speech, movements and reactions.

CONDITIONS CHARACTERIZED BY DEPRESSIVE SYMPTOMS

In addition to the following listed criteria, all diagnoses of depressive disorders require that the symptoms are 1) not due to the direct physiological effects of a substance or medical condition, and 2) cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

MAJOR DEPRESSIVE DISORDER

Diagnostic Criteria (DSM-IV)

Major depression is present when the patient has had **5 of the 9** symptoms listed below for at least two weeks. **One of the symptoms must be either item 1 or 2.**

- | | |
|--|---|
| 1. Depressed mood | 3. Significant change in weight or appetite |
| OR | 4. Insomnia or hypersomnia |
| 2. Loss of interest or pleasure | 5. Psychomotor agitation or retardation |
| | 6. Fatigue or loss of energy |
| | 7. Feelings of worthlessness or guilt |
| | 8. Impaired concentration or ability to make decisions |
| | 9. Thoughts of death or self-harm |

MINOR DEPRESSION

Diagnostic Criteria (DSM-IV)

- The patient has had **2 to 4** of the 9 symptoms listed for major depression for at least two weeks (with one of the symptoms being either item 1 or 2).*

TREATMENT: Patients should be educated and counseled about depression, then re-evaluated in 1 to 3 months, but may not require medication or full-course psychotherapy unless complicating features are present.

DYSTHYMIA*

Diagnostic Criteria (DSM-IV)

1. Patients with dysthymia/chronic depression are in a depressed mood:
 - *for most of the day*
 - *for more days than not*
 - *for at least 2 years*
 - *with remissions lasting not more than 2 months*
2. While feeling depressed, the patient also has had two or more of these symptoms:
 - *loss of self-esteem*
 - *insomnia or hypersomnia*
 - *feelings of hopelessness*
 - *poor concentration or difficulty making decisions*
 - *low energy or fatigue*
 - *poor appetite or overeating*

TREATMENT: Dysthymia/chronic depression can usually be treated the same as major depressive disorder, except that the patient may require a full dose of medication for at least 2 years (*maintenance therapy*).

*Can coexist with episodes of major depressive disorder.

ADJUSTMENT DISORDER

Diagnostic Criteria (DSM-IV)

- *Patients with adjustment disorders do not meet criteria for major depression, dysthymia, bereavement, or other major mental disorders.*
- *The patient has developed emotional symptoms out of proportion to what might be expected, or is experiencing worsened social or occupational functioning in response to (an) identifiable stressor(s).*
- *The symptoms must arise within 3 months of the onset of the stressor(s).*

TREATMENT: Patients may be treated with supportive counseling and stress reduction. Re-evaluate in 1 and 3 months.

BEREAVEMENT

Diagnostic Criteria (DSM-IV)

- *The patient's symptoms are associated with the loss of a loved one that has occurred during the past two months.*
- *The patient may or may not meet the symptom criteria for major depressive disorder.*

TREATMENT: Patients usually should not be treated with medications or full-course psychotherapy unless they have severe vegetative symptoms, are suicidal, or are psychotic. Patients *should* be treated with supportive counseling and close medical follow-up. Re-evaluate for treatment in 1-3 months.

(2) EDUCATING PATIENTS ABOUT DEPRESSION TREATMENTS

Antidepressant medications

In speaking with patients about antidepressants, it may be helpful to share the following information. Depending on the patient's educational level, you may need to adapt the descriptions to make them understandable.

How do antidepressants work?

Both life stresses and medical problems can change chemical messengers in the brain that maintain the balance in how you feel emotionally and physically. This chemical imbalance results in some of the common symptoms of depression such as sleep and appetite problems, loss of energy, poor concentration, and greater sensitivity to pain. Antidepressant medications can help restore a normal balance of these chemical messengers, which helps to relieve emotional and physical symptoms.

Antidepressants can take up to 8 weeks to work. It usually takes two to four weeks until people start feeling better emotionally and physically. The improvement may be gradual, and often family members or friends may notice a difference in how you are doing before you do. Your sleep and appetite may improve first, and your mood, energy, and negative thinking may take some more time to improve.

Once you are feeling better, do not stop the medication right away. Your doctor may recommend taking the medication for six to nine months or longer to prevent a relapse of the depression.

How to find an antidepressant that works for you.

Scientific studies show that antidepressant medications are about equally effective. However, different medications are effective for different people, and the side effects of the medications differ. Some medications also cost more than others. Your doctor can help you decide which medication may be best for you.

About two-thirds of patients will get better after 4 to 8 weeks on an antidepressant medication. By working together, you and your doctor can decide whether the medication you started is the right one for you. If you need to switch to another antidepressant because of side effects or because you are not substantially improved, chances are still excellent that you will improve on a second medication.

What about side effects?

Some people may experience side effects when taking antidepressant medications. While these side effects can be annoying, they are rarely dangerous to your health. They usually occur in the first few weeks and then gradually decrease as your body adapts to the medication. Because of these early side effects, patients sometimes feel a little worse before they start getting better and may give up too soon. If you have side effects that are bothering you, discuss these with your doctor or your depression clinical specialist. Your doctor will help you determine if these side effects will decrease over time or if you should decrease or switch your medication.

Some of the side effects that can occur with antidepressants include

- Nausea
- Headaches
- Jitteriness
- Weight gain
- Diarrhea
- Insomnia
- Sedation
- Urinary hesitancy
- Dizziness
- Rapid heart rate
- Sexual difficulties
- Blurred vision
- Dry mouth
- Constipation
- *Other:* _____

Remember:

1. Take the medications daily.
2. Keep track of side effects and discuss them with your physician.
3. Antidepressants are not addicting or habit forming. They do not make people 'high.'
4. It may take 4-8 weeks to feel the full benefits of antidepressants.
5. Continue to take the medication even when you feel better.
6. Don't stop the medications before talking with your primary care provider.

Questions about antidepressant medications:

1. How do antidepressants work?

Antidepressants help restore the correct balance of certain chemicals called neurotransmitters in the brain.

2. Do I need to take the antidepressant every day, or just when I feel bad?

Antidepressants need to be taken every day. They do not have any immediate effects. Taking the medication every day maintains a steady level in your body that is required in order to restore the proper balance of neurotransmitters in the brain.

3. My problem is inability to sleep. How can an antidepressant help with this?

In many cases, poor sleep is a result of a depression. Once the depression lifts, sleep often improves as well.

Antidepressants can help restore normal sleep, even in people who do not have depression. They can be better than other sleeping pills in that they are not habit-forming, and they usually do not impair concentration or coordination.

4. I have a problem with pain. How can an antidepressant help with this?

Some antidepressants have been shown to lessen pain in a number of conditions such as, diabetic neuropathy, postherpetic neuralgia, and phantom limb pain, even when no depression is present.

Antidepressants may also help restore normal sleep and ‘reverse’ a vicious cycle of pain and poor sleep.

5. I have low energy and feel tired a lot of the time. How can an antidepressant help with this?

Low energy and fatigue commonly occur in people with major depression. Once the depression improves, their energy starts to return as well and patients feel more able to do their usual activities.

6. I have a lot of stress in my life. How can an antidepressant help with this?

Life stress can cause or worsen the symptoms of depression. The depression can then worsen the impact of such stressors (such as work stress, family problems, physical disabilities, or financial worries) and your ability to cope with them. Treating the depression can help some patients break out of this vicious circle.

7. Are antidepressants addictive?

No. Antidepressants are not habit-forming or addictive. They do not produce a ‘high’ feeling, but slowly alter the amount of certain chemicals called neurotransmitters in the brain over a number of weeks. Restoring the levels to a more normal balance usually brings the depression under control.

Some people have been taking antidepressants continually for up to 30 years without any significant (physical or psychological) adverse effects.

8. My problem is anxiety or panic attacks, not depression. How can antidepressants help?

In many cases, anxiety is a by-product of depression. Once the depression lifts, the anxiety improves as well.

Some antidepressant medications are also among the most effective medical treatments for anxiety disorders, including panic disorder and generalized anxiety disorder.

9. How long will it take the medications to work?

It usually takes from two to four weeks for patients to start feeling better. In many cases, sleep and appetite improve first. It may take a little longer for your mood, energy, and negative thinking to improve.

If the depression has not improved after 4 to 8 weeks, you may need an increase in the dose or a change to another antidepressant.

10. How long will I have to take the medication?

Once you are completely recovered from your depressive episode, you should stay on the medication for another 6 to 9 months to prevent a relapse.

Some patients who have had previous depressive episodes or are otherwise at high risk for a recurrence should be kept on antidepressants for longer periods of time.

11. Are there any dangerous side effects?

Side effects from antidepressants are usually mild. You should ask your doctor or depression clinical specialist (who will coordinate with your doctor) what to expect and what to do if you have a problem.

In many cases, your body will get used to the medication and you won’t be bothered with the side effect for long. In other cases, your doctor may suggest that you lower the dose, add another medication, or change to another antidepressant. If used properly, there are no dangerous or life-threatening side effects.

12. Is it safe to take antidepressants together with alcohol or other medications?

In general, antidepressants can safely be taken with other medications. You should let your doctor or depression clinical specialist know exactly which other medications (including over the counter medications) you are taking so that he/she can make sure that there are no problems.

Antidepressants can increase the sedating effects of alcohol. Be careful to avoid excessive alcohol intake while on these medications.

13. What should I do if I miss the medication one day?

Don't 'double up' and take the dose you forgot. Just keep taking your medication as prescribed each day.

14. Can I stop the medication once I am feeling better?

No. You would be at high risk for having the depression come back, and may experience some temporary withdrawal symptoms. After one episode of depression, there is a 50% risk that the depression will return in your lifetime. After two episodes, the risk goes to 70%; and after three episodes, the chances are 90 % that you will have a recurrence. In most cases, you should continue the medication for at least 6 months after you and your doctor agree that your recovery is complete.

DON'T STOP THE MEDICATION BEFORE DISCUSSING IT WITH YOUR PHYSICIAN OR DEPRESSION CLINICAL SPECIALIST.

15. Will I get better?

With adequate treatment, at least 80 % of patients will have a complete recovery.

Should you not respond to the first antidepressant treatment you try, there is an excellent chance that you will respond favorably to another medication or to psychotherapy.

(3) Problem Solving Therapy (PST)

A Problem Solving Therapy manual is provided for each CDCS. This Manual will serve as a reference document that provides a brief synopsis of the Problem-Solving Therapy protocol developed by Nezu, Nezu, and Perri (1989) and for cancer patients by Nezu, Nezu, Friedman, Faddis, and Houts (1998).

Since the components of this guide were derived from the Nezu, et al. texts, the therapists should use these texts as a more in-depth reference guide when further understanding is needed of the concepts contained in this Guide. Sections 2 and 3 are designed to advance the social worker knowledge of the underlying theoretical rationale and skill in effective implementation of Problem Solving Therapy. An overview of various cognitive-behavioral models of depression and the relationship between negative life events, current problems, problem-solving coping and depression is provided. These overviews are designed to advance the social worker's specialized knowledge of the relationship between social problem solving and cognitive, behavioral, and environmental factors, as they influence the course of depression. The foundation for clinical decision making is designed to facilitate the social worker's effectiveness in problem solving treatment. Section 4 includes the Problem Solving Therapy Protocol.

Problem solving treatment provides an approach that integrates concepts from several cognitive behavioral theories of depression. By incorporating these formulations into his/her understanding of problem solving treatment, the psychiatric nurse or social worker recognizes that problem solving is a complex, cognitive-affective-behavioral process that consists of a number of different components. One of the most important components of the problem solving process is the patient's *motivation* to understand and react to stressful situations and the patient developing a set of specific skills.

In order to effectively implement problem solving treatment, the clinician will need to integrate relevant theoretical concepts as they uniquely apply to the patient. By understanding the pluralistic foundation of problem solving treatment, the clinician will be better able to approach problem solving treatment as a dynamic interplay of cognitive and behavioral processes by which individuals identify, discover, or create effective ways of coping with negative life events and daily problems. The numerous stressors that the elderly encounter will present the clinician with particular challenges which he/she must attend to in the assessment and treatment in order to avoid the possibility of implementing treatment in a mechanistic manner. This chapter provides a brief discussion of the theoretical constructs related to the cognitive behavioral and life-stress perspectives. The content for this chapter was derived primarily from Nezu, Nezu, & Perri (1989) and other cited reference material. For further elaboration on the theories in this chapter, refer to the above reference.

Behavioral Model of Depression

Peter Lewinsohn (as cited in Nezu, Nezu & Perri, 1989) and his colleagues have proposed a behavioral model of depression based on learning theory. The guiding theoretical points of this model are that: (1) depression is a function of the degree to which an individual's activity level is maintained by *positive reinforcements*, and (2) deficits in *social skills* play an influential role in determining the rate of positive reinforcement for one's behavior. A key assumption of this model is that the depressed person's behavior does not lead to a sufficiently high rate of positive reinforcement. As a result of this lowered rate of positive reinforcement, there is a decrease in the person's level of activity. The individual, thus, has few or no rewarding interactions, and consequently, experiences symptoms of depression.

Positive reinforcements are derived generally from the individual's interactions. These interactions can be put into three groups: (1) those that lead to *positive outcomes* (you finish a task and someone compliments you on it); (2) those that have *neutral outcomes* (you drive to the store); (3) and those that have *negative outcomes* (being criticized by someone who is important to you). When too few interactions have positive outcomes and when too many of them have negative outcomes, the result can be depression. Based on this theoretical perspective, being depressed means that the individual is experiencing too few positive outcomes (ones that make us feel good and be more active) and too many negative ones (outcomes that make us feel bad, unwanted, criticized, unappreciated). Additionally, interactions that have been a source of positive outcomes for the individual in the past may no longer be available. For example, things such as marital separation, physical disease, age-related changes, moves to a new neighborhood, serious financial problems often reduce the individual's ability to engage in those activities which have been sources of positive outcomes.

Factors which determine whether an interaction or a situation is going to be experienced positively or negatively depends not only on the actual situation (e.g., your husband complements you) but also on your interpretation of the situation (e.g., "He really didn't mean it..."). What an individual says to his/herself, especially positive and negative statements, is important. Individuals are said to "self-reinforce" when they provide themselves with something tangible or when they make a positive statement following something that they do. The things that an individual says to his/herself while engaged in the activity play an important role in determining whether a situation is going to be experienced as rewarding or as unpleasant. People who are depressed tend to self-reinforce negatively rather than positively. That is, they are less likely to compliment themselves after they have done something well and are more likely to criticize themselves during or following an activity.

A second assertion of this theoretical perspective is that the individual may not possess adequate skills either to attain the available reinforcers or to cope with aversive elements (e.g., stressors) in the environment. The word *skill* is not easily defined because skills are specific to certain areas or situations. "Skill" refers to the ability to achieve positive outcomes in situations that are important to the individual. One particularly

important skill is social skill or the ability to manage interpersonal relationships, i.e. being able to do the kinds of things that make other people treat the individual the way he/she wants to be treated. Many depressed people feel inadequate, uncomfortable, and sometimes disliked and rejected. In other words, social interactions usually do not have positive outcomes for them. Additionally, stressful life experiences make depressed persons especially prone to seek support and reassurance from others. However, although the depressed individual is so needy of this type of support, he or she often doubts its sincerity when it is received and consequently, attempts to elicit additional reassurance. This demanding pattern of behavior is likely to be aversive to others, generating hostility, annoyance, and guilt.

Helplessness Model of Depression

Abramson, Seligman, and Teasdale's model of depression (as cited in Nezu, Nezu & Perri, 1989) emphasizes that the individual's interpretation of events influences how a person will act and feel. They suggest that helplessness and depression are likely to occur if the individual is unable to produce a desirable outcome or if the person is unable to prevent an undesirable outcome. When any one of these events or outcomes occurs, the person will try to explain why the circumstances happened. There are three possibilities regarding the explanations that the individual may use to interpret events. First, the person may perceive that the cause of the event is attributed to him/herself or to the situation (i.e., the event happened because of something related to an internal characteristic of the person vs. the event occurring because of some external influence or explanation). Second, the cause of the event may be viewed as a factor that will either be transient or persistent across time (i.e., an unstable vs. a stable explanation). Third, the cause may be perceived to have an impact on a variety of outcomes or may be limited just to the event of concern (i.e., a global vs. a specific explanation).

The model proposes that the intensity and persistence of depression is influenced by the person's perception of the causes as listed above. For example, an individual who attributes a negative event to an *internal* cause may experience a loss of self-esteem; attribution to an external cause, on the other hand, is less likely to cause damage. The *stability* of causal beliefs affects the persistence of depression following negative events. If the individual perceives that the cause of the negative event is due to a *transient* factor, then depressive reactions to that event are unlikely to persist over time. If, however, the negative event is explained by a *persistent* cause, then depressive reactions are likely to be chronic. Finally, if an individual believes that a *global* factor has caused the negative event then deficits associated with helplessness and depression are likely to occur in a variety of situations. On the other hand, if the person attributes the cause to a *specific* factor, then deficits will tend to be limited in scope.

Thus, the inability to produce a highly desired outcome or to avoid a highly aversive outcome begins cognitive processes aimed at developing an explanation for loss of control. These attributions affect the individual's expectations for controlling future outcomes; and these expectations, in turn, affect self-esteem, motivation, affect, and performance in later situations. The greater the internality of the attribution, the greater the loss of self-esteem; the greater the stability of the attribution, the greater the chronicity of the helplessness deficits; and the greater the globality of the attribution, the wider the range of behavioral domains affected by the sense of the helplessness.

Cognitive Distortion Model of Depression

This model of depression was formulated by Beck and colleagues (Beck, 1976; Beck, Rush, Shaw, & Emery, 1979). According to Beck and his colleagues (as cited in Nezu, Nezu & Perri, 1989) a negatively biased cognitive set constitutes the core process in depression. When faced with stressful life events, depression-prone individuals experience negative thoughts. These thoughts, which typically consist of negative views of self, the world, and the future, predispose such persons to the experience of depression. To

these individuals, the environment presents overwhelming obstacles that guarantee personal failure. They also view themselves as personally incapable of changing either their lives or their stressful circumstances. Therefore, they experience a sense of hopelessness about the future.

Beck suggests that three concepts are involved in depression: (1) negative views of the self, the world, and the future, also referred to as the cognitive triad, (2) negative schemas, and (3) cognitive errors. Negative views of the self include negative evaluations of their abilities and worth as a person. They view the world as an overwhelming burden, filled with excessive demands and daily defeats. This view increases their sense of helplessness. They also view their future as hopeless and expect that their unpleasant condition will continue without any possibility of improvement. They tend to dwell on past failures rather than to look toward future possibilities. As a result of this orientation, depressed individuals typically report little motivation to act with energy or positive expectation. This fosters a self-fulfilling prophecy of depression.

Schemas are stable, long-standing thought patterns representing a person's generalizations about past experiences. Schemas help organize from past circumstances information relevant to a current situation. Therefore, schemas determine the way information is perceived, remembered, and later recalled. Depression-prone people develop schemas consisting of stable and pejorative views of themselves and their experiences. These schemas involve the perception of personal loss and damage to one's self-worth. Depressive schemas originate in childhood and adolescence. Depressive schemas predispose the individual to distort events so as to maintain a negative view of self, the environment, and the future.

The maintenance of depressive schemas is a consequence of a faulty system of information processing in which the person draws illogical conclusions from cognitive errors in logic when evaluating experiences. Therefore, their thoughts are characterized by extreme, negative, categorical, absolute, and judgmental cognitions. These distorted perceptions serve to maintain negative views of themselves, the world, and the future.

Interactions among depression, negative life events, problems, and problem-solving coping

Nezu, Nezu and Perri (1989) have formulated a framework that incorporates negative life events, current daily problems, immediate and long-term emotional reactions, problem solving coping, and their relationship to depression. According to this framework, experiencing negative life events can lead to the occurrence of a wide range of daily problems (e.g., limited funds, marital discord) both of which are believed to function as sources of stress. If these stressors are effectively coped with (i.e., the problems are resolved), then mild depressive symptoms will occur, or no depressive symptoms will appear. However, if individuals are ineffective in their problem-solving attempts, then the probability of moderate-to-severe depression is increased. Therefore, long-term depression can result from the interactions among two different sources of environmental stress (major life events and daily problems), immediate emotional reactions, and the nature of the problem-solving-coping process.

General major life events and daily problems experienced by elderly who are experiencing physical illness may be especially frequent and distressing. Therefore, the stressors related to physical illness, age-related issues, other factors such as socioeconomic conditions and their relationship to the problem-solving coping process must be carefully assessed and integrated as a component in the intervention.

(4) Questions about Problem Solving Therapy (PST):

1. What is PST?

Problem-solving treatment is a brief form of psychotherapy that teaches people how to solve the problems that are making them depressed. You will meet with your depression clinical specialist for 6-8 weeks, and during that time you will learn seven steps to fix the problems that are bothering you.

2. Should I choose individual or group therapy?

Individual and group therapy are equally effective. Some people prefer individual therapy because they feel it is more private and desire more one on one attention. Others prefer group because they receive support from other group members and have the opportunity to learn from other people and their feelings and problems. The therapist and group members are instructed to keep everything discussed in therapy private and confidential.

3. Eight weeks seems awfully short. How can I solve all my problems in so few meetings?

The goal of PST is to teach you how to solve problems on your own. You will not be expected to solve all your problems during this time. But, you will get to solve a few problems and will learn ways to improve your mood. By developing new skills and working on some of your problems in the 12 weeks you have with your depression clinical specialist, you will improve your mood and be better able to solve the other problems in your life on your own.

4. Eight weeks seems awfully long. Do I have to go to every one of those meetings?

Learning how to solve problems, change patterns of thinking, and improving relationships is not easy. You will want to practice the skills you are being taught. Although you do not have to use all 12 meetings, you will want to work with your depression clinical specialist for as many of the 12 sessions as you can in order to get the most out of PST.

5. Do I have to tell my CDCS everything?

Most people have a hard time talking about their feelings and problems to people they don't know. While it is important to talk about what you think is related to your depression, you don't have to talk about every problem you have. Because the goal of PST is to teach you skills that will help you improve your mood and solve problems on your own, you can learn PST by focusing on any problems you feel comfortable discussing.

6. Do I have to talk about my mother?

Not unless she is currently one of your problems. PST focuses on feelings and problems you are having now, not your childhood.

7. Homework? What if I don't do my homework?

We encourage you to practice your new skills outside of the meetings. Try and do your homework! You will not be graded. But, even if you do not finish your homework, plan on coming anyway, we want to see you.

(5) GUIDELINES FOR USING ANTIDEPRESSANT MEDICATIONS

(a) Antidepressant dosing

I. Selective Serotonin Reuptake Inhibitors (SSRIs)

Common side effects in all SSRIs (>10 %): *insomnia, restlessness, agitation, fine tremor, GI distress (nausea), headache, dizziness, and sexual dysfunction.*

Drug Name	Unit doses available (in mg)	Therapeutic dosage range (mg)	Usual dose (mg)	Starting dose in elderly patients (mg)	Comments and common side effects-specific to this drug in addition to common side effects described above
<i>Fluoxetine</i>	10, 20	10-60	20	10	<ul style="list-style-type: none"> • Fluoxetine has a very long half life • Generic available
<i>Paroxetine</i>	10, 20, 30, 40	10-50	20-30	10	<ul style="list-style-type: none"> • Dry mouth • Constipation • Fatigue
<i>Citalopram</i>	20, 40	10-40	20	10	<ul style="list-style-type: none"> • Dry mouth • May have fewer medication interactions via CYP450 metabolism
<i>Escitalopram</i>	10, 20	10-20	10	10	<ul style="list-style-type: none"> • May have fewer medication interactions via CYP450 metabolism
<i>Sertraline</i>	50, 100	25-200	50-100	25	

II. Other Newer Antidepressants

Drug Name	Unit doses available (in mg)	Therapeutic dosage range (mg)	Usual dose (mg)	Starting dose in elderly patients (mg)	Comments and common side effects-specific to this drug
<i>Bupropion</i>	75, 100	75–150 bid–tid	75–150 bid	75 qd	<ul style="list-style-type: none">• Twice daily dosing with SR preparation• Insomnia/agitation• Risk of seizures at higher than recommended doses• Avoid in patients with eating disorders, seizures, head trauma, or CNS lesions
	SR100, SR150	100-200 bid (SR)	100-150 bid (SR)	100 qd (SR)	
<i>Venlafaxine</i>	25, 37.5, 50, 75, 100	12.5-150 bid	25-100 bid	25 qd	<ul style="list-style-type: none">• Once daily dosing with XR preparation.• Nausea, agitation/insomnia• Elevations in BP at higher doses (i.e., > 150 mg / day)
	XR 37.5	37.5–225 qd (XR)	75-150 qd(XR)	37.5 qd (XR)	
	XR 75 XR 150				
<i>Mirtazapine</i>	15, 30	15 – 45 qhs	15 – 30 qhs	7.5 qhs	<ul style="list-style-type: none">• Sedation, weight gain.

III. Secondary Amine Tricyclics (TCAs)

Common side effects in all TCAs (> 10 %): *tachycardia, dry mouth, constipation, blurry vision, orthostatic hypotension, and weight gain.*

Due to the risk of serious arrhythmias, these medications are to be avoided in patients with a recent history of myocardial infarction or with preexisting cardiac conduction defects (1st or 2nd degree heart block). Due to their anticholinergic side effects, they should also be avoided in patients with urinary retention, or narrow angle glaucoma.

Tertiary amine tricyclic medications such as amitriptyline (Elavil), doxepin, or imipramine are to be avoided in older adults because of high rates of potentially harmful side effects.

Serum levels are useful IF patients don't have a response at a 'therapeutic' dose or if patients have significant side effects at very low doses (see titration schedule for recommended serum levels).

Drug Name	Unit doses available (in mg)	Therapeutic dosage range (mg)	Usual dose (mg)	Starting dose in elderly patients (mg)	Comments and common side effects- specific to this drug (in addition to common side effects listed above)
<i>Nortriptyline</i>	10, 25, 50, 75	40-150	50-100	10	<i>Fatigue</i>
<i>Desipramine</i>	10, 25, 50, 75, 100, 150	100-300	100-200	25	<i>Tachycardia, Insomnia/Agitation</i>

(b) Titrating commonly used antidepressants in elderly or medically ill

Name	Starting dose (in mg)	Increase as needed and as tolerated (doses in mg/day)	High / target doses^a
<i>Nortriptyline</i>	10 qhs	Increase by 10-25 mg/week	75 – 125 ^b
<i>Desipramine</i>	25 qam	Increase by 25-50 mg/week	150 – 200 ^c
<i>Fluoxetine</i>	10 qam	Increase to 20mg after 1 wk To 30 mg after 4 weeks To 40 mg after 8 weeks	40-50
<i>Citalopram</i>	10 qam	Increase to 20 mg after 1 wk To 30 mg after 3 weeks To 40 mg after 6 weeks	40
<i>Paroxetine</i>	10 qam	Increase to 20 mg after 1 wk To 30 mg after 4 weeks To 40 mg after 6 weeks	40-50
<i>Sertraline</i>	25 qam	Increase to 50 mg after 1 wk To 100 mg after 3 weeks To 150 mg after 6 weeks	150-200
<i>Bupropion</i>	75 qam	Increase to 75 bid after 4 days to 100 bid after 2wks to 150 bid after 4 wks to 150 tid after 6 wks	450
<i>Bupropion SR</i>	100 qam	Increase to 100 bid after 1week To 150 bid after 3 wks to 150 tid after 6 wks	450
<i>Venlafaxine</i>	25 qam	Increase to 25 bid after 4 days To 50 bid after 2 wks To 75 bid after 3 wks To 100 bid after 5 wks To 150 qam/100qhs after 6 wks	250
<i>Velafaxine XR</i>	37.5qam	Increase to 75 after 1 wk to 150 mg after 3 wks to 225mg after 6 wks	225
<i>Mirtazapine</i>	7.5 qhs	Increase to 15 qhs after 4 days To 30 qhs after 3 wks To 45 qhs after 6 wks	45

^aMost patients will respond to lower doses and will not require such high doses, but patients with partial responses to lower doses should be titrated up to these maximum doses as tolerated.

^bCheck blood levels, especially if not effective at 75 mg – aim for a level of 50-150 ng/ml.

^cCheck blood level if not effective at 150 mg – aim for a level of 115-180 ng/ml.

(c) Antidepressant drug interactions

All antidepressants are metabolized by the P450 isoenzyme system in the liver. Certain antidepressants inhibit specific subtypes of P450 enzymes and this may increase blood levels in patients who are taking other medications metabolized by the same isoenzyme systems.

Care is advised in patients who are taking medications with a narrow therapeutic window such as TCAs, digoxin, warfarin, anticonvulsants, or theophylline. It is advised to **observe clinically for side effects** from such medications and **to recheck serum blood levels** of such medications as the dose of the antidepressant is titrated upwards. For example, patients who are taking both a TCA and an SSRI should have their serum levels of the TCA checked in order to avoid toxicity resulting from increased levels of TCAs.

Monoamine oxidase inhibitors (MAOIs such as phenelzine or tranylcypromine) should NOT be coadministered with other antidepressants, lithium, meperidine, stimulants, pseudoephedrine, phenylephrine, reserpine, sumatriptan, l-dopa, tyramine, or morphine. Consult with the team psychiatrist before using MAOIs as these medications have a narrow therapeutic window and can result in serotonin syndrome or hypertensive crises if used incorrectly.

Please refer to the medication package insert or consult with your study psychiatrist or a pharmacist if you have questions about specific drug-drug interactions involving antidepressants.

(d) Strategies for managing antidepressant side effects

General strategies

- Explore whether the side effects are ‘physical’ or ‘psychological.’
- Wait and support if side effects are mild and tolerable. Many side effects (i.e., GI distress with SSRIs) will subside over 1-2 weeks of treatment.
- Lower the dose (temporarily).
- ‘Treat’ the side effects (see below).
- Change to a different antidepressant.
- Change to or add PST.

Treatment strategies for specific side effects

Sedation	- Give medication at bedtime
Orthostatic hypotension/dizziness	- Consider switching to a different antidepressant - Adequate hydration - Sit-stand-get up slowly - Support hose
Anticholinergic (dry mouth/eyes, constipation, urinary retention)	- Consider switching to a different antidepressant - Hydration - Sugarless gum/candy - Dietary fiber - Artificial tears - For confusion – stop medication and rule out other causes
GI distress/nausea	- This often improves or resolves over 1-2 weeks - Take with meals - Divide dosing

	- Consider antacids or H2 blockers
Activation/jitters/tremors	- Start with small doses (especially with anxiety symptoms) - Reduce dose - Consider short term trial of benzodiazepine
Headache	- Lower dose - Try acetaminophen
Insomnia	- Trazodone 25 – 100 mg po qhs (can cause orthostatic hypotension and priapism) - Make sure activating antidepressants are taken in am
Sexual dysfunction	- May be part of depression or medical disorders - Consider switch to bupropion or mirtazapine - Decrease dose - Try adding bupropion 75 mg qhs or bid - Try adding cyproheptadine 4 mg 1-2 hrs before intercourse - Consider a trial of Viagra in consultation with oncologist or urologist

(e) Guidelines for switching antidepressants

Abrupt discontinuation of short acting antidepressants can lead to an uncomfortable antidepressant withdrawal syndrome. The following is a rough guide to switching antidepressants.

Switching from SSRI to SSRI:

One can usually switch from one SSRI to another without much difficulty.

Switching from SSRI to TCA:

- Fluoxetine may be abruptly discontinued. TCAs should be increased slowly as the remaining fluoxetine may increase TCA levels.
- Other SSRIs should be tapered over at least 1-2 weeks in small increments. A TCA may be started and increased slowly as the SSRI is discontinued.

Switching from TCA to SSRI:

SSRIs can significantly increase the blood levels of TCAs. Therefore, one should taper a TCA over 1-2 weeks by increments of 25-50 mg q 2-3 days. An SSRI can be started and increased slowly after the TCA has been reduced and is being discontinued.

(6) DURATION OF TREATMENT

A good antidepressant trial consists of a usual therapeutic dose of an antidepressant given for at least 6-8 weeks. As per the treatment algorithm in Section 3 response should be assessed at 6 weeks and adjustments in treatment made as indicated.

(7) FOLLOW OUTCOMES AND ADJUST TREATMENT

WHAT TO DO IF PATIENTS DON'T IMPROVE AS EXPECTED

Common problem	Possible Solution
1. Wrong diagnosis	<ul style="list-style-type: none">• Reconsider diagnosis• Consider psychiatric consultation
2. Insufficient dose	<ul style="list-style-type: none">• Increase dose
3. Insufficient length of treatment (Remember: it may take 6-8 weeks for patients to respond to treatment)	<ul style="list-style-type: none">• Support and encourage patient to stay on medication for a full trial (6-8 weeks) at a therapeutic dose.
4. Problems with adherence	<ul style="list-style-type: none">• Try to understand the patient's perspective and concerns• Address barriers to adherence and problem-solve together• Consider serum drug levels if using TCAs
5. Side effects (Remember: side effects may be physiological or psychological)	<ul style="list-style-type: none">• Wait and reassure patient – often short-lived• Reduce dose• Treat side effect(s)• Change medication• See 'management of antidepressant side effects' above
6. Other complicating factors <ul style="list-style-type: none">• Psychosocial stressors / barriers• Medical problems / medications• Psychological barriers (low self esteem, guilt, unwillingness to let go of "sick" role)• Active substance abuse• Other psychiatric problems	<ul style="list-style-type: none">• Address problems directly• Consider psychiatric consultation• Consider adding psychotherapy
7. Treatment is not effective despite adequate trial of medication at adequate dose.	Psychiatric consultation for difficult to treat depression

(8) WHEN TO MAKE A REFER FOR A MENTAL HEALTH SPECIALTY REFERRAL

Consider mental health specialty referral if patient has any of the following symptoms or conditions:

- Serious thoughts or impulses of harm to self or others.
- Psychotic symptoms: delusions (false beliefs) or hallucinations.
- Manic symptoms: elevated mood; irritability; increased energy, talkativeness, or activity; decreased sleep; poor judgment (engaging in risky behaviors).
- Intolerance to first or second line of antidepressant medications.
- Incomplete response to an adequate trial of one or two antidepressants.
- Abuse of alcohol or other substances.
- A recent history of severe psychiatric problems or hospitalizations.
- Persistent, severe psychosocial problems, (e.g., domestic violence, marital problems).

(9) PREVENT RELAPSE

For patient with a full response, the same dose of antidepressant that produced the response should be continued for a period of 6-9 months from the time of improvement in order to reduce the risk of relapse.

All patients will be encouraged to complete a relapse prevention plan with the CDCS (see section 9).

(10) SPECIALTY PSYCHIATRIC EVALUATION FOR PERSISTENT DEPRESSION

Psychiatric evaluations for persistent depression have two major objectives:

- (1) Assessment: to clarify the diagnosis (including psychiatric disorders and comorbid medical problems) and to identify medications that may be contributing to the patients' depressive symptoms.
- (2) Treatment planning: to develop a treatment plan for step 2 or 3 and, when indicated, to initiate treatment in cooperation with the CDCS and the patient's oncologist.

The results of such consultations should be documented by the study psychiatrist using the web based Psychiatric Evaluation form shown in Appendix C.

Assessment:

The following is a list of factors to explore during an initial consultation.

1. Evaluate for other psychiatric disorders

- Bipolar disorder
- Anxiety disorders: panic disorder, generalized anxiety disorder, obsessive compulsive disorder, post-traumatic stress disorder
- Psychotic disorders or psychosis
- Somatoform disorders or somatization
- Alcohol / substance abuse (including prescription drugs)

- Cognitive impairment / dementia
 - Personality disorders and maladaptive coping mechanisms
- 2. Consider medical disorders or medications that may contribute to psychiatric symptoms**
- Hypothyroidism or hyperthyroidism
 - Cushing's or Addison's disease
 - Electrolyte abnormalities: e.g. hypercalcemia, hypokalemia, hyponatremia
 - Neurological disorders: e.g. Parkinson's disease, recent stroke
 - Sleep apnea
 - Cancer
 - Congestive heart failure
 - Anemia
 - B12 deficiency
 - Chronic pain syndromes
 - Steroids
 - Beta blockers
 - Minor tranquilizers (benzodiazepines)
 - Narcotics
 - Antineoplastic agents
- 3. Explore prior treatment history**
- Adequacy of treatments attempted
 - Attitudes towards treatments and treating providers
 - Treatment successes and failures
 - Relevant treatment history in close relatives
- 4. Address problems with adherence**
- Different explanatory model – patient does not feel understood
 - Life stressors
 - Cultural barriers
 - 'Dynamic' barriers (dependence, secondary gain, other)
 - Instrumental barriers (money, transportation, time)
 - Cognitive impairment
 - Treatment regimen is 'too complex'
 - Side effects
 - Patient is 'discouraged' and feels treatment will not work

Treatment planning:

1. Elicit patient preferences and goals for treatment.
2. Consult treatment algorithm found in Section 3.
3. Consult with CDCS and oncologist.
4. Record diagnostic formulation and suggestions for treatment on the web-based Psychiatric Evaluation Form (CDCS will print copies for the study record, the oncologist, the patient, and the medical record if allowed by clinic policy).

(11) GUIDE TO MAKING A RELAPSE PREVENTION PLAN

The goal of making a relapse prevention plan is to prevent a relapse or recurrence of depressive symptoms as much as possible. A number of steps are involved in making a relapse prevention plan.

1. Review the course of depression up to now and address the following:

- Depressive symptoms
- Impact of the depression on the patient's ability to function at home and at work
- Current treatment(s) and treatment(s) tried before
- Response to treatment (s)
- Questions about treatment(s)

2. Review the need for continuation treatment (6-9 months).

All patients on medication should stay on full dose antidepressants for at least 6-9 months after they achieve remission in order to prevent a relapse. After that, they can be tapered off medication slowly and should monitor themselves for a recurrence of depressive symptoms. Patients at high risk for recurrence should continue antidepressants long-term (see below).

Patients who improved with PST should be encouraged to monitor themselves for return of depressive symptoms and to contact their oncologist if symptoms return. They can also refer to their PST manual to remind themselves of useful techniques for overcoming depression. Patients at high risk of recurrence may need to be referred to specialty mental health (see below).

3. Review risk factors for recurrence and the need for maintenance treatment.

- 3 or more prior episodes of major depression
- Dysthymia: chronic depressive symptoms for 2 years or more
- Residual depressive symptoms (patient is not completely back to baseline)
- Severe depressive symptoms (i.e., suicidality, psychosis) or severe functional impairment

Remind the patient that these are risk factors for recurrence of depression. We know from prior research that, without active treatment, 50% of patients with one prior episode of major depression will have a recurrence within their lifetime, often within the next 2-3 years. Patients with 2 or 3 prior episodes have a 70 or 90% chance of recurrence, respectively.

Patients who have such risk factors should stay on full dose antidepressants long-term in order to prevent a recurrence. Patients who received PST may be referred to specialty mental health for maintenance psychotherapy.

4. Review the rationale for continuing treatment and encourage the patient to do so.

Research has shown that full doses of antidepressants (i.e., the doses that resulted in the initial remission of symptoms) or ongoing maintenance psychotherapy significantly reduce the risk of relapse. Approximately 80% of those on antidepressants stay free of depression for 3 years compared to 60% of those taking a placebo. For some patients, medication maintenance treatment may be required indefinitely.

Besides staying on medications or continuing counseling, there are a number of other things patients can do to prevent a relapse or recurrence of depression, and you will spend the rest of the session working on this.

5. Review any concerns about continuing medications and anticipate potential barriers.

- Start out with neutral question such as “I wonder how you feel about continuing to take your antidepressant medication?”
- Point out that up to 50% of patients with chronic medical illnesses have difficulty taking their medications as prescribed.
- Ask patients to generate a list of pros and cons of staying on medication, and to weigh these against the risks and benefits of stopping antidepressants. Get a sense of what might motivate the patient to stay on medication. Reinforce the patient’s motivation to do so as much as possible.
- Be careful not to sound like you are trying to control the patient’s behavior. Be empathic. Try to understand the patient’s perspective and concerns. You may want to point out that the oncologist and you want to help prevent a relapse, but it is up to the patient to continue in treatment. “This is a decision you have to make yourself.” Let the patient know that you believe he or she can take some action, which will significantly reduce their risk of relapse and give them more control over their health. If you sense resistance, carefully explore what may be difficult for the patient at this time.
- Patients may have a number of concerns about the continuing use of antidepressants, and it is important to address these as much as possible. (See Section 4.2, *Commonly Asked Questions Regarding Antidepressants*).

6. Discuss early warning signs of depression.

Patients and significant others can learn to recognize early warning signs and get help before symptoms become severe.

Common early warning signs include changes in sleep, appetite, or energy level, loss of interest in usual activities, irritability or withdrawal from others. These early warning signs differ from patient to patient. Patients or significant others may remember early signs of depression from their most recent episode of depression.

In many cases, spouses or significant others may notice such warning signs before a patient does, and it can be very helpful to involve them in the monitoring for such signs.

7. Make a relapse prevention plan.

It can be very discouraging to experience a return of depressive symptoms. If patients detect these symptoms early on, however, it may be easier to prevent a severe relapse or recurrence.

Encourage patients to think positively about seeking additional help for depressive symptoms. Seeking such help should not be seen as a sign of failure, but as a positive step (i.e., “I am doing something to take care of myself”).

A relapse prevention plan for the patient includes early warning signs and a plan for what to do if the patient or a significant other notices such symptoms. The plan can include:

- Discussing the situation with a close friend/relative
- Making sure the patient is taking the medication as prescribed
- Reviewing the PST manual
- Considering stressful life situations (problems at work, in one’s family, etc.) that may lead to an exacerbation of depressive symptoms and ways to minimize them

- Scheduling pleasant activities
- Contacting the oncologist or a psychotherapist who has been helpful in the past

8. Remind patients that the oncologists/PCPs are available and how they can be reached.

9. Reinforce messages about continuing antidepressant or psychotherapy treatment.

APPENDIX A
RESOURCES FOR THE CDCS

(1) SCRIPT FOR INITIAL PATIENT CONTACT

1. Introduce yourself

Good (morning / afternoon / evening), M(r/s)._____.

I am _____, a clinical specialist at the _____ clinic.

2. Explain purpose of call (scheduling visit)

I understand that you have entered our study to improve the treatment of depression in primary care. I would like to schedule a time for you to come in to the clinic to meet with me for a free 45 minute visit.

3. Explain the nature of the initial visit

During this visit, I want to talk a little bit more with you about some of the symptoms you have been experiencing. The information should help you decide about whether you want treatment, and if so, what kind of treatment you prefer. I would also like to give you some information that tells you more about our study.

4. Wait for feedback, if none, continue:

Do you have any questions at this time?

5. Schedule visit:

When would be a good time for you to come back to the clinic?

(Arrange a visit time and meeting place, ideally at the patients' usual waiting area and within one week, if possible coordinating it with existing appointments.

6. Thank patient and provide contact telephone number

Thank you very much. I look forward to meeting you on _____ (date/time). If you have any questions between now and our visit, feel free to call me at _____ (CDCS's telephone number).

(2) GUIDE FOR ASSESSMENT OF BARRIERS TO CARE

Note: This barriers assessment should be completed after the CDCS has completed the initial assessment and an initial treatment choice has been made.

The goals of this assessment are to: 1) assess barriers that may impact on treatment acceptance, adherence, and follow-up, 2) provide individualized educational counseling and emotional support to the patient who is undergoing treatment for depression, and 3) initiate any further intervention that is indicated from the assessment.

CDCS: Please *circle the answer* and *record patient's response* to each question below in the spaces provided.

CDCS (initial): _____

Date of initial attempt for this intervention (mo/day/yr): |__|_|_|/|__|_|_|/|__|_|_|

Total # attempts before reaching the patient: ____

Interview Date (mo/day/yr): |__|_|_|/|__|_|_|/|__|_|_|

Time (hr:min): |__|_|_|:|__|_|_|

ID# _____

Interview Type |__| 1= phone 2= face to face

DEPRESSION TREATMENT

- ☐ Medication
- ☐ Cognitive Behavioral Therapy
 - ☐ Individual
 - ☐ Group

POTENTIAL BARRIERS

THERE ARE DIFFERENT REASONS THAT PATIENTS MAY HAVE FOR NOT BEING ABLE TO KEEP SCHEDULED APPOINTMENTS OR TO FOLLOW TREATMENT RECOMMENDATIONS. I'M GOING TO NAME SOME OF THESE AND I'D LIKE YOU TO TELL ME IF EACH ONE MAY BE TRUE FOR YOU.

1. MANY PATIENTS DO NOT COMPLETELY UNDERSTAND WHAT HAS BEEN RECOMMENDED.

1a. Do you completely understand what treatment your doctor has recommended?

1=No (Go to Educating Patients about Depression Treatments (4.2))

2=Yes, specify patient's understanding

1b. Do you understand *why* your doctor has recommended this treatment?

1=No (Go to Outline of Initial CDCS Visit (Section 4))

2=Yes, specify patient's understanding

1c. Are you familiar with how the treatment is given?

1=No (Go to Educating Patients about Depression Treatments (4.2))

2=Yes, specify patient's understanding

1d. Do you know what to expect from the treatment?

1=No (Go to Educating Patients about Depression Treatments (4.2))

2=Yes, specify patient's understanding

2. SOME PATIENTS SAY THAT THEY'RE NERVOUS OR SCARED ABOUT RECEIVING TREATMENT FOR DEPRESSION.

2a. Do you have fears about receiving depression treatment?

1=No (Go to Question No. 3)

2=Yes (Continue and Give Counseling Response)

WHAT IS YOUR CONCERN OR WHAT DID YOU HEAR ABOUT OR EXPERIENCE THAT MAKES YOU CONCERNED ABOUT HAVING THE RECOMMENDED TREATMENT (Specify)?

Counseling Response:

Those are important concerns and I am glad that you brought them up. Let's go over them and see what questions I can answer for you and which ones will be important to bring up with your doctor. We will do everything we can to help you feel comfortable with your treatment. (Go over specific concerns using the educational materials in Educating Patients about Depression Treatments (4.2)).

3. SOME PATIENTS ARE CONCERNED ABOUT THE COSTS OF CLINIC APPOINTMENTS OR MEDICATIONS.

3a. Do you have any questions or worries about the cost of your treatment?

1=No (Go to Question No. 4)

2=Yes (Go to Counseling Response)

Counseling Response:

For patients receiving therapy: All of your counseling visits with me will be free.

For patients receiving medication: Your visits with the doctor for depression care and your medication will be covered under your usual financial arrangements with the clinic and pharmacy. We can also help you to obtain free medication through special programs.

4. SOME PATIENTS PREFER TO RECEIVE ALTERNATIVE FORMS OF TREATMENT, SUCH AS HERBAL REMEDIES, SPIRITUAL HEALING, OR FAITH HEALING.

4a. Do you plan to seek another form of treatment *instead* of the treatment your doctor has recommended?

1= No (Go to Question No. 4b.)

2= Yes (Go to Counseling Response)

4b. Do you plan to seek another form of treatment *in addition to* the treatment your doctor has recommended?

1=No (Go to Question 5)

2=Yes (Read Counseling Response)

Counseling Response:

There are many ways patients can be helped, including traditional western medicine, spiritual healing, natural remedies, and others. It is important that you seek treatments that you feel comfortable with, but it is also important to seek treatments that have proven success in helping patients become healthier. Remember that it is often possible to combine alternative treatments with counseling or antidepressant medication. It is very important that you discuss alternative treatment ideas with your doctor or me so that we can coordinate the treatment you receive.

5. SOME PATIENTS HAVE TRANSPORTATION PROBLEMS OR HAVE FAMILY RESPONSIBILITIES THAT MAKE IT DIFFICULT TO KEEP MEDICAL APPOINTMENTS.

5a. Do you have any trouble getting transportation to the clinic or childcare or elder care?

1=No (Go to Question No. 6)

2=Yes

CAN YOU TELL ME MORE ABOUT YOUR SPECIFIC PROBLEMS?

5b. Can you think of some ways to work out this/these problem(s)?

1=No (Go to Counseling Response)

2=Yes (Go to Question No. 6)

Counseling Response:

It's very important for you to have the depression treatment that has been recommended. Remember, your health and well-being are very important for you and for your family.

If appropriate, suggest possible sources of help and offer to assist in making a referral.

(Check and fill in all that apply)

☐ Referral made to _____

☐ Suggestions or counseling _____

☐ Follow-up needed _____

☐ Other, specify _____

6. SOME PATIENTS HAVE OTHER PERSONAL, FAMILY, OR OTHER PROBLEMS THAT SEEM MORE IMPORTANT THAN KEEPING FOLLOW-UP APPOINTMENTS.

6a. Are you having any particular problems that make it hard for you to keep clinic appointments?

1=No (Go to Question No. 7)

2=Yes, Specify _____

6b. Do you think that you can solve this/these problem(s)?

1=No (Go to Counseling Response)

2=Yes (Go to Question No. 7)

Counseling Response:

It's very important for you to keep your appointments and receive all the depression treatment. Remember, your health must be taken care of. It is important for you and for your family.

(If appropriate, suggest possible sources of help and offer to assist in making a referral.

(Check and fill in all that apply)

- ☐ Referral made to _____
- ☐ Suggestions or counseling _____
- ☐ Follow-up needed _____
- ☐ Other, specify _____

7. MANY PATIENTS SAY THAT THEY SOMETIMES JUST FORGET ABOUT THEIR MEDICAL APPOINTMENTS.

7a. Is this true for you?

1=No (Go to Question No. 8)

2=Yes (Go to Counseling Response)

Counseling Response:

Can you think of ways to help you remember your next appointment? Can you put a note on the refrigerator or on your front door to remind you of the date? It's very important that you don't forget the time, because keeping regular appointments is very important to your health.

8. IN DECIDING WHETHER TO FOLLOW TREATMENT RECOMMENDATIONS, DID YOU GET ANY ADVICE OR INFORMATION FROM FAMILY MEMBERS OR FRIENDS OR OTHERS THAT DISCOURAGES YOU FROM GETTING TREATMENT?

8a. Family Members (1=no; 2=yes)

If "yes", specify _____

8b. Friends (1=no; 2=yes)

If "yes", specify _____

8c. Another doctor (1=no; 2=yes)

If "yes", specify _____

8d. Others (1=no; 2=yes)

If “yes”, specify _____

9. SOME PATIENTS HAVE TROUBLE TALKING TO OR UNDERSTANDING THEIR DOCTOR.

9a. Is this true for you?

1=no (Go to Question 10)

2=yes

Counseling Response:

Your doctor wants to know if you have questions and would like to be able to communicate with you. Would it be helpful if we wrote down your questions for the next time you see your doctor? I can try to go with you to your next appointment. If I cannot go, is there anyone you can bring with you to your next appointment that might be able to help you with translation and understanding what your doctor says? If no one can go with you and you need translation, do you think we could make a plan about how you might get someone from the clinic to translate for you?

10. SOME PATIENTS HAVE TROUBLE GETTING TIME OFF FROM WORK TO KEEP THEIR CLINIC APPOINTMENTS.

10a. Is this true for you?

1=no (Go to Question 11)

2=yes

Counseling Response:

It is important to notify your supervisor at work about your upcoming clinic appointments ahead of time or as soon as you receive your appointment date. Is it possible to ask for a change in the hours that you work that day? For example, would it be possible for you to go in early or stay late that day at work? Remember, your health must be taken care of. It is important for you and for your family.

11. SOME PATIENTS HAVE OTHER HEALTH PROBLEMS THAT MAKE IT HARD TO FOLLOW THROUGH WITH THE DEPRESSION TREATMENT.

11a. Is this true for you?

1=no

2=yes

If yes, please tell me what other medical problems might make it hard for you to stick with your depression treatment?

Counseling response:

It is important to get help for your depression because depression can worsen your other medical problems. Let's try to think of some ways that you can get care for both your depression and your medical problems.

(3) PHQ-9 PRIME-MD DEPRESSION SCALE

Name _____ Age _____ Sex: ☐ Female ☐ Male Today's Date _____

1. Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Thoughts that you would be better off dead or of hurting yourself in some way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If you checked off any problems on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult
at all

☐

Somewhat
difficult

☐

Very
difficult

☐

Extremely
difficult

☐

Adapted from the 'Brief Patient Health Questionnaire' developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr. Spitzer at rls8@columbia.edu. The names PRIME-MD® and PRIME-MD TODAY® are trademarks of Pfizer Inc. © 1999, Pfizer Inc.

APPENDIX B:
PLAN FOR EMERGENCIES

(Insert Your Clinic Specific Plan Here)

APPENDIX C: TRACKING FORMS

1. Initial assessment (Located within the file, “Intervention Assessment and Tracking Materials”)
2. Follow-up contact (Located within the file, “Intervention Assessment and Tracking Materials”)
3. Relapse prevention plan (Located on the following page)



ADAPt-C Your Personal Relapse Prevention Plan:

Patient/Nombre: _____ Date/Fecha: _____

Study ID# _____ Clinical Therapist/Terapista: _____

Contact information/Información de contacto:

Oncologist/Doctor de Oncológica: _____ Tel. No./Numero telefónico: _____

Oncology follow-up care/Plan de seguimiento: _____

Clinic Tel. No./Numero telefónico de la clínica: _____

Personal Warning Signs/Senales de advertencia:

1. _____
2. _____
3. _____

Stressful Life Events and How to Minimize Them/ Como minimizar problemas y tension:

1. _____
2. _____
3. _____

Medications/Medicamentos:

1. Name of medication/Nombre de Medicamento: _____
Dose/Dosis: _____ How often(Frequency)/Frecuencia: _____

2. Name of medication/Nombre de Medicamento: _____
Dose/Dosis: _____ How often/Frecuencia: _____

3. Name of medication/Nombre de Medicamento: _____
Dose/Dosis: _____ How often/Frecuencia: _____

Questions? Call your social worker or Dr. Brenda Quon
¿Preguntas? Llame su terapeuta o la Dra. Brenda Quon

What you should do if symptoms or depression recur/Que debe de hacer si los síntomas de depresión vuelvan:

1. _____
2. _____
3. _____

ADAPT-C Cultural Competency

INTRODUCTION

Perhaps there is no area of life where there are as sharp cultural differences among us as in how we view health and illness and how we actually seek to take care of ourselves. As helpers, our individual beliefs, attitudes and practices are simply taken for granted as “normal” and not something we think about very much until we bump up against someone – typically a patient -who thinks and behaves differently. The response to experiencing this “difference” can range from highly insensitive and misunderstanding, to understanding but helpless, to culturally competent helping. Perhaps the most typical response in health care, however, is just not “hearing” or “seeing” the difference, which may be hiding behind a patient’s silence and retreat from care. Or, providers may believe and value a stance of “culture blindness,” believing that this contributes to fair and equitable treatment for everyone, regardless of culture, race, and ethnic background. Fair, equitable and **effective** care for everyone certainly is the goal. The question is how best to achieve it?

ADAPT-C intervention explicitly recognizes that culturally mediated barriers potentially exist in each health care encounter, whether they are “in” the patient, “in” the system’s response to the patient, or “in” both. A key responsibility of the case manager is to recognize and understand these barriers, and to use that understanding in furthering the process of health care. In this section of the ADAPT-C manual we focus on developing culturally competent care management. Please review the PST brief overview for details on specific sociocultural adaptations to PST. This general guideline is intended to help you:

- Consider the many ways in which people are culturally diverse
- Examine patient’s culturally-mediated beliefs and attitudes with respect to depression and cancer and some typical health system culture-related barriers
- Define culturally competent case management and clinical care practice
- Use a cultural competency skill worksheet to identify and increase specific skills

CULTURAL DIVERSITY

Cultural diversity includes differences in shared beliefs and customs that may be associated with gender, sexual orientation, social class, race, ethnicity, physical ability, geography, and other factors as well. Multicultural sensitivity and competence are important for effective helping. Cultural diversity speaks to the reality of the human race: we are a people of universal humanity and sameness while at the same time we are culturally distinct. Acknowledging cultural distinctiveness goes hand-in-hand with respecting fundamental human rights, and respecting the rights and responsibilities of all members of a society as individuals and citizens. Cultural competence begins with recognizing that we all have culturally distinctive attitudes and beliefs if we learn to listen for and recognize them, and, at the same time, learn to approach each person as a unique individual.

Commonly used cultural labels over-simplify the true reality of cultural diversity in US society today. Cultural labels such as “Hispanic” include persons of diverse ethnic background and distinct cultures including Mexican, Puerto Rican, Dominican, Cuban, and many Central and South American countries. Similarly, “African-American” includes persons who are native-born as well as of Caribbean and African heritage. The same is true of the label “Asian” which includes such diverse cultures as Indian, Chinese, Vietnamese, Korean, Japanese, and different Pacific Island cultures. Many individuals identify with more than one culture based on family of origin or through marriage. ADAPT-C staff should avoid making assumptions about an individual patient based on his/her ethnic or racial “label.”

BARRIERS TO CULTURALLY COMPETENT HEALTH CARE

Many research studies have found that patient culturally-influenced health beliefs about the causes and sources of overall health and illness, as well as cancer specifically, can contribute to less timely follow-up and inadequate adherence. Women who have lived less time in the US, or have remained more centered within their original culture are at particularly high risk. Equally important, clinics, hospitals, and health providers may be unaware, insensitive or poorly equipped to deal with the cultural differences presented by their patients. Most obvious is the inability to communicate because of language/translator barriers. But there are less obvious barriers within the health care system as well. Some patients face unique barriers associated with their recent immigrant status. Legal difficulties in the US or severe trauma in their home of origin, are examples of life circumstances, quite apart from the cancer itself, that may contribute to non-adherence.

Culturally-influenced health beliefs

The specific content of these beliefs and attitudes may vary greatly from group to group. What follows are some examples. Keep in mind that the point of these examples is to increase sensitivity to our own beliefs and values that we take for granted, and to increase capacity to listen for culturally different views and thinking.

- Patients or family members may believe that depressed feelings are just part of life, or that these feelings reflect something shameful or weak in character or religious faith.
- Patients may fear negative reactions (stigma) from doctors, social networks and employers.
- Patients may have very little awareness, knowledge or misinformation about depression or cancer care.
- Patients may have no previous experience with depression care.
- Patients may be fatalistic about cancer outcomes, believe that having cancer is the “will of God”, and thus that treating depression is less of a priority.
- Patients may believe that only religious, traditional healers and traditional medicines can successfully help a problem, or may want to try alternative healing practices.
- Patients may believe that spiritual forces are responsible for physical symptoms and seek spiritual solutions only.
- Patients may have strong faith-based attitudes that discourage intervention in what may be God’s will.
- Women may fear the reactions of male family members to their receiving depression care; men may be uncomfortable sharing depressed feelings.
- Women may defer decisions about their health care to husbands or other authority figures in the family. In some cultures it is taboo to talk about cancer at all or even to say the word.
- What culturally distinctive groups are served by your clinics? What are some other possible examples of culturally determined health beliefs in your own communities?
- What are things that you hear patients say about depression or cancer, or about treatment?
- How are some of these beliefs and ideas different from your own thoughts and feelings?

Health provider and health system culture-related barriers

Clinics and providers often believe they are providing “culture-blind” services to all, regardless of race, ethnicity, or other cultural distinctiveness. But then cultural barriers are invisible too. Or health care systems simply may not be equipped to provide culturally sensitive and competent services, even while acknowledging the need. Here are some examples of health system culture-related barriers.

- Doctors and other clinical staff do not speak the patient's language or speak it too poorly to express/understand important details.
- Staff overestimates the patient's ability to understand/speak English.
- Translators are not available.
- Staff frequently ask family members to translate (including children) without considering patient preference or willingness.
- Instructions for procedures/medications are only in English.
- Providers have limited time with patients to discuss concerns and patients are not confident about asking questions.
- Providers criticize or challenge patient's use of "home remedies" or alternative health practices/providers.
- Telephone operators only speak English and rush with information when it is provided.
- Providers misunderstand the expected role and input from key family members (either to include or exclude).
- Providers and clinical staff often mistake silence for understanding.
- Providers and staff often mistake quick verbal agreement ("OK," "Yes, ma'm") or head nodding for true agreement or willingness.
- Staff routinely asks without explanation for personal information that may violate a patient's sense of privacy.
- Staff asks for information that arouses a patient's fear of being reported to authorities.
- Staff dismisses a patient's concern or fear as "silly" or "ignorant."

CULTURAL COMPETENCE IN HEALTH CARE

Culturally competent ADAPT-C intervention means developing specific knowledge and skills to effectively assist and empower culturally diverse patients to use depression and cancer care. Cultural competence means the ability to "bridge" cultures in providing health care so that relevant elements of the patient's culture of origin and elements of the dominant (health system and provider) culture are successfully brought together to achieve health-relevant goals. The culturally competent case manager will often be **mediating** patient and health care provider cultures. This may mean explaining to, pointing out, interpreting for, and educating either or both the patient and the provider(s). Cultural competence includes a strong personal cultural identity that allows the case manager and CDCS to move comfortably between cultures without feeling alienated or threatened. It also demands open-mindedness and willingness to explore and learn from patients about their culture and their personal uniqueness within their culture.

Culturally competent clinical skill means understanding how culture influences both patients' and providers' clinical decision-making! When the care manager is of the same culture as the patient, an important part of cultural competence is recognizing that individuals from the same culture do not necessarily have identical beliefs and views. Finally, cultural competence means recognizing when a barrier or influence is not culturally influenced.

It is impossible to know all the important information about each culture. However, there are some common themes that you can keep in mind. Use the discussion points below to help you to consider how these themes may present themselves with the patients served by your oncology clinics. Here are three themes to keep in mind. How are they relevant to the patients served in your oncology clinics?

- **Respect.** Patients are sensitive to your verbal and non-verbal indications of lack of respect, such as failure to use a person's last name, or not giving your full attention. Patients are anxious to

know that you are a person of goodwill who does not think less of them because of their cultural or educational background. Discussing intimate, personal problems may be difficult for patients for fear of losing face with you or others. Finally, some patients may try to be respectful of the doctor by not complaining or questioning.

- **Understanding.** Patients need to feel that they are understood. When the patient's language usage, cultural practices, specific words, and beliefs are unfamiliar or unclear to you it is not helpful to proceed as if you understand. Asking the patient to explain does not make you seem incompetent. It tells the patient that you really do want to understand him/her.
- **Acculturation.** Patients will differ in how long they have been in this country and to what degree they feel connected to their ethnic community.

CULTURAL COMPETENCIES FOR ADAPT-C INTERVENTIONS

Below we present an outline and brief discussion of a set of basic competencies. They consist of three areas: 1) cultural awareness; 2) knowledge; and 3) skills. Following the material there is a self-assessment tool that the ADAPT-C CDCS can use to rate her own level of competency. Keep in mind that the competencies are expected goals, and that it takes time, experience, and work to achieve them. They may want to use the self-assessment form during training and then re-assess at a later point. [The competencies and self-assessment tool are adapted from Doman Lum (1999).]

Competency: Cultural Awareness and Clinical Decision-Making

This refers to your growing awareness of the role and presence of culture in your own, the clients' and the health care system's behaviors, attitudes, and world views. The competent CDCS and patient navigator are:

- Aware of their own life experiences as a person related to a culture (e.g. family background, household and community events, beliefs, and practices).
- Aware of their own positive and negative experiences with persons and events of other cultures and ethnicity. Aware of how their own thinking, feeling and acting reflect aspects of racism, prejudice, and discrimination.
- Aware of how culture influences communication between patients and health care providers. Aware of how culture influences clinical decisions, e.g., to adhere to depression or cancer care.

Competency: Cultural Knowledge

This refers to the growing base of reliable information concerning different cultures. The competent patient navigator and CDCS:

- Knows the basic demographic information (numbers, other significant characteristics) about the culture of populations served by the clinic.
- Understands some of the background and history of oppression experienced by different cultural groups.
- Knows about the strengths existing in the individuals and social milieus of people of different cultures.
- Knows about alternative medical practices that may be important to diverse cultural groups.
- Knows about the values that are important to diverse cultural groups.

Competency: Skills

This refers to depression staff ability to apply awareness and knowledge to her efforts to help the patient. The competent patient navigator and CDCS:

- Understands how to overcome the resistance of a patient and develop trust.
- Uses a positive and open communication style.
- Helps the patient explain his/her situation in his/her own terms.
- Looks for strengths and capabilities to support the patient in helping himself/herself.
- Speaks the language of the largest cultural group served by the clinic and works to identify translators for other groups.
- Identifies health-related and other community resources that are specifically targeted to a cultural group (for example, offers information or support groups in the patient's language; church-related assistance; specialized legal assistance for immigrants).

Cultural Competencies Self-Assessment

Use the following work sheet to rate yourself on your level of competency in the areas listed. Use a scale of 1 to 4: 1=Very much; 2=Somewhat; 3=Slightly; 4=Not at all.

Competency Rating

1. I am aware of my life experiences related to a culture. _____
2. I have contact with individuals of other cultures and ethnicity. _____
3. I am aware of positive and negative experiences with persons and events of other cultures and ethnicity. _____
4. I am aware of my own thoughts, feelings, and behaviors that contain elements of racism, prejudice, and discrimination. _____
5. I have knowledge of demographic information for the diverse cultural groups served by the clinic. _____
6. I understand the history of oppression experienced by many cultural groups. _____
7. I know about the strengths of people in diverse cultural groups. _____
8. I know about culturally diverse values. _____
9. I understand how to overcome the resistance and lower the communication barriers of clients from diverse groups. _____
10. I have a positive and open communication style. _____
11. I help the patient explain her situation in her own terms. _____
12. I look for strengths in each patient. _____
13. I regularly identify resources that are specifically targeted to the cultural groups served at the clinic. _____

Relevant Literature

- Alvidrez, J. & Azocar, F. (1999). Distressed women's clinic patients: preferences for mental health treatments and perceived obstacles. *Gen Hosp Psych*, 21, 340-347.
- Arean, P. A., Miranda, J. (1996). Do primary care patients accept psychological treatments? *Gen Hosp Psych*, 18, 22-27.
- Berger, J.T. (1998). Culture and ethnicity in clinical care. *Arch Int Med*, 158, 2085-2090.
- Bernal, G., Bonilla, J., Bellido, C. (1995). Ecological validity and cultural sensitivity for outcome research: Issues for the cultural adaptation and development of psychosocial treatments with Hispanics. *J Abnormal Psychology*, 23 (1), 67-82.
- Betancourt, J.R., Green, A.R., Carrillo, J.E. (2002). Cultural Competence in Health Care: Emerging Frameworks and Practical Approaches. Field Report, The Commonwealth Fund, www.cmwf.org.
- Brach, C. & Fraser, I. (2000). Can cultural competency reduce racial and ethnic health disparities? A review and conceptual model. *Medical Care Research & Review*, 57(S1), 181-217.
- Cervantes, R.C., Padilla, A.M., & Salgado de Snyder, N. (1991). The Hispanic stress inventory: A culturally relevant approach to psychosocial assessment. *Psychological Assessment*, 3, 438-447.
- Cooper-Patrick, L., Powe, N.R., Jenckes, M.W., Gonzales, J.J., Levine, D.M. & Ford, D.E. (1997). Identification of patient attitudes and preferences regarding treatment of depression. *J. Gen. Internal Med*, 12(7), 431-438.
- Cooper, L., Hill, M., Powe, N. (2002). Designing and evaluating interventions to eliminate racial and ethnic disparities in health care. *J Gen Int Med*, 17, 477-486.
- Diaz, E., Prigerson, H., Desai, R., Rosenheck, R. (2001). Perceived needs and service use of Spanish speaking monolingual patients followed at a Hispanic clinic. *Community Mental Health J*, 37, 335-346.
- Dwight-Johnson, M., Lagomasino, I., Aisenberg, G., & Fink, A. (2003). *Listening to depressed Hispanics: The use of focus groups to inform the design of relevant and ethical treatment interventions in primary care*.
- Ell, K. R., & Castaneda, I. (1998). Health care seeking behavior. In S. Loue (ed.). *Handbook on Immigrant Health*. New York: Plenum.
- Ell, K., Mantell, J., & Hamovitch, M. (1988). Socioculturally-sensitive intervention for patients with cancer. *J Psychosocial Oncology*, 6, 141-155.
- Fiscella, K., Franks, P., Doescher, M., Saver, B. (2002). Disparities in health care by race, ethnicity, and language among the insured; findings from a national sample. *Med Care*, 40, 52-59.
- Giuliano, A.R., Mokuau, N., Hughes, C., Tortolero-Luna, G., Risendal, B., Ho, R.C., Prewitt, T.E., Mccaskill-Stevens, WJ. (2000). Participation of minorities in cancer research: the influence of structural, cultural, and linguistic factors. *Ann Epidemiology*, 10, S22-34.
- Hall, G.C.N. (2001). Psychotherapy research with ethnic minorities: Empirical, ethical, and conceptual issues. *J Cons Clin Psychol*, 69, 502-510.
- Harmon, M. P., Castro, F. G., & Coe, K. (1996). Acculturation and cervical cancer: knowledge, beliefs, and behaviors of Hispanic women. *Women & Health*, 24 (3), 37-57.
- Langer, N. (1999). Culturally competent professionals in therapeutic alliances enhance patient compliance. *J Health Care Poor & Underserved*, 10 (1), 19-26.
- Miranda, J., Azocar, F., Organista, K.C., Munoz, R.F. & Lieberman, A. (1996). Recruiting and retaining low income Latinos in psychotherapy research. *J. Consul Clinical Psychology*, 64(5), 868-874.
- Miranda, J., Duan, N., Sherbourne, C., Schoenbaum, M., Lagomasino, I., & Wells, K.B. (2004). Improving care for minorities can quality improvement intervention improve care and outcomes for depressed minorities. *Mental Health Services*.
- National Alliance for Hispanic Health. (2000). Quality health services for Hispanics: The cultural competency component. Washington, DC: Author. DHHS Publication No. 99-21.
- Pachter, L.M. (1994). Culture and clinical care: folk illness beliefs and behaviors and their implications for health care delivery. *JAMA*, 271 (9), 690-694.
- Rajaram, S.S. & Rashidi, A. (1998). Minority women and breast cancer screening: the role of cultural

explanatory models. *Preventive Medicine*, 27, 757-764.

Rosello, J., & Bernal, G. (1999). The efficacy of cognitive-behavioral and interpersonal treatments for depression in Puerto Rican adolescents. *J Cons Clin Psychol*, 67, 734-745

Skaff, M.M., Chesla, C.A., Mycude, V., Fisher, L. (2002). Lessons in cultural competence: adapting research methodology for Latino participants. *J Com Psychol*, 30, 305-323.

Stable, E.J.P., Sabogal, F., Otero-Sabogal, R., Hiatt, R.A., McPhee, S.J. (1992). Misconceptions about cancer among Latinos and Anglos. *JAMA*, 268, No. 22.

Swanson, G.M., & Ward, A.J. (1995). Recruiting minorities into clinical trials: toward a participant-friendly system. *Journal of the NCI*, 87, 1747-1766.

U.S. Department of Health and Human Services. (2001). Culture, Race, and Ethnicity. A Supplement to Mental Health: A Report of the Surgeon General. (Inventory No. SMA-01-3613)

Problem Solving Therapy (PST) For Adults With Cancer

With Sociocultural Adaptations for Low-income Latino Patients with Cancer

This material has been modified for MODP patients with cancer by Kathleen Ell, PI, Maria Aranda, co-I, Megan Dwight-Johnson, co-PI, and Diana Pineda, MSW and Maria Morena, LCSW. The material is based on work by Patricia Areán, Rebecca Schein, and Michael Perri, who adapted PST for older adults in the Impact study (J. Unützer, PI).

Overview for the Cancer Depression Clinical Therapist

Recommended Reading

Problem Solving Therapy for adults with cancer is a modification of the Social Problem Solving Therapy manuals developed by Arthur Nezu and Thomas D’Zurilla. It is important for anyone using this manual to read and refer to three excellent books on Social Problem-Solving Therapy: A Problem-Solving Approach: Helping Cancer Patients Cope (Nezu, Nezu, Friedman, Faddis & Houts, 1998) Social Problem Solving Therapy: Theory, Research and Practice (Nezu, Nezu and Perri, 1989) and Problem-Solving Therapy: A social competence approach to clinical intervention (D’Zurilla and Nezu, 1999).

Prepare to be a Culturally Competent Therapist by reading and engaging in self-examination about culture. You will be provided several readings on this topic and will be given the opportunity to talk with study investigators about this issue.

Key Sociocultural Adaptations for Low-income, Less educated, Latino Patients with Cancer:

- Developing a good rapport and alliance to create a trusting relationship is critical in working with your patient population. Engage in a level of "socializing" prior to conducting the first PST session in order to gain the patients trust. The alliance will be facilitated for some patients by actual demonstration through giving the patient the relaxation tape and helping actions, such as having CM correct an appointment, or clear a communication problem at the clinic. This will be further demonstrated by allowing the patient to see that the therapist and case manager work together as a team. This will link therapist and case manager roles and assure patients that communication between therapist and case manager is clear.
- Avoid talking about PST as psychotherapy, therapy, or counseling, focusing instead on learning ways to help them work on problems that are making them feel sad. In order for PST to be effective, one must make sure the patient (1) understands the rationale behind the model and (2) understands it’s application. Educating and socializing the patient to therapy is often important with ethnic minority people. Some have never been in therapy before, and therefore an explanation of how the treatment will work, how often you will meet, the importance of homework and so forth will be very important to detail in the first session. (Note: Homework needs to be adapted for patients who are unable to read or write.) A good therapist always asks patients what their expectations are of therapy, and tries to allay any concerns or misconceptions. Some ethnic minority people have had psychotherapy in the past, but most likely will not have been exposed to a structured therapy like PST. It is important, in this case, that the patient understand the difference between PST and traditional psychotherapy. Telling the patient that they will be learning a new set of skills rather than relying exclusively on discussion of problems is a key difference between PST and traditional therapies.
- More than one session may be needed to provide a culturally relevant explanation of the PST process and how it relates to depression. This may depend on the educational level of the patient. It is particularly to educate the patient about depression, its symptoms, effects,

treatment options, and adequate medication management, such as adherence, side-effects. (Give the patient the educational materials on depression and when indicated, read it to them.) This is especially important for patients who have experienced depression for a long time and who may have begun to think about this as depression being a normal part of life. Thus, several segments of PST can be broken into several sessions. This will result in more than the usual 6-8 sessions.

- Patients are likely to experience many practical and health system problems. Previous work with this population identified a broad range of financial, transportation, and caregiving problems, as well as system and patient-physician communication breakdown resulting in confusion about cancer treatment, medication management, and prognosis. Support patients' work with the case manager as an example of problem-solving.
- Focus on problems that are most pressing at the time, e.g., trying to decide whether to return to Mexico (and risk interrupting treatment). For example, an issue such as making a decision at this time, when feeling down and stressed might lead to a decision that they might regret later, so this might be a good problem to begin working on and taking some time with.
- Modeling and role-playing with examples specifically relevant to this patient population and to your individual patient will aid patients in relating to you and the example. For some, this will be the first time someone has asked them for their opinions and thoughts about a situation or problem. For example, in talking about generating alternatives, you may encounter a response such as "if I knew what to do, I wouldn't be talking to you." Thus, go ahead and start a list and ask "anything else you can think of?" or you might ask, "who do you know who can help you with getting groceries?"
- Family members may assume the role of "gatekeeper" or motivator. Involve family members in PST sessions if patients express a desire for family participation. Whenever possible, meet with family members to provide education about depression, specifically reinforcing issues raised in the family member educational pamphlet.
- Be attentive to potential different needs and preferences between men and women and be sensitive to generational issues.
- Acknowledge the importance of spiritual and religious sources of coping, but model prayer and faith as supporting good problem-solving not just expecting God to act on their behalf.
- Teaching the patient basic organizational skills such as keeping a calendar for her appointments or how to keep a file folder can be helpful for patients who are stressed by many competing practical day-to-day problems.
- At times, writing up the patients answers on the handouts for those who are unable to read and write can be helpful.

- When patients became ill and are hospitalized, PST sessions can be placed "on hold" and hospital visits might be used to provide therapeutic support. In this way the relationship with the patient is maintained which facilitates a future resumption of PST when appropriate. This process may also occur in the face of other crises, such as the illness of a family member, unexpected moves, deportation, etc.
- There are some crucial components to the effective delivery of PST. It is important to use as many methods of delivery as possible. We call this procedure "Say it- Show-it, Do-it". When teaching a person how to use this model, it is important to first explain clearly the rationale for the step, how the step is to be used, and when it is to be used. After explaining the problem-solving step to the patient, it is very important to ask the patient if they have questions. Next, demonstrate the step to the patient using an innocuous situation first, so that they understand how to apply the step. Then demonstrate the step using one of their own, less emotionally charged problems. After you have demonstrated the step, ask the patient if they have any questions. Finally, have the patient use the step with you in the room. Help and guide them as much as possible, but don't do it for them.

In the back of this manual is a week-by-week outline of what is to be covered in each session. Use these as a general guide for specific topics and sessions, but remember to use examples that are real to your patient. In the pages that follow this introduction will be the content and exercises for each session. These are details you can use to flesh out the sessions. It is not necessary to repeat the lessons verbatim – tailor the lesson for your individual patient. Just make sure the main points for the session are covered.

Overview to the Patient

PST is meant to help you cope with the problems that may be influencing your mood and your quality of life. We believe that by teaching you a way to objectively solve your problems that you will experience less stress, depression and worry.

What is depression? Depression is a condition that is created by a combination of life stress and chemical imbalance in the brain. Symptoms of depression include: feeling sad, blue, down or depressed nearly every day for at least two weeks; loss of appetite (sometimes an increase in appetite); poor sleep; feeling tired or restless; feelings of guilt or worthlessness; thinking you'd be better off dead, or actually thinking of suicide. These symptoms, while troubling, are treatable.

How is it treated? People with depression have several options available to them to treat their symptoms, including medication, insight oriented therapy, structured therapy, and this therapy, called Problem Solving Treatment. All of the treatments listed here have been found to be very effective in treating depression.

What causes depression? We aren't 100% sure about this, but we believe that people are born with a tendency to react to stress by becoming depressed. Not everyone with this tendency becomes depressed, though. Whether or not you experience the symptoms related to depression depends on two key factors: the amount of stress you are under and your ability to handle this stress. If you experience a major life change that you do not know how to handle or solve, you may start to feel helpless. If your repeated attempts to work through the problem don't work, you will start to feel hopeless. These feelings can trigger the chemical reaction in your brain that causes all the other symptoms of depression. Because these symptoms like fatigue, lack of energy, lack of interest in things and so forth also sap your energy, you become less likely to try and solve your problem and therefore, feel even more helpless and hopeless. In other words, you fall into a vicious cycle that becomes very hard to break.

How does Problem Solving work? This therapy treats depression by giving you the skills to solve the problems that are making you feel depressed and to cope with those problems you cannot change. Over the next few weeks, you will learn a step-by-step process will help you think about your problems and depression in a way that will make handling the problems easier.

The first step you will learn is called problem orientation. In this step, you will learn to use your feelings and symptoms of depression to help you identify when you are faced with a problem that contributes to your feelings of helplessness and hopelessness. You will then learn to check the way you see the problem: Are you thinking that the problem is unsolvable, or are you thinking that there is no way to change this problematic situation, or are you thinking that the problem can be solved, you just need to sit down and think it through? How you look at the problem troubling you will determine whether or not you end up trying to handle it.

The second step is called problem definition. In this step, you will learn how to figure out what you would like to change, what is getting in the way of that change, and think about your problems in a concrete and objective way. The more concrete and objective you are about your problems, the easier it is to think of solutions. As you will see, a problem defined is a problem half solved.

In the third step, called brainstorming, you will learn how to come up with creative solutions to your problems, once you have defined them and set a goal. You will learn how prematurely discarding a solution before you have had a chance to evaluate it can defeat your attempts to solve your problems.

In the fourth step, called decision-making, you will learn how to apply a step of guidelines for determining whether or not a solution will work for you. You will learn how to evaluate the solution in terms of its impact on short term and long term goals, how it would affect other people, and whether or not it is a solution you can do.

The fifth step is called solution implementation. Once you have identified a good solution, you will then learn how to plan your strategy for using that solution, so that the chances of you actually using the chosen solution will be greater.

The last step is solution verification. This step is often taught along side the solution implementation step, as once you implement a solution, you will then need to evaluate how effective it is, and whether or not you need to make any changes to it for the future.

We usually teach these steps to problem solving over 6-weeks. Each week you will learn a new step. Although, this sounds slow, it is actually better that you learn each step well before you implement the whole model. In the grand scheme, five weeks is not that long, and you will eventually be able to solve your problems well.

After you have mastered these steps, you will work with your therapist to make sure you can use the model. You will have an additional weeks if HOW MANY WEEKS TOTAL DO PATIENTS HAVE? to work with your therapist to make sure that you can use the steps to solve your problems. You may or may not solve all your problems during this time. The most important thing is that you learn the problem-solving steps. Once you have done that, you can use this model on your own to solve any remaining problems you have.

How will I learn the steps? Each week, we will set an agenda for the meeting. We will first review your homework from the previous week to see how you did. Then, your therapist will show you how to use the next step in the process, and how to combine the new step with the steps you have learned already. You will practice the step a couple of times and decide on a problem you would like to practice with over the week. In the time remaining, you will have a chance to talk about any other issues you feel are important to raise with your therapist.

Homework is the most important part of the treatment. If you only use the steps when talking with your therapist, you will not likely learn how to use them. Like anything new you have to learn, you must practice it. That is all homework is initially – practice. Once you have learned the 5 steps of problem solving, you will be actively working on the problems that trouble you the most.


Are there any other questions? If not, LET'S GET STARTED!

PROBLEM ORIENTATION:

Nothing is either good or bad, but thinking makes it so.

-Hamlet

Have you heard this story? A man is driving along the countryside, when his car overheats. He looks under the hood, and finds he needs water for his radiator. He looks around and sees a farm in the distance, and thinks to himself, "Perhaps someone is at home and will lend me some water for my car." The man starts off for the farm, and along the way he thinks, "You know, I don't have a watering can. I'll need to borrow that, too. I hope it isn't too much to ask." He continues his walk, and thinks some more, "What if it is too much to ask? What if the people at home are put out by my request? What if they don't lend me the can or water?" Then he thinks, "What if they insist I pay them for the water and can? The nerve! I've heard of this before, people taking advantage of others in distress. I don't know what I'll do if that happens." He walks closer the farm, and sees the front door. As he approaches he thinks, "Yeah. I'll bet they try to soak me for all I'm worth. Just for a can of water! That just steams me up!" He gets to the door, very angry, and knocks loudly, all the while thinking these thoughts. Just as the door opens, and a farmer begins to speak, the man yells, "You can keep your stupid water!" and walks away.

 **What did you learn from this story? (therapists here should have patients discuss how expectations can influence behavior. If you think that you won't get help, chances are you won't)**

How thoughts affect behavior.

The most important thing to remember is that all problems have a solution. It may not be the one you want, and it may not solve your problem over night, but there is always a way to handle a troubling situation.

The problem with depression is you no longer feel that is the case. People who are depressed very commonly have what is called "negative thinking". It's a little like seeing a glass of water as half empty, rather than half full, expecting the worst of things, feeling that you are incapable of doing anything "right". When you are feeling depressed, this is a very easy trap to fall into, particularly if you have tried everything you can think of to solve the problem and have not been able to. Unfortunately, like the man in the story above, if you think you won't solve your problem, chances are you won't.

A number of years ago, the New York Times described a study in which some scientists said that people who were depressed saw the world more realistically than those who were not depressed. The truth is, people who are depressed may be more apt to notice the problems that are around them, but they are also less likely to see the good around them, too. It is important to have balanced thinking, be aware of both the good and the bad equally.

Red Flags


How do you know you are thinking negatively? You will know because you will feel:

- depressed
- angry
- anxious

- blue
- helpless
- hopeless

You may not feel all these things at once, but any of these feelings are a sign that you are not thinking about your problems in a way that will allow you to solve them. Emotion is like any other physical sensation in your body – it serves a purpose, a warning that you need to do something to fix a situation. When you break your leg, you feel pain when you stand on it – this pain tells you not to stand on the leg and to do something about the break. When you get into an argument with your children, you may begin to feel sad – that feeling is there to tell you something is not right between you and your child and that problem needs to be fixed.

Whenever you feel a strong reaction or feeling, this is a red flag to you that you have a problem that needs to be solved, and it's time to look at how you are thinking about the problem.

 **What are your red flags?** *(Therapists here should have patients talk about and list the typical feelings they have when a problem arises.)*

Negative Thinking and the Devil's Advocate

How do you stop from feeling depressed and hopeless? The first step is to make your thinking more balanced.

1. When you start to sense a red flag, STOP AND THINK. Write down your thoughts. What do you say to yourself? What is going through your head? Are you trying to solve a problem, or are you just thinking about it and how had you feel?

2. Look at the thoughts and see if you can play the Devil's Advocate. Make an argument against the thoughts. Pretend you are an attorney trying to find holes in a witness's statement. What proof do you have that the thoughts you are having are correct?

☛ **The Problem Orientation Worksheet.** Using the worksheet, try and change your most common negative thought into a thought that will allow you to try solving a problem.

(Group therapists: pair off the members and have them work together on the PO worksheet).

Next Time: Defining the Problem

Defining the Problem.
A problem defined is a problem half solved.

Once you are able to look at your problems and think about them in a more hopeful way, you are ready to try and define the problem. This is not as easy as it looks. You will need to ask yourself these questions when defining your problem:

- ① **WHO** is involved?
- ① **WHERE** does it happen?
- ① **WHEN** is this a problem?
- ① **WHAT** makes it a problem?
- ① **HOW** does the problem unfold?
- ① What is your **GOAL**?
- ① What is getting in the way of your goal (**OBSTACLE**)?

This is called the COLOMBO technique.

You must make sure of one very important thing: Your problems should be defined in detail and concretely! Your goals must be measurable! DON'T BE VAGUE!!

If you are vague, you will have a very hard time coming up with solutions. Here's an example of why:

Vague problem:	I procrastinate.
Vague goal:	To get things done.
Vague obstacle:	I don't know where to start.

Why is this vague? Procrastination means different things to different people. What does it mean to this person to procrastinate? Does she get some things done and not others? Does she put off everything? What does she want to get done? Housework, yard work, talking to her doctor, exercise? As you can see, this tells us very little about her goals and the problem.

Concrete problem:	I have not moved my husband's things (clothes, medical equipment, medications) from our bedroom since he died. I need to return the equipment and all, but I can't do it myself (WHAT). This always bothers me at night, when I go in the bedroom, and when I think about getting rid of everything. I end up feeling overwhelmed and crying. Then I just go sleep on the couch. (WHEN, WHERE, HOW).
-------------------	--

Concrete goal:	To return the medical equipment by the end of the month, pack his clothes away, and throw away his pills.
----------------	---

Concrete obstacle:	Not enough time, I start to get sad and lonely, it's too much for me to do alone.
--------------------	---

Notice the difference here? This is *the same* person as in the first example, but after thinking about the details of the problem she is now in a better position to think up ways to solve the problem and it is less overwhelming to her.

You will also need to know:

- ① What is a fact and what is just your intuition
- ① What would you like to see happen? What is your long and short-term goal?
- ① Is this one simple problem, or a complex one that needs to be broken down further?

Separating fact from intuition. Your intuition may be good in general, but when you become depressed, it is often off course. In defining a problem, you have to be sure that the information you have is correct and that it is a fact – that you have proof of that information. One way to be sure is to pretend you are an investigative reporter. You can tell a story based on what you THINK happened, you have to tell it in terms of what you KNOW happened.

Think about this situation. You ask your doctor about your last blood test. He says he'll get to it, and then doesn't mention it again. Which of these is probably true:

- It's bad news and he is afraid to say something.
- He didn't hear you.
- He forgot.
- He doesn't care enough about you to answer your questions.
- He is an idiot.
- He is preoccupied.
- He is getting divorced and can't concentrate.

The answer is...NONE ARE TRUE. Unless you ask the doctor why he forgot to answer your question, you will never know why he did.

① Another word about goals. *Don't let what you cannot do interfere with what you can do (John Wooden).*

Not only do goals need to be concrete, they need to be reachable. Sometimes we get discouraged about our problems because we are trying for a goal that is not likely to happen. For instance, if you have a chronic illness, like diabetes, the goal of no longer having diabetes is not reachable, because there is no cure. HOWEVER, if your goal is to overcome the problems that diabetes causes – like feeling tired and having high blood sugars, then your goal is reachable because there are things that you can do to control your fatigue and blood sugars. Think about the problems you are having and the goals you have – are they reachable?

(Therapists: Here, make sure that the patient goes through the problem list and has realistic goals).

Big versus small problems.

Sometimes we have a hard time solving a problem because it feels so overwhelming. This feeling usually means that you are not thinking about one simple problem, but a complex one that is actually made up of several smaller problems. When you are feeling overwhelmed (some people start to feel anxious), stop a moment and think about all the things running through your mind. Start to write it all down and then look at what you have written. Is this really and truly one big problem or is it several problems that are all linked together? With these big problems, it is important to try and break them into smaller steps.

Take for example the problem of having too many medical bills and not enough money to pay them and your other expenses. If you try and tackle all of those bills at once, you will start to feel confused and overwhelmed. However, if you work on the problem of making sure you have a way to get your medication – and only work on that problem for the moment, then the problem is much easier to solve.

✎ Exercise: Take one of your own big problems and try and break it down into smaller pieces here.

Overall problem: _____

Problem 1: _____

Problem 2: _____

Problem 3: _____

Problem 4: _____

📌 Problem Definition Work Sheet:

Talking all that we have discussed above, let's now move to the problem definition work sheet. Using this worksheet, let's first try and define the problem:

“I need to improve my health”

Therapists: Once the patient has defined this problem, have them pick an easy problem from their problem list.

(Group therapists: pair off the members and have them work together on the PDF worksheet).
Next time: Brainstorming

Brainstorming

Don't put all your eggs into one basket.

-anon.

Now that your problem is defined, you have a goal and you have thought through all the obstacles, you are ready to think about ways you can reach your goal. Some people have a pretty easy time with this – once they realize what is specifically wrong and what is getting in the way of achieving the goal, they see what needs to be done. Most people, particularly those who feel depressed, still have a hard time thinking of ways to solve their problems. Why is that?

☒ Scientists who have studied how people make decisions and solve problems have found that when people have to think of solutions for a problem, they usually can come up with an average of 10 (TEN) solutions per problem. BUT, people who are depressed can only come up with 1 or 2 solutions that tend to be vague. The reason is this. People who are not depressed are able to *brainstorm* ideas and can think about the effectiveness of the solution objectively – that is they don't throw out solutions because they aren't perfect. People who are depressed, though, tend to evaluate solutions very negatively, and throw out solutions before really thinking about how effective it is. When this happens, it is difficult to brainstorm and come up with a list effective solutions to a problem. This makes you feel hopeless, helpless and sad.

There is no one, perfect solution that will solve your problem. There are probably several ways to solve your problem each with their own pros and cons.

How to brainstorm. The easiest way to brainstorm is to write down ALL the ideas in your head without thinking about how useful it is. That is, WITHHOLD YOUR JUDGEMENT.

? You may wonder what is the point of writing down ideas if they aren't going to be useful? It's simple – sometimes a bad idea can be a very useful one, as long as you tweak it and change it to fit the problem. Let's try it with a simple situation:

Ÿ List all the uses there are for a brick, no matter how silly they are (come up with at least 10):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Once while doing this exercise, a person said a good use for a brick was to break windows. Even though this sounds like a silly and pointless use for a brick, we began to think about when is breaking in windows with a brick a GOOD solution? The group came up with these examples:

1. You see a friend passed out in her house and you have no other way in to help her.
2. There is a fire in your house and you need to get out.
3. Your keys are stuck in your car and you are in a remote place with no cell phone.

Can you think of other times when this would be a good solution?

✱ Let's try to brainstorm with a real problem. Take a problem from your list, and first use the problem definition sheet to define it, then using the brain storming sheet, come up with at least ten solutions for the problem.

(Group therapists: pair off the members and have them work together on the GAS worksheet).

Homework: Use the brainstorming work sheet on another problem this week

(Therapists: If this exercise took little time, then go on to the next section – decision making without the planning.)

Making a Choice and Making a Plan.

It's not hard to make decisions when you know what your values are.

-Roy Disney

Don't judge those who try and fail, just those who fail to try.

-anon.

Now that you have a list of solutions in front of you, the next step is to choose the best solution and then make a plan to use it. It is not easy to make a decision as to which solution will be the best one for you and the problem you have. However, there are some questions you can ask yourself as you evaluate each solution. The answers to these questions will help you decide which solution you should choose.

The questions are:

- ? Does this solution meet my immediate goal?
- ? Does this solution help me meet my long-term goal (if any)?
- ? Does this solution create other problems for me?
- ? Does this solution create a problem for other people?
- ? Is this solution feasible (can I do it)?

Using these questions as a guide will help you decide what the pros and cons are for each solution.

Y Using the Decision Making work sheet, think about each question for each solution and in the grid, mark a (+) if the solution has a positive impact in that area and a (-) if it has a negative, or bad impact in that area. Count up all the + and -. That will help you order which solution will be the best of the lot to try.

(group leaders: pair off the group and have them work on the sheet together.)

Making your plan. Choosing a solution is only part of solving it – now you need to make a plan of action. The key steps are to think about what you need to do before you use the solution. Do you need to call someone, is there equipment you need, is there a certain time of day when you can do it? The best thing to do is picture yourself using the solution. What do you need and when will it happen?

🎁 It is also important to pick a reward for yourself. Even if the solution didn't work, you need to pat yourself on the back for making the effort.

Y Using the planning sheet, write out the steps to your solution. Don't forget to pick out a reward for yourself!

Next week: Did it work?

Did it work?

*Success seems to be largely a matter of hanging on when others let go.
-William Feather*

*Failure is success if we learn from it.
-Malcolm S. Forbes*

If you were able to implement your solution and it worked – CONGRATULATIONS! Now it's time to think about how it worked, what you liked about the solution, and if you would do anything differently. Remember not to attribute your success to some fluke – you worked hard on this problem and your hard work paid off!

If you didn't do it or the solution didn't work, that's good, too. You now have some more information about the problem you didn't have before. It is important to evaluate and think about the solution, why it didn't work and if any of that information is helpful in either redefining the problem or in modifying the solution.

Y Using the evaluation work sheet, let's take your solution for last week and evaluate it. If you need to, use other worksheets to modify the definition of your problem, pick another solution or evaluate new solutions.

Putting it all together. We have now learned all the steps to Problem-Solving. It is time to put all the sheets together and start solving more problems. Looking at our list of problems, pick the next problem you would like to solve and use the sheets.

(Group therapists: have the group pair up to help one another. Have the group present their new problem, it's definition, goal, chosen solution and plan).

(Therapists: Be available to patient for feedback while solving the new problem).

Next week: The next few weeks will be focused on using the problem solving sheets to work on other problems.

Relapse Prevention

*Even if you're on the right track, you'll get run over if you just sit there.
-Will Rogers*

*Never, never, never, never give up.
-Winston Churchill.*

Now you know how to solve problems and are on your way to a happy, healthier life. However, it is important to remember that life is not problem-free and we have to be on our toes to solve problems as they arise, or get help when we can't do it ourselves.

- ☒ Scientists specializing in depression now know that depression is a chronic recurrent illness, much like diabetes. However, unlike diabetes, you don't have to be on medication the rest of your life and you aren't always sick. Like diabetes, you can prevent serious episodes of depression if you make some changes to your lifestyle and you have a plan for life to help you during those times when you are at the greatest risk of suffering another depression episode.

Y Using the problem-solving sheets, let's solve the problem of "Preventing a Relapse"

Therapists: Make sure that the plan incorporates relapse prevention strategies like maintaining social contact, using daily activities, and a plan in case they can not prevent a relapse (who to call, what symptoms are most likely related to a relapse).

PST Session Outline

Session 1: Introduction

- ✓ Mini lecture:
 - ✓ Overview of Depression
 - ✓ Rationale for PST
 - ✓ What to expect from treatment: organization of treatment
- ✓ Questions about mini lecture, expectations about treatment
- ✓ Review PST stages
 - ✓ Introduce the forms
 - ✓ Run through a simple problem with the group
 - ✓ Discussion
- ✓ Problem List
 - ✓ Rationale
 - ✓ Use one member as an example
- ✓ Homework: Generate problem list and organize into a hierarchy
- ✓ Session review and last minute questions

Session 2: Problem Orientation

- ✓ Set Agenda
- ✓ Review Homework
 - ✓ Discuss problems and successes
- ✓ Mini lecture: Problem Orientation
 - ✓ Red Flags
 - ✓ Stop and Think
 - ✓ Problems as solvable
 - ✓ Devil's Advocate
 - ✓ Questions
- ✓ Demonstration of Problem Orientation worksheet
 - ✓ Break out exercise
 - ✓ Questions

Homework: Problem Orientation worksheet when feeling depressed.

Session 3: Defining Problems

- ✓ Set Agenda
- ✓ Review Homework
 - ✓ Discuss problems and successes
- ✓ Mini lecture: Defining Problems
 - ✓ Big problems versus smaller problems
 - ✓ Breaking it down
 - ✓ Colombo technique
 - ✓ Facts versus assumption
 - ✓ Being clear
 - ✓ What is the goal and can you measure it?
 - ✓ What is getting in the way?
 - ✓ Questions
- ✓ Demonstration of Problem Definition worksheet
 - ✓ Break-out exercise
 - ✓ Questions

Homework: Use Problem Orientation and Definition worksheets when feeling depressed.

Session 4: Brain storming

- ✓ Set Agenda
- ✓ Review Homework
 - ✓ Discuss problems and successes
- ✓ Mini lecture: Brain-storming
 - ✓ Quantity versus quality
 - ✓ Yes-But
 - ✓ Separate out brain-storming from evaluating
 - ✓ Questions
- ✓ Demonstration of Brian-Storming worksheet
 - ✓ Break out exercise
 - ✓ Questions

Homework: Use Problem Orientation, Definition and Brainstorming worksheets on at least one problem this week.

Session 5: Making a Choice and making a plan

- ✓ Set Agenda
- ✓ Review Homework
 - ✓ Discuss problems and successes
- ✓ Mini lecture 1: Making the best choice
 - ✓ Pros and Cons
 - ✓ Meeting short and long term goals
 - ✓ Impact on you and others
 - ✓ Feasibility
 - ✓ The final score
 - ✓ Questions
- ✓ Demonstration of Decision Making worksheet
 - ✓ Break out exercise
 - ✓ Questions
- ✓ Mini lecture 2: Making the plan
 - ✓ Break it down into small steps
 - ✓ What do you need to implement the plan?
 - ✓ Scheduling it
 - ✓ Pick a reward now!
 - ✓ Questions
- ✓ Demonstration of Planning worksheet
 - ✓ Break out exercise
 - ✓ Questions

Homework: Implement your chosen plan and use the five worksheets on at least one problem this week.

Session 6: Did it work?

- ✓ Set Agenda
- ✓ Review Homework
 - ✓ Discuss problems and successes
- ✓ Mini lecture: Evaluating the plan
 - ✓ If it worked, think why
 - ✓ If it didn't, think why and redefine your problem
 - ✓ Questions
- ✓ Demonstration of evaluation worksheet

- ✓ Break out exercise
- ✓ Questions

- ✓ Demonstration of PST stages for another problem

Homework: Use PST worksheets on at least one problem this week.

Sessions 7- 10: Using the PST forms

- ✓ Set agenda
- ✓ Review homework
- ✓ Review progress

Homework: Use PST worksheets on at least one problem this week.

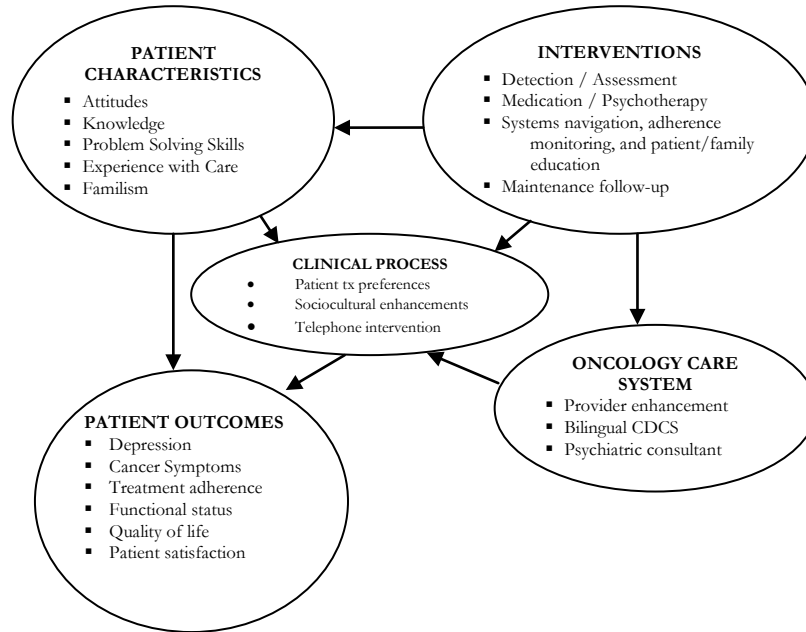
Sessions 11-12: Relapse Prevention

- ✓ Set agenda
- ✓ Review homework
- ✓ Review progress
- ✓ Problem Solving how to prevent recurrence of depression
- ✓ Plan to solve other problems

ADAPt-C: A Quality Improvement Illness Model

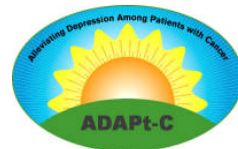
ADAPt-C is tailored to affect access and adherence to treatment by influencing the predisposing (knowledge and attitudes), reinforcing (social support and cues to action), and enabling (assistance in barrier reduction) factors represented in our discussion of potential socio-cultural barriers. MODP intervention aims to improve the quality of cancer care and to reduce health system provider and patient barriers to depression care. Figure 3 adapts quality improvement models that have been found to improve outcomes of chronic illness (McGlynn et al., 1988).

Figure 3: The Multifaceted Oncology Depression Program Model



Confidential Data

ADAPt-C Patient Card



❖ **Patient Info from Chart Review** (Complete this section for each identified patient) Date/Chart Review _____

PF _____ Date of Birth _____ Sex Gender _____

Name _____ Phone _____

Ethnicity (check one): ☐ Hispanic ☐ Black ☐ White ☐ Asian ☐ Other, specify _____

Cancer Diagnosis: Diagnosis Date _____ Cancer site _____, stage _____

If stage is unavailable, specify other descriptions _____

Cancer Treatment Status:

- ☐ Not start Tx yet, specify _____
- Currently receiving Tx, specify:
 - ☐ Radiation ☐ Chemotherapy ☐ Surgery ☐ Palliative Care ☐ Watchful Waiting ☐ Other, specify _____
- Finished Tx, specify:
 - ☐ Radiation ☐ Chemotherapy ☐ Surgery ☐ Palliative Care ☐ Watchful Waiting ☐ Other, specify _____
- ☐ Other, specify _____

Internal Use: PA (initial) _____ (PA: After completion, fax this "Patient Card" to study data manager at the end of each work day.)

✚ **Screening Status** Date Approached _____

- Unable to screen
 - ☐ Refused, specify _____
 - ☐ w/ Barrier, specify _____
- Screened
 - ✚ **Result of 1st screen** ☐ Eligible (Major Dep.) ☐ Acutely suicidal (f/u in 1 week) ☐ PHQ 5+ (re-screen in 1 month)
Ineligible: ☐ PHQ 0-4 ☐ excl-mental problem ☐ excl-Karnofsky ☐ excl-alcohol ☐ Other _____
 - ✚ **Result of re-screen** ☐ Eligible (Major Depression) ☐ Acutely suicidal (f/u in 1 week)
Ineligible: ☐ PHQ did not meet study criteria ☐ excl-mental problem ☐ excl-Karnofsky ☐ excl-alcohol
 - ✚ **Study Participation** (for eligible patient only)
 - ☐ Consent to participate, Date baseline completion _____, Study # _____
 - ☐ Pending study participation
 - ☐ Refused, specify _____

❖ **Patient Contact Information Update** (for patient who needs to be re-approached)

Patient's Contact Number _____ ☎ the best time to reach patient _____

Alternate Contact (name, relationship, number) _____

CONTACT LOG (required only if screening or baseline was not done on date referred)

PA (initial) _____ for ☐ Re-Screen ☐ Baseline ☐ 1st Screen * patient's location (clinic, home, work, NOK,...) where PA attempted to reach

Date	Time	Location*	Comments
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



ADAPt-C Depression Screen

PA (initial) _____ Patient Approached [] 1= over phone 2= face to face ID _____

Screening: Date _____ Time (hr:min) from _____ to _____

Since you have agreed to participate in this screening for depressive symptoms, I am going to now ask you a few questions about your feelings. As I mentioned before, these questions will only take about 5 minutes of your time. Depending on your answers to these questions, I may want to ask you more questions about your health and your feelings. That may be done today or we can schedule it for another time. Those questions will take about 30 minutes to answer. Do you have any questions before we start?

PA: Proceeding with screening questions.

A. Study Criteria

PHQ-9

How often have you been bothered by any of the following problems over the last two weeks?

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things.....0		1	2	3
2. Feeling down, depressed, or hopeless.....0		1	2	3
3. Trouble falling or staying asleep, or sleeping too much0		1	2	3
4. Feeling tired or having little energy0		1	2	3
5. Poor appetite or overeating.....0		1	2	3
6. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down0		1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television0		1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so restless that you have been moving around a lot more than usual0		1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way.....0		1	2	3



If patient answered positive to Question 9 (scored 1 to 3), follow ADAPt-C Suicide Risk Protocol.

Major Depression Criteria (MD):

Total PHQ Score: _____

If (Q1 or Q2 scored 2 or 3) & (PHQ score is 10 or more) then patient is diagnosed with a major depression (MD).

Internal Check For Study Eligibility: (check one)

First screen:

☐ If patient meets criteria for MD → eligible for ADAPt-C → continue to Section B: Exclusion Criteria.

Otherwise,

☐ if PHQ score is 5 or more → re-screen in 1 month → skip to Closing Script for re-screening.

Otherwise,

☐ patient did not qualify to study → end of screen → skip to Closing Script for ineligible.

Re-screen:

☐ If patient meets criteria for MD → continue to Section B: Exclusion Criteria.

☐ Otherwise patient did not qualify to study → end of screen → skip to Closing Script for ineligible.

ADAPt-C Suicide Risk Protocol

This protocol will guide Project Assistants in the event a patient expresses thoughts about being better off dead, hurting themselves, or other suicidal ideation, whether in response to the specific PHQ question #9 or at any other point of conversation.

When the response to PHQ #9 is other than "0" ("Not at all") or if suicidal ideas are expressed spontaneously, please

Ask: "Do you feel these thoughts are a problem for you or something you might act on?" _____ (Yes/No)

"Have you discussed these feelings and thoughts with a mental health provider or with your primary care provider?" _____ (Yes/No) **If yes**, say: "May I have the contact information for the mental health provider or Doctor that you have spoken with about these feeling and thoughts?"

Document name and contact number of provider/agency/Doctor.

Name/Agency: _____

Contact Number(s): _____

➤ **If you are interviewing this patient in the clinic**, say:

"I am not a clinician and I am not qualified to evaluate these thoughts and feelings in detail, but it is important that you get proper medical attention, I will notify your doctor so that s/he can be sure you get some help with this."

THE CLINIC STAFF WILL HANDLE THE SITUATION ACCORDING TO THE CLINIC'S PROTOCOL.

➤ **If you are interviewing the patient on the telephone**, say:

"Can you please clarify the address and telephone number you are presently at? _____
_____ I am not a clinician and I am not qualified to evaluate these thoughts and feelings in detail, but it is important that you get proper medical attention and I think it's important that you to discuss these thoughts and feelings with a medical or mental health professional. So I would like you to remain on the line with me, so I can get a clinical social worker to talk with you further. I would like to offer you the Crisis Hotline number (where staff speak both English and Spanish) (1-877-727-4747 OR 1-800-SUICIDE), in case these feelings and thoughts get worse and you need help immediately by calling 9-1-1."

TRY TO KEEP PATIENT ON THE LINE BY USING 3-WAY, ANOTHER LINE OR CELL PHONE to immediately contact a Cancer Depression Clinical Specialist (CDCS) on the list. This patient needs to be assessed for suicidality.

Immediately contact CDCS/MD in this order: Anjanette Wells, LCSW (cell: 323-707-6539;
pgr: 323-565-7522)

Maria Arroyo, MSW	cell: 213-253-8542
Maria Moreno, LCSW	cell: 213-203-0452
Alma Aguayo, MSW	cell: 213-253-8175
Diana Pineda, LCSW	cell: 213-208-0432
Brenda Quon, MD	pgr: 213-919-7263

IF SOMEONE IS THREATENING SUICIDE OR HOMICIDE, AND HAS TAKEN STEPS TO COMMIT THE ACT (i.e. taken pills, slash wrist etc.), CALL 9-1-1.

You must speak to someone regarding the suicidality of the patient, it is not adequate to just leave a message for a clinic staff, CDCS or Brenda Quon.

PA: Please check all that apply.

- ☐ Notified CDCS or study psychiatrist Brenda Quon, MD (if patient interviewed on telephone).
- ☐ Notified physician or nursing staff (if patient interviewed in clinic).
- ☐ Documented patient's responses to these questions in the patient's medical chart (applied to each patient with this suicide risk protocol).

PA: Stop screening if patient is acutely suicidal. Re-screen after problem cleared.

PA should continue with screen if the CDCS assessed and pt is safe and not acutely suicidal.

B. Exclusion Criteria**Other Mental Health Problem**

1. Has a doctor ever told you that you had schizophrenia or schizoaffective disorder?
 - ☐ Yes → *If patient response "Yes", skip to **Ineligible Closing Script.***
 - ☐ No → *continue to next question*
2. Has a doctor ever told you that you were manic-depressive or told you that you needed lithium?
 - ☐ Yes → *If patient response "Yes", skip to **Ineligible Closing Script.***
 - ☐ No → *continue to next question*

Karnofsky Performance Status

On a scale of 0 to 10, with zero being the worst possible and 10 being the best possible, how would you rate your overall health?

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
worst possible health (as bad or worse than being dead)					half-way between worst and best possible health					best possible health

→ *If patient scores 2 or less, skip to **Ineligible Closing Script.***

Alcohol Use

Do you ever drink alcohol (including beer or wine)? ☐ No ☐ Yes



*If patient answered "No", end of screen. → **Patient qualifies to ADAPt-C. Proceed with study consent.***

Now I am going to ask you some questions about your use of alcoholic beverages during this past year. Alcoholic beverages include beer, wine, vodka, etc. (PA: Code answers in terms of "standard drinks". Circle the correct answer.)

AUDIT: Alcohol Screener

1. How often during the last year do you have a drink containing alcohol?
 - (0) Never
 - (1) Monthly or less
 - (2) 2 to 4 times a month
 - (3) 2 to 3 times a week
 - (4) 4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?
 - (0) 1 or 2
 - (1) 3 or 4
 - (2) 5 or 6
 - (3) 7, 8, or 9
 - (4) 10 or more
3. How often do you have six or more drinks on one occasion?
 - (0) Never
 - (1) Less than monthly
 - (2) Monthly
 - (3) Weekly
 - (4) Daily or almost daily

→ *If question2=0 & question3=0, skip to Questions 9 and 10.*

AUDIT: Alcohol Screener (continued)

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?.....0		1	2	3	4
5. How often during the last year have you failed to do what was normally expected from you because of drinking?.....0		1	2	3	4
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?.....0		1	2	3	4
7. How often during the last year have you had a feeling of guilt or remorse after drinking?0		1	2	3	4
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?0		1	2	3	4
9. <u>Anytime in the past</u> , have you or someone else been injured as a result of your drinking? (0) No (2) Yes, but not in the last year (4) Yes, during the last year					
10. <u>Anytime in the past</u> , has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down? (0) No (2) Yes, but not in the last year (4) Yes, during the last year					

Total score _____ *If total score is 8 or more → Skip to **Ineligible Closing Script**.*
*If total is less than 8 → **Patient qualifies to ADAPt-C. Proceed with study consent.***

Closing Script:**❖ Ineligible for Study**

Ok, those are all the questions that I need to ask you. I really want to thank you for taking the time to speak with me and to answer these questions!

❖ Re-screening in one month

Ok, those are all the questions that I need to ask you. Based on what you have told me, it sounds like you've been a little sad or worried lately. I would like to call you in a month or so to ask you some more questions and see how you're feeling then. Would that be okay with you?

☐ YES (*Ask patient current contact phone number and the best time to reach the patient. Write down info in the patient card.*)

☐ No, why not _____
(If refused to re-screen) If you are interested, I would like to give you a list of resources that may be helpful to you in the future.

Study Consent:**❖ Eligible for Study**

Ok, those are all the questions that I need to ask you. Based on what you have told me, it sounds like you've been feeling sad or worried. You may be interested in joining our project. I would like to tell you a little about what we are doing so you can decide whether you'd like to participate.

The study is about helping people who have cancer and are feeling down or depressed. Here is written information that describes exactly what is involved. I will go through it with you section by section and I will answer any questions you have.

Study Participation:

(check one)

☐ Enrolled

☐ Refused _____

☐ Other _____

For study participants, continue onto Baseline Questionnaire.

If baseline assessment was not done at the time of enrollment, please confirm patient's contact number and ask the best time to reach the patient. Write down contact information in the patient card.



ADAPT-C Depression Screen (version de Español)

PA (initial) _____ Patient Approached [] 1= over phone 2= face to face ID _____

Screening: Date _____ Time (hr:min) from _____ to _____

Desde que usted ha acordado participar en esta investigación para los síntomas depresivos, ahora voy a hacerle algunas preguntas acerca de sus sensaciones. Como mencioné antes, estas preguntas tomarán solamente como 5 minutos de su tiempo. Dependiendo de sus repuestas a estas preguntas, es posible que voy a preguntarle mas preguntas sobre su salud y sus sensaciones. Eso puede ser hecho hoy o podemos programarlo por otro día. Estas preguntas tomaran como 30 minutos para contestar. Usted tiene algunas preguntas antes de que comencemos?

PA: Proceeding with screening questions.

A. Study Criteria

PHQ-9

¿Durante las **últimas 2 semanas**, con que frecuencia le han molestado los siguientes problemas?

	Nunca	Varios Días	Más de la mitad de los días	Casi todos los días
1. Tener poco interés o placer en hacer las cosas.....	0	1	2	3
2. Sentir desanimada, deprimida, o sin esperanza.	0	1	2	3
3. Con problemas en dormirse o en mantenerse dormida, o en dormir demasiado	0	1	2	3
4. Sentirse cansada o tener poca energía	0	1	2	3
5. Tener poco apetito o comer en exceso.....	0	1	2	3
6. Sentir falta de amor propio, o que usted a fracasado o decepcionado a si misma o a su familia	0	1	2	3
7. Tener dificultada para concentrarse en cosas tales como leer el periódico o mirar la televisión.....	0	1	2	3
8. Se mueve o habla tan lentamente que otra gente se podra del cuenta – o de lo contrario, está tan agitada o inquieta que se mueve mucho más de lo acostumbrado	0	1	2	3
9. Se le han ocurrido pensamientos de que sería mejor estar muerta o de que se haria daño de alguna manera	0	1	2	3



If patient answered positive to Question 9, follow ADAPT-C Suicide Risk Protocol.

Major Depression Criteria (MD):

Total PHQ Score: _____

If (Q1 or Q2 scored 2 or 3) & (PHQ score is 10 or more) then patient is diagnosed with a major depression (MD).

Internal Check For Study Eligibility: (check one)

First screen:

☐ If patient meets criteria for MD → eligible for ADAPT-C → continue to Section B: Exclusion Criteria.

Otherwise,

☐ if PHQ score is 5 or more → re-screen in 1 month → skip to Closing Script for re-screening.

Otherwise,

☐ patient did not qualify to study → end of screen → skip to Closing Script for **ineligible**.

Re-screen:

☐ If patient meets criteria for MD → continue to Section B: Exclusion Criteria.

☐ Otherwise patient did not qualify to study → end of screen → skip to Closing Script for **ineligible**.

ADAPt-C Suicide Risk Protocol

This protocol will guide Project Assistants in the event a patient expresses thoughts about being better off dead, hurting themselves, or other suicidal ideation, whether in response to the specific PHQ question #9 or at any other point of conversation.

When the response to PHQ #9 is other than "0" ("Not at all") or if suicidal ideas are expressed spontaneously, please

Ask: "¿Usted siente que estos pensamientos son un problema para usted o algo que usted haría?" _____ (Si/No)

"¿Ha discutido estos pensamientos o sensaciones con su doctor o otro profesional del cuidado médico (consejero/a)?" _____ (Si/No) **If si**, say: "¿Puedo tener la información de contacto por la profesional de salud mental o médico que le ha discutido sobre estos pensamientos y sensaciones?"

Document name and contact number of provider/agency/Doctor.

Name/Agency: _____

Contact Number(s): _____

➤ **If you are interviewing this patient in the clinic**, say:

"Yo no soy una profesional clínica ni estoy calificada para evaluar estos pensamientos o sensaciones en detalle, pero es importante que usted consiga la atención médica apropiada, voy a notificar su doctor para que el esta seguro que usted consiga una cierta ayuda con esto."

THE CLINIC STAFF WILL HANDLE THE SITUATION ACCORDING TO THE CLINIC'S PROTOCOL.

➤ **If you are interviewing the patient on the telephone**, say:

"Por favor puede confirmar la dirección y número de teléfono de donde me está hablando en este momento? _____ yo no soy una profesional ni estoy calificada para evaluar estos pensamientos o sensaciones en detalle, pero es importante que usted consiga la atención médica apropiada y le recomiendo que hable con un médico o otro profesional del cuidado médico sobre estos pensamientos y sensaciones. Quisiera que permaneciera en el teléfono conmigo mientras me comunico con una trabajadora social para que siga hablando con usted. También, me gustaría ofrecerle un número de teléfono del crisis (donde la gente habla en español y inglés) (1-877-727-4747) OR 1-800-SUICIDE) en caso que estos pensamientos y sensaciones empeoren y usted necesita ayuda inmediatamente llame al 9-1-1."

TRY TO KEEP PATIENT ON THE LINE BY USING 3-WAY, ANOTHER LINE OR CELL PHONE to immediately contact a Cancer Depression Clinical Specialist (CDCS) on the list. This patient needs to be assessed for suicidality.

Immediately contact CDCS/MD in this order: Anjanette Wells, LCSW (cell: 323-707-6539; pgr: 323-565-7522)

Maria Arroyo, MSW	cell: 213-253-8542
Maria Moreno, LCSW	cell: 213-203-0452
Alma Aguayo, MSW	cell: 213-253-8175
Diana Pineda, LCSW	cell: 213-208-0432
Brenda Quon, MD	pgr: 213-919-7263

IF SOMEONE IS THREATENING SUICIDE OR HOMICIDE, AND HAS TAKEN STEPS TO COMMIT THE ACT (i.e. taken pills, slash wrist etc.), CALL 9-1-1.

You must speak to someone regarding the suicidality of the patient, it is not adequate to just leave a message for a clinic staff, CDCS or Brenda Quon.

PA: Please check all that apply.

- ☐ Notified CDCS or study psychiatrist Brenda Quon, MD (if patient interviewed on telephone).
- ☐ Notified physician or nursing staff (if patient interviewed in clinic).
- ☐ Documented patient's responses to these questions in the patient's medical chart (applied to each patient with this suicide risk protocol).

*PA: Stop screening if patient is acutely suicidal. Re-screen after problem cleared.
PA should continue with screen if the CDCS assessed and pt is safe and not acutely suicidal.*

B. Exclusion Criteria**Other Mental Health Problem**

1. ¿Le ha dicho a usted un doctor que tiene esquizofrenia o efectos-esquizofrenicos?
 - ☐ Sí → *If patient response "Yes", skip to **Ineligible Closing Script.***
 - ☐ No → *continue to next question*
2. ¿Le ha dicho a usted un doctor que tiene manic-depresivo o que usted necesita lithium?
 - ☐ Sí → *If patient response "Yes", skip to **Ineligible Closing Script.***
 - ☐ No → *continue to next question*

Karnofsky Performance Status

¿En una escala del 0 al 10, 0 significando lo peor salud posible y 10 significando lo mejor salud posible, cómo usted clasificaría su salud total?

- | | | | | | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|--|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| peor salud posible
(tan mal o grave que estar muerta) | | | | | a medias entre peor y mejor
salud posible | | | | | mejor salud
posible |

→ *If patient scores **2 or less**, skip to **Ineligible Closing Script.***

Alcohol Use

¿Usted bebe alcohol algunas veces (incluyendo cerveza y vino)? ☐ No ☐ Sí

 *If patient answered "No", end of screen. → **Patient qualifies to ADAPt-C. Proceed with study consent.***

Ahora voy a hacerle algunas preguntas sobre su consumo de bebidas alcohólicas durante el último año. Bebidas alcohólicas incluyendo cerveza, vino, vodka, etc. (PA: Code answers in terms of "standard drinks". Circle the correct answer.)

AUDIT: Alcohol Screener

1. ¿Con qué frecuencia consume alguna bebida alcohólica?
 - (0) Nunca
 - (1) Una o menos veces al mes
 - (2) De 2 a 4 veces al mes
 - (3) De 2 a 3 veces a la semana
 - (4) 4 o más veces a la semana
- *If **question1=0**, skip to Questions 9 and 10.*
2. ¿Cuántas consumiciones de bebidas alcohólicas suele realizar en un día de consumo normal?
 - (0) 1 o 2
 - (1) 3 o 4
 - (2) 5 o 6
 - (3) 7, 8, o 9
 - (4) 10 o más
3. ¿Con qué frecuencia toma 6 o más bebidas alcohólicas en un solo día?
 - (0) Nunca
 - (1) Menos de una vez al mes
 - (2) Mensualmente
 - (3) Semanalmente
 - (4) A diario o casi a diario

→ *If **question2=0 & question3=0**, skip to Questions 9 and 10.*

AUDIT: Alcohol Screener (continued)

	Nunca	Menos de una vez al mes	Mensualmente	Semanalmente	A diario o casi a diario
4. ¿Con qué frecuencia en el curso del último año ha sido incapaz de parar de beber una vez había empezado?	0	1	2	3	4
5. ¿Con qué frecuencia en el curso del último año no pudo hacer lo que se esperaba de usted porque había bebido?	0	1	2	3	4
6. ¿Con qué frecuencia en el curso del último año ha necesitado beber en ayunas para recuperarse después de haber bebido mucho el día anterior?	0	1	2	3	4
7. ¿Con qué frecuencia en el curso del último año ha tenido remordimientos o sentimientos de culpa después de haber bebido?	0	1	2	3	4
8. ¿Con qué frecuencia en el curso del último año no ha podido recordar lo que sucedió la noche anterior porque había estado bebiendo?	0	1	2	3	4
9. <u>¿A cualquier hora en el pasado</u> , usted o alguna otra persona ha resultado herido porque usted había bebido? (0) No (2) Sí, pero no en el curso del último año (4) Sí, el último año.					
10. <u>¿A cualquier hora en el pasado</u> , algún familiar, amigo, médico o profesional sanitario ha mostrado preocupación por su consumo de bebidas alcohólicas o le han sugerido que deje de beber? (0) No (2) Sí, pero no en el curso del último año (4) Sí, el último año.					

Total score _____ *If total score is 8 or more → Skip to **Ineligible Closing Script**.*
*If total is less than 8 → **Patient qualifies to ADAPt-C. Proceed with study consent.***

Closing Script:**❖ Ineligible for Study**

Muy Bien, estas son todas de las preguntas que necesito preguntar a usted. Le quiero agradecerle por tomar su tiempo y por hablar conmigo, y contestar estas preguntas!

❖ Re-screening in one month

Muy Bien, basado lo que hemos discutido, suena como que usted ha estado un poco triste o se ha preocupado últimamente. Quisiera llamarle en un mes para así hacerle más preguntas y para ver como se siente usted. ¿Esto es aceptable con usted?

☐ Sí *(Ask patient current contact phone number and the best time to reach the patient. Write down info in the patient card.)*

☐ No, porque no _____
(If refused to re-screen) Si usted esta interesada, quisiera darle una lista de los recursos que pueden ayudarle en el futuro.

Study Consent:**❖ Eligible for Study**

Muy Bien, estas son todas de las preguntas que necesito preguntar a usted. Basado lo que hemos discutido, suena como que usted se ha sentido triste o se ha preocupada. Es posible que usted tiene interes en participando en nuestro proyecto. Quisiera explicar a usted un poco sobre lo que estamos haciendo, para que usted puede decidir si quiere participar.

Este estudio es para ayudar gente con cancer y esta sintiendo deprimido o desanimada. Aqui es la informacion escrito que describe cual esta implicado en nuestro estudio. Explicare cada de las secciones y resondere a todas de las preguntas que usted tiene.

Study Participation:

(check one)

☐ Enrolled

☐ Refused _____

☐ Other _____

For study participants, continue onto Baseline Questionnaire.

If baseline assessment was not done at the time of enrollment, please confirm patient's contact number and ask the best time to reach the patient. Write down contact information in the patient card.



ADAPT-C Baseline Assessment

*PA: If unable to conduct Baseline interview in person at the clinic
then refer to last page for a telephone script.*

PA (initial) _____ Interview Type [____] 1= over phone 2= face to face ID _____
Interview Date _____ Interview Time (hr:min) from _____ to _____

PA: Please mark patient's response to each question.

- ➡ Use "99" or "unk" to indicate that a patient's response to a question is unknown. ←
➡ Use "88" or "rf" to indicate patient refused to answer a question. ←
➡ Use "77" or "n/a" to indicate that a question is not applicable to patient. ←

1. SF-12

INSTRUCTIONS: This questionnaire asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. If you are unsure about how to answer, please give the best answer you can.

PA: Accept only one response per question

1. In general, would you say your health is: [SAY EACH]

☐ Excellent

☐ Very Good

☐ Good

☐ Fair

☐ Poor

Now I'm going to read a list of activities that you might do during a typical day. As I read each one, please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.

- | | Yes,
Limited a lot | Yes,
Limited a little | No,
Not limited at all |
|---|-----------------------|--------------------------|---------------------------|
| 2. moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or going for a walk with your kids | 1 | 2 | 3 |
| 3. climbing several flights of stairs | 1 | 2 | 3 |

The following two questions ask you about your physical health and your daily activities:

- | | Yes | No |
|--|-----|----|
| 4. During the past 4 weeks have you accomplished less than you would like as a result of your physical health? | 1 | 2 |
| 5. During the past 4 weeks, were you limited in the kind of work or other regular daily activities you do as a result of your physical health? | 1 | 2 |

The following two questions ask about your emotions and your daily activities:

- | | Yes | No | | |
|--|---|---|---|---|
| 6. During the past 4 weeks, have you accomplished less than you would like as a result of any emotional problems (such as feeling depressed or anxious[worried])?..... | 1 | 2 | | |
| 7. During the past 4 weeks, did you not do work or other regular activities as carefully as usual as a result of any emotional problems, such as feeling depressed or anxious?..... | 1 | 2 | | |
| 8. During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere...[EACH] | | | | |
| <input type="checkbox"/> Not at all | <input type="checkbox"/> A little bit | <input type="checkbox"/> Moderately | <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Extremely |
| 9. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities like visiting with friends or relatives? Has it interfered...[EACH] | | | | |
| <input type="checkbox"/> All of the time | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> A Little of the time | <input type="checkbox"/> None of the time |

The next questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. **How much of the time during the past 4 weeks...**

- | | All
of the time | Most
of the time | A good bit
of the time | Some of
of the time | A little
of the time | None
of the time |
|--|--------------------|---------------------|---------------------------|------------------------|-------------------------|---------------------|
| 10. Have you felt calm and peaceful? | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. Did you have a lot of energy?..... | 1 | 2 | 3 | 4 | 5 | 6 |
| 12. Have you felt downhearted and blue?..... | 1 | 2 | 3 | 4 | 5 | 6 |

2. FACT-G

Below is a list of statements that other people with your illness have said are important. Please indicate how true each statement has been for you **during the past 7 days**.

<u>Physical Well-Being</u>	Not at all	A little bit	Some- what	Quite a bit	Very much
1. I have a lack of energy	0	1	2	3	4
2. I have nausea	0	1	2	3	4
3. Because of my physical condition, I have trouble meeting the needs of my family	0	1	2	3	4
4. I have pain	0	1	2	3	4

(If patient response is positive with pain (1 to 4), administer Brief Pain Inventory)

Brief Pain Inventory (Short Form)

1. Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these everyday kinds of pain today? ☐ (1=yes, 2=no)

2. Please rate your pain by telling us the one number that best describes your pain at its **WORST** in the last 24 hours.

0	1	2	3	4	5	6	7	8	9	10
No Pain										Pain as bad as you can imagine

3. Please rate your pain by telling us the one number that best describes your pain at its **LEAST** in the last 24 hours.

0	1	2	3	4	5	6	7	8	9	10
No Pain										Pain as bad as you can imagine

4. Please rate your pain by telling us the one number that best describes your pain **ON THE AVERAGE**.

0	1	2	3	4	5	6	7	8	9	10
No Pain										Pain as bad as you can imagine

5. Please rate your pain by telling us the one number that tells how much pain you have **RIGHT NOW**.

0	1	2	3	4	5	6	7	8	9	10
No Pain										Pain as bad as you can imagine

6. What treatments or medications are you receiving for your pain?

7. In the last 24 hours, how much relief have pain treatments or medications provided? Please tell us the one percentage that most shows how much relief you have received.

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
No Relief										Complete Relief

(continue on next page)

Brief Pain Inventory (Continued)

8. Provide us with the one number that describes how, during the past 24 hours, pain has interfered with your:

A. General Activity

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

B. Mood

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

C. Walking Ability

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

D. Normal Work (includes both work outside the home and housework)

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

E. Relationships with other people

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

F. Sleep

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

G. Enjoyment of Life

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

If patient responds "1 to 10" on any of the pain questions, encourage patient to discuss with their MD.

If patient scores 28+ on items 2, 3, 4, & 5 place note in patient's medical record advising staff re. pain.

☐ **Noted in chart**

[Copyright 1991 Charles S. Cleeland, PhD; Pain Research Group. All rights reserved.]

Physical Well-Being (continued)

Following are more statements that other people with your illness have said are important. Please indicate how true each statement has been for you **during the past 7 days.**

	Not at all	A little bit	Some- what	Quite a bit	Very much
5. I am bothered by side effects of treatment	0	1	2	3	4
6. I feel ill	0	1	2	3	4
7. I am forced to spend time in bed	0	1	2	3	4

Social/Family Well-Being

	Not at all	A little bit	Some-what	Quite a bit	Very much
1. I feel close to my friends	0	1	2	3	4
2. I get emotional support from my family	0	1	2	3	4
3. I get support from my friends	0	1	2	3	4
4. My family has accepted my illness	0	1	2	3	4
5. I am satisfied with family communication about my illness	0	1	2	3	4
6. I feel close to my partner (or the person who is my main support)	0	1	2	3	4

Regardless of your current level of sexual activity, please answer the following question.

[If patient prefers not to answer it, PA please check this box ☐ and go to the next section.]

7. I am satisfied with my sex life	0	1	2	3	4
------------------------------------	---	---	---	---	---

Emotional Well-Being

	Not at all	A little bit	Some-what	Quite a bit	Very much
1. I feel sad	0	1	2	3	4
2. I am satisfied with how I am coping with my illness	0	1	2	3	4
3. I am losing hope in the fight against my illness	0	1	2	3	4
4. I feel nervous	0	1	2	3	4
5. I worry about dying	0	1	2	3	4
6. I worry that my condition will get worse	0	1	2	3	4

Functional Well-Being

	Not at all	A little bit	Some-what	Quite a bit	Very much
1. I am able to work (include work at home)	0	1	2	3	4
2. My work (include work at home) is fulfilling	0	1	2	3	4
3. I am able to enjoy life	0	1	2	3	4
4. I have accepted my illness	0	1	2	3	4
5. I am sleeping well	0	1	2	3	4
6. I am enjoying the things I usually do for fun	0	1	2	3	4
7. I am content with the quality of my life right now	0	1	2	3	4

Fatigue Scale

	Not at all	A little bit	Some-what	Quite a bit	Very much
1. I feel fatigued (If patient response=0, skip to Spiritual Well-Being)	0	1	2	3	4
2. I feel weak all over	0	1	2	3	4
3. I feel tired	0	1	2	3	4
4. I have trouble <u>starting</u> things because I am tired	0	1	2	3	4
5. I have trouble <u>finishing</u> things because I am tired	0	1	2	3	4
6. I have energy	0	1	2	3	4
7. I am able to do my usual activities	0	1	2	3	4
8. I need to sleep during the day	0	1	2	3	4
9. I am too tired to eat	0	1	2	3	4
10. I need help doing my usual activities	0	1	2	3	4
11. I am frustrated by being too tired to do the things I want to do	0	1	2	3	4
12. I have to limit my social activity because I am tired	0	1	2	3	4

Spiritual Well-Being

	Not at all	A little bit	Some- what	Quite a bit	Very much
1. I feel peaceful	0	1	2	3	4
2. I have a reason for living	0	1	2	3	4
3. My life has been productive	0	1	2	3	4
4. I have trouble feeling peace of mind	0	1	2	3	4
5. I feel a sense of purpose in my life	0	1	2	3	4
6. I am able to reach down deep into myself for comfort	0	1	2	3	4
7. I feel a sense of harmony within myself	0	1	2	3	4
8. My life lacks meaning and purpose	0	1	2	3	4
9. I find comfort in my faith or spiritual beliefs	0	1	2	3	4
10. I find strength in my faith or spiritual beliefs	0	1	2	3	4
11. My illness has strengthened my faith or spiritual beliefs	0	1	2	3	4
12. I know that whatever happens with my illness, things will be okay	0	1	2	3	4

3. General Health Status

Do you have any of the following medical conditions?

No**Yes**

1. Heart disease	0	1
2. Arthritis	0	1
3. Diabetes	0	1
4. Stroke	0	1
5. Kidney disease	0	1
6. High blood pressure	0	1
7. Any other medical problem you are having	0	1 if "yes", specify _____

4. Assessment of Depression and Dysthymia**1. Depressive Symptoms (PHQ-9)***Re-assess PHQ-9 only if patient completed depression screen more than two weeks ago*Over the **last 2 weeks**, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

*If patient answered positive to Question 9, follow ADAPt-C Suicide Risk Protocol.*

2. Dysthymia Questions

1. Over the last 2 years, have you often felt down or depressed, or had little or no pleasure in doing things?
[count as yes only if yes to]: Was that on more than half of the days over the last two years?

☐₁ Yes – continue to question 1a

☐₂ No – skip to 3. Depression History

- 1a. In the past 2 years, has that often made it hard for you to do your work, take care of things at home, or get along with other people? ☐ Yes₁ ☐ No₂

3. Depression History

At any time in the past, has a doctor or other healthcare professional ever told you that you had any of the following:

	No	Yes
1. Major depression	0	1
2. Dysthymia	0	1
3. Panic disorder	0	1
4. Generalized anxiety disorder	0	1
5. Other mental health problem	0	1if “yes”, specify _____

4. Depression Treatment

Do you take any medication for depression or anxiety? ☐ No₀ ☐ Yes₁...if “yes”, specify medication, dose and frequency

Are you currently talking to a social worker, psychologist, or doctor about your depression or anxiety? ☐ No₀ ☐ Yes₁

Are you currently attending any support group? ☐ No₀ ☐ Yes₁, please specify what type of support group. _____

Trauma

In the last 4 weeks, how much have you been bothered by thinking or dreaming about something terrible that happened to you in the past-like your house being destroyed, a severe accident, being hit or being assaulted, or being forced to commit a sexual act?

☐ Not bothered₁

☐ Bothered a little₂

☐ Bothered a lot₃

BSI

During the past 7 days, how much were you disturbed by (read each item)

	not at all	a little bit	moderately	quite a bit	extremely
1. nervousness or shakiness inside	0	1	2	3	4
2. suddenly scared for no reason	0	1	2	3	4
3. feeling fearful	0	1	2	3	4
4. feeling tense or keyed up	0	1	2	3	4
5. spells of terror or panic	0	1	2	3	4
6. feeling so restless you couldn't sit still	0	1	2	3	4

BSI Score: _____

PA: If BSI scored 14 or more, please make a note in patient's chart and if available inform physician.

☐ Noted in Patient chart

5. Problem Solving Assessment

This next section covers questions about some ways you might think, feel, and act when faced with problems in everyday living. In this questionnaire, a problem is something important in your life that bothers you a lot but you don't know immediately how to make it better or stop it from bothering you so much. The problem could be something about yourself (such as your thoughts, feelings, behavior, health or appearance), your relationships with other people (such as your family, friends, teachers, or boss), or your environment and the things that you own (such as your house, car, property, money). Please think carefully after I read each question and choose one response that best shows how much the statement is true of you. See yourself as you usually think, feel, and act when you are faced with important problems in your life these days.

	not all true of me	slightly true of me	moderately true of me	extremely true of me
1. I feel nervous and unsure of myself when I have an important decision to make.	1	2	3	4
2. I wait to see if a problem will resolve itself first, before trying to solve it myself.	1	2	3	4
3. Whenever I have a problem, I believe that it can be solved.	1	2	3	4
4. I go out of my way to avoid having to deal with problems in my life.	1	2	3	4
5. When I have a decision to make, I try to predict the positive and negative consequences of each option.	1	2	3	4
6. When problems occur in my life, I like to deal with them as soon as possible.	1	2	3	4
7. When I have a problem to solve, one of the first things I do is try to get as many facts about the problem as possible.	1	2	3	4
8. I put off solving problems until it is too late to do anything about them.	1	2	3	4
9. I spend more time avoiding my problems than solving them.	1	2	3	4

6. Knowledge/Attitudes about Depression

Knowledge

Are the following treatments true or false? If you are not sure, just give us your best guess.

	True	False
1. Biological changes in the brain cause depression	1	2
2. Some medicines are effective in treating depression	1	2
3. Antidepressant medicines are usually addictive	1	2
4. For most people, counseling works as well as medication in treating depression	1	2
5. Depression can cause physical changes like pain and headaches	1	2
6. Sleeping pills can make depression worse	1	2
7. Most people who are treated for depression feel better in a few months	1	2
8. Depression runs in families	1	2

Attitude

How much would your relationships with your family or friends change for the worse if they thought you had a recent history of the following?

	A lot	Some	None	Don't know
1. Depression	1	2	3	4
2. Visits to a psychiatrist	1	2	3	4

Preferences

I will now ask you about your preferences for different treatments for depression. Let's assume that you are suffering from depression and you had to choose between taking antidepressant medication daily for 6-9 months, going for counseling or psychotherapy weekly for at least 2 months, or no treatment at all. Which would you prefer?

- ☐₁ Taking antidepressants for 6-9 months
☐₂ Counseling/Psychotherapy weekly for at least 2 months
☐₃ Both medication and counseling
☐₄ No treatment at all
☐₅ No preference (Patient volunteers answer)

7. Psychosocial Barriers to Cancer Treatment

What is your current cancer treatment status:

- ☐₁ Not start Tx yet, why not (write down pt's understanding) _____
☐₂ Currently receiving Tx, specify all that apply:
☐Radiation ☐Chemotherapy ☐Surgery ☐Palliative Care ☐Watchful Waiting ☐Other, specify _____
☐₃ Finished Tx, specify all that apply:
☐Radiation ☐Chemotherapy ☐Surgery ☐Palliative Care ☐Watchful Waiting ☐Other, specify _____
☐₄ Other, specify _____

There are different reasons that patients may have for not being able to keep scheduled appointments or to follow treatment recommendations. I'm going to name some of these and I'd like you to tell me if any of these problems may be true for you.

	Yes	No	N/A
1. Do/Did you completely understand what treatment your doctor has/had recommended and why?	1	2	3
2. Are you familiar with how the treatment is given and what to expect?	1	2	3
3. Do/Did you have fears about receiving the recommended treatment?	1	2	3
4. Do/Did you have fears about the side effects of your recommended cancer treatment?	1	2	3
5. Do you believe the recommended treatment will improve your health?	1	2	3
6. Do/Did you have concerns about the costs of medications?	1	2	3
7. Are/Were you able to get all of the medications your doctor prescribed?	1	2	3
8. Do/Did you have concerns about the costs of hospitalization?	1	2	3
9. Do/Did you have concerns about the costs of chemotherapy?	1	2	3
10. Do/Did you have concerns about the costs of radiation therapy?	1	2	3
11. Do/Did you have concerns about the costs of hormone therapy?	1	2	3
12. Do you have any questions or worries that your work wages will be lost for sick time?	1	2	3
13. Do you have any questions or worries that your work wages will be lost to attend a medical appointment?	1	2	3
14. Do/Did you plan to seek another form of treatment <i>instead of</i> the Tx your doctor has/had recommended?	1	2	3
15. Do/Did you have personal, family or other problems such as childcare or eldercare that make it hard for you to follow-up doctor's recommendations?	1	2	3
16. Do/Did you have other health problems that make it hard for you to follow-up doctor's recommendations?	1	2	3
17. Do you sometimes just forget about your medical appointments?	1	2	3
18. What is your major source of transportation to your medical appointments? ____ (1=drive by yourself; 2=transportation is provided by family, relatives or friends; 3=by public transportation (bus, taxi, MetroLine))			

8. Work Life

1. Were you employed **BEFORE YOUR CANCER DIAGNOSIS**? ☐ Yes₁ ☐ No₂
2. How many people are living in your household, including yourself? _____ adults (18 years or older) _____ children (0-17 years)
3. To what extent has your health interfered with your work around the house in the past month on a scale of 0, "not at all" to 10, "unable to carry on any activities"? |_____| Enter number
4. Are you currently employed? ☐ Yes, Full-time₁ ☐ Yes, Part-time₂ ☐ No, Unemployed₃ (If "No", skip to q5. Unemployed)

Employed

- a. What is your occupation? _____
- b. Is your job physically strenuous?|_____| (1=not strenuous; 2=a little strenuous; 3=somewhat strenuous; 4=very strenuous)
- c. Is your job stressful?|_____| (1=not stressful; 2=a little stressful; 3=somewhat stressful; 4=very stressful)
- d. How satisfied are you with your job?...|_____| (1=very satisfied; 2=satisfied; 3=dissatisfied; 4=very dissatisfied)
- e. In the past 6 months, how many days have you been absent from work for a medical reason related to your cancer treatment? |_____| number of days
- f. Have you experienced difficulties in taking time off from work to go to your treatment appointment(s)? ☐ Yes₁ ☐ No₂
- g. To what extent has your health interfered with your work activities in the past month on a scale of 0, "not at all" to 10, "unable to carry on any activities"? |_____| Enter number - skip to q7. All Subjects

Unemployed

5. If you are not employed now, what is the reason(s) for you not holding a job? You are:
☐ Full time homemaker ☐ Unable to work because of poor health ☐ Retired ☐ On medical leave
☐ Laid off or on strike ☐ Other _____
6. If you are not employed now, when did you last work, even for a few days?
☐ Never worked ☐ Within the past 6 months ☐ Within the past 12 months ☐ 1 to 5 years ago ☐ Over 5 years ago
 If pt had ever worked (response >1), What was your most recent occupation? _____

All Subjects

7. Are you involved in any paid activities such as caring for children, caring for older and/or disabled persons, cooking or cleaning that allows you to contribute the family's total income? ☐ Yes ☐ No
8. Is your spouse or live-in partner, currently employed?
☐ Yes, full-time ☐ Yes, part-time ☐ No, unemployed ☐ No, retired ☐ Not applicable, no spouse or live-in partner
9. Has a family member(s) experienced any difficulties taking time off from work to go with you to your treatment appointment(s)?
☐ Yes ☐ No ☐ Not applicable, I go alone to appointments

9. Economic Distress

1. Are you currently having difficulty in paying bills? ☐ Yes ☐ No
2. Do you have money left over at the end of the month? ☐ Yes ☐ No
3. Would you say your financial situation is getting better, staying the same or getting worse?
☐ getting better ☐ staying the same ☐ getting worse
4. Are you worried about your current financial situation?
☐ very worried ☐ somewhat worried ☐ not worried at all
5. Do you think that your financial situation will get better soon?
☐ hopeful ☐ more or less hopeful ☐ not hopeful at all
6. Does your financial situation prevent you from filling your prescriptions? ☐ Yes ☐ No
7. Does your financial situation prevent you from getting the treatment you need? ☐ Yes ☐ No

10. Stress Inventory

Following is a list of various issues that many people find can be stressful. Please tell me if you are experiencing stress from any of the following issues **in the past 6 months**. (If participant answers yes please ask them to rate the level of stress they feel.

Use the scale from 0 to 10, 0 meaning no stress at all and 10 meaning a lot of stress.)

0-----1-----2-----4-----6-----8-----10
no stress at all most stress you can imagine

	No	Yes	Stress Level
1. Work problems	<input type="checkbox"/> 0	<input type="checkbox"/> 1	If yes, _____
2. Unemployment Problems	<input type="checkbox"/> 0	<input type="checkbox"/> 1	If yes, _____
3. Financial problems	<input type="checkbox"/> 0	<input type="checkbox"/> 1	If yes, _____
4. Marital conflicts	<input type="checkbox"/> 0	<input type="checkbox"/> 1	If yes, _____
5. Family conflicts.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	If yes, _____
6. Problems with your children or grandchildren / parenting concerns	<input type="checkbox"/> 0	<input type="checkbox"/> 1	If yes, _____
7. Serious illness or death of a family member, spouse, or close friend.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	If yes, _____
8. Cultural conflicts, including language barriers and discrimination	<input type="checkbox"/> 0	<input type="checkbox"/> 1	If yes, _____
9. Legal problems.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	If yes, _____
10. Immigration problems or concerns	<input type="checkbox"/> 0	<input type="checkbox"/> 1	If yes, _____
11. Problems with your own health	<input type="checkbox"/> 0	<input type="checkbox"/> 1	If yes, _____
12. Worries about your community (drugs, violence, other crime)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	If yes, _____
13. Other, specify _____	<input type="checkbox"/> 0	<input type="checkbox"/> 1	If yes, _____

11. Utilization of Health Care and Social Services–Cornell Services Index-PC

Next, I will ask you some questions about health care services you may have used over the **past 6 months**.

Inpatient Hospital Services

1. In the past six months, have you stayed overnight in a hospital as a patient? ☐ Yes₁ ☐ No₂ - skip to question 2

1a. How many nights did you spend in this facility? (probe for best guess) _____ NIGHTS

1b. What kind of hospital or care facility did you stay in? Was it a: (check all apply)

- ☐₁ General medical hospital
☐₂ Psychiatric hospital
☐₃ Substance abuse treatment facility
☐₄ Another kind of inpatient facility
☐₅ Other, specify _____

2. Were you in the intensive care unit? ☐ Yes₁ ☐ No₂

Emergency Room or Urgent Care Visit

3. In the past six months, have you had any visits to a hospital emergency room or an urgent care facility?

☐ Yes₁ ☐ No₂ - skip to Section 11. Acculturation / Demographics

3a. How many different visits to a hospital emergency room or an urgent care facility did you have in the past six months?
 (probe for best guess) _____ NUMBER OF VISITS

12. Acculturation / Demographics

1. What is your ethnicity - that is your culture, origin or heritage?

Are you: ☐ ₁ Hispanic or Latino ☐ ₂ Not Hispanic or Latino ☐ ₉ Unknown ☐ ₈ Refuse to Answer

2. What is your race? You may check more than one.

☐ ₁ American Indian or Alaska Native ☐ ₂ Asian ☐ ₃ Native Hawaiian or other Pacific Islander
☐ ₄ Black or African American ☐ ₅ White ☐ ₆ Other, specify _____

3. What is your country of origin? ☐ ₁ US → *skip to Question 4*

☐ ₂ Other, specify (country) _____

Number of years living in US: _____ years

4. What language do you use most of the time (You may check more than one)

☐ ₁ English ☐ ₂ Spanish ☐ ₃ English & Spanish equally ☐ ₄ Other, specify _____

5. How many years of schooling have you had? ☐ ₁ ≤6 ☐ ₂ 7-11 ☐ ₃ 12 (*high school graduate or equivalent*) ☐ ₄ >12

6. What is your marital status?

☐ ₁ Married ☐ ₂ Divorced ☐ ₃ Separated ☐ ₄ Widowed ☐ ₅ Never Married

7. Do you have health insurance benefits? ☐ ₁ Yes (*If "Yes", continue on Question 7a*)

☐ ₂ No (*If "No", skip to Question 8.*)

7a. If "Yes", What type of health insurance do you have? (*Check all apply*)

☐ Medi-cal ☐ Medicare ☐ Other, specify _____

8. Where will you be staying in the next several weeks so that you could be contacted by the study?

PA: please write down patient contacting information on "Patient Contact" sheet.

☎ Is this your permanent address and phone number?

☐ Yes

☐ No → *PA ask the following:* ☎ What are your permanent address and phone number?


☎ May I also have an alternative number for the person who is most likely to know where to reach you if we are unable to reach you directly?

CLOSING STATEMENT

I have enjoyed talking with you and I appreciate you taking time to answer my questions. You may talk with your doctor about any of the problems you might have in keeping your appointments or ask to see a clinical social worker. This pamphlet may also answer some of your questions. I look forward to talking with you again in 6 months. I would very much appreciate it if you call me to let know if you change your telephone number. Remember my name is _____ and my telephone number is _____.

ADAPt-C
Patient Contact
(Please remove this page after interview)

ID _____

 Where will you be staying in the next several weeks so that you could be contacted by the study?


Address _____

Phone (h) _____
(w) _____
(c) _____

 Is this your permanent address and phone number? ☐ Yes


☐ No

If pt response "no", PA ask the following:

 What are your permanent address and phone number?

Address _____

Phone (h) _____
(c) _____

 May I also have an alternative number for the person who is most likely to know where to reach you if we are unable to reach you directly?

Relationship _____
Name _____
Phone (h) _____
(c) _____

Relationship _____
Name _____
Phone (h) _____
(c) _____



ADAPT-C
Baseline Assessment (version de Español)

*PA: If unable to conduct Baseline interview in person at the clinic
then refer to last page for a telephone script.*

PA (initial) _____ Interview Type ☐ 1= over phone 2= face to face ID _____
Interview Date _____ Interview Time (hr:min) from _____ to _____

PA: Please mark patient's response to each question.

- ➡ Use "99" or "unk" to indicate that a patient's response to a question is unknown. ⬅
➡ Use "88" or "rf" to indicate patient refused to answer a question. ⬅
➡ Use "77" or "n/a" to indicate that a question is not applicable to patient. ⬅

1. SF-12

INSTRUCCIONES: Este cuestionario pregunta a usted sobre sus opiniones de su salud. Esta información ayudará a no perder de vista como usted se siente y cómo esta bien puede hacer sus actividades generales. Si esta inseguro sobre como contestar, por favor proporcione la mejor respuesta que usted puede.

PA: Accept only one response per question

1. En general, ¿diría usted que su salud es....[DIGA CADA UNA]?

☐ 1 Excelente

☐ 2 Muy buena

☐ 3 Buena

☐ 4 Así así

☐ 5 Mala

Ahora voy a leer una lista de actividades que es posible usted tenga por el día. En lo que la leo, por favor, dígame, en cada una si su salud la restringe mucho, si la restringe un poco, o si no le impide nada.

Sí, Sí, No,
Me limita much Me limita un poco No me limita nada

2. **actividades moderadas**, por ejemplo, mover la mesa, usar la aspiradora,

jugar a los bolos, o ir de paseo con sus hijos..... 1 2 3

3. a subir **varias** escaleras..... 1 2 3

Las próximas dos preguntas, se tratan de su salud y de sus actividades diarias:

Sí No

4. Durante las últimas cuatro semanas,

¿ha hecho menos de lo que hubiera querido hacer a causa de la salud? 1 2

5. En las últimas cuatro semanas,

¿ha limitado el tipo de trabajo que hace u otras actividades diarias a causa de su salud?..... 1 2

Las próximas dos preguntas se tratan de sus emociones y sus actividades diarias:

Sí No

6. En las últimas cuatro semanas, ¿ha hecho menos de lo que hubiera querido hacer a causa

de problemas emocionales (por ejemplo, por estar deprimida o sentirse con ansia [preocupada])? 1 2

7. En las últimas cuatro semanas, ha hecho su trabajo o sus actividades diarias con menos cuidado

a causa de problemas emocionales, por ejemplo, por estar deprimida o sentirse con ansia? 1 2

8. En las últimas cuatro semanas, ¿cuánto dolor tenía que le impedía continuar con su trabajo regular, incluyendo trabajo fuera de casa y actividades domésticas? ¿Interfería.....[CADA UNA]?

☐ 1 Ningun dolor

☐ 2 Un poco de dolor

☐ 3 Dolor moderado

☐ 4 Bastante dolor

☐ 5 O extremadamente

9. En las últimas cuatro semanas, ¿cuánto tiempo ha afectado, su salud física o emocional, a sus actividades sociales como visitas a parientes o amigos? ¿Ha interferido....[CADA UNA]?

☐ 1 Todo el tiempo

☐ 2 La mayor parte del tiempo

☐ 3 Parte del tiempo

☐ 4 Poco tiempo

☐ 5 Ninguno

Las próximas preguntas se tratan de como se siente y de como le ha ido durante las últimas cuatro semanas. Por cada pregunta por favor conteste lo mas cerca de como usted se sienta. **En las últimas cuatro semanas...**

Todo La mayor parte Bastante Parte del Poco Ninguno
el tiempo del tiempo tiempo tiempo tiempo

10. ¿cuánto tiempo se sintió tranquila y serena? 1 2 3 4 5 6

11. ¿cuánto tiempo se sintió con mucha energía? 1 2 3 4 5 6

12. ¿cuánto tiempo se ha sentido descorazonada y melancólica? 1 2 3 4 5 6

2. FACT-G

A continuación encontrará una lista de afirmaciones que otra gente con su misma enfermedad ha dicho son muy importante. Por favor, indique que verdadera ha sido cada frase para usted **durante los últimos siete días**.

Estado Físico General De Salud

	Nada	Un poco	Algo	Mucho	Muchísimo
1. Me falta energía	0	1	2	3	4
2. Tengo náuseas	0	1	2	3	4
3. Debido a mi estado físico, tengo dificultad para atender a las necesidades de mi familia	0	1	2	3	4
4. Tengo dolor	0	1	2	3	4

(If patient response is positive with pain (1 to 4), administer Brief Pain Inventory)

Brief Pain Inventory (Short Form)

- Todos hemos tenido dolor alguna vez en nuestra vida (por ejemplo, dolor de cabeza, contusiones, dolores de dientes).
¿En la actualidad, ha sentido un dolor distinto a estos dolores comunes? ☐ (1=sí; 2=no)
- Clasifique su dolor indicando el número que mejor describe la intensidad máxima de dolor sentido en las últimas 24 horas.
0 1 2 3 4 5 6 7 8 9 10
Ningún Dolor El Peor Dolor Imaginable
- Clasifique su dolor indicando el número que mejor describe la intensidad mínima de dolor sentido en las últimas 24 horas.
0 1 2 3 4 5 6 7 8 9 10
Ningún Dolor El Peor Dolor Imaginable
- Clasifique su dolor indicando el número que mejor describe la intensidad media de dolor sentido en las últimas 24 horas.
0 1 2 3 4 5 6 7 8 9 10
Ningún Dolor El Peor Dolor Imaginable
- Clasifique su dolor indicando el número que mejor describe la intensidad de su dolor actual.
0 1 2 3 4 5 6 7 8 9 10
Ningún Dolor El Peor Dolor Imaginable
- ¿Qué tratamiento o medicamento recibe para su dolor?

- ¿En las últimas 24 horas, cuánto alivio ha sentido con el tratamiento o con el medicamento?
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Ningún Alivio Alivio Total

(continue on next page)

Brief Pain Inventory (Continued)

8. Indicando el número que mejor describe la manera en que el dolor ha interferido, durante las últimas 24 horas, con su:

A. Actividad en general

0	1	2	3	4	5	6	7	8	9	10
No										Interfiere
Interfiere										por Completo

B. Estado de ánimo

0	1	2	3	4	5	6	7	8	9	10
No										Interfiere
Interfiere										por Completo

C. Capacidad de caminar

0	1	2	3	4	5	6	7	8	9	10
No										Interfiere
Interfiere										por Completo

D. Trabajo norma (ya sea en casa o afuera)

0	1	2	3	4	5	6	7	8	9	10
No										Interfiere
Interfiere										por Completo

E. Relaciones con otras personas

0	1	2	3	4	5	6	7	8	9	10
No										Interfiere
Interfiere										por Completo

F. Sueño

0	1	2	3	4	5	6	7	8	9	10
No										Interfiere
Interfiere										por Completo

G. Capacidad de diversion

0	1	2	3	4	5	6	7	8	9	10
No										Interfiere
Interfiere										por Completo

If patient responds "1 to 10" on any of the pain questions, encourage patient to discuss with their MD.

If patient scores 28+ on items 2, 3, 4, & 5 place note in patient's medical record advising staff re. pain.

☐ **Noted in chart**

[Copyright 1991 Charles S. Cleeland, PhD; Pain Research Group. All rights reserved.]

Physical Well-Being (continued)

A continuación encontrará una lista de afirmaciones que otra gente con su misma enfermedad ha dicho son muy importante. Por favor, indique que verdadera ha sido cada frase para usted **durante los últimos siete días**.

	Nada	Un poco	Algo	Mucho	Muchísimo
5. Me molestan los efectos secundarios del tratamiento	0	1	2	3	4
6. Me siento enfermo (a)	0	1	2	3	4
7. Necesito estar acostado(a)	0	1	2	3	4

Social/Family Well-Being

	Nada	Un poco	Algo	Mucho	Muchísimo
1. Me siento cercano(a) a mis amistades	0	1	2	3	4
2. Recibo apoyo emocional por parte de mi familia	0	1	2	3	4
3. Recibo apoyo por parte de mis amistades	0	1	2	3	4
4. Mi familia ha aceptado mi enfermedad	0	1	2	3	4
5. Me siento satisfecho(a) de la manera en que se comunica mi familia acerca de mi enfermedad	0	1	2	3	4
6. Me siento cercano(a) a mi pareja (o a la persona que me da apoyo)	0	1	2	3	4

Sin importar su nivel actual de actividad sexual, por favor, conteste a la siguiente pregunta.

[If patient prefers not to answer it, PA please check this box ☐ and go to the next section.]

7. Estoy satisfecho(a) con mi vida sexual	0	1	2	3	4
---	---	---	---	---	---

Emotional Well-Being

	Nada	Un poco	Algo	Mucho	Muchísimo
1. Me siento triste	0	1	2	3	4
2. Estoy satisfecho(a) de como estoy enfrentando mi enfermedad	0	1	2	3	4
3. Estoy perdiendo las esperanzas en la lucha contra mi enfermedad	0	1	2	3	4
4. Me siento nervioso(a)	0	1	2	3	4
5. Me preocupa morir	0	1	2	3	4
6. Me preocupa que mi enfermedad empeore	0	1	2	3	4

Functional Well-Being

	Nada	Un poco	Algo	Mucho	Muchísimo
1. Puedo trabajar (incluya trabajo en el hogar)	0	1	2	3	4
2. Me satisface mi trabajo (incluya trabajo en el hogar)	0	1	2	3	4
3. Puedo disfrutar de la vida	0	1	2	3	4
4. He aceptado mi enfermedad	0	1	2	3	4
5. Duermo bien	0	1	2	3	4
6. Estoy disfrutando las cosas que usualmente me gusta hacer	0	1	2	3	4
7. Estoy satisfecho(a) con la calidad de mi vida actual	0	1	2	3	4

Fatigue Scale

	Nada	Un poco	Algo	Mucho	Muchísimo
1. Me siento fatiga (If patient response=0, skip to Spiritual Well-Being)	0	1	2	3	4
2. Me siento debil por todo mi cuerpo	0	1	2	3	4
3. Me siento cansada	0	1	2	3	4
4. Tengo dificultad <u>empezar</u> cosas porque estoy cansada	0	1	2	3	4
5. Tengo dificultad <u>terminar</u> cosas porque estoy cansada	0	1	2	3	4
6. Tengo energia	0	1	2	3	4
7. Puedo hacer mis actividades generales	0	1	2	3	4
8. Necesito estar dormido/a durante el dia	0	1	2	3	4
9. Estoy demasiada cansada que no puedo comer	0	1	2	3	4
10. Necesito ayudar para hacer mis actividades generales	0	1	2	3	4
11. Estoy frustrado por estar demasiado cansado para hacer las cosas que quiero hacer	0	1	2	3	4
12. Tengo que limitar my actividad social porque estoy cansada	0	1	2	3	4

Spiritual Well-Being

	Nada	Un poco	Algo	Mucho	Muchísimo
1. Estoy Tranquilo(a)	0	1	2	3	4
2. Tengo razones para vivir	0	1	2	3	4
3. Mi vida ha sido productivo(a)	0	1	2	3	4
4. Me es difícil tener paz mental	0	1	2	3	4
5. Siento que mi vida tiene sentido	0	1	2	3	4
6. Encuentro apoyo en mi mismo(a)	0	1	2	3	4
7. Me siento en paz con mi mismo(a)	0	1	2	3	4
8. Mi vida carece de sentido	0	1	2	3	4
9. Me fe` me ayuda	0	1	2	3	4
10. Mi fe` me da fuerza	0	1	2	3	4
11. La enfermedad ha fortalecido mi fe`	0	1	2	3	4
12. No importa lo que sucede con mi enfermedad, se que todo me ira bien	0	1	2	3	4

3. General Health Status

¿Tiene alguna de las siguientes condiciones medicas?

No Sí

1. enfermedad del corazon	0	1
2. artritis	0	1
3. diabetes	0	1
4. ataque cerebral	0	1
5. enfermedad del rinon	0	1
6. alta presion	0	1
7. alguna otra condicion medica que tenga	0	1Sí "sí", especifique _____

4. Assessment of Depression and Dysthymia**1. Depressive Symptoms (PHQ-9)***Re-assess PHQ-9 only if patient completed depression screen more than two weeks ago*¿Durante las **últimas 2 semanas**, con que frecuencia le han molestado los siguientes problemas?

	Nunca	Varios Días	Más de la mitad de Los días	Casi todos los días
1. Tener poco interés o placer en hacer las cosas.....	0	1	2	3
2. Sentirse desanimada, deprimida, o sin esperanza.	0	1	2	3
3. Con problemas en dormirse o en mantenerse dormida, o en dormir demasiado	0	1	2	3
4. Sentirse cansada o tener poca energía	0	1	2	3
5. Tener poco apetito o comer en exceso.....	0	1	2	3
6. Sentir falta de autoestima, ó que usted ha fracasado ó decepcionado a si misma ó a su familia	0	1	2	3
7. Falta desconcentración en cosas tales como leer El periódico o mirar la televisión	0	1	2	3
8. Se mueve o habla tan lentamente que otra gente se podrá Dar cuenta – ó por lo contrario, está tan agitada ó inquieta Que se mueve mucho más de lo acostumbrado	0	1	2	3
9. Ha tenido pensamientos de que sería mejor Estar muerta ó de hacerse daño de alguna manera	0	1	2	3

*If patient answered positive to Question 9, follow **ADAPt-C Suicide Risk Protocol**.*

2. Dysthymia Questions

1. Durante los últimos dos años, se ha sentido deprimida, o con desánimo de hacer las cosas?
[count as yes only if yes to]: Sí esto ha ocurrido ha sido más de la mitad de los días durante los últimos 2 años?

1 ☐ Sí – *continue to question 1a* 2 ☐ No – *skip to 3. Depression History*

- 1a. En los últimos 2 años, ha tenido dificultad a menudo en hacer el trabajo que hacia antes, cuidar de los quehaceres de la casa, ó llevarse bien con otras personas? 1 ☐ Sí 2 ☐ No

3. Depression History

En algun tiempo en el pasado, ¿le dijo un doctor o otro profesional del cuidado medico que usted tenia alguno de los siguientes?:

	No	Sí
1. Una Depresión Grave	0	1
2. Distimia	0	1
3. Un Trastorno de Pánico	0	1
4. Un Trastorno de Ansiedad	0	1
5. O otro problema de la salud mental	0	1 Sí "sí", especifique _____

4. Depression Treatment

- ¿Esta tomando un medicamento para depression o ansiedad? ☐ No ₀
☐ Sí ₁... Sí "sí", especifique medication, dose and frequency _____

- ¿Esta usted hablando con una trabajadora social, psicologia, o medico sobre su depresion o ansiedad? ☐ No ₀ ☐ Sí ₁

- ¿Esta usted atendiendo un grupo de apoyo? ☐ No ₀
☐ Sí ₁, especifique que tipo de grupo de apoyo _____

Trauma

Durante los ultimos 4 semanas, ¿con que frecuencia le ha molestado por pensando o soñando sobre algo terrible que paso a usted en el pasado – como la destrucción de su casa, un accidente severo, estando golpeado o molestado, o estando forzado a cometer un acto sexual? ☐ No molestado ₁ ☐ Molestado un poco ₂ ☐ Molestado mucho ₃

BSI

Durante los últimos 7 días que tanto fue usted perturbada por: **[CADA UNA]**

	para nada	un poco	moderadamente	bastante	extremadamente
1. nerviosísima o agitación interna	0	1	2	3	4
2. sobresaltos sin motivo	0	1	2	3	4
3. sentirse temerosa	0	1	2	3	4
4. sentirse tensa o ansiosa	0	1	2	3	4
5. periodos de terror o panico	0	1	2	3	4
6. sentirse inquieta sin poder mantenerse sentada	0	1	2	3	4

BSI Score: _____

PA: If BSI scored 14 or more, please make a note in patient's chart and if available inform physician.

☐ Noted in Patient chart

5. Problem Solving Assessment

Esta sección contiene preguntas sobre algunas maneras de pensar, sentir y actuar cuando enfrenta problemas del diario vivir. En este cuestionario, un problema consiste en algo importante en su vida si le molesta muchísimo. El problema puede referirse a usted mismo/a (por ejemplo, tocante sus pensamientos, sentimientos, formas de actuar, salud, o su apariencia personal). También el problema puede referirse a sus relaciones personales con los demás (como sus familiares, amigos, maestros, o supervisores del trabajo), o se puede relacionar con su medioambiente y sus pertenencias (como su casa, automóvil, propiedades, o dinero). Por favor, piense cuidadosamente después de escuchar cada pregunta y escoja la respuesta que sea más apropiada, en otras palabras, la respuesta que más indique que tan cierta es la declaración para usted. Tome en cuenta su manera usual de pensar, sentir o actuar cuando enfrenta problemas importantes en su vida.

	Nada cierto de mi	Un poco cierto de mi	Moderadamente cierto de mi	Extremadamente cierto de mi
1. Me siento nervioso/a y inseguro/a de mi mismo/a cuando tengo una decisión importante que hacer.	1	2	3	4
2. Espero ver si el problema se resuelve por si mismo, antes de tratar de resolverlo yo.	1	2	3	4
3. Cualquier problema que se me presenta tiene solución.	1	2	3	4
4. Hago todo lo posible de evitar los problemas de mi vida.	1	2	3	4
5. Cuando tengo que hacer una decisión, trato de predecir las consecuencias positivas y negativas de cada opción.	1	2	3	4
6. Cuando problemas ocurren en mi vida, prefiero lidiar con ellos lo mas pronto posible.	1	2	3	4
7. Cuando tengo un problema que resolver, una de las primeras cosas que hago es tratar de averiguar todos los datos o factores acerca del problema lo más pronto posible.	1	2	3	4
8. Pospongo solucionar los problemas hasta que ya es muy tarde para hacer algo acerca de ellos.	1	2	3	4
9. Utilizo más tiempo esquivando los problemas, que resolviéndolos.	1	2	3	4

6. Knowledge/Attitudes about Depression

Knowledge

¿Son los tratamientos siguientes verdades o falsos? Si usted no está segura, solo dénos su mejor adivinanza.

	True	False
1. Cambios biológicos causa depresión en el cerebro	1	2
2. Algunas medicinas son eficaces en tratando la sensación de la depresión	1	2
3. Las medicinas del antidepresivo son generalmente adictivas	1	2
4. Para la mayoría de la gente, el asesoramiento trabaja tan bien como medicamento trabaja con la sensación de la depresión	1	2
5. La sensación de la depresión puede causar cambios físicos como dolor y dolores de cabeza	1	2
6. Las píldoras durmientes pueden hacer la sensación de la depresión peor	1	2
7. La mayoría de la gente que se trata para la sensación de la depresión se sienten mejor en algunos meses	1	2
8. La sensación de la depresión corre en las familias	1	2

Attitude

¿Cuánto sufrirían los lazos con su familia o amigos si pensarían que Usted tenía una historia reciente de lo siguiente?

	Mucho	Poco	Nada	No se
1. Depresión	1	2	3	4
2. Visitas a un psiquiatra	1	2	3	4

Preferences

Ahora, le voy a preguntar a usted sobre sus preferencias por tratamientos diferentes para la depresión. Vamos a asumir que usted esta sufriendo de depresión y tiene que escoger entre tomando medicamentos de anti-depresivos diariamente por 6-9 meses, atendiendo consejería o psico-terapia por el mínimo de 2 meses, o ningún tratamiento en todos. Cual usted preferiría?

- ☐₁ Tomando antidepresivos por 6-9 meses
- ☐₂ Consejería/Psico-terapia por el mínimo de 2 meses
- ☐₃ Medicamento y consejería (los dos)
- ☐₄ Ningún tratamiento en todos
- ☐₅ No preferencia (Patient volunteers answer)

7. Psychosocial Barriers to Cancer Treatment

Actualmente, cual es su estatus de tratamiento de cáncer:

- ☐₁ No comenzó Tx todavía, porque (write down pt's understanding) _____
- ☐₂ Actualmente, estoy recibiendo Tx, especifique todo que son aplicable:
☐ Radiación ☐ Quimioterapia ☐ Cirugía ☐ Cuidado paliativo ☐ Vigilancia activa ☐ Otro, especifique _____
- ☐₃ Termine Tx, especifique todo que son aplicable:
☐ Radiación ☐ Quimioterapia ☐ Cirugía ☐ Cuidado paliativo ☐ Vigilancia activa ☐ Otro, especifique _____

EXISTEN DIFERENTES RAZONES POR QUE LAS MUJERES NO PUEDEN ASISTIR A SUS CITAS O SEGUIR LAS RECOMENDACIONES PARA SU TRATAMIENTO. LE VOY A MENCIONAR ALGUNAS DE ESTAS RAZONES Y ME GUSTARIA QUE ME DIJERA SI ALGUNA ES VERDADERA PARA USTED.

Psychosocial Barriers to Treatment

	Sí	No	N/A
1. ¿Entiende usted completamente el tratamiento que su doctor le ha recomendado y porque?	1	2	3
2. ¿Conoce usted el procedimiento de su tratamiento y lo que puede esperar despues?	1	2	3
3. ¿Tiene algunas preocupaciones acerca de recibir el tratamiento recomendado?	1	2	3
4. ¿Tiene algunas preocupaciones acerca de los efectos secundarios del tratamiento para tratar el cancer?	1	2	3
5. ¿Piensa usted que el tratamiento recomendado va a mejorar su salud?	1	2	3
6. ¿Tiene usted algunas preocupaciones sobre el costo del medicamento?	1	2	3
7. ¿Puede obtener todos los medicamentos que su doctor les ha recetado?	1	2	3
8. ¿Tiene usted algunas preocupaciones sobre el costo de la hospitalizacion?	1	2	3
9. ¿Tiene usted algunas preocupaciones sobre el costo de la quimioterapia?	1	2	3
10. ¿Tiene usted algunas preocupaciones sobre el costo de la terapia radioactiva?	1	2	3
11. ¿Tiene usted algunas preocupaciones sobre el costo de la terapia hormonal?	1	2	3
12. ¿Tiene usted algunas preguntas o preocupaciones que su salario del trabajo será perdido por tiempo enferma?	1	2	3
13. ¿Tiene usted algunas preguntas o preocupaciones que su salario del trabajo sera perdido por atender una cita medica?	1	2	3
14. ¿Planea usted buscar otra forma de tratamiento en lugar del que recomendo su doctor?	1	2	3
15. ¿Tiene usted algun problema personal, de familia, o de otro tipo como cuidado de ninos o de personas mayores que le dificulta seguir las recomendaciones del doctor?	1	2	3
16. ¿Tiene usted otro problema de salud que le hacen dificil seguir las recomendaciones del doctor?	1	2	3
17. ¿A veces se le olvida sus citas medicas?	1	2	3
18. ¿Que es su forma principal de transportacion a sus citas medicas? _____ (1= maneja usted ;2= la transporta su familia, parientes o amistades; 3= usa transportacion publica (auto bus o taxi o metro ...)			

8. Work Life

1. ¿Tenia usted un trabajo antes del diagnóstico del cáncer? ☐ Sí ☐ No
2. ¿Cuántas personas viven en su casa (incluyendo usted)? _____ adultos (18 años o mas) _____ niños (0-17 años)
3. Hasta que punto interferió su salud con su trabajo en el hogar en el últimos mese en una escala del 0, "Nada" a 10, "no puede hacer algunas de las actividades" ? _____ Enter number
4. ¿Cual es su estatus de trabajo? (Check one) ☐ Sí, tiempo completo ☐ Sí, medio tiempo ☐ No, desempleado
(If "No", skip to q5. Unemployed)

Employed

- a. ¿Cual es su ocupacion? _____
- b. ¿Su trabajo es físicamente pesado?.. _____ (1=No es pesado; 2=Un poco pesado; 3=Moderadamente pesado; 4=Muy pesado)
- c. ¿Le causa tensión su trabajo?..... _____ (1=No tensión; 2=Un poco de tensión; 3=Algo de tensión; 4=Mucha tensión)
- d. ¿Qué tan satisfecha esta con su trabajo?.. _____ (1=Muy satisfecha; 2=Satisfecha; 3=Insatisfecha; 4=Muy insatisfecha)
- e. En los últimos seis meses, ¿cuántos días faltó al trabajo por una razón médica relacionada con el diagnóstico del cáncer?
..... _____ number of days
- f. Ha experimentado dificultades en tomar tiempo libre de su trabajo para atender sus citas de tratamiento(s) _____ (1=sí; 2=no)
- g. Hasta que punto interferió su salud con sus actividades de trabajo durante el último mes en una escala del 0, "Nunca" a 10, "No puede hacer algunas de las actividades" ? _____ Enter number - skip to q7. All Subjects

Unemployed

5. Si no esta trabajando, cual es son razon/es porque no puede mantener un empleo? Esta:
☐ Ama de casa ☐ No puedo trabajar por causa de mi salud ☐ Jubilada ☐ En licencia medica
☐ Me despidieron de trabajo ☐ Otro _____
6. Si no esta trabajando, cual fue la ultima vez que trabajo, aunque fue solamente por algunos dias?
☐ Nunca habia trabajado ☐ Durante los ultimos seis meses ☐ Durante los ultimos doce meses
☐ mas de 1 a 5 años ☐ Hace mas de 5 años

If pt had ever worked (response >1), ¿Cual era su ocupacion? _____

All Subjects

7. ¿Esta usted involucrada en alguna actividades pagadas, en cuidando de niños, cocinando o limpieza que aporte al ingreso de la familia? ☐ Sí ☐ No
8. ¿Su esposo (o su pareja) esta empleado actualmente? ☐ Sí, tiempo completo ☐ Sí, medio tiempo
☐ No, desempleado ☐ Jubilada ☐ No es aplicable, no esposo o ni pareja
9. ¿Algun miembro de su familia(s) experimento dificultades en tomar tiempo libre de su trabajo para acompañarla a sus citas de tratamiento(s)? ☐ Sí ☐ No ☐ No es aplicable, I go alone to appointments

9. Economic Distress

1. ¿Usted ha tenido dificultad en pagar los biles? ☐ Sí ☐ No
2. ¿Usted tiene dinero sobrante al fin del mes? ☐ Sí ☐ No
3. ¿Usted dijiera que su situacion economica esta mejorando, esta permaneciendo igual o empeorando peor?
☐ Mejorando ☐ Permaneciendo igual ☐ Empeorando peor
4. ¿Que tan satisfecha esta usted con su situacion economica?
☐ Muy satisfecha ☐ Poco satisfecha ☐ No esta satisfecha
5. ¿Cree que su situacion economica sera mayor pronto?
☐ Esperanzado ☐ Mas o menos esperanzado ☐ No esperanzado
6. ¿Su situación financiero evita a usted de llenar sus prescripciones de medicamentos? ☐ Sí ☐ No
7. ¿Su situación financiero evita a usted de coger el tratamiento que usted necesita? ☐ Sí ☐ No

10. Stress Inventory

Lo que sigue es una lista de situaciones que muchas personas encuentran agotadores. Por favor, dígame si usted siente estrés de cualquiera de estas situaciones en **los últimos seis meses**. (If participant answers yes please ask them to rate the level of stress they feel.

Use the scale from 0 to 10, 0 meaning no stress at all and 10 meaning a lot of stress.)

0-----1-----2-----4-----6-----8-----10
 nada de estrés lo mas estrés que puede imaginar

	No	Sí	Stress Level
1. Problemas con el trabajo o desempleo.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Sí sí, _____
2. Unemployment Problems.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Sí sí, _____
3. Problemas financieras.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Sí sí, _____
4. Conflictos con su marido (su novio, o su amante).....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Sí sí, _____
5. Conflictos familiares.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Sí sí, _____
6. Problemas con sus hijos, nietos/ preocupaciones de ser padre.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Sí sí, _____
7. Problemas enfrentándose con la muerte/enfermedad de un pariente o de tener que cuidar miembros de su familia.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Sí sí, _____
8. Conflictos culturales, incluyendo problemas con el idioma o discriminación	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Sí sí, _____
9. Problemas legales.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Sí sí, _____
10. Preocupaciones o problemas de inmigración	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Sí sí, _____
11. Problemas con su propia salud.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Sí sí, _____
12. Preocupaciones de su comunidad (drogas, violencia, otro crimen)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Sí sí, _____
13. Otro (especifique) _____	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Sí sí, _____

11. Utilization of Health Care and Social Services—Cornell Services Index-PC

Ahora, le voy hacer algunas preguntas sobre sus servicios de cuidado medico que usted uso en los ultimos seis meses.

Inpatient Hospital Services

1. ¿En los ultimos seis meses, se ha quedado durante la noche en una hospital como paciente?
☐ Sí₁ ☐ No₂ - skip to question 2

1a. ¿Por cuantas noches se a quedado en la facilidad? (probe for best guess) _____ NOCHES

1b. ¿ En que tipo de hospital o facilidad de cuidado? Fue un: (check all apply)

- ☐₁ Hospital médico general
☐₂ Hospital Psiquiátrico
☐₃ Facilidad del tratamiento de abusivo de sustancias (i.e. drogas o alcohol)
☐₄ Otro tipo de facilidad inpaciente
☐₅ Otro, especifique _____

2. ¿ Usted fue en la unidad de cuidado intensivo? ☐ Sí₁ ☐ No₂

Emergency Room or Urgent Care Visit

3. ¿En los ultimos seis meses, usted ha tenido algunas visitas al cuarto emergencia de una hospital o una facilidad del cuidado urgente? ☐ Sí₁ ☐ No₂ - skip to Section 11. Acculturation / Demographics

3a. ¿Durante los ultimos seis meses, cuantas visitas diferentes a un cuarto emergencia de una hospital o facilidad de cuidado urgente?

(probe for best guess) _____ NUMBER OF VISITS

12. Acculturation / Demographics

1. ¿Que es su etnicidad, o su cultura, origen o herencia?

Son usted: ☐₁ Hispánica o Latina ☐₂ No son Hispánica o Latina ☐₉ No seguro ☐₈ Rehusar

2. ¿Que es su raza? Usted puede indicar mas que uno.

☐₁ American Indian / Alaska Native ☐₂ Asiático ☐₃ Native Hawaiian / Other Pacific Islander
☐₄ Negro o African American ☐₅ Blanco ☐₆ Otro, especifique _____

3. Lugar donde nació (de nacimiento) ☐₁ Estados Unidos → *skip to Question 4*

☐₂ Otro, especifique (de nacimiento) _____
 y los años que tienen viviendo en los Estados Unidos: _____ y los años

4. El lenguaje que habla más (You may check more than one)

☐₁ Ingles ☐₂ Español ☐₃ Ingles & Español equally ☐₄ Otro, especifique _____

5. Nivel de educación: ☐₁ ≤6 ☐₂ 7-11 ☐₃ 12 (*high school graduate or equivalent*) ☐₄ >12

6. Estado Civil? ☐₁ Casada ☐₂ Divorciada ☐₃ Separada ☐₄ Viuda ☐₅ Soltera (nunca se casó)

7. Tiene beneficios de aseguranza de salud? ☐₁ Sí (*If "Yes", continue on Question 7a*)

☐₂ No (*If "No", skip to Question 8.*)

7a. Si sí, que tipo de aseguranza de salud tiene? (*Check all apply*)

☐ Medi-cal ☐ Medicare ☐ Otro, especifique _____

8. ¿Donde usted permanecera en las varias semanas proximas de manera que usted pudiera ser entrado en contacto por el estudio?

PA: please write down patient contacting information on "Patient Contact" sheet.

☎ ¿Este es su direccion y telefono permanente?

☐ Sí

☐ No → *PA ask the following:* ☎ ¿Que es su direccion y numero de telefono permanente?

☎ ¿Puedo tener un numero de telefono alternativo de la persona que es muy probablemente saber donde alcanzarle si no podemos alcanzarle directamente?

CLOSING STATEMENT

Ha sido un placer conversar con usted y le doy gracias por permitirme su tiempo para contestar mis preguntas. Espero con gusto hablar con usted de nuevo en 6 meses. Me agradaría mucho que usted me llamara para notificarme si cambia su numero de telefono. Puede hablar con su doctor sobre los problemas que pueda encontrar en conservando su cita o puede preguntar por una trabajadora social. Este folleto pueda tambien contestarle algunas de sus preguntas. Recuerde mi nombre es

_____ y mi numero telefónico es _____.

ADAPt-C
Patient Contact
(Please remove this page after interview)

ID _____

☎ ¿Donde usted permanecera en las varias semanas proximas de manera que usted pudiera ser entrado en contacto por el estudio?

Direccion _____

Telefono (h) _____
(w) _____
(c) _____

☎ ¿Este es su direccion y telefono permanente? ☐ Sí

☐ No

If pt response "no", PA ask the following:

☎ ¿Que es su direccion y numero de telefono permanente?

Direccion _____

Telefono (h) _____
(c) _____

☎ ¿Puedo tener un numero de telefono alternativo de la persona que es muy probablemente saber donde alcanzarle si no podemos alcanzarle directamente?

Relacion _____
Nombre _____
Telefono (h) _____
(c) _____

Relacion _____
Nombre _____
Telefono (h) _____
(c) _____



ADAPT-C
6th Month Follow-up Assessment

ID _____

PA (initial) _____ Interview Type [____] 1= over phone 2= face to face

Interview Date _____ Interview Time (hr:min) from _____ to _____

PA: Please mark patient's response to each question.

- ➡ **Use "99" or "unk" to indicate that a patient's response to a question is unknown.** ⬅
- ➡ **Use "88" or "rf" to indicate patient refused to answer a question.** ⬅
- ➡ **Use "77" or "n/a" to indicate that a question is not applicable to patient.** ⬅

1. SF-12

INSTRUCTIONS: This questionnaire asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. If you are unsure about how to answer, please give the best answer you can.

PA: Accept only one response per question

1. In general, would you say your health is: [SAY EACH]

☐ 1 Excellent

☐ 2 Very Good

☐ 3 Good

☐ 4 Fair

☐ 5 Poor

Now I'm going to read a list of activities that you might do during a typical day. As I read each one, please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.

	Yes, Limited a lot	Yes, Limited a little	No, Not limited at all
2. moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or going for a walk with your kids	1	2	3
3. climbing several flights of stairs	1	2	3

The following two questions ask you about your physical health and your daily activities:

	Yes	No
4. During the past 4 weeks have you accomplished less than you would like as a result of your physical health?	1	2
5. During the past 4 weeks, were you limited in the kind of work or other regular daily activities you do as a result of your physical health?	1	2

The following two questions ask about your emotions and your daily activities:

	Yes	No
6. During the past 4 weeks, have you accomplished less than you would like as a result of any emotional problems (such as feeling depressed or anxious[worried])?	1	2
7. During the past 4 weeks, did you not do work or other regular activities as carefully as usual as a result of any emotional problems, such as feeling depressed or anxious?	1	2
8. During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere...[EACH] <input type="checkbox"/> 1 Not at all <input type="checkbox"/> 2 A little bit <input type="checkbox"/> 3 Moderately <input type="checkbox"/> 4 Quite a bit <input type="checkbox"/> 5 Extremely		
9. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities like visiting with friends or relatives? Has it interfered...[EACH] <input type="checkbox"/> 1 All of the time <input type="checkbox"/> 2 Most of the time <input type="checkbox"/> 3 Some of the time <input type="checkbox"/> 4 A Little of the time <input type="checkbox"/> 5 None of the time		

The next questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. **How much of the time during the past 4 weeks...**

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
10. Have you felt calm and peaceful?	1	2	3	4	5	6
11. Did you have a lot of energy?	1	2	3	4	5	6
12. Have you felt downhearted and blue?	1	2	3	4	5	6

2. Depression and Anxiety Symptoms

I am going to ask you some questions about how you've been feeling.

PHQ-9

Over the **last 2 weeks**, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3



*If patient answered positive to Question 9, follow **ADAPt-C Suicide Risk Protocol**.*

BSI

During the **past 7 days**, how much were you disturbed by (read each item)

	not at all	a little bit	moderately	quite a bit	extremely
1. nervousness or shakiness inside	0	1	2	3	4
2. suddenly scared for no reason	0	1	2	3	4
3. feeling fearful	0	1	2	3	4
4. feeling tense or keyed up	0	1	2	3	4
5. spells of terror or panic	0	1	2	3	4
6. feeling so restless you couldn't sit still	0	1	2	3	4

ADAPt-C Suicide Risk Protocol

This protocol will guide Project Assistants in the event a patient expresses thoughts about being better off dead, hurting themselves, or other suicidal ideation, whether in response to the specific PHQ question #9 or at any other point of conversation.

When the response to PHQ #9 is other than "0" ("Not at all") or if suicidal ideas are expressed spontaneously, please

Ask: "Do you feel these thoughts are a problem for you or something you might act on?" _____ (Yes/No)

"Have you discussed these feelings and thoughts with a mental health provider or with your primary care provider?" _____ (Yes/No) **If yes**, say: "May I have the contact information for the mental health provider or Doctor that you have spoken with about these feeling and thoughts?"

Document name and contact number of provider/agency/Doctor.

Name/Agency: _____

Contact Number(s): _____

- **If you are interviewing this patient in the clinic**, say:

"I am not a clinician and I am not qualified to evaluate these thoughts and feelings in detail, but it is important that you get proper medical attention, I will notify your doctor so that s/he can be sure you get some help with this."

THE CLINIC STAFF WILL HANDLE THE SITUATION ACCORDING TO THE CLINIC'S PROTOCOL.

- **If you are interviewing the patient on the telephone**, say:

"Can you please clarify the address and telephone number you are presently at? _____
I am not a clinician and I am not qualified to evaluate these thoughts and feelings in detail, but it is important that you get proper medical attention and I think it's important that you to discuss these thoughts and feelings with a medical or mental health professional. So I would like you to remain on the line with me, so I can get a clinical social worker to talk with you further. I would like to offer you the Crisis Hotline number (where staff speak both English and Spanish) (1-877-727-4747 OR 1-800-SUICIDE), in case these feelings and thoughts get worse and you need help immediately by calling 9-1-1."

TRY TO KEEP PATIENT ON THE LINE BY USING 3-WAY, ANOTHER LINE OR CELL PHONE to immediately contact a Cancer Depression Clinical Specialist (CDCS) on the list. This patient needs to be assessed for suicidality.

Immediately contact CDCS/MD in this order: Anjanette Wells, LCSW (cell: 323-707-6539;
pgr: 323-565-7522)

Adriana Cortes, MSW cell: 323-791-0228

Diana Pineda, LCSW pgr: 213-208-0432

Brenda Quon, MD pgr: 213-919-7263

IF SOMEONE IS THREATENING SUICIDE OR HOMICIDE, AND HAS TAKEN STEPS TO COMMIT THE ACT (i.e. taken pills, slash wrist etc.), CALL 9-1-1.

You must speak to someone regarding the suicidality of the patient, it is not adequate to just leave a message for a clinic staff, CDCS or Brenda Quon.

PA: Please check all that apply.

- ☐ Notified CDCS or study psychiatrist Brenda Quon, MD (if patient interviewed on telephone).
☐ Notified physician or nursing staff (if patient interviewed in clinic).
☐ Documented patient's responses to these questions in the patient's medical chart (applied to each patient with this suicide risk protocol).

**PA: Stop interviewing the patient if patient is acutely suicidal. Resume the interview after problem cleared.
PA should continue with interview if the CDCS assessed and pt is safe and not acutely suicidal.**

3. FACT-G

Below is a list of statements that other people with your illness have said are important. Please indicate how true each statement has been for you **during the past 7 days**.

Physical Well-Being

	Not at all	A little bit	Some- what	Quite a bit	Very much
1. I have a lack of energy	0	1	2	3	4
2. I have nausea	0	1	2	3	4
3. Because of my physical condition, I have trouble meeting the needs of my family	0	1	2	3	4
4. I have pain	0	1	2	3	4

(If patient response is positive with pain (response code 1 to 4), administer Brief Pain Inventory)

Brief Pain Inventory

- Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these everyday kinds of pain today? ☐ (1=yes, 2=no)
- Please rate your pain by telling us the one number that best describes your pain at its **WORST** in the last 24 hours.

0	1	2	3	4	5	6	7	8	9	10
No										Pain as bad as
Pain										you can imagine
- Please rate your pain by telling us the one number that best describes your pain at its **LEAST** in the last 24 hours.

0	1	2	3	4	5	6	7	8	9	10
No										Pain as bad as
Pain										you can imagine
- Please rate your pain by telling us the one number that best describes your pain on the average.

0	1	2	3	4	5	6	7	8	9	10
No										Pain as bad as
Pain										you can imagine
- Please rate your pain by telling us the one number that tells how much pain you have right now.

0	1	2	3	4	5	6	7	8	9	10
No										Pain as bad as
Pain										you can imagine
- What treatments or medications are you receiving for your pain?

- In the last 24 hours, how much relief have pain treatments or medications provided? Please tell us the one percentage that most shows how much relief you have received.

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
No										Complete
Relief										Relief

(continue on next page)

Brief Pain Inventory (Continued)

8. Provide us with the one number that describes how, during the past 24 hours, pain has interfered with your:

A. General Activity

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

B. Mood

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

C. Walking Ability

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

D. Normal Work (includes both work outside the home and housework)

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

E. Relations with other people

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

F. Sleep

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

G. Enjoyment of Life

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

[Copyright 1991 Charles S. Cleeland, PhD; Pain Research Group. All rights reserved.]

Physical Well-Being (continued)

Following are more statements that other people with your illness have said are important. Please indicate how true each statement has been for you **during the past 7 days.**

	Not at all	A little bit	Some- what	Quite a bit	Very much
5. I am bothered by side effects of treatment	0	1	2	3	4
6. I feel ill	0	1	2	3	4
7. I am forced to spend time in bed	0	1	2	3	4

Social/Family Well-Being

	Not at all	A little bit	Some- what	Quite a bit	Very much
1. I feel close to my friends	0	1	2	3	4
2. I get emotional support from my family	0	1	2	3	4
3. I get support from my friends	0	1	2	3	4
4. My family has accepted my illness	0	1	2	3	4
5. I am satisfied with family communication about my illness	0	1	2	3	4
6. I feel close to my partner (or the person who is my main support)	0	1	2	3	4

Regardless of your current level of sexual activity, please answer the following question.

[If patient prefers not to answer it, PA please check this box ☐ and go to the next section.]

7. I am satisfied with my sex life	0	1	2	3	4
------------------------------------	---	---	---	---	---

Emotional Well-Being

	Not at all	A little bit	Some- what	Quite a bit	Very much
1. I feel sad	0	1	2	3	4
2. I am satisfied with how I am coping with my illness	0	1	2	3	4
3. I am losing hope in the fight against my illness	0	1	2	3	4
4. I feel nervous	0	1	2	3	4
5. I worry about dying	0	1	2	3	4
6. I worry that my condition will get worse	0	1	2	3	4

Functional Well-Being

	Not at all	A little bit	Some- what	Quite a bit	Very much
1. I am able to work (include work at home)	0	1	2	3	4
2. My work (include work at home) is fulfilling	0	1	2	3	4
3. I am able to enjoy life	0	1	2	3	4
4. I have accepted my illness	0	1	2	3	4
5. I am sleeping well	0	1	2	3	4
6. I am enjoying the things I usually do for fun	0	1	2	3	4
7. I am content with the quality of my life right now	0	1	2	3	4

Fatigue Scale

	Not at all	A little bit	Some- what	Quite a bit	Very much
1. I feel fatigued (If patient response=0, skip to Section 4. General Health Status)	0	1	2	3	4
2. I feel weak all over	0	1	2	3	4
3. I feel tired	0	1	2	3	4
4. I have trouble <u>starting</u> things because I am tired	0	1	2	3	4
5. I have trouble <u>finishing</u> things because I am tired	0	1	2	3	4
6. I have energy	0	1	2	3	4
7. I am able to do my usual activities	0	1	2	3	4
8. I need to sleep during the day	0	1	2	3	4
9. I am too tired to eat	0	1	2	3	4
10. I need help doing my usual activities	0	1	2	3	4
11. I am frustrated by being too tired to do the things I want to do	0	1	2	3	4
12. I have to limit my social activity because I am tired	0	1	2	3	4

4. General Health Status

Karnofsky Performance Status

On a scale of 0 to 10, with zero being the worst possible and 10 being the best possible, how would you rate your overall health?

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
worst possible health (as bad or worse than being dead)			half-way between worst and best possible health				best possible health			

5. Utilization of Health Care and Social Services–Cornell Services Index-PC

Next, I will ask you some questions about health care services you may have used over the past six months.

Inpatient Hospital Services

1. In the past six months, have you stayed overnight in a hospital as a patient? ☐ Yes₁ ☐ No₂ - *skip to question 2*

1a. How many nights did you spend in this facility? (*probe for best guess*) _____ NIGHTS

1b. What kind of hospital or care facility did you stay in? Was it a: (*check all apply*)

- ☐ General medical hospital
☐ Psychiatric hospital
☐ Substance abuse treatment facility
☐ Another kind of inpatient facility
☐ Other, specify _____

2. Were you in the intensive care unit? ☐ Yes₁ ☐ No₂

Emergency Room or Urgent Care Visit

3. In the past six months, have you had any visits to a hospital emergency room or an urgent care facility?

☐ Yes₁ ☐ No₂ - *skip to Section 6. Use of CAM*

3a. How many different visits to a hospital emergency room or an urgent care facility did you have in the past six months?
(*probe for best guess*) _____ NUMBER OF VISITS

6. Use of Complementary and Alternative Medicines (CAM)

Have you ever used any of the following therapies in the past 6 months?

	Yes	No
1. Dietary Supplements (such as vitamins)	1	2
2. Herbal Remedies (such as Ginkgo biloba or chamomile tea)	1	2
3. Special diet	1	2
4. Home remedies (such as soups, warm milk, garlic)	1	2
5. Exercise	1	2
6. Visited a Certified Massage Therapist	1	2
7. Visited a Folk Healer	1	2
8. Talked with a priest or religious counselor?	1	2
9. Relaxation techniques	1	2
10. Prayer	1	2
11. Acupuncture	1	2
12. Other therapy, specify _____	1	2

7. Depression Treatment

1. During the past 6 months, have you seen any of the following for personal, mental, or emotional problems, such as depression, anxiety, or nerves?

	No	Yes
a. Medical Doctor (not including Psychiatrists)	0	1
b. Social Worker	0	1
c. Psychiatrist	0	1
d. Psychologist	0	1
e. Counselor	0	1
f. Priest	0	1
g. Self-help group (not group therapy run by a professional)	0	1
h. Acupuncturist	0	1
i. Herbalist or naturalist	0	1
j. Certified Massage Therapist	0	1
k. Folk healer	0	1
l. Other	0	1....if "yes", specify _____

2. At any time in the past 6 months, have you taken any prescribed medications for personal or emotional problems, such as depression, anxiety, or nerves?

☐ No₀ (If No, skip to Question 3) ☐ Yes, prescribed by medical doctor ☐ Yes, prescribed by (specify) _____

If YES, What medicines did your doctor prescribe?

PA: For each medicine, please ask the following:

- a. medicine name, dose & frequency of use b. How long did/have you take(n) this medicine?
 c. Had side effect? (yes/no) d. Are you still taking it? (yes/no)
 e. How helpful is/was this medicine: [say each]
 Extremely helpful₁ Very helpful₂ Helpful₃ Somewhat helpful₄ Not helpful at all₅
 f. How satisfied are/were you with this medicine: [say each]
 Extremely satisfied₁ Very satisfied₂ Satisfied₃ Somewhat satisfied₄ Not satisfied at all₅

PA: Please record patient's responses for each medication.

a. Medicine: name, dose and frequency	b. How long did/have you take(n) this medication?	c. Side effect? (y/n)	d. Still taking it? (y/n)	e. How helpful ? (1-5)	f. How satisfied? (1-5)

3. During the past 6 months, did you receive talk therapy (Talk therapy is counseling or psychotherapy in which you talk with a social worker, psychologist, psychiatrist, or other mental health provider about your feelings and emotions.) to help with depression, anxiety, or nerves? ☐ No₀ (If "No", skip to Section 8. Barriers to Depression Care Treatment) ☐ Yes₁

3a. How many visits did you have with a counselor or psychotherapist? Enter number _____

3b. How often were you able to attend counseling sessions for your depression exactly as your doctor, clinic nurse or social worker recommended? By exactly, I mean making it to all the sessions. Was it:

☐ None of the sessions₁ ☐ A few of the sessions₂ ☐ Some of the sessions₃ ☐ Most of the sessions₄ ☐ All of the sessions₅

If pt had missed session(s): What are the reasons you were unable to attend recommended sessions?

3c. How helpful is/was the therapy?

☐ Extremely helpful₁ ☐ Very helpful₂ ☐ Helpful₃ ☐ Somewhat helpful₄ ☐ Not helpful at all₅

3d. How satisfied are/were you with the therapy?

☐ Extremely satisfied₁ ☐ Very satisfied₂ ☐ Satisfied₃ ☐ Somewhat satisfied₄ ☐ Not satisfied at all₅

8. Barriers to Depression Care Treatment

In the **past 6 months**, did any of the following difficulties prevent you from trying to get or keep your depression care appointment or follow your treatment plan?

	Yes	No	N/A
1. Not understanding recommended treatment plan	1	2	3
2. Worry or concern about the treatment plan	1	2	3
3. Concerns about the cost of the treatment or medication	1	2	3
4. Difficulty in remembering the appointment	1	2	3
5. Difficulty in remembering when to take your medication	1	2	3
6. Difficulty in taking time off work	1	2	3
7. Transportation difficulties	1	2	3
8. Childcare difficulties	1	2	3
9. Concern or fear that treatment plan or medication may interfere with your other health problems	1	2	3
10. Family members or other personal problems may make it difficult to keep your appointment or take your medication	1	2	3
11. Difficulty with clinic hours or procedures	1	2	3
12. Difficulty finding a depression care provider who spoke your language	1	2	3
13. Worrying about what others may think	1	2	3

9. Stress Inventory

Following is a list of various issues that many people find can be stressful. Please tell me if you are experiencing stress from any of the following issues **in the past 6 months**. (If participant answers yes please ask them to rate the level of stress they feel. Use the scale from 0 to 10, 0 meaning no stress at all and 10 meaning a lot of stress.)

0-----1-----2-----4-----6-----8-----10
no stress at all most stress you can imagine

	No	Yes	Stress Level
1. Work problems.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____
2. Unemployment Problems.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____
3. Financial problems.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____
4. Marital conflicts	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____
5. Family conflicts.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____
6. Problems with your children or grandchildren / parenting concerns.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____
7. Serious illness or death of a family member, spouse, or close friend.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____
8. Cultural conflicts, including language barriers and discrimination.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____
9. Legal problems.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____
10. Immigration problems or concerns.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____
11. Problems with your own health	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____
12. Worries about your community (drugs, violence, other crime)	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____
13. Other, specify _____	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____

10. Work Life

Are you currently employed? ☐ Yes, Full-time₁ ☐ Yes, Part-time₂ ☐ No, Unemployed₃ (If "No", skip to questions for Unemployed)

Employed

1. Are you still with the same employer that you were with 6 months ago (at baseline)? ☐ Yes₁ ☐ No₂
 - 1a. If "No", What was the main reason for leaving your last employer?

☐ I was laid off₁ ☐ Work conditions made it difficult to stay₂ ☐ I was unable to adjust my work hours₃

☐ My doctor suggested that I leave₄ ☐ Other₅ _____
2. What is your occupation? _____
3. Is your job physically strenuous? [] (1=not strenuous; 2=a little strenuous; 3=somewhat strenuous; 4=very strenuous)
4. How satisfied are you with your job?... [] (1=very satisfied; 2=satisfied; 3=dissatisfied; 4=very dissatisfied)
5. In the past 6 months, how many days have you been absent from work for a medical reason related to your cancer treatment?

..... [] number of days
6. Have you experienced difficulties in taking time off from work to go to your treatment appointment(s)? ☐ Yes₁ ☐ No₂
7. Have you lost wages for reasons related to your treatment appointment? ☐ Yes₁ ☐ No₂
 - 7a. If "Yes", How often does this happen? _____

PA: Skip to questions for All Subjects.

Unemployed

1. If you are not employed now, what is the reason(s) for you not holding a job? You are:

☐ Full time homemaker₁ ☐ Unable to work because of poor health₂ ☐ Retired₃ ☐ On medical leave₄

☐ Laid off or on strike₅ ☐ Other₆ _____
2. If you are not employed now, when did you last work, even for a few days?

☐ Never worked₁ ☐ Within the past 6 months₂ ☐ Within the past 12 months₃ ☐ 1 to 5 years ago₄ ☐ Over 5 years ago₅

If pt had ever worked (response code>1), What was your most recent occupation? _____

All Subjects

1. Are you involved in any paid activities such as caring for children, cooking or cleaning that allows you to contribute the family's total income? ☐ Yes₁ ☐ No₂
2. Is your spouse or live-in partner, currently employed?

☐ Yes, full-time₁ ☐ Yes, part-time₂ ☐ No, unemployed₃ ☐ No, retired₄ ☐ Not applicable, no spouse or live-in partner₇
3. Has a family member(s) experienced any difficulties taking time off from work to go with you to your treatment appointment(s)?

☐ ₁ Yes ☐ ₂ No ☐ ₇ Not applicable, I go alone to appointment(s)
4. Has a family member(s) lost wages to go with you to your treatment appointment(s)?

☐ ₁ Yes — *PA continues asking:* How often does this happen? _____

☐ ₂ No ☐ ₇ Not applicable, I go alone to appointment(s)

CONTACT INFORMATION

Before we end our talk, I want to make sure our records are correct so that we can mail you your incentive valued at \$10.

PA: Please verify and update patient contact and alternate contact information on patient card.

Incentive: ☐ Target gift card ☐ other, please specify _____

Delivery: ☐ by Mail, mailed (date) _____ Destination: (check one) ☐ pt's address as verified
☐ alternate address as noted

☐ pick up in person, scheduled date _____

CLOSING STATEMENT

I have enjoyed talking with you and I appreciate your taking time to answer my questions. You may talk with your doctor about any of the problems you might have in keeping your appointments or ask to see a clinic social worker. I look forward to talking with you again in 6 months. I would very much appreciate it if you call me to let know if you change your telephone number. Remember my name is _____ and my telephone number is _____.



ADAPT-C
6th Month Follow-up Assessment (version de Español)

ID _____

PA (initial) _____ Interview Type [____] 1= over phone 2= face to face

Interview Date _____ Interview Time (hr:min) from _____ to _____

PA: Please mark patient's response to each question.

- ➡ Use "99" or "unk" to indicate that a patient's response to a question is unknown. ⬅
➡ Use "88" or "rf" to indicate patient refused to answer a question. ⬅
➡ Use "77" or "n/a" to indicate that a question is not applicable to patient. ⬅

1. SF-12

INSTRUCCIONES: Este cuestionario pregunta a usted sobre sus opiniones de su salud. Esta información ayudará a no perder de vista como usted se siente y cómo esta bien puede hacer sus actividades generales. Si esta inseguro sobre como contestar, por favor proporcione la mejor respuesta que usted puede.

PA: Accept only one response per question

1. En general, ¿diría usted que su salud es....[DIGA CADA UNA]?

☐ 1 Excelente

☐ 2 Muy buena

☐ 3 Buena

☐ 4 Así así

☐ 5 Mala

Ahora voy a leer una lista de actividades que es posible usted tenga por el día. En lo que la leo, por favor, dígame, en cada una si su salud la restringe mucho, si la restringe un poco, o si no le impide nada.

Sí, Sí, No,
Me limita mucho Me limita un poco No me limita nada

2. **actividades moderadas**, por ejemplo, mover la mesa, usar la aspiradora,
jugar a los bolos, o ir de paseo con sus hijos..... 1 2 3

3. a subir **varias** escaleras..... 1 2 3

Las próximas dos preguntas, se tratan de su salud y de sus actividades diarias:

Sí No

4. Durante las últimas cuatro semanas,
¿ha hecho menos de lo que hubiera querido hacer a causa de la salud? 1 2

5. En las últimas cuatro semanas,
¿ha limitado el tipo de trabajo que hace u otras actividades diarias a causa de su salud?..... 1 2

Las próximas dos preguntas se tratan de sus emociones y sus actividades diarias:

Sí No

6. En las últimas cuatro semanas, ¿ha hecho menos de lo que hubiera querido hacer a causa
de problemas emocionales (por ejemplo, por estar deprimida o sentirse con ansia [preocupada])? 1 2

7. En las últimas cuatro semanas, ha hecho su trabajo o sus actividades diarias con menos cuidado
a causa de problemas emocionales, por ejemplo, por estar deprimida o sentirse con ansia? 1 2

8. En las últimas cuatro semanas, ¿cuánto dolor tenía que le impedía continuar con su trabajo regular, incluyendo trabajo fuera de casa y actividades domésticas? ¿Interfería.....[CADA UNA]?

☐ 1 Ningún dolor

☐ 2 Un poco de dolor

☐ 3 Dolor moderado

☐ 4 Bastante dolor

☐ 5 O extremadamente

9. En las últimas cuatro semanas, ¿cuánto tiempo ha afectado, su salud física o emocional, a sus actividades sociales como visitas a parientes o amigos? ¿Ha interferido....[CADA UNA]?

☐ 1 Todo el tiempo

☐ 2 La mayor parte del tiempo

☐ 3 Parte del tiempo

☐ 4 Poco tiempo

☐ 5 Ninguno

Las próximas preguntas se tratan de como se siente y de como le ha ido durante las últimas cuatro semanas. Por cada pregunta por favor conteste lo mas cerca de como usted se sienta. **En las últimas cuatro semanas...**

Todo La mayor parte Bastante Parte del Poco Ninguno
el tiempo del tiempo tiempo tiempo tiempo

10. ¿cuánto tiempo se sintió tranquila y serena? 1 2 3 4 5 6

11. ¿cuánto tiempo se sintió con mucha energía? 1 2 3 4 5 6

12. ¿cuánto tiempo se ha sentido descorazonada
y melancólica? 1 2 3 4 5 6

2. Depressive and Anxiety Symptoms

Le voy a preguntar algunas preguntas sobre como se ha estado sintiendo.

PHQ-9

¿Durante las **últimas 2 semanas**, con que frecuencia le han molestado los siguientes problemas?

	Nunca	Varios Días	Más de la mitad de los días	Casi todos los días
1. Tener poco interés o placer en hacer las cosas	0	1	2	3
2. Sentir desanimada, deprimida, o sin esperanza.	0	1	2	3
3. Con problemas en dormirse o en mantenerse dormida, o en dormir demasiado	0	1	2	3
4. Sentirse cansada o tener poca energía	0	1	2	3
5. Tener poco apetito o comer en exceso	0	1	2	3
6. Sentir falta de amor propio, o que usted a fracasado o decepcionado a si misma o a su familia	0	1	2	3
7. Tener dificultada para concentrarse en cosas tales como leer el periódico o mirar la televisión	0	1	2	3
8. Se mueve o habla tan lentamente que otra gente se podrá del cuenta – o de lo contrario, está tan agitada o inquieta que se mueve mucho más de lo acostumbrado	0	1	2	3
9. Se le han ocurrido pensamientos de que sería mejor estar muerta o de que se haría daño de alguna manera	0	1	2	3



*If patient answered positive to Question 9, follow **ADAPt-C Suicide Risk Protocol**.*

BSI

Durante los **últimos 7 días** que tanto fue usted perturbada por: (read each item)

	para nada	un poco	moderadamente	bastante	extremadamente
1. nerviosísima o agitación interna	0	1	2	3	4
2. sobresaltos sin motivo	0	1	2	3	4
3. sentirse temerosa	0	1	2	3	4
4. sentirse tensa o ansiosa	0	1	2	3	4
5. periodos de terror o pánico	0	1	2	3	4
6. sentirse inquieta sin poder mantenerse sentada	0	1	2	3	4

ADAPT-C Suicide Risk Protocol

This protocol will guide Project Assistants in the event a patient expresses thoughts about being better off dead, hurting themselves, or other suicidal ideation, whether in response to the specific PHQ question #9 **or** at any other point of conversation.

When the response to PHQ #9 is other than "0" ("Not at all") **or** if suicidal ideas are expressed spontaneously, please

Ask: "¿Usted siente que estos pensamientos son un problema para usted o algo que usted haría?" _____ (Si/No)

"¿Ha discutido estos pensamientos o sensaciones con su doctor o otro profesional del cuidado médico (consejero/a)?"

_____ (Si/No) **If si**, say: "¿Puedo tener la información de contacto por la profesional de salud mental o médico que le ha discutido sobre estos pensamientos y sensaciones?"

Document name and contact number of provider/agency/Doctor.

Name/Agency: _____

Contact Number(s): _____

➤ **If you are interviewing this patient in the clinic**, say:

"Yo no soy una profesional clínica ni estoy calificada para evaluar estos pensamientos o sensaciones en detalle, pero es importante que usted consiga la atención médica apropiada, voy a notificar su doctor para que el esta seguro que usted consiga una cierta ayuda con esto."

THE CLINIC STAFF WILL HANDLE THE SITUATION ACCORDING TO THE CLINIC'S PROTOCOL.

➤ **If you are interviewing the patient on the telephone**, say:

"Por favor puede confirmar la dirección y número de teléfono de donde me está hablando en este momento?"

_____ yo no soy una profesional ni estoy calificada para evaluar estos pensamientos o sensaciones en detalle, pero es importante que usted consiga la atención médica apropiada y le recomiendo que hable con un médico o otro profesional del cuidado médico sobre estos pensamientos y sensaciones. Quisiera que permaneciera en el teléfono con migo mientras me comunico con una trabajadora social para que siga hablando con usted. También, me gustaría ofrecerle un número de teléfono del crisis (donde la gente habla en español y inglés) (1-877-727-4747) OR 1-800-SUICIDE; spanish hotline: 1-888-628-9454) en caso Que estos pensamientos y sensaciones empeoren y usted necesita ayuda inmediatamente llame al 9-1-1."

TRY TO KEEP PATIENT ON THE LINE BY USING 3-WAY, ANOTHER LINE OR CELL PHONE to immediately contact a Cancer Depression Clinical Specialist (CDCS) on the list. This patient needs to be assessed for suicidality.

Immediately contact CDCS/MD in this order: Anjanette Wells, LCSW (cell: 323-707-6539;
pgr: 323-565-7522)

Adriana Cortes, MSW cell: 323-791-0228
Diana Pineda, LCSW pgr: 213-208-0432
Brenda Quon, MD pgr: 213-919-7263

IF SOMEONE IS THREATENING SUICIDE OR HOMICIDE, AND HAS TAKEN STEPS TO COMMIT THE ACT (i.e. taken pills, slash wrist etc.), CALL 9-1-1.

You must speak to someone regarding the suicidality of the patient, it is not adequate to just leave a message for a clinic staff, CDCS or Brenda Quon.

PA: Please check all that apply.

- ☐ Notified CDCS or study psychiatrist Brenda Quon, MD (if patient interviewed on telephone).
- ☐ Notified physician or nursing staff (if patient interviewed in clinic).
- ☐ Documented patient's responses to these questions in the patient's medical chart (applied to each patient with this suicide risk protocol).

*PA: Stop interviewing the patient if patient is acutely suicidal. Resume the interview after problem cleared.
PA should continue with interview if the CDCS assessed and pt is safe and not acutely suicidal.*

3. FACT-G

A continuación encontrará una lista de afirmaciones que otra gente con su misma enfermedad ha dicho son muy importante. Por favor, indique que verdadera ha sido cada frase para usted **durante los últimos siete días**.

Estado Físico General De Salud

	Nada	Un poco	Algo	Mucho	Muchísimo
1. Me falta energía	0	1	2	3	4
2. Tengo náuseas	0	1	2	3	4
3. Debido a mi estado físico, tengo dificultad para atender a las necesidades de mi familia	0	1	2	3	4
4. Tengo dolor	0	1	2	3	4

(If patient response is positive with pain (response code 1 to 4), administer Brief Pain Inventory)

Brief Pain Inventory

- Todos hemos tenido dolor alguna vez en nuestra vida (por ejemplo, dolor de cabeza, contusiones, dolores de dientes).
¿En la actualidad, ha sentido un dolor distinto a estos dolores comunes? ☐ (1=sí; 2=no)
- Clasifiqué su dolor indicando el número que mejor describe la intensidad máxima de dolor sentido en las últimas 24 horas.
0 1 2 3 4 5 6 7 8 9 10
Ningún Dolor El Peor Dolor Imaginable
- Clasifiqué su dolor indicando el número que mejor describe la intensidad mínima de dolor sentido en las últimas 24 horas.
0 1 2 3 4 5 6 7 8 9 10
Ningún Dolor El Peor Dolor Imaginable
- Clasifiqué su dolor indicando el número que mejor describe la intensidad media de dolor sentido en las últimas 24 horas.
0 1 2 3 4 5 6 7 8 9 10
Ningún Dolor El Peor Dolor Imaginable
- Clasifiqué su dolor indicando el número que mejor describe la intensidad de su dolor actual.
0 1 2 3 4 5 6 7 8 9 10
Ningún Dolor El Peor Dolor Imaginable
- ¿Qué tratamiento o medicamento recibe para su dolor?

- ¿En las últimas 24 horas, cuánto alivio ha sentido con el tratamiento o con el medicamento?
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Ningún Alivio Alivio Total

(continue on next page)

Brief Pain Inventory (Continued)

8. Indicando el número que mejor describe la manera en que el dolor ha interferido, durante las últimas 24 horas, con su:

A. Actividad en general

0	1	2	3	4	5	6	7	8	9	10
No										Interfiere
Interfiere										por Completo

B. Estado de ánimo

0	1	2	3	4	5	6	7	8	9	10
No										Interfiere
Interfiere										por Completo

C. Capacidad de caminar

0	1	2	3	4	5	6	7	8	9	10
No										Interfiere
Interfiere										por Completo

D. Trabajo norma (ya sea en casa o afuera)

0	1	2	3	4	5	6	7	8	9	10
No										Interfiere
Interfiere										por Completo

E. Relaciones con otras personas

0	1	2	3	4	5	6	7	8	9	10
No										Interfiere
Interfiere										por Completo

F. Sueño

0	1	2	3	4	5	6	7	8	9	10
No										Interfiere
Interfiere										por Completo

G. Capacidad de diversion

0	1	2	3	4	5	6	7	8	9	10
No										Interfiere
Interfiere										por Completo

[Copyright 1991 Charles S. Cleeland, PhD; Pain Research Group. All rights reserved.]

Physical Well-Being (continued)

A continuación encontrará una lista de afirmaciones que otra gente con su misma enfermedad ha dicho son muy importante. Por favor, indique que verdadera ha sido cada frase para usted **durante los últimos siete días**.

	Nada	Un poco	Algo	Mucho	Muchísimo
5. Me molestan los efectos secundarios del tratamiento	0	1	2	3	4
6. Me siento enfermo (a)	0	1	2	3	4
7. Necesito estar acostado(a)	0	1	2	3	4

Social/Family Well-Being

	Nada	Un poco	Algo	Mucho	Muchísimo
1. Me siento cercano(a) a mis amistades	0	1	2	3	4
2. Recibo apoyo emocional por parte de mi familia	0	1	2	3	4
3. Recibo apoyo por parte de mis amistades	0	1	2	3	4
4. Mi familia ha aceptado mi enfermedad	0	1	2	3	4
5. Me siento satisfecho(a) de la manera en que me comunica con mi familia acerca de mi enfermedad	0	1	2	3	4
6. Me siento cercano(a) a mi pareja (o a la persona que me da apoyo)	0	1	2	3	4

Sin importar su nivel actual de actividad sexual, por favor, conteste la siguiente pregunta.

[If patient prefers not to answer it, PA please check this box ☐ and go to the next section.]

7. Estoy satisfecho(a) con mi vida sexual	0	1	2	3	4
---	---	---	---	---	---

Emotional Well-Being

	Nada	Un poco	Algo	Mucho	Muchísimo
1. Me siento triste	0	1	2	3	4
2. Estoy satisfecho(a) de como estoy enfrentando mi enfermedad	0	1	2	3	4
3. Estoy perdiendo las esperanzas en la lucha contra mi enfermedad	0	1	2	3	4
4. Me siento nervioso(a)	0	1	2	3	4
5. Me preocupa morir	0	1	2	3	4
6. Me preocupa que mi enfermedad empeore	0	1	2	3	4

Functional Well-Being

	Nada	Un poco	Algo	Mucho	Muchísimo
1. Puedo trabajar (incluya trabajo en el hogar)	0	1	2	3	4
2. Me satisface mi trabajo (incluya trabajo en el hogar)	0	1	2	3	4
3. Puedo disfrutar de la vida	0	1	2	3	4
4. He aceptado mi enfermedad	0	1	2	3	4
5. Duermo bien	0	1	2	3	4
6. Estoy disfrutando las cosas que usualmente me gusta hacer	0	1	2	3	4
7. Estoy satisfecho(a) con la calidad de mi vida actual	0	1	2	3	4

Fatigue Scale

	Nada	Un poco	Algo	Mucho	Muchísimo
1. Me siento fatigada (If patient response=0, skip to Section 4. General Health Status)	0	1	2	3	4
2. Me siento débil por todo mi cuerpo	0	1	2	3	4
3. Me siento cansada	0	1	2	3	4
4. Tengo dificultad <u>empezar</u> cosas porque estoy cansada	0	1	2	3	4
5. Tengo dificultad <u>terminar</u> cosas porque estoy cansada	0	1	2	3	4
6. Tengo energía	0	1	2	3	4
7. Puedo hacer mis actividades generales	0	1	2	3	4
8. Necesito estar dormido/a durante el día	0	1	2	3	4
9. Estoy demasiado cansada que no puedo comer	0	1	2	3	4
10. Necesito ayudar para hacer mis actividades generales	0	1	2	3	4
11. Estoy frustrado por estar demasiado cansado para hacer las cosas que quiero hacer	0	1	2	3	4
12. Tengo que limitar mi actividad social porque estoy cansada	0	1	2	3	4

4. General Health Status

Karnofsky Performance Status

En una escala del 0 al 10, 0 significando lo peor posible y 10 significando lo mejor posible, ¿cómo usted clasificaría su salud total?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

peor salud posible
(tan mal o grave que estar muerta)

a medias entre peor y mejor
salud posible

mejor salud
posible

5. Utilization of Health Care and Social Services—Cornell Services Index-PC

Ahora, le voy hacer algunas preguntas sobre sus servicios de cuidado medico que usted uso en los últimos seis meses.

Inpatient Hospital Services

1. ¿En los últimos seis meses, se ha quedado durante la noche en un hospital como paciente?
- ☐ Sí₁ ☐ No₂ - skip to question 2

1a. ¿Por cuantas noches se a quedado en la facilidad? (*probe for best guess*) NOCHES

1b. ¿ En que tipo de hospital o facilidad de cuidado? Fue un: (*check all apply*)

- ☐₁ Hospital médico general
- ☐₂ Hospital Psiquiátrico
- ☐₃ Facilidad del tratamiento de abusivo de sustancias (i.e. drogas o alcohol)
- ☐₄ Otro tipo de facilidad en paciente
- ☐₅ Otro, especifique

2. ¿Usted estuvo en el cuidado intensivo? ☐ Sí¹ ☐ No²

Emergency Room or Urgent Care Visit

3. ¿En los últimos seis meses, usted ha tenido algunas visitas al cuarto emergencia de un hospital o una facilidad del cuidado urgente? ☐ Sí₁ ☐ No₂ - *skip to Section 6. Use of CAM*

3a. ¿Durante los últimos seis meses, cuantas visitas diferentes a un cuarto emergencia de un hospital o facilidad de cuidado urgente?
(probe for best guess) _____ NUMBER OF VISITS

6. Use of Complementary and Alternative Medicines (CAM)

¿Usted ha utilizado cualquier de las terapias siguientes en los últimos seis meses?

Sí No

- | | | | |
|-----|--|---|---|
| 1. | Suplementos dieteticos | 1 | 2 |
| 2. | Medicina herbal | 1 | 2 |
| 3. | Dieta especial | 1 | 2 |
| 4. | Remedios caseros | 1 | 2 |
| 5. | Ejercicio | 1 | 2 |
| 6. | Visitando una terapeuta de masaje | 1 | 2 |
| 7. | Visitando un Curandero | 1 | 2 |
| 8. | Visitando un sacerdote o consejero/a religioso/a | 1 | 2 |
| 9. | Tecnicas de relajamiento | 1 | 2 |
| 10. | Oracion | 1 | 2 |
| 11. | Acupuntura | 1 | 2 |
| 12. | Otro terapia, especifique | 1 | 2 |

7. Depression Treatment

1. En los últimos 6 meses, usted ha visto cualquier del siguiente para problemas personales, mentales, o emocionales, tal como depresión, ansiedad, o nervios?

	No	Sí
a. Un Medico (no incluyendo Siquiatra)	0	1
b. Trabajadora Social	0	1
c. Siquiatra	0	1
d. Psicologo	0	1
e. Consejero	0	1
f. Sacerdote	0	1
g. Grupo del apoyo del uno mismo	0	1 (no es un grupo de terapia con una profesional)
h. Acupunturista	0	1
i. Herbalista o Naturalista	0	1
j. Una Terapeuta de Masaje	0	1
k. Curandero	0	1
l. Otro	0	1 <i>Sí sí, especifique</i> _____

2. En cualquier momento en los últimos 6 meses pasado, ha tomado un medicamento recetado por problemas personales o emocionales, tal como depresión, ansiedad, o nervios?

☐ No₀ (*If No, skip to Question 3*) ☐ ₁ Sí, recetado por un medico ☐ ₂ Sí, recetado por otro _____

Sí sí, ¿Qué medicamentos le recetaron? PA: For each medicine, please ask the following:

- a. del medicamento – nombre, dosis y frecuencia b. ¿Por cuanto tiempo tomó su medicamento?
c. ¿Tuyo efectos secundarios? (sí /no) d. ¿Las esta tomando todavía? (sí /no)

e. Qué tan provechosa fue la medicina: [say each]

Extremadamente provechosa₁ Muy provechosa₂ Provechosa₃ Algo provechosa₄ No tan provechosa₅

f. Qué tan satisfecho/a estuvo con la medicina: [say each]

Extremadamente satisfecho/a₁ Muy satisfecho/a₂ Satisfecho/a₃ Algo satisfecho/a₄ No tan satisfecho/a₅

PA: Please record patient's responses for each medication.

a. Medicina: Nombre, dosis y frecuencia	b. Por cuanto tiempo tomó su medicamento?	c. Tuvo efecto-secundarios? (sí / no)	d. Las esta tomando todavía? (sí / no)	e. Cuanto le ayudo? (escala 1-5)	f. Esta satisfecho (escala 1-5)

3. Durante los últimos 6 meses, usted ha recibido terapia de consejería (la terapia de consejería o psicoterapia cuando hablas con una trabajadora social, psicólogo, siquiatra, o otro profesional de salud mental sobre sus pensamientos y emociones.) para ayudarle con depresión, ansiedad o nervios?

☐ No₀ (*If "No", skip to Section 8. Barriers to Depression Care Treatment*) ☐ Sí₁

3a. Durante los últimos 6 meses, ¿cuántas visitas tuvo con un consejero/a? Enter number _____

3b. Durante los últimos 6 meses, ¿con que frecuencia atendió sesiones de consejería para su depresión exactamente como su doctor, enfermera de clínica o trabajadora social recomendó? Por exactamente, ¿cuántas sesiones en total participo?

Fue: ☐ Ninguna de los sesiones ₁ ☐ Un poco de las sesiones ₂ ☐ Algunas de las sesiones ₃

☐ La mayoría de las sesiones ₄ ☐ Todas de las sesiones ₅

If pt had missed session(s): Cuales son las razones porque usted no puede atender las sesiones recomendadas?

3c. ¿Qué tan provechosa fue la terapia?

☐ Extremadamente provechosa₁ ☐ Muy provechosa₂ ☐ Provechosa₃ ☐ Algo provechosa₄ ☐ No tan provechosa₅

3d. ¿Qué tan satisfecho/a estuvo con la terapia?

☐ Extremadamente satisfecho/a₁ ☐ Muy satisfecho/a₂ ☐ Satisfecho/a₃ ☐ Algo satisfecho/a₄ ☐ No tan satisfecho/a₅

8. Barriers to Depression Care Treatment

Durante los últimos 6 meses, algunas de los siguiente problemas prevenio de mantener su cita o su tratamiento de depresión recomendado?

	Sí	No	N/A
1. No entendiendo el tratamiento que su doctor le ha recomendado	1	2	3
2. Preocupaciones acerca de su tratamiento recomendado	1	2	3
3. Preocupaciones sobre el costo de su tratamiento o medicamento	1	2	3
4. Dificultades de recordando sus citas	1	2	3
5. Dificultades recordando cuando debe de tomar su medicamentos	1	2	3
6. Dificultades tomando tiempo libre de su trabajo	1	2	3
7. Dificultades con transportacion	1	2	3
8. Dificultades con cuidado de niños	1	2	3
9. Preocupaciones que su otro problemas de salud pueden interferir con el tratamiento o medicamento	1	2	3
10. Miembros de su familia o otro tipo de problemas personales causa dificultades en mantener su citas o tomar su medicamentos.	1	2	3
11. Dificultades con las horas de la clínica o procedimientos.	1	2	3
12. Dificultades encontrando proveedores de ayuda para la depresión que hablen su idioma	1	2	3
13. Preocupaciones de lo que otros pueden pensar	1	2	3

9. Stress Inventory

Lo que sigue es una lista de situaciones que muchas personas encuentran agotadores. Por favor, dígame si usted siente estrés de cualquiera de estas situaciones en **los últimos seis meses**. (If participant answers yes please ask them to rate the level of stress they feel. Use the scale from 0 to 10, 0 meaning no stress at all and 10 meaning a lot of stress.)

0-----1-----2-----4-----6-----8-----10
nada de estrés lo mas estrés que puede imaginar

	No	Sí	Stress Level
1. Problemas con el trabajo o desempleo.....	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____
2. Problemas con su desempleo	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____
3. Problemas financieras.....	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____
4. Conflictos con su marido (su novio, o su amante).....	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____
5. Conflictos familiares	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____
6. Problemas con sus hijos, nietos/ preocupaciones de ser padre.....	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____
7. Problemas enfrentando la muerte o enfermedad de un pariente o de tener que cuidar miembros de su familia.....	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____
8. Conflictos culturales, incluyendo problemas con el idioma o discriminación	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____
9. Problemas legales.....	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____
10. Preocupaciones o problemas de inmigración	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____
11. Problemas con su propio salud.....	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____
12. Preocupaciones de su comunidad (drogas, violencia, otro crimen)	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____
13. Otra clase de estrés (especifiqué) _____	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____

10. Work Life

¿Cual es su estatus de trabajo? ☐ Sí, tiempo completo 1 ☐ Sí, medio tiempo 2 ☐ No 3 (If "No", skip to questions for Unemployed)

Employed

- Si esta trabajando, usted esta trabajando en el mismo empleo (compañía) que estaba trabajando hace seis meses (a la entrevista del mes seis)? ☐ Sí₁ ☐ No₂
 - Sí no*, ¿que es la razón porque dejas el empleo? ☐ Me despidieron del trabajo₁
☐ Las condiciones del trabajo fueron muy difícil para quedarme₂ ☐ No podía ajustarme a las horas de trabajo₃
☐ Mi medico sugiero que me no trabaje₄ ☐ Otro₅ _____
- Cual es su ocupacion? _____
- ¿Su trabajo es físicamente pesado?.....|____| (1=No es pesado; 2=Un poco pesado; 3=Moderadamente pesado; 4=Muy pesado)
- ¿Qué tan satisfecha esta con su trabajo?|____| (1=Muy satisfecha; 2=Satisfecha; 3=Insatisfecha; 4=Muy insatisfecha)
- ¿En el mes pasado, ¿cuántos días faltó al trabajo por una razón médica relacionada con el diagnóstico del cáncer? _____ #days
- ¿Ha experimentado dificultades en tomar tiempo libre de su trabajo para atender sus citas de tratamiento(s)? ☐ Sí₁ ☐ No₂
- ¿Ha perdido usted parte de su sueldo por razones relacionadas con usted a las citas para su tratamiento? ☐ Sí₁ ☐ No₂
 - Sí*, con cuanta frecuencia sucede? _____

PA: Skip to questions for All Subjects.

Unemployed

- Si no esta trabajando, cual es son razón/es porque no puede mantener un empleo? Esta:
₁☐ Ama de casa ₂☐ No puedo trabajar por causa de mi salud ₃☐ Jubilada ₄☐ En licencia médica
₅☐ Me despidieron de trabajo ₆☐ Otro _____
- Si no esta trabajando, cual fue la ultima vez que trabajo, aunque fue solamente por algunos días?
₁☐ Nunca había trabajado ₂☐ Durante los últimos seis meses ₃☐ Durante los últimos doce meses
₄☐ mas de 1 a 5 años ₅☐ Hace mas de 5 años

If pt had ever worked (response code>1), ¿Cual era su ocupacion? _____

All Subjects

- ¿Esta usted involucrada en alguna actividades pagadas, como en cuidando de niños, cocinando o limpieza que aporte al ingreso de la familia? ₁☐ Sí ₂☐ No
- ¿Su esposo (o su pareja) esta empleado actualmente? ₁☐ Sí, tiempo completo ₂☐ Sí, medio tiempo
₃☐ No, desempleado ₄☐ Jubilada ₇☐ No es aplicable, no esposo o ni pareja
- ¿Algún miembro de su familia(s) ha experimento dificultades en tomar tiempo libre de su trabajo para acompañarla a sus citas de tratamiento(s)? ₁☐ Sí ₂☐ No ₇☐ No es aplicable, Voy sola a mis citas.
- ¿Algún miembro(s) de su familia ha perdido parte de su sueldo para ir con usted a las citas para su tratamiento?
☐ ₁ Sí – PA continues asking: con cuanta frecuencia sucede? _____
☐ ₂ No ☐ ₇ No es aplicable, I go alone to appointment(s)

CONTACT INFORMATION

Antes de terminar nuestra conversación, quiero confirmar que nuestros archivos estén al corriente para que le podemos mandar su incentivo validado de \$10 dólares.

PA: Please verify and update patient contact and alternate contact information on patient card.

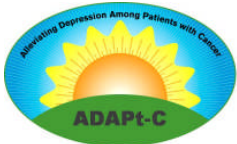
Incentive: ☐ Target gift card ☐ other, please specify _____

Delivery: ☐ by Mail, mailed (date) _____ Destination: (check one) ☐ pt's address as verified

☐ pick up in person, scheduled date _____ ☐ alternate address as noted

CLOSING STATEMENT

Ha sido un placer conversar con usted y le doy gracias por permitirme su tiempo para contestar mis preguntas. Espero con gusto hablar con usted de nuevo en 6 meses. Me agradaría mucho que usted me llamara para notificarme si cambia su número de teléfono. Puede hablar con su doctor sobre los problemas que pueda encontrar en conservando su cita o puede preguntar por una trabajadora social. Este folleto pueda también contestarle algunas de sus preguntas. Recuerde mi nombre es _____ y mi numero telefónico es _____.



ADAPT-C
12th Month Follow-up Assessment

ID _____

PA (initial) _____ Interview Type [____] 1= over phone 2= face to face

Interview Date _____ Interview Time (hr:min) from _____ to _____

PA: Please mark patient's response to each question.

- ➡ Use "99" or "unk" to indicate that a patient's response to a question is unknown. ⬅
- ➡ Use "88" or "rf" to indicate patient refused to answer a question. ⬅
- ➡ Use "77" or "n/a" to indicate that a question is not applicable to patient. ⬅

1. SF-12

INSTRUCTIONS: This questionnaire asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. If you are unsure about how to answer, please give the best answer you can.

PA: Accept only one response per question

1. In general, would you say your health is: [SAY EACH]

☐ Excellent

☐ Very Good

☐ Good

☐ Fair

☐ Poor

Now I'm going to read a list of activities that you might do during a typical day. As I read each one, please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.

	Yes, Limited a lot	Yes, Limited a little	No, Not limited at all
2. moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or going for a walk with your kids	1	2	3
3. climbing several flights of stairs	1	2	3

The following two questions ask you about your physical health and your daily activities:

	Yes	No
4. During the past 4 weeks have you accomplished less than you would like as a result of your physical health?	1	2
5. During the past 4 weeks, were you limited in the kind of work or other regular daily activities you do as a result of your physical health?	1	2

The following two questions ask about your emotions and your daily activities:

	Yes	No
6. During the past 4 weeks, have you accomplished less than you would like as a result of any emotional problems (such as feeling depressed or anxious[worried])?	1	2
7. During the past 4 weeks, did you not do work or other regular activities as carefully as usual as a result of any emotional problems, such as feeling depressed or anxious?	1	2
8. During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere...[EACH] <input type="checkbox"/> Not at all <input type="checkbox"/> A little bit <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> Extremely		
9. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities like visiting with friends or relatives? Has it interfered...[EACH] <input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> A Little of the time <input type="checkbox"/> None of the time		

The next questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. **How much of the time during the past 4 weeks...**

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
10. Have you felt calm and peaceful?	1	2	3	4	5	6
11. Did you have a lot of energy?	1	2	3	4	5	6
12. Have you felt downhearted and blue?	1	2	3	4	5	6

2. Depression and Anxiety Symptoms

I am going to ask you some questions about how you've been feeling.

PHQ-9

Over the **last 2 weeks**, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3



*If patient answered positive to Question 9, follow **ADAPt-C Suicide Risk Protocol**.*

BSI

During the **past 7 days**, how much were you disturbed by (read each item)

	not at all	a little bit	moderately	quite a bit	extremely
1. nervousness or shakiness inside	0	1	2	3	4
2. suddenly scared for no reason	0	1	2	3	4
3. feeling fearful	0	1	2	3	4
4. feeling tense or keyed up	0	1	2	3	4
5. spells of terror or panic	0	1	2	3	4
6. feeling so restless you couldn't sit still	0	1	2	3	4

ADAPt-C Suicide Risk Protocol

This protocol will guide Project Assistants in the event a patient expresses thoughts about being better off dead, hurting themselves, or other suicidal ideation, whether in response to the specific PHQ question #9 **or** at any other point of conversation.

When the response to PHQ #9 is other than "0" ("Not at all") **or** if suicidal ideas are expressed spontaneously, please

Ask: "Do you feel these thoughts are a problem for you or something you might act on?" _____ (Yes/No)

"Have you discussed these feelings and thoughts with a mental health provider or with your primary care provider?" _____ (Yes/No) **If yes**, say: "May I have the contact information for the mental health provider or Doctor that you have spoken with about these feeling and thoughts?"

Document name and contact number of provider/agency/Doctor.

Name/Agency: _____

Contact Number(s): _____

- **If you are interviewing this patient in the clinic**, say:

"I am not a clinician and I am not qualified to evaluate these thoughts and feelings in detail, but it is important that you get proper medical attention, I will notify your doctor so that s/he can be sure you get some help with this."

THE CLINIC STAFF WILL HANDLE THE SITUATION ACCORDING TO THE CLINIC'S PROTOCOL.

- **If you are interviewing the patient on the telephone**, say:

"Can you please clarify the address and telephone number you are presently at? _____
I am not a clinician and I am not qualified to evaluate these thoughts and feelings in detail, but it is important that you get proper medical attention and I think it's important that you to discuss these thoughts and feelings with a medical or mental health professional. So I would like you to remain on the line with me, so I can get a clinical social worker to talk with you further. I would like to offer you the Crisis Hotline number (where staff speak both English and Spanish) (1-877-727-4747 OR 1-800-SUICIDE), in case these feelings and thoughts get worse and you need help immediately by calling 9-1-1."

TRY TO KEEP PATIENT ON THE LINE BY USING 3-WAY, ANOTHER LINE OR CELL PHONE to immediately contact a Cancer Depression Clinical Specialist (CDCS) on the list. This patient needs to be assessed for suicidality.

Immediately contact CDCS/MD in this order: Anjanette Wells, LCSW (cell: 323-707-6539;
pgr: 323-565-7522)

Adriana Cortes, MSW cell: 323-791-0228
Diana Pineda, LCSW pgr: 213-208-0432
Brenda Quon, MD pgr: 213-919-7263

IF SOMEONE IS THREATENING SUICIDE OR HOMICIDE, AND HAS TAKEN STEPS TO COMMIT THE ACT (i.e. taken pills, slash wrist etc.), CALL 9-1-1.

You must speak to someone regarding the suicidality of the patient, it is not adequate to just leave a message for a clinic staff, CDCS or Brenda Quon.

PA: Please check all that apply.

- ☐ Notified CDCS or study psychiatrist Brenda Quon, MD (if patient interviewed on telephone).
☐ Notified physician or nursing staff (if patient interviewed in clinic).
☐ Documented patient's responses to these questions in the patient's medical chart (applied to each patient with this suicide risk protocol).

***PA: Stop interviewing the patient if patient is acutely suicidal. Resume the interview after problem cleared.
PA should continue with interview if the CDCS assessed and pt is safe and not acutely suicidal.***

3. FACT-G

Below is a list of statements that other people with your illness have said are important. Please indicate how true each statement has been for you **during the past 7 days**.

Physical Well-Being

	Not at all	A little bit	Some- what	Quite a bit	Very much
1. I have a lack of energy	0	1	2	3	4
2. I have nausea	0	1	2	3	4
3. Because of my physical condition, I have trouble meeting the needs of my family	0	1	2	3	4
4. I have pain	0	1	2	3	4

(If patient response is positive with pain (response code 1 to 4), administer Brief Pain Inventory)

Brief Pain Inventory

- Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these everyday kinds of pain today? ☐ (1=yes, 2=no)
- Please rate your pain by telling us the one number that best describes your pain at its **WORST** in the last 24 hours.
 0 1 2 3 4 5 6 7 8 9 10
 No Pain Pain as bad as you can imagine
- Please rate your pain by telling us the one number that best describes your pain at its **LEAST** in the last 24 hours.
 0 1 2 3 4 5 6 7 8 9 10
 No Pain Pain as bad as you can imagine
- Please rate your pain by telling us the one number that best describes your pain on the average.
 0 1 2 3 4 5 6 7 8 9 10
 No Pain Pain as bad as you can imagine
- Please rate your pain by telling us the one number that tells how much pain you have right now.
 0 1 2 3 4 5 6 7 8 9 10
 No Pain Pain as bad as you can imagine
- What treatments or medications are you receiving for your pain?

- In the last 24 hours, how much relief have pain treatments or medications provided? Please tell us the one percentage that most shows how much relief you have received.
 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
 No Relief Complete Relief

(continue on next page)

Brief Pain Inventory (Continued)

8. Provide us with the one number that describes how, during the past 24 hours, pain has interfered with your:

A. General Activity

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

B. Mood

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

C. Walking Ability

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

D. Normal Work (includes both work outside the home and housework)

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

E. Relations with other people

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

F. Sleep

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

G. Enjoyment of Life

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

[Copyright 1991 Charles S. Cleeland, PhD; Pain Research Group. All rights reserved.]

Physical Well-Being (continued)

Following are more statements that other people with your illness have said are important. Please indicate how true each statement has been for you **during the past 7 days.**

	Not at all	A little bit	Some- what	Quite a bit	Very much
5. I am bothered by side effects of treatment	0	1	2	3	4
6. I feel ill	0	1	2	3	4
7. I am forced to spend time in bed	0	1	2	3	4

Social/Family Well-Being

	Not at all	A little bit	Some- what	Quite a bit	Very much
1. I feel close to my friends	0	1	2	3	4
2. I get emotional support from my family	0	1	2	3	4
3. I get support from my friends	0	1	2	3	4
4. My family has accepted my illness	0	1	2	3	4
5. I am satisfied with family communication about my illness	0	1	2	3	4
6. I feel close to my partner (or the person who is my main support)	0	1	2	3	4

Regardless of your current level of sexual activity, please answer the following question.

[If patient prefers not to answer it, PA please check this box ☐ and go to the next section.]

7. I am satisfied with my sex life	0	1	2	3	4
------------------------------------	---	---	---	---	---

Emotional Well-Being

	Not at all	A little bit	Some- what	Quite a bit	Very much
1. I feel sad	0	1	2	3	4
2. I am satisfied with how I am coping with my illness	0	1	2	3	4
3. I am losing hope in the fight against my illness	0	1	2	3	4
4. I feel nervous	0	1	2	3	4
5. I worry about dying	0	1	2	3	4
6. I worry that my condition will get worse	0	1	2	3	4

Functional Well-Being

	Not at all	A little bit	Some- what	Quite a bit	Very much
1. I am able to work (include work at home)	0	1	2	3	4
2. My work (include work at home) is fulfilling	0	1	2	3	4
3. I am able to enjoy life	0	1	2	3	4
4. I have accepted my illness	0	1	2	3	4
5. I am sleeping well	0	1	2	3	4
6. I am enjoying the things I usually do for fun	0	1	2	3	4
7. I am content with the quality of my life right now	0	1	2	3	4

Fatigue Scale

	Not at all	A little bit	Some- what	Quite a bit	Very much
1. I feel fatigued (If patient response=0, skip to Section 4. General Health Status)	0	1	2	3	4
2. I feel weak all over	0	1	2	3	4
3. I feel tired	0	1	2	3	4
4. I have trouble <u>starting</u> things because I am tired	0	1	2	3	4
5. I have trouble <u>finishing</u> things because I am tired	0	1	2	3	4
6. I have energy	0	1	2	3	4
7. I am able to do my usual activities	0	1	2	3	4
8. I need to sleep during the day	0	1	2	3	4
9. I am too tired to eat	0	1	2	3	4
10. I need help doing my usual activities	0	1	2	3	4
11. I am frustrated by being too tired to do the things I want to do	0	1	2	3	4
12. I have to limit my social activity because I am tired	0	1	2	3	4

4. General Health Status

Karnofsky Performance Status

On a scale of 0 to 10, with zero being the worst possible and 10 being the best possible, how would you rate your overall health?

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
worst possible health (as bad or worse than being dead)				half-way between worst and best possible health			best possible health			

5. Utilization of Health Care and Social Services–Cornell Services Index-PC

Next, I will ask you some questions about health care services you may have used over the past six months.

Inpatient Hospital Services

1. In the past six months, have you stayed overnight in a hospital as a patient? ☐ Yes₁ ☐ No₂ - *skip to question 2*

1a. How many nights did you spend in this facility? (*probe for best guess*) _____ NIGHTS

1b. What kind of hospital or care facility did you stay in? Was it a: (*check all apply*)

- ☐ General medical hospital
- ☐ Psychiatric hospital
- ☐ Substance abuse treatment facility
- ☐ Another kind of inpatient facility
- ☐ Other, specify _____

2. Were you in the intensive care unit? ☐ Yes₁ ☐ No₂

Emergency Room or Urgent Care Visit

3. In the past six months, have you had any visits to a hospital emergency room or an urgent care facility?

☐ Yes₁ ☐ No₂ - *skip to Section 6. Use of CAM*

3a. How many different visits to a hospital emergency room or an urgent care facility did you have in the past six months?
(*probe for best guess*) _____ NUMBER OF VISITS

6. Use of Complementary and Alternative Medicines (CAM)

Have you ever used any of the following therapies in the past 6 months?

	Yes	No
1. Dietary Supplements (such as vitamins)	1	2
2. Herbal Remedies (such as Ginkgo biloba or chamomile tea)	1	2
3. Special diet	1	2
4. Home remedies (such as soups, warm milk, garlic)	1	2
5. Exercise	1	2
6. Visited a Certified Massage Therapist	1	2
7. Visited a Folk Healer	1	2
8. Talked with a priest or religious counselor?	1	2
9. Relaxation techniques	1	2
10. Prayer	1	2
11. Acupuncture	1	2
12. Other therapy, specify _____	1	2

7. Depression Treatment

1. During the past 6 months, have you seen any of the following for personal, mental, or emotional problems, such as depression, anxiety, or nerves?

	No	Yes
a. Medical Doctor (not including Psychiatrists)	0	1
b. Social Worker	0	1
c. Psychiatrist	0	1
d. Psychologist	0	1
e. Counselor	0	1
f. Priest	0	1
g. Self-help group (not group therapy run by a professional)	0	1
h. Acupuncturist	0	1
i. Herbalist or naturalist	0	1
j. Certified Massage Therapist	0	1
k. Folk healer	0	1
l. Other	0	1....if "yes", specify _____

2. At any time in the past 6 months, have you taken any prescribed medications for personal or emotional problems, such as depression, anxiety, or nerves?

☐ No₀ (If No, skip to Question 3) ☐ Yes, prescribed by medical doctor ☐ Yes, prescribed by (specify) _____

If YES, What medicines did your doctor prescribe?

PA: For each medicine, please ask the following:

- a. medicine name, dose & frequency of use b. How long did/have you take(n) this medicine?
 c. Had side effect? (yes/no) d. Are you still taking it? (yes/no)
 e. How helpful is/was this medicine: [say each]
 Extremely helpful₁ Very helpful₂ Helpful₃ Somewhat helpful₄ Not helpful at all₅
 f. How satisfied are/were you with this medicine: [say each]
 Extremely satisfied₁ Very satisfied₂ Satisfied₃ Somewhat satisfied₄ Not satisfied at all₅

PA: Please record patient's responses for each medication.

a. Medicine: name, dose and frequency	b. How long did/have you take(n) this medication?	c. Side effect? (y/n)	d. Still taking it? (y/n)	e. How helpful ? (1-5)	f. How satisfied? (1-5)

3. During the past 6 months, did you receive talk therapy (Talk therapy is counseling or psychotherapy in which you talk with a social worker, psychologist, psychiatrist, or other mental health provider about your feelings and emotions.) to help with depression, anxiety, or nerves? ☐ No₀ (If "No", skip to Section 8. Barriers to Depression Care Treatment) ☐ Yes₁

3a. How many visits did you have with a counselor or psychotherapist? Enter number _____

3b. How often were you able to attend counseling sessions for your depression exactly as your doctor, clinic nurse or social worker recommended? By exactly, I mean making it to all the sessions. Was it:

☐ None of the sessions₁ ☐ A few of the sessions₂ ☐ Some of the sessions₃ ☐ Most of the sessions₄ ☐ All of the sessions₅

If pt had missed session(s): What are the reasons you were unable to attend recommended sessions?

3c. How helpful is/was the therapy?

☐ Extremely helpful₁ ☐ Very helpful₂ ☐ Helpful₃ ☐ Somewhat helpful₄ ☐ Not helpful at all₅

3d. How satisfied are/were you with the therapy?

☐ Extremely satisfied₁ ☐ Very satisfied₂ ☐ Satisfied₃ ☐ Somewhat satisfied₄ ☐ Not satisfied at all₅

8. Barriers to Depression Care Treatment

In the **past 6 months**, did any of the following difficulties prevent you from trying to get or keep your depression care appointment or follow your treatment plan?

	Yes	No	N/A
1. Not understanding recommended treatment plan	1	2	3
2. Worry or concern about the treatment plan	1	2	3
3. Concerns about the cost of the treatment or medication	1	2	3
4. Difficulty in remembering the appointment	1	2	3
5. Difficulty in remembering when to take your medication	1	2	3
6. Difficulty in taking time off work	1	2	3
7. Transportation difficulties	1	2	3
8. Childcare difficulties	1	2	3
9. Concern or fear that treatment plan or medication may interfere with your other health problems	1	2	3
10. Family members or other personal problems may make it difficult to keep your appointment or take your medication	1	2	3
11. Difficulty with clinic hours or procedures	1	2	3
12. Difficulty finding a depression care provider who spoke your language	1	2	3
13. Worrying about what others may think	1	2	3

9. Stress Inventory

Following is a list of various issues that many people find can be stressful. Please tell me if you are experiencing stress from any of the following issues **in the past 6 months**. (If participant answers yes please ask them to rate the level of stress they feel. Use the scale from 0 to 10, 0 meaning no stress at all and 10 meaning a lot of stress.)

0-----1-----2-----4-----6-----8-----10
no stress at all most stress you can imagine

	No	Yes	Stress Level
1. Work problems.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____
2. Unemployment Problems.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____
3. Financial problems.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____
4. Marital conflicts	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____
5. Family conflicts.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____
6. Problems with your children or grandchildren / parenting concerns.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____
7. Serious illness or death of a family member, spouse, or close friend.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____
8. Cultural conflicts, including language barriers and discrimination.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____
9. Legal problems.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____
10. Immigration problems or concerns.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____
11. Problems with your own health	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____
12. Worries about your community (drugs, violence, other crime)	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____
13. Other, specify _____	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____

10. Work Life

Are you currently employed? ☐ Yes, Full-time₁ ☐ Yes, Part-time₂ ☐ No, Unemployed₃ (If "No", skip to questions for Unemployed)

Employed

1. Are you still with the same employer that you were with 6 months ago (at baseline)? ☐ Yes₁ ☐ No₂
 - 1a. If "No", What was the main reason for leaving your last employer?

☐ I was laid off₁ ☐ Work conditions made it difficult to stay₂ ☐ I was unable to adjust my work hours₃

☐ My doctor suggested that I leave₄ ☐ Other₅ _____
2. What is your occupation? _____
3. Is your job physically strenuous? [] (1=not strenuous; 2=a little strenuous; 3=somewhat strenuous; 4=very strenuous)
4. How satisfied are you with your job?... [] (1=very satisfied; 2=satisfied; 3=dissatisfied; 4=very dissatisfied)
5. In the past 6 months, how many days have you been absent from work for a medical reason related to your cancer treatment? [] number of days
6. Have you experienced difficulties in taking time off from work to go to your treatment appointment(s)? ☐ Yes₁ ☐ No₂
7. Have you lost wages for reasons related to your treatment appointment? ☐ Yes₁ ☐ No₂
 - 7a. If "Yes", How often does this happen? _____

PA: Skip to questions for All Subjects.

Unemployed

1. If you are not employed now, what is the reason(s) for you not holding a job? You are:

☐ Full time homemaker₁ ☐ Unable to work because of poor health₂ ☐ Retired₃ ☐ On medical leave₄

☐ Laid off or on strike₅ ☐ Other₆ _____
2. If you are not employed now, when did you last work, even for a few days?

☐ Never worked₁ ☐ Within the past 6 months₂ ☐ Within the past 12 months₃ ☐ 1 to 5 years ago₄ ☐ Over 5 years ago₅

If pt had ever worked (response code >1), What was your most recent occupation?

All Subjects

1. Are you involved in any paid activities such as caring for children, cooking or cleaning that allows you to contribute the family's total income? ☐ Yes₁ ☐ No₂
2. Is your spouse or live-in partner, currently employed?

☐ Yes, full-time₁ ☐ Yes, part-time₂ ☐ No, unemployed₃ ☐ No, retired₄ ☐ Not applicable, no spouse or live-in partner₇
3. Has a family member(s) experienced any difficulties taking time off from work to go with you to your treatment appointment(s)?

☐ ₁ Yes ☐ ₂ No ☐ ₇ Not applicable, I go alone to appointment(s)
4. Has a family member(s) lost wages to go with you to your treatment appointment(s)?

☐ ₁ Yes — PA continues asking: How often does this happen? _____

☐ ₂ No ☐ ₇ Not applicable, I go alone to appointment(s)

11. Physical Activities

During the past year, what was your average time per week spent at each of the following activities?

1. Walking, walking while playing golf or hiking outdoors..... _____ hours per week
 Usual walking pace: (choose one)
☐ Easy or casual (<2 mph)
☐ normal or average (2-2.9 mph)
☐ brisk (3-3.9 mph)
☐ very brisk (≥4 mph)
2. Jogging (>10 minutes per mile) _____ hours per week
3. Running (≤10 minutes per mile)..... _____ hours per week
4. Bicycling (including stationary bike)..... _____ hours per week
5. Yoga, stretching _____ hours per week
6. Swimming laps _____ hours per week
7. Tennis _____ hours per week
8. Calisthenics, aerobics, aerobic dance, or rowing machine..... _____ hours per week
9. Squash or racquetball _____ hours per week
10. Lawn mowing _____ hours per week
11. other exercise/activity not named before that you were doing
 regularly (list each activity and average time/week)
 (specify) _____ hours per week

12. Recreational Activities

What are things you like to do for recreation, play, etc.

CONTACT INFORMATION

Before we end our talk, I want to make sure our records are correct so that we can mail you your incentive valued at \$10.

PA: Please verify and update patient contact and alternate contact information on patient card.

Incentive: ☐ Target gift card ☐ other, please specify _____

Delivery: ☐ by Mail, mailed (date) _____ Destination: (check one) ☐ pt's address as verified
☐ alternate address as noted
☐ pick up in person, scheduled date _____

CLOSING STATEMENT

I have enjoyed talking with you and I appreciate your taking time to answer my questions. You may talk with your doctor about any of the problems you might have in keeping your appointments or ask to see a clinic social worker. I look forward to talking with you again in 6 months. I would very much appreciate it if you call me to let know if you change your telephone number. Remember my name is _____ and my telephone number is _____.

2. Depressive and Anxiety Symptoms

Le voy a preguntar algunas preguntas sobre como se ha estado sintiendo.

PHQ-9

¿Durante las **últimas 2 semanas**, con que frecuencia le han molestado los siguientes problemas?

	Nunca	Varios Días	Más de la mitad de los días	Casi todos los días
1. Tener poco interés o placer en hacer las cosas	0	1	2	3
2. Sentir desanimada, deprimida, o sin esperanza.	0	1	2	3
3. Con problemas en dormirse o en mantenerse dormida, o en dormir demasiado	0	1	2	3
4. Sentirse cansada o tener poca energía	0	1	2	3
5. Tener poco apetito o comer en exceso	0	1	2	3
6. Sentir falta de amor propio, o que usted a fracasado o decepcionado a si misma o a su familia	0	1	2	3
7. Tener dificultada para concentrarse en cosas tales como leer el periódico o mirar la televisión	0	1	2	3
8. Se mueve o habla tan lentamente que otra gente se podrá del cuenta – o de lo contrario, está tan agitada o inquieta que se mueve mucho más de lo acostumbrado	0	1	2	3
9. Se le han ocurrido pensamientos de que sería mejor estar muerta o de que se haría daño de alguna manera	0	1	2	3



*If patient answered positive to Question 9, follow **ADAPt-C Suicide Risk Protocol**.*

BSI

Durante los **últimos 7 días** que tanto fue usted perturbada por: (read each item)

	para nada	un poco	moderadamente	bastante	extremadamente
1. nerviosísima o agitación interna	0	1	2	3	4
2. sobresaltos sin motivo	0	1	2	3	4
3. sentirse temerosa	0	1	2	3	4
4. sentirse tensa o ansiosa	0	1	2	3	4
5. periodos de terror o pánico	0	1	2	3	4
6. sentirse inquieta sin poder mantenerse sentada	0	1	2	3	4

ADAPT-C Suicide Risk Protocol

This protocol will guide Project Assistants in the event a patient expresses thoughts about being better off dead, hurting themselves, or other suicidal ideation, whether in response to the specific PHQ question #9 **or** at any other point of conversation.

When the response to PHQ #9 is other than "0" ("Not at all") **or** if suicidal ideas are expressed spontaneously, please

Ask: "¿Usted siente que estos pensamientos son un problema para usted o algo que usted haría?" _____ (Si/No)

"¿Ha discutido estos pensamientos o sensaciones con su doctor o otro profesional del cuidado médico (consejero/a)?"

_____ (Si/No) **If si**, say: "¿Puedo tener la información de contacto por la profesional de salud mental o médico que le ha discutido sobre estos pensamientos y sensaciones?"

Document name and contact number of provider/agency/Doctor.

Name/Agency: _____

Contact Number(s): _____

- **If you are interviewing this patient in the clinic**, say:

"Yo no soy una profesional clínica ni estoy calificada para evaluar estos pensamientos o sensaciones en detalle, pero es importante que usted consiga la atención médica apropiada, voy a notificar su doctor para que el esta seguro que usted consiga una cierta ayuda con esto."

THE CLINIC STAFF WILL HANDLE THE SITUATION ACCORDING TO THE CLINIC'S PROTOCOL.

- **If you are interviewing the patient on the telephone**, say:

"Por favor puede confirmar la dirección y número de teléfono de donde me está hablando en este momento?"

_____ yo no soy una profesional ni estoy calificada para evaluar estos pensamientos o sensaciones en detalle, pero es importante que usted consiga la atención médica apropiada y le recomiendo que hable con un médico o otro profesional del cuidado médico sobre estos pensamientos y sensaciones. Quisiera que permaneciera en el teléfono con migo mientras me comunico con una trabajadora social para que siga hablando con usted. También, me gustaría ofrecerle un número de teléfono del crisis (donde la gente habla en español y inglés) (1-877-727-4747) OR 1-800-SUICIDE; spanish hotline: 1-888-628-9454) en caso Que estos pensamientos y sensaciones empeoren y usted necesita ayuda inmediatamente llame al 9-1-1."

TRY TO KEEP PATIENT ON THE LINE BY USING 3-WAY, ANOTHER LINE OR CELL PHONE to immediately contact a Cancer Depression Clinical Specialist (CDCS) on the list. This patient needs to be assessed for suicidality.

Immediately contact CDCS/MD in this order: Anjanette Wells, LCSW (cell: 323-707-6539;
pgr: 323-565-7522)

Adriana Cortes, MSW cell: 323-791-0228
Diana Pineda, LCSW pgr: 213-208-0432
Brenda Quon, MD pgr: 213-919-7263

IF SOMEONE IS THREATENING SUICIDE OR HOMICIDE, AND HAS TAKEN STEPS TO COMMIT THE ACT (i.e. taken pills, slash wrist etc.), CALL 9-1-1.

You must speak to someone regarding the suicidality of the patient, it is not adequate to just leave a message for a clinic staff, CDCS or Brenda Quon.

PA: Please check all that apply.

- ☐ Notified CDCS or study psychiatrist Brenda Quon, MD (if patient interviewed on telephone).
☐ Notified physician or nursing staff (if patient interviewed in clinic).
☐ Documented patient's responses to these questions in the patient's medical chart (applied to each patient with this suicide risk protocol).

*PA: Stop interviewing the patient if patient is acutely suicidal. Resume the interview after problem cleared.
PA should continue with interview if the CDCS assessed and pt is safe and not acutely suicidal.*

3. FACT-G

A continuación encontrará una lista de afirmaciones que otra gente con su misma enfermedad ha dicho son muy importante. Por favor, indique que verdadera ha sido cada frase para usted **durante los últimos siete días**.

Estado Físico General De Salud

	Nada	Un poco	Algo	Mucho	Muchísimo
1. Me falta energía	0	1	2	3	4
2. Tengo náuseas	0	1	2	3	4
3. Debido a mi estado físico, tengo dificultad para atender a las necesidades de mi familia	0	1	2	3	4
4. Tengo dolor	0	1	2	3	4

(If patient response is positive with pain (response code 1 to 4), administer Brief Pain Inventory)

Brief Pain Inventory

- Todos hemos tenido dolor alguna vez en nuestra vida (por ejemplo, dolor de cabeza, contusiones, dolores de dientes).
¿En la actualidad, ha sentido un dolor distinto a estos dolores comunes? ☐ (1=sí; 2=no)
- Clasifiqué su dolor indicando el número que mejor describe la intensidad máxima de dolor sentido en las últimas 24 horas.
0 1 2 3 4 5 6 7 8 9 10
Ningún Dolor El Peor Dolor Imaginable
- Clasifiqué su dolor indicando el número que mejor describe la intensidad mínima de dolor sentido en las últimas 24 horas.
0 1 2 3 4 5 6 7 8 9 10
Ningún Dolor El Peor Dolor Imaginable
- Clasifiqué su dolor indicando el número que mejor describe la intensidad media de dolor sentido en las últimas 24 horas.
0 1 2 3 4 5 6 7 8 9 10
Ningún Dolor El Peor Dolor Imaginable
- Clasifiqué su dolor indicando el número que mejor describe la intensidad de su dolor actual.
0 1 2 3 4 5 6 7 8 9 10
Ningún Dolor El Peor Dolor Imaginable
- ¿Qué tratamiento o medicamento recibe para su dolor?

- ¿En las últimas 24 horas, cuánto alivio ha sentido con el tratamiento o con el medicamento?
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Ningún Alivio Alivio Total

(continue on next page)

Brief Pain Inventory (Continued)

8. Indicando el número que mejor describe la manera en que el dolor ha interferido, durante las últimas 24 horas, con su:

A. Actividad en general

0	1	2	3	4	5	6	7	8	9	10
No										Interfiere
Interfiere										por Completo

B. Estado de ánimo

0	1	2	3	4	5	6	7	8	9	10
No										Interfiere
Interfiere										por Completo

C. Capacidad de caminar

0	1	2	3	4	5	6	7	8	9	10
No										Interfiere
Interfiere										por Completo

D. Trabajo norma (ya sea en casa o afuera)

0	1	2	3	4	5	6	7	8	9	10
No										Interfiere
Interfiere										por Completo

E. Relaciones con otras personas

0	1	2	3	4	5	6	7	8	9	10
No										Interfiere
Interfiere										por Completo

F. Sueño

0	1	2	3	4	5	6	7	8	9	10
No										Interfiere
Interfiere										por Completo

G. Capacidad de diversion

0	1	2	3	4	5	6	7	8	9	10
No										Interfiere
Interfiere										por Completo

[Copyright 1991 Charles S. Cleeland, PhD; Pain Research Group. All rights reserved.]

Physical Well-Being (continued)

A continuación encontrará una lista de afirmaciones que otra gente con su misma enfermedad ha dicho son muy importante. Por favor, indique que verdadera ha sido cada frase para usted **durante los últimos siete días**.

	Nada	Un poco	Algo	Mucho	Muchísimo
5. Me molestan los efectos secundarios del tratamiento	0	1	2	3	4
6. Me siento enfermo (a)	0	1	2	3	4
7. Necesito estar acostado(a)	0	1	2	3	4

Social/Family Well-Being

	Nada	Un poco	Algo	Mucho	Muchísimo
1. Me siento cercano(a) a mis amistades	0	1	2	3	4
2. Recibo apoyo emocional por parte de mi familia	0	1	2	3	4
3. Recibo apoyo por parte de mis amistades	0	1	2	3	4
4. Mi familia ha aceptado mi enfermedad	0	1	2	3	4
5. Me siento satisfecho(a) de la manera en que me comunica con mi familia acerca de mi enfermedad	0	1	2	3	4
6. Me siento cercano(a) a mi pareja (o a la persona que me da apoyo)	0	1	2	3	4

Sin importar su nivel actual de actividad sexual, por favor, conteste la siguiente pregunta.

[If patient prefers not to answer it, PA please check this box ☐ and go to the next section.]

7. Estoy satisfecho(a) con mi vida sexual	0	1	2	3	4
---	---	---	---	---	---

Emotional Well-Being

	Nada	Un poco	Algo	Mucho	Muchísimo
1. Me siento triste	0	1	2	3	4
2. Estoy satisfecho(a) de como estoy enfrentando mi enfermedad	0	1	2	3	4
3. Estoy perdiendo las esperanzas en la lucha contra mi enfermedad	0	1	2	3	4
4. Me siento nervioso(a)	0	1	2	3	4
5. Me preocupa morir	0	1	2	3	4
6. Me preocupa que mi enfermedad empeore	0	1	2	3	4

Functional Well-Being

	Nada	Un poco	Algo	Mucho	Muchísimo
1. Puedo trabajar (incluya trabajo en el hogar)	0	1	2	3	4
2. Me satisface mi trabajo (incluya trabajo en el hogar)	0	1	2	3	4
3. Puedo disfrutar de la vida	0	1	2	3	4
4. He aceptado mi enfermedad	0	1	2	3	4
5. Duermo bien	0	1	2	3	4
6. Estoy disfrutando las cosas que usualmente me gusta hacer	0	1	2	3	4
7. Estoy satisfecho(a) con la calidad de mi vida actual	0	1	2	3	4

Fatigue Scale

	Nada	Un poco	Algo	Mucho	Muchísimo
1. Me siento fatigada (If patient response=0, skip to Section 4. General Health Status)	0	1	2	3	4
2. Me siento débil por todo mi cuerpo	0	1	2	3	4
3. Me siento cansada	0	1	2	3	4
4. Tengo dificultad <u>empezar</u> cosas porque estoy cansada	0	1	2	3	4
5. Tengo dificultad <u>terminar</u> cosas porque estoy cansada	0	1	2	3	4
6. Tengo energía	0	1	2	3	4
7. Puedo hacer mis actividades generales	0	1	2	3	4
8. Necesito estar dormido/a durante el día	0	1	2	3	4
9. Estoy demasiado cansada que no puedo comer	0	1	2	3	4
10. Necesito ayudar para hacer mis actividades generales	0	1	2	3	4
11. Estoy frustrado por estar demasiado cansado para hacer las cosas que quiero hacer	0	1	2	3	4
12. Tengo que limitar mi actividad social porque estoy cansada	0	1	2	3	4

7. Depression Treatment

1. En los últimos 6 meses, usted ha visto cualquier del siguiente para problemas personales, mentales, o emocionales, tal como depresión, ansiedad, o nervios?

	No	Sí
a. Un Medico (no incluyendo Siquiatra)	0	1
b. Trabajadora Social	0	1
c. Siquiatra	0	1
d. Psicologo	0	1
e. Consejero	0	1
f. Sacerdote	0	1
g. Grupo del apoyo del uno mismo	0	1 (no es un grupo de terapia con una profesional)
h. Acupunturista	0	1
i. Herbalista o Naturalista	0	1
j. Una Terapeuta de Masaje	0	1
k. Curandero	0	1
l. Otro	0	1 <i>Sí sí, especifique</i> _____

2. En cualquier momento en los últimos 6 meses pasado, ha tomado un medicamento recetado por problemas personales o emocionales, tal como depresión, ansiedad, o nervios?

☐ No₀ (*If No, skip to Question 3*) ☐ ₁ Sí, recetado por un medico ☐ ₂ Sí, recetado por otro _____

Sí sí, ¿Qué medicamentos le recetaron? PA: For each medicine, please ask the following:

- a. del medicamento – nombre, dosis y frecuencia b. ¿Por cuanto tiempo tomó su medicamento?
c. ¿Tuyo efectos secundarios? (sí /no) d. ¿Las esta tomando todavía? (sí /no)

e. ¿Qué tan provechosa fue la medicina: [say each]

Extremadamente provechosa₁ Muy provechosa₂ Provechosa₃ Algo provechosa₄ No tan provechosa₅

f. ¿Qué tan satisfecho/a estuvo con la medicina: [say each]

Extremadamente satisfecho/a₁ Muy satisfecho/a₂ Satisfecho/a₃ Algo satisfecho/a₄ No tan satisfecho/a₅

PA: Please record patient's responses for each medication.

a. Medicina: Nombre, dosis y frecuencia	b. Por cuanto tiempo tomó su medicamento?	c. Tuvo efecto-secundarios? (sí / no)	d. Las esta tomando todavía? (sí / no)	e. Cuanto le ayudó? (escala 1-5)	f. Esta satisfecho (escala 1-5)

3. Durante los últimos 6 meses, usted ha recibido terapia de consejería (la terapia de consejería o psicoterapia cuando hablas con una trabajadora social, psicólogo, siquiatra, o otro profesional de salud mental sobre sus pensamientos y emociones.) para ayudarle con depresión, ansiedad o nervios?

☐ No₀ (*If "No", skip to Section 8. Barriers to Depression Care Treatment*) ☐ Sí₁

3a. Durante los últimos 6 meses, ¿cuántas visitas tuvo con un consejero/a? Enter number _____

3b. Durante los últimos 6 meses, ¿con que frecuencia atendió sesiones de consejería para su depresión exactamente como su doctor, enfermera de clínica o trabajadora social recomendó? Por exactamente, ¿cuántas sesiones en total participo?

Fue: ☐ Ninguna de las sesiones ₁ ☐ Un poco de las sesiones ₂ ☐ Algunas de las sesiones ₃

☐ La mayoría de las sesiones ₄ ☐ Todas de las sesiones ₅

If pt had missed session(s): Cuales son las razones porque usted no puede atender las sesiones recomendadas?

3c. ¿Qué tan provechosa fue la terapia?

☐ Extremadamente provechosa₁ ☐ Muy provechosa₂ ☐ Provechosa₃ ☐ Algo provechosa₄ ☐ No tan provechosa₅

3d. ¿Qué tan satisfecho estuvo con la terapia?

☐ Extremadamente satisfecho/a₁ ☐ Muy satisfecho/a₂ ☐ Satisfecho/a₃ ☐ Algo satisfecho/a₄ ☐ No tan satisfecho/a₅

8. Barriers to Depression Care Treatment

Durante los últimos 6 meses, algunas de los siguiente problemas prevenio de mantener su cita o su tratamiento de depresión recomendado?

	Sí	No	N/A
1. No entendiendo el tratamiento que su doctor le ha recomendado	1	2	3
2. Preocupaciones acerca de su tratamiento recomendado	1	2	3
3. Preocupaciones sobre el costo de su tratamiento o medicamento	1	2	3
4. Dificultades de recordando sus citas	1	2	3
5. Dificultades recordando cuando debe de tomar su medicamentos	1	2	3
6. Dificultades tomando tiempo libre de su trabajo	1	2	3
7. Dificultades con transportacion	1	2	3
8. Dificultades con cuidado de niños	1	2	3
9. Preocupaciones que su otro problemas de salud pueden interferir con el tratamiento o medicamento	1	2	3
10. Miembros de su familia o otro tipo de problemas personales causa dificultades en mantener su citas o tomar su medicamentos.	1	2	3
11. Dificultades con las horas de la clínica o procedimientos.	1	2	3
12. Dificultades encontrando proveedores de ayuda para la depresión que hablen su idioma	1	2	3
13. Preocupaciones de lo que otros pueden pensar	1	2	3

9. Stress Inventory

Lo que sigue es una lista de situaciones que muchas personas encuentran agotadores. Por favor, dígame si usted siente estrés de cualquiera de estas situaciones en **los últimos seis meses**. (If participant answers yes please ask them to rate the level of stress they feel. Use the scale from 0 to 10, 0 meaning no stress at all and 10 meaning a lot of stress.)

0-----1-----2-----4-----6-----8-----10
 nada de estrés lo mas estrés que puede imaginar

	No	Sí	Stress Level
1. Problemas con el trabajo o desempleo.....	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____
2. Problemas con su desempleo.....	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____
3. Problemas financieras.....	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____
4. Conflictos con su marido (su novio, o su amante).....	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____
5. Conflictos familiares.....	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____
6. Problemas con sus hijos, nietos/ preocupaciones de ser padre.....	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____
7. Problemas enfrentando la muerte o enfermedad de un pariente o de tener que cuidar miembros de su familia.....	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____
8. Conflictos culturales, incluyendo problemas con el idioma o discriminación	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____
9. Problemas legales.....	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____
10. Preocupaciones o problemas de inmigración	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____
11. Problemas con su propio salud.....	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____
12. Preocupaciones de su comunidad (drogas, violencia, otro crimen)	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____
13. Otra clase de estrés (especifiqué) _____	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____

10. Work Life

¿Cual es su estatus de trabajo? ☐ Sí, tiempo completo₁ ☐ Sí, medio tiempo₂ ☐ No₃ (If "No", skip to questions for Unemployed)

Employed

- Si esta trabajando, usted esta trabajando en el mismo empleo (compañía) que estaba trabajando hace seis meses (a la entrevista del mes seis)? ☐ Sí₁ ☐ No₂
 - Sí no*, ¿que es la razón porque dejas el empleo? ☐ Me despidieron del trabajo₁
☐ Las condiciones del trabajo fueron muy difícil para quedarme₂ ☐ No podía ajustarme a las horas de trabajo₃
☐ Mi medico sugiero que me no trabaje₄ ☐ Otro₅ _____
- Cual es su ocupacion? _____
- ¿Su trabajo es físicamente pesado?.....|____| (1=No es pesado; 2=Un poco pesado; 3=Moderadamente pesado; 4=Muy pesado)
- ¿Qué tan satisfecha esta con su trabajo?|____| (1=Muy satisfecha; 2=Satisfecha; 3=Insatisfecha; 4=Muy insatisfecha)
- ¿En el mes pasado, ¿cuántos días faltó al trabajo por una razón médica relacionada con el diagnóstico del cáncer? _____ #days
- ¿Ha experimentado dificultades en tomar tiempo libre de su trabajo para atender sus citas de tratamiento(s)? ☐ Sí₁ ☐ No₂
- ¿Ha perdido usted parte de su sueldo por razones relacionadas con usted a las citas para su tratamiento? ☐ Sí₁ ☐ No₂
 - Sí*, con cuanta frecuencia sucede? _____

PA: Skip to questions for All Subjects.

Unemployed

- Si no esta trabajando, cual es son razón/es porque no puede mantener un empleo? Esta:

₁ <input type="checkbox"/> Ama de casa	₂ <input type="checkbox"/> No puedo trabajar por causa de mi salud	₃ <input type="checkbox"/> Jubilada	₄ <input type="checkbox"/> En licencia médica
₅ <input type="checkbox"/> Me despidieron de trabajo	₆ <input type="checkbox"/> Otro _____		
- Si no esta trabajando, cual fue la ultima vez que trabajo, aunque fue solamente por algunos días?

₁ <input type="checkbox"/> Nunca había trabajado	₂ <input type="checkbox"/> Durante los últimos seis meses	₃ <input type="checkbox"/> Durante los últimos doce meses
₄ <input type="checkbox"/> mas de 1 a 5 años	₅ <input type="checkbox"/> Hace mas de 5 años	

If pt had ever worked (response code>1), ¿Cual era su ocupacion? _____

All Subjects

- ¿Esta usted involucrada en alguna actividades pagadas, como en cuidando de niños, cocinando o limpieza que aporte al ingreso de la familia? ₁☐ Sí ₂☐ No
- ¿Su esposo (o su pareja) esta empleado actualmente?

₁ <input type="checkbox"/> Sí, tiempo completo	₂ <input type="checkbox"/> Sí, medio tiempo	₃ <input type="checkbox"/> No, desempleado	₄ <input type="checkbox"/> Jubilada
₇ <input type="checkbox"/> No es aplicable, no esposo o ni pareja			
- ¿Algún miembro de su familia(s) ha experimento dificultades en tomar tiempo libre de su trabajo para acompañarla a sus citas de tratamiento(s)? ₁☐ Sí ₂☐ No ₇☐ No es aplicable, Voy sola a mis citas.
- ¿Algún miembro(s) de su familia ha perdido parte de su sueldo para ir con usted a las citas para su tratamiento?

₁ <input type="checkbox"/> Sí – <i>PA continúes asking:</i> con cuanta frecuencia sucede? _____
₂ <input type="checkbox"/> No ₇ <input type="checkbox"/> No es aplicable, I go alone to appointment(s)

11. Physical Activities and Recreational Activities

En el ano pasado, cual fue el tiempo promedio por semana consumido en cada una de las siguientes actividades?

1. Caminando, caminando mientras jugando golf o ir de excursión fuera horas por semana
 Andar caminando usual (escoje una)
☐ Sencillo o casual (<2 mph)
☐ normal o promedio (2-2.9 mph)
☐ activo (3-3.9 mph)
☐ muy activo (≥4 mph)
2. Trotando (Hacer Jogging) (>10 minutos por milla) horas por semana
3. Corriendo (≤10 minutos por milla) horas por semana
4. Manejando bicicleta (incluyendo bicicleta estacionaria) horas por semana
5. Yoga, desperezarse horas por semana
6. Nadando vueltas horas por semana
7. Tenis horas por semana
8. Calistenia, aerobicos, vailes aerobicos, o maquina de remo horas por semana
9. Squash o raquetbol horas por semana
10. Cortando la yarda horas por semana
11. Cualquier otro ejercicio/actividad de lo que usted hace regularmente, no mencionado antes (mencione cada actividad y promedio de tiempo/semanal) (specify) horas por semana

12. Physical Activities and Recreational Activities

¿Cuáles son las actividades que disfruta en plan de diversión, deporte, etc.?

CONTACT INFORMATION

Antes de terminar nuestra conversación, quiero confirmar que nuestros archivos estén al corriente para que le podemos mandar su incentivo validado de \$10 dólares.

PA: Please verify and update patient contact and alternate contact information on patient card.

Incentive: ☐ Target gift card ☐ other, please specify _____

Delivery: ☐ by Mail, mailed (date) _____ Destination: (check one) ☐ pt's address as verified
☐ alternate address as noted
☐ pick up in person, scheduled date _____

CLOSING STATEMENT

Ha sido un placer conversar con usted y le doy gracias por permitirme su tiempo para contestar mis preguntas. Espero con gusto hablar con usted de nuevo en 6 meses. Me agradecería mucho que usted me llamara para notificarme si cambia su número de teléfono. Puede hablar con su doctor sobre los problemas que pueda encontrar en conservando su cita o puede preguntar por una trabajadora social. Este folleto pueda también contestarle algunas de sus preguntas. Recuerde mi nombre es _____ y mi numero telefónico es _____.



ADAPT-C
18th Month Follow-up Assessment

ID _____

PA (initial) _____ Interview Type [____] 1= over phone 2= face to face

Interview Date _____ Interview Time (hr:min) from _____ to _____

PA: Please mark patient's response to each question.

- ➡ **Use "99" or "unk" to indicate that a patient's response to a question is unknown.** ⬅
- ➡ **Use "88" or "rf" to indicate patient refused to answer a question.** ⬅
- ➡ **Use "77" or "n/a" to indicate that a question is not applicable to patient.** ⬅

1. SF-12

INSTRUCTIONS: This questionnaire asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. If you are unsure about how to answer, please give the best answer you can.

PA: Accept only one response per question

1. In general, would you say your health is: [SAY EACH]

☐ 1 Excellent

☐ 2 Very Good

☐ 3 Good

☐ 4 Fair

☐ 5 Poor

Now I'm going to read a list of activities that you might do during a typical day. As I read each one, please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.

- | | Yes,
Limited a lot | Yes,
Limited a little | No,
Not limited at all |
|---|-----------------------|--------------------------|---------------------------|
| 2. moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or going for a walk with your kids | 1 | 2 | 3 |
| 3. climbing several flights of stairs | 1 | 2 | 3 |

The following two questions ask you about your physical health and your daily activities:

- | | Yes | No |
|--|-----|----|
| 4. During the past 4 weeks have you accomplished less than you would like as a result of your physical health? | 1 | 2 |
| 5. During the past 4 weeks, were you limited in the kind of work or other regular daily activities you do as a result of your physical health? | 1 | 2 |

The following two questions ask about your emotions and your daily activities:

- | | Yes | No |
|--|-----|----|
| 6. During the past 4 weeks, have you accomplished less than you would like as a result of any emotional problems (such as feeling depressed or anxious[worried])? | 1 | 2 |
| 7. During the past 4 weeks, did you not do work or other regular activities as carefully as usual as a result of any emotional problems, such as feeling depressed or anxious? | 1 | 2 |
8. During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere...[EACH]
- ☐ 1 Not at all ☐ 2 A little bit ☐ 3 Moderately ☐ 4 Quite a bit ☐ 5 Extremely
9. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities like visiting with friends or relatives? Has it interfered...[EACH]
- ☐ 1 All of the time ☐ 2 Most of the time ☐ 3 Some of the time ☐ 4 A Little of the time ☐ 5 None of the time

The next questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. **How much of the time during the past 4 weeks...**

- | | All
of the time | Most
of the time | A good bit
of the time | Some of
of the time | A little
of the time | None
of the time |
|---|--------------------|---------------------|---------------------------|------------------------|-------------------------|---------------------|
| 10. Have you felt calm and peaceful? | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. Did you have a lot of energy? | 1 | 2 | 3 | 4 | 5 | 6 |
| 12. Have you felt downhearted and blue? | 1 | 2 | 3 | 4 | 5 | 6 |

2. Depression and Anxiety Symptoms

I am going to ask you some questions about how you've been feeling.

PHQ-9

Over the **last 2 weeks**, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3



If patient answered positive to Question 9, follow ADAPt-C Suicide Risk Protocol.

BSI

During the **past 7 days**, how much were you disturbed by (*read each item*)

	not at all	a little bit	moderately	quite a bit	extremely
1. nervousness or shakiness inside	0	1	2	3	4
2. suddenly scared for no reason	0	1	2	3	4
3. feeling fearful	0	1	2	3	4
4. feeling tense or keyed up	0	1	2	3	4
5. spells of terror or panic	0	1	2	3	4
6. feeling so restless you couldn't sit still	0	1	2	3	4

ADAPT-C Suicide Risk Protocol

This protocol will guide Project Assistants in the event a patient expresses thoughts about being better off dead, hurting themselves, or other suicidal ideation, whether in response to the specific PHQ question #9 **or** at any other point of conversation.

When the response to PHQ #9 is other than "0" ("Not at all") **or** if suicidal ideas are expressed spontaneously, please

Ask: "Do you feel these thoughts are a problem for you or something you might act on?" _____ (Yes/No)

"Have you discussed these feelings and thoughts with a mental health provider or with your primary care provider?" _____ (Yes/No) If yes, say: "May I have the contact information for the mental health provider or Doctor that you have spoken with about these feeling and thoughts?"

Document name and contact number of provider/agency/Doctor.

Name/Agency: _____

Contact Number(s): _____

- If you are interviewing this patient in the clinic, say:

"I am not a clinician and I am not qualified to evaluate these thoughts and feelings in detail, but it is important that you get proper medical attention, I will notify your doctor so that s/he can be sure you get some help with this."

THE CLINIC STAFF WILL HANDLE THE SITUATION ACCORDING TO THE CLINIC'S PROTOCOL.

- If you are interviewing the patient on the telephone, say:

"Can you please clarify the address and telephone number you are presently at? _____ I am not a clinician and I am not qualified to evaluate these thoughts and feelings in detail, but it is important that you get proper medical attention and I think it's important that you to discuss these thoughts and feelings with a medical or mental health professional. So I would like you to remain on the line with me, so I can get a clinical social worker to talk with you further. I would like to offer you the Crisis Hotline number (where staff speak both English and Spanish) (1-877-727-4747 OR 1-800-SUICIDE), in case these feelings and thoughts get worse and you need help immediately by calling 9-1-1."

TRY TO KEEP PATIENT ON THE LINE BY USING 3-WAY, ANOTHER LINE OR CELL PHONE to immediately contact a Cancer Depression Clinical Specialist (CDCS) on the list. This patient needs to be assessed for suicidality.

Immediately contact CDCS/MD in this order: **Anjanette Wells, LCSW cell #: 323-707-6539
pgr #: 323-565-7522**

Maria Hu-Cordova, MSW cell #: 213-253-8542

Diana Pineda, LCSW pgr #: 213-208-0432

Suad Kapetanovic, MD pgr #: 213-919-6824

IF SOMEONE IS THREATENING SUICIDE OR HOMICIDE, AND HAS TAKEN STEPS TO COMMIT THE ACT (i.e. taken pills, slash wrist etc.), CALL 9-1-1.

You must speak to someone regarding the suicidality of the patient, it is not adequate to just leave a message for a clinic staff, CDCS or Dr. Suad Kapetanovic.

PA: Please check all that apply.

- ☐ Notified CDCS or study psychiatrist Suad Kapetanovic, MD (if patient interviewed on telephone).
☐ Notified physician or nursing staff (if patient interviewed in clinic).
☐ Documented patient's responses to these questions in the patient's medical chart (applied to each patient with this suicide risk protocol).

***PA: Stop interviewing the patient if patient is acutely suicidal. Resume the interview after problem cleared.
PA should continue with interview if the CDCS assessed and pt is safe and not acutely suicidal.***

3. FACT-G

Below is a list of statements that other people with your illness have said are important. Please indicate how true each statement has been for you **during the past 7 days**.

Physical Well-Being

	Not at all	A little bit	Some- what	Quite a bit	Very much
1. I have a lack of energy	0	1	2	3	4
2. I have nausea	0	1	2	3	4
3. Because of my physical condition, I have trouble meeting the needs of my family	0	1	2	3	4
4. I have pain	0	1	2	3	4

(If patient response is positive with pain (response code 1 to 4), administer Brief Pain Inventory)

Brief Pain Inventory

1. Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these everyday kinds of pain today? ☐ (1=yes, 2=no)

2. Please rate your pain by telling us the one number that best describes your pain at its **WORST** in the last 24 hours.

0 1 2 3 4 5 6 7 8 9 10
No Pain Pain as bad as you can imagine

3. Please rate your pain by telling us the one number that best describes your pain at its **LEAST** in the last 24 hours.

0 1 2 3 4 5 6 7 8 9 10
No Pain Pain as bad as you can imagine

4. Please rate your pain by telling us the one number that best describes your pain on the average.

0 1 2 3 4 5 6 7 8 9 10
No Pain Pain as bad as you can imagine

5. Please rate your pain by telling us the one number that tells how much pain you have right now.

0 1 2 3 4 5 6 7 8 9 10
No Pain Pain as bad as you can imagine

6. What treatments or medications are you receiving for your pain?

7. In the last 24 hours, how much relief have pain treatments or medications provided? Please tell us the one percentage that most shows how much relief you have received.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
No Relief Complete Relief

(continue on next page)

Brief Pain Inventory (Continued)

8. Provide us with the one number that describes how, during the past 24 hours, pain has interfered with your:

A. General Activity

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

B. Mood

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

C. Walking Ability

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

D. Normal Work (includes both work outside the home and housework)

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

E. Relations with other people

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

F. Sleep

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

G. Enjoyment of Life

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

[Copyright 1991 Charles S. Cleeland, PhD; Pain Research Group. All rights reserved.]

Physical Well-Being (continued)

Following are more statements that other people with your illness have said are important. Please indicate how true each statement has been for you **during the past 7 days.**

	Not at all	A little bit	Some- what	Quite a bit	Very much
5. I am bothered by side effects of treatment	0	1	2	3	4
6. I feel ill	0	1	2	3	4
7. I am forced to spend time in bed	0	1	2	3	4

Social/Family Well-Being

	Not at all	A little bit	Some-what	Quite a bit	Very much
1. I feel close to my friends	0	1	2	3	4
2. I get emotional support from my family	0	1	2	3	4
3. I get support from my friends	0	1	2	3	4
4. My family has accepted my illness	0	1	2	3	4
5. I am satisfied with family communication about my illness	0	1	2	3	4
6. I feel close to my partner (or the person who is my main support)	0	1	2	3	4

Regardless of your current level of sexual activity, please answer the following question.

[If patient prefers not to answer it, PA please check this box ☐ and go to the next section.]

7. I am satisfied with my sex life	0	1	2	3	4
------------------------------------	---	---	---	---	---

Emotional Well-Being

	Not at all	A little bit	Some-what	Quite a bit	Very much
1. I feel sad	0	1	2	3	4
2. I am satisfied with how I am coping with my illness	0	1	2	3	4
3. I am losing hope in the fight against my illness	0	1	2	3	4
4. I feel nervous	0	1	2	3	4
5. I worry about dying	0	1	2	3	4
6. I worry that my condition will get worse	0	1	2	3	4

Functional Well-Being

	Not at all	A little bit	Some-what	Quite a bit	Very much
1. I am able to work (include work at home)	0	1	2	3	4
2. My work (include work at home) is fulfilling	0	1	2	3	4
3. I am able to enjoy life	0	1	2	3	4
4. I have accepted my illness	0	1	2	3	4
5. I am sleeping well	0	1	2	3	4
6. I am enjoying the things I usually do for fun	0	1	2	3	4
7. I am content with the quality of my life right now	0	1	2	3	4

Fatigue Scale

	Not at all	A little bit	Some-what	Quite a bit	Very much
1. I feel fatigued	0	1	2	3	4
<i>(If patient response=0, skip to Section 4. General Health Status)</i>					
2. I feel weak all over	0	1	2	3	4
3. I feel tired	0	1	2	3	4
4. I have trouble <u>starting</u> things because I am tired	0	1	2	3	4
5. I have trouble <u>finishing</u> things because I am tired	0	1	2	3	4
6. I have energy	0	1	2	3	4
7. I am able to do my usual activities	0	1	2	3	4
8. I need to sleep during the day	0	1	2	3	4
9. I am too tired to eat	0	1	2	3	4
10. I need help doing my usual activities	0	1	2	3	4
11. I am frustrated by being too tired to do the things I want to do	0	1	2	3	4
12. I have to limit my social activity because I am tired	0	1	2	3	4

4. General Health Status

Karnofsky Performance Status

On a scale of 0 to 10, with zero being the worst possible and 10 being the best possible, how would you rate your overall health?

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
worst possible health (as bad or worse than being dead)			half-way between worst and best possible health				best possible health			

5. Utilization of Health Care and Social Services–Cornell Services Index-PC

Next, I will ask you some questions about health care services you may have used over the past six months.

Inpatient Hospital Services

1. In the past six months, have you stayed overnight in a hospital as a patient? ☐ Yes₁ ☐ No₂ - *skip to question 2*

1a. How many nights did you spend in this facility? (*probe for best guess*) _____ NIGHTS

1b. What kind of hospital or care facility did you stay in? Was it a: (*check all apply*)

- ☐ General medical hospital
- ☐ Psychiatric hospital
- ☐ Substance abuse treatment facility
- ☐ Another kind of inpatient facility
- ☐ Other, specify _____

2. Were you in the intensive care unit? ☐ Yes₁ ☐ No₂

Emergency Room or Urgent Care Visit

3. In the past six months, have you had any visits to a hospital emergency room or an urgent care facility?

☐ Yes₁ ☐ No₂ - *skip to Section 6. Use of CAM*

3a. How many different visits to a hospital emergency room or an urgent care facility did you have in the past six months?
(*probe for best guess*) _____ NUMBER OF VISITS

6. Use of Complementary and Alternative Medicines (CAM)

Have you ever used any of the following therapies in the past 6 months?

	Yes	No
1. Dietary Supplements (such as vitamins)	1	2
2. Herbal Remedies (such as Ginkgo biloba or chamomile tea)	1	2
3. Special diet	1	2
4. Home remedies (such as soups, warm milk, garlic)	1	2
5. Exercise	1	2
6. Visited a Certified Massage Therapist	1	2
7. Visited a Folk Healer	1	2
8. Talked with a priest or religious counselor?	1	2
9. Relaxation techniques	1	2
10. Prayer	1	2
11. Acupuncture	1	2
12. Other therapy, specify _____	1	2

7. Depression Treatment

1. During the past 6 months, have you seen any of the following for personal, mental, or emotional problems, such as depression, anxiety, or nerves?

	No	Yes
a. Medical Doctor (not including Psychiatrists)	0	1
b. Social Worker	0	1
c. Psychiatrist	0	1
d. Psychologist	0	1
e. Counselor	0	1
f. Priest	0	1
g. Self-help group (not group therapy run by a professional)	0	1
h. Acupuncturist	0	1
i. Herbalist or naturalist	0	1
j. Certified Massage Therapist	0	1
k. Folk healer	0	1
l. Other	0	1.....if "yes", specify _____

2. At any time in the past 6 months, have you taken any prescribed medications for personal or emotional problems, such as depression, anxiety, or nerves?

☐ No₀ (If No, skip to Question 3) ☐ Yes, prescribed by medical doctor ☐ Yes, prescribed by (specify) _____

If YES, What medicines did your doctor prescribe?

PA: For each medicine, please ask the following:

- a. medicine name, dose & frequency of use b. How long did/have you take(n) this medicine?
 c. Had side effect? (yes/no) d. Are you still taking it? (yes/no)
 e. How helpful is/was this medicine: [say each]
 Extremely helpful₁ Very helpful₂ Helpful₃ Somewhat helpful₄ Not helpful at all₅
 f. How satisfied are/were you with this medicine: [say each]
 Extremely satisfied₁ Very satisfied₂ Satisfied₃ Somewhat satisfied₄ Not satisfied at all₅

PA: Please record patient's responses for each medication.

a. Medicine: name, dose and frequency	b. How long did/have you take(n) this medication?	c. Side effect? (y/n)	d. Still taking it? (y/n)	e. How helpful ? (1-5)	f. How satisfied? (1-5)

3. During the past 6 months, did you receive talk therapy (Talk therapy is counseling or psychotherapy in which you talk with a social worker, psychologist, psychiatrist, or other mental health provider about your feelings and emotions.) to help with depression, anxiety, or nerves? ☐ No₀ (If "No", skip to Section 8. Barriers to Depression Care Treatment) ☐ Yes₁

3a. How many visits did you have with a counselor or psychotherapist? Enter number _____

3b. How often were you able to attend counseling sessions for your depression exactly as your doctor, clinic nurse or social worker recommended? By exactly, I mean making it to all the sessions. Was it:

☐ None of the sessions₁ ☐ A few of the sessions₂ ☐ Some of the sessions₃ ☐ Most of the sessions₄ ☐ All of the sessions₅

If pt had missed session(s): What are the reasons you were unable to attend recommended sessions?

3c. How helpful is/was the therapy?

☐ Extremely helpful₁ ☐ Very helpful₂ ☐ Helpful₃ ☐ Somewhat helpful₄ ☐ Not helpful at all₅

3d. How satisfied are/were you with the therapy?

☐ Extremely satisfied₁ ☐ Very satisfied₂ ☐ Satisfied₃ ☐ Somewhat satisfied₄ ☐ Not satisfied at all₅

8. Barriers to Depression Care Treatment

In the past 6 months, did any of the following difficulties prevent you from trying to get or keep your depression care appointment or follow your treatment plan?

	Yes	No	N/A
1. Not understanding recommended treatment plan	1	2	3
2. Worry or concern about the treatment plan	1	2	3
3. Concerns about the cost of the treatment or medication	1	2	3
4. Difficulty in remembering the appointment	1	2	3
5. Difficulty in remembering when to take your medication	1	2	3
6. Difficulty in taking time off work	1	2	3
7. Transportation difficulties	1	2	3
8. Childcare difficulties	1	2	3
9. Concern or fear that treatment plan or medication may interfere with your other health problems	1	2	3
10. Family members or other personal problems may make it difficult to keep your appointment or take your medication	1	2	3
11. Difficulty with clinic hours or procedures	1	2	3
12. Difficulty finding a depression care provider who spoke your language	1	2	3
13. Worrying about what others may think	1	2	3

9. Stress Inventory

Following is a list of various issues that many people find can be stressful. Please tell me if you are experiencing stress from any of the following issues **in the past 6 months**. (If participant answers yes please ask them to rate the level of stress they feel. Use the scale from 0 to 10, 0 meaning no stress at all and 10 meaning a lot of stress.)

0-----1-----2-----4-----6-----8-----10
no stress at all most stress you can imagine

	No	Yes	Stress Level
1. Work problems	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____
2. Unemployment Problems	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____
3. Financial problems	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____
4. Marital conflicts	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____
5. Family conflicts	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____
6. Problems with your children or grandchildren / parenting concerns	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____
7. Serious illness or death of a family member, spouse, or close friend	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____
8. Cultural conflicts, including language barriers and discrimination	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____
9. Legal problems	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____
10. Immigration problems or concerns	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____
11. Problems with your own health	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____
12. Worries about your community (drugs, violence, other crime)	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____
13. Other, specify _____	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	If yes, _____

10. Work Life

Are you currently employed? ☐ Yes, Full-time₁ ☐ Yes, Part-time₂ ☐ No, Unemployed₃ (If "No", skip to questions for Unemployed)

Employed

1. Are you still with the same employer that you were with 6 months ago (at baseline)? ☐ Yes₁ ☐ No₂
 - 1a. If "No", What was the main reason for leaving your last employer?

☐ I was laid off₁ ☐ Work conditions made it difficult to stay₂ ☐ I was unable to adjust my work hours₃

☐ My doctor suggested that I leave₄ ☐ Other₅ _____
2. What is your occupation? _____
3. Is your job physically strenuous?|____| (1=not strenuous; 2=a little strenuous; 3=somewhat strenuous; 4=very strenuous)
4. How satisfied are you with your job? ...|____| (1=very satisfied; 2=satisfied; 3=dissatisfied; 4=very dissatisfied)
5. In the past 6 months, how many days have you been absent from work for a medical reason related to your cancer treatment?
.....|____| number of days
6. Have you experienced difficulties in taking time off from work to go to your treatment appointment(s)? ☐ Yes₁ ☐ No₂
7. Have you lost wages for reasons related to your treatment appointment? ☐ Yes₁ ☐ No₂
 - 7a. If "Yes", How often does this happen? _____

PA: Skip to questions for All Subjects.

Unemployed

1. If you are not employed now, what is the reason(s) for you not holding a job? You are:

☐ Full time homemaker₁ ☐ Unable to work because of poor health₂ ☐ Retired₃ ☐ On medical leave₄

☐ Laid off or on strike₅ ☐ Other₆ _____
2. If you are not employed now, when did you last work, even for a few days?

☐ Never worked₁ ☐ Within the past 6 months₂ ☐ Within the past 12 months₃ ☐ 1 to 5 years ago₄ ☐ Over 5 years ago₅

If pt had ever worked (response code >1), What was your most recent occupation?

All Subjects

1. Are you involved in any paid activities such as caring for children, cooking or cleaning that allows you to contribute the family's total income? ☐ Yes₁ ☐ No₂
2. Is your spouse or live-in partner, currently employed?

☐ Yes, full-time₁ ☐ Yes, part-time₂ ☐ No, unemployed₃ ☐ No, retired₄ ☐ Not applicable, no spouse or live-in partner₇
3. Has a family member(s) experienced any difficulties taking time off from work to go with you to your treatment appointment(s)?

☐ ₁ Yes ☐ ₂ No ☐ ₇ Not applicable, I go alone to appointment(s)
4. Has a family member(s) lost wages to go with you to your treatment appointment(s)?

☐ ₁ Yes — *PA continues asking:* How often does this happen? _____

☐ ₂ No ☐ ₇ Not applicable, I go alone to appointment(s)

11. Problem Solving Assessment

This next section covers questions about some ways you might think, feel, and act when faced with problems in everyday living. In this questionnaire, a problem is something important in your life that bothers you a lot but you don't know immediately how to make it better or stop it from bothering you so much. The problem could be something about yourself (such as your thoughts, feelings, behavior, health or appearance), your relationships with other people (such as your family, friends, teachers, or boss), or your environment and the things that you own (such as your house, car, property, money). Please think carefully after I read each question and choose one response that best shows how much the statement is true of you. See yourself as you usually think, feel, and act when you are faced with important problems in your life these days.

	not all true of me	slightly true of me	moderately true of me	extremely true of me
1. I feel nervous and unsure of myself when I have an important decision to make.	1	2	3	4
2. I wait to see if a problem will resolve itself first, before trying to solve it myself.	1	2	3	4
3. Whenever I have a problem, I believe that it can be solved.	1	2	3	4
4. I go out of my way to avoid having to deal with problems in my life.	1	2	3	4
5. When I have a decision to make, I try to predict the positive and negative consequences of each option.	1	2	3	4
6. When problems occur in my life, I like to deal with them as soon as possible.	1	2	3	4
7. When I have a problem to solve, one of the first things I do is try to get as many facts about the problem as possible.	1	2	3	4
8. I put off solving problems until it is too late to do anything about them.	1	2	3	4
9. I spend more time avoiding my problems than solving them.	1	2	3	4

12. Physical Activities

During the past 6 months, what was your average time per week spent at each of the following activities?

- Walking, walking while playing golf or hiking outdoors..... _____ hours per week
 Usual walking pace: (choose one)
☐ Easy or casual (<2 mph)
☐ normal or average (2-2.9 mph)
☐ brisk (3-3.9 mph)
☐ very brisk (≥4 mph)
- Jogging (>10 minutes per mile) _____ hours per week
- Running (≤10 minutes per mile)..... _____ hours per week
- Bicycling (including stationary bike)..... _____ hours per week
- Yoga, stretching..... _____ hours per week
- Swimming laps _____ hours per week
- Tennis _____ hours per week
- Calisthenics, aerobics, aerobic dance, or rowing machine..... _____ hours per week
- Squash or racquetball _____ hours per week
- Lawn mowing _____ hours per week
- other exercise/activity not named before that you were doing regularly (list each activity and average time/week)
 (specify) _____ hours per week



ADAPT-C
18th Month Follow-up Assessment (version de Español)

ID _____

PA (initial) _____ Interview Type [____] 1= over phone 2= face to face

Interview Date _____ Interview Time (hr:min) from _____ to _____

PA: Please mark patient's response to each question.

- ➡ Use "99" or "unk" to indicate that a patient's response to a question is unknown. ⬅
➡ Use "88" or "rf" to indicate patient refused to answer a question. ⬅
➡ Use "77" or "n/a" to indicate that a question is not applicable to patient. ⬅

1. SF-12

INSTRUCCIONES: Este cuestionario pregunta a usted sobre sus opiniones de su salud. Esta información ayudará a no perder de vista como usted se siente y cómo esta bien puede hacer sus actividades generales. Si esta inseguro sobre como contestar, por favor proporcione la mejor respuesta que usted puede.

PA: Accept only one response per question

1. En general, ¿diría usted que su salud es....[DIGA CADA UNA]?

1 ☐ Excelente

2 ☐ Muy buena

3 ☐ Buena

4 ☐ Así así

5 ☐ Mala

Ahora voy a leer una lista de actividades que es posible usted tenga por el día. En lo que la leo, por favor, dígame, en cada una si su salud la restringe mucho, si la restringe un poco, o si no le impide nada.

Sí, Sí, No,
Me limita mucho Me limita un poco No me limita nada

2. **actividades moderadas**, por ejemplo, mover la mesa, usar la aspiradora,
jugar a los bolos, o ir de paseo con sus hijos..... 1 2 3

3. a subir **varias** escaleras..... 1 2 3

Las próximas dos preguntas, se tratan de su salud y de sus actividades diarias:

Sí No

4. Durante las últimas cuatro semanas,
¿ha hecho menos de lo que hubiera querido hacer a causa de la salud? 1 2

5. En las últimas cuatro semanas,
¿ha limitado el tipo de trabajo que hace u otras actividades diarias a causa de su salud?..... 1 2

Las próximas dos preguntas se tratan de sus emociones y sus actividades diarias:

Sí No

6. En las últimas cuatro semanas, ¿ha hecho menos de lo que hubiera querido hacer a causa
de problemas emocionales (por ejemplo, por estar deprimida o sentirse con ansia [preocupada])? 1 2

7. En las últimas cuatro semanas, ha hecho su trabajo o sus actividades diarias con menos cuidado
a causa de problemas emocionales, por ejemplo, por estar deprimida o sentirse con ansia? 1 2

8. En las últimas cuatro semanas, ¿cuánto dolor tenía que le impedía continuar con su trabajo regular, incluyendo trabajo fuera de casa y actividades domésticas? ¿Interfería.....[CADA UNA]?

1 ☐ Ningún dolor

2 ☐ Un poco de dolor

3 ☐ Dolor moderado

4 ☐ Bastante dolor

5 ☐ O extremadamente

9. En las últimas cuatro semanas, ¿cuánto tiempo ha afectado, su salud física o emocional, a sus actividades sociales como visitas a parientes o amigos? ¿Ha interferido....[CADA UNA]?

1 ☐ Todo el tiempo

2 ☐ La mayor parte del tiempo

3 ☐ Parte del tiempo

4 ☐ Poco tiempo

5 ☐ Ninguno

Las próximas preguntas se tratan de como se siente y de como le ha ido durante las últimas cuatro semanas. Por cada pregunta por favor conteste lo mas cerca de como usted se sienta. **En las últimas cuatro semanas...**

Todo La mayor parte Bastante Parte del Poco Ninguno
el tiempo del tiempo tiempo tiempo tiempo

10. ¿cuánto tiempo se sintió tranquila y serena? 1 2 3 4 5 6

11. ¿cuánto tiempo se sintió con mucha energía? 1 2 3 4 5 6

12. ¿cuánto tiempo se ha sentido descorazonada
y melancólica? 1 2 3 4 5 6

2. Depressive and Anxiety Symptoms

Le voy a preguntar algunas preguntas sobre como se ha estado sintiendo.

PHQ-9

¿Durante las **últimas 2 semanas**, con que frecuencia le han molestado los siguientes problemas?

	Nunca	Varios Días	Más de la mitad de los días	Casi todos los días
1. Tener poco interés o placer en hacer las cosas	0	1	2	3
2. Sentir desanimada, deprimida, o sin esperanza.	0	1	2	3
3. Con problemas en dormirse o en mantenerse dormida, o en dormir demasiado	0	1	2	3
4. Sentirse cansada o tener poca energía	0	1	2	3
5. Tener poco apetito o comer en exceso	0	1	2	3
6. Sentir falta de amor propio, o que usted a fracasado o decepcionado a si misma o a su familia	0	1	2	3
7. Tener dificultada para concentrarse en cosas tales como leer el periódico o mirar la televisión	0	1	2	3
8. Se mueve o habla tan lentamente que otra gente se podrá del cuenta – o de lo contrario, está tan agitada o inquieta que se mueve mucho más de lo acostumbrado	0	1	2	3
9. Se le han ocurrido pensamientos de que sería mejor estar muerta o de que se haría daño de alguna manera	0	1	2	3



*If patient answered positive to Question 9, follow **ADAPt-C Suicide Risk Protocol**.*

BSI

Durante los **últimos 7 días** que tanto fue usted perturbada por: (read each item)

	para nada	un poco	moderadamente	bastante	extremadamente
1. nerviosísima o agitación interna	0	1	2	3	4
2. sobresaltos sin motivo	0	1	2	3	4
3. sentirse temerosa	0	1	2	3	4
4. sentirse tensa o ansiosa	0	1	2	3	4
5. periodos de terror o pánico	0	1	2	3	4
6. sentirse inquieta sin poder mantenerse sentada	0	1	2	3	4

ADAPT-C Suicide Risk Protocol

This protocol will guide Project Assistants in the event a patient expresses thoughts about being better off dead, hurting themselves, or other suicidal ideation, whether in response to the specific PHQ question #9 **or** at any other point of conversation.

When the response to PHQ #9 is other than "0" ("Not at all") **or** if suicidal ideas are expressed spontaneously, please

Ask: "¿Usted siente que estos pensamientos son un problema para usted o algo que usted haría?" _____ (Si/No)

"¿Ha discutido estos pensamientos o sensaciones con su doctor o otro profesional del cuidado médico (consejero/a)?"

_____ (Si/No) **If si**, say: "¿Puedo tener la información de contacto por la profesional de salud mental o médico que le ha discutido sobre estos pensamientos y sensaciones?"

Document name and contact number of provider/agency/Doctor.

Name/Agency: _____

Contact Number(s): _____

➤ **If you are interviewing this patient in the clinic**, say:

"Yo no soy una profesional clínica ni estoy calificada para evaluar estos pensamientos o sensaciones en detalle, pero es importante que usted consiga la atención médica apropiada, voy a notificar su doctor para que el esta seguro que usted consiga una cierta ayuda con esto."

THE CLINIC STAFF WILL HANDLE THE SITUATION ACCORDING TO THE CLINIC'S PROTOCOL.

➤ **If you are interviewing the patient on the telephone**, say:

"Por favor puede confirmar la dirección y número de teléfono de donde me esta hablando en este momento?"

_____ yo no soy una profesional ni estoy calificada para evaluar estos pensamientos o sensaciones en detalle, pero es importante que usted consiga la atención médica apropiada y le recomiendo que hable con un médico o otro profesional del cuidado médico sobre estos pensamientos y sensaciones. Quisiera que permaneciera en el teléfono con migo mientras me comunico con una trabajadora social para que siga hablando con usted. También, me gustaría ofrecerle un número de teléfono del crisis (donde la gente habla en español y inglés) (1-877-727-4747) OR 1-800-SUICIDE; spanish hotline: 1-888-628-9454) en caso Que estos pensamientos y sensaciones empeoren y usted necesita ayuda inmediatamente llame al 9-1-1."

TRY TO KEEP PATIENT ON THE LINE BY USING 3-WAY, ANOTHER LINE OR CELL PHONE to immediately contact a Cancer Depression Clinical Specialist (CDCS) on the list. This patient needs to be assessed for suicidality.

Immediately contact CDCS/MD in this order: Anjanette Wells, LCSW cell #: 323-707-6539
pgr #: 323-565-7522

Maria Hu-Cordova, MSW cell #: 213-253-8542

Diana Pineda, LCSW pgr #: 213-208-0432

Suad Kapetanovic, MD pgr #: 213-919-6824

IF SOMEONE IS THREATENING SUICIDE OR HOMICIDE, AND HAS TAKEN STEPS TO COMMIT THE ACT (i.e. taken pills, slash wrist etc.), CALL 9-1-1.

You must speak to someone regarding the suicidality of the patient, it is not adequate to just leave a message for a clinic staff, CDCS or Dr. Suad Kapetanovic.

PA: Please check all that apply.

☐ Notified CDCS or study psychiatrist Suad Kapetanovic, MD (if patient interviewed on telephone).

☐ Notified physician or nursing staff (if patient interviewed in clinic).

☐ Documented patient's responses to these questions in the patient's medical chart (applied to each patient with this suicide risk protocol).

PA: Stop interviewing the patient if patient is acutely suicidal. Resume the interview after problem cleared.

PA should continue with interview if the CDCS assessed and pt is safe and not acutely suicidal.

3. FACT-G

A continuación encontrará una lista de afirmaciones que otra gente con su misma enfermedad ha dicho son muy importante. Por favor, indique que verdadera ha sido cada frase para usted **durante los últimos siete días**.

Estado Físico General De Salud

	Nada	Un poco	Algo	Mucho	Muchísimo
1. Me falta energía	0	1	2	3	4
2. Tengo náuseas	0	1	2	3	4
3. Debido a mi estado físico, tengo dificultad para atender a las necesidades de mi familia	0	1	2	3	4
4. Tengo dolor	0	1	2	3	4

(If patient response is positive with pain (response code 1 to 4), administer Brief Pain Inventory)

Brief Pain Inventory

- Todos hemos tenido dolor alguna vez en nuestra vida (por ejemplo, dolor de cabeza, contusiones, dolores de dientes).
¿En la actualidad, ha sentido un dolor distinto a estos dolores comunes? ☐ (1=sí; 2=no)
- Clasifiqué su dolor indicando el número que mejor describe la intensidad máxima de dolor sentido en las últimas 24 horas.
0 1 2 3 4 5 6 7 8 9 10
Ningún Dolor El Peor Dolor Imaginable
- Clasifiqué su dolor indicando el número que mejor describe la intensidad mínima de dolor sentido en las últimas 24 horas.
0 1 2 3 4 5 6 7 8 9 10
Ningún Dolor El Peor Dolor Imaginable
- Clasifiqué su dolor indicando el número que mejor describe la intensidad media de dolor sentido en las últimas 24 horas.
0 1 2 3 4 5 6 7 8 9 10
Ningún Dolor El Peor Dolor Imaginable
- Clasifiqué su dolor indicando el número que mejor describe la intensidad de su dolor actual.
0 1 2 3 4 5 6 7 8 9 10
Ningún Dolor El Peor Dolor Imaginable
- ¿Qué tratamiento o medicamento recibe para su dolor?

- ¿En las últimas 24 horas, cuánto alivio ha sentido con el tratamiento o con el medicamento?
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Ningún Alivio Alivio Total

(continue on next page)

Brief Pain Inventory (Continued)

8. Indicando el número que mejor describe la manera en que el dolor ha interferido, durante las últimas 24 horas, con su:

A. Actividad en general

0	1	2	3	4	5	6	7	8	9	10
No										Interfiere
Interfiere										por Completo

B. Estado de ánimo

0	1	2	3	4	5	6	7	8	9	10
No										Interfiere
Interfiere										por Completo

C. Capacidad de caminar

0	1	2	3	4	5	6	7	8	9	10
No										Interfiere
Interfiere										por Completo

D. Trabajo norma (ya sea en casa o afuera)

0	1	2	3	4	5	6	7	8	9	10
No										Interfiere
Interfiere										por Completo

E. Relaciones con otras personas

0	1	2	3	4	5	6	7	8	9	10
No										Interfiere
Interfiere										por Completo

F. Sueño

0	1	2	3	4	5	6	7	8	9	10
No										Interfiere
Interfiere										por Completo

G. Capacidad de diversion

0	1	2	3	4	5	6	7	8	9	10
No										Interfiere
Interfiere										por Completo

[Copyright 1991 Charles S. Cleeland, PhD; Pain Research Group. All rights reserved.]

Physical Well-Being (continued)

A continuación encontrará una lista de afirmaciones que otra gente con su misma enfermedad ha dicho son muy importante. Por favor, indique que verdadera ha sido cada frase para usted **durante los últimos siete días**.

	Nada	Un poco	Algo	Mucho	Muchísimo
5. Me molestan los efectos secundarios del tratamiento	0	1	2	3	4
6. Me siento enfermo (a)	0	1	2	3	4
7. Necesito estar acostado(a)	0	1	2	3	4

Social/Family Well-Being

	Nada	Un poco	Algo	Mucho	Muchísimo
1. Me siento cercano(a) a mis amistades	0	1	2	3	4
2. Recibo apoyo emocional por parte de mi familia	0	1	2	3	4
3. Recibo apoyo por parte de mis amistades	0	1	2	3	4
4. Mi familia ha aceptado mi enfermedad	0	1	2	3	4
5. Me siento satisfecho(a) de la manera en que me comunica con mi familia acerca de mi enfermedad	0	1	2	3	4
6. Me siento cercano(a) a mi pareja (o a la persona que me da apoyo)	0	1	2	3	4

Sin importar su nivel actual de actividad sexual, por favor, conteste la siguiente pregunta.

[If patient prefers not to answer it, PA please check this box ☐ and go to the next section.]

7. Estoy satisfecho(a) con mi vida sexual	0	1	2	3	4
---	---	---	---	---	---

Emotional Well-Being

	Nada	Un poco	Algo	Mucho	Muchísimo
1. Me siento triste	0	1	2	3	4
2. Estoy satisfecho(a) de como estoy enfrentando mi enfermedad	0	1	2	3	4
3. Estoy perdiendo las esperanzas en la lucha contra mi enfermedad	0	1	2	3	4
4. Me siento nervioso(a)	0	1	2	3	4
5. Me preocupa morir	0	1	2	3	4
6. Me preocupa que mi enfermedad empeore	0	1	2	3	4

Functional Well-Being

	Nada	Un poco	Algo	Mucho	Muchísimo
1. Puedo trabajar (incluya trabajo en el hogar)	0	1	2	3	4
2. Me satisface mi trabajo (incluya trabajo en el hogar)	0	1	2	3	4
3. Puedo disfrutar de la vida	0	1	2	3	4
4. He aceptado mi enfermedad	0	1	2	3	4
5. Duermo bien	0	1	2	3	4
6. Estoy disfrutando las cosas que usualmente me gusta hacer	0	1	2	3	4
7. Estoy satisfecho(a) con la calidad de mi vida actual	0	1	2	3	4

Fatigue Scale

	Nada	Un poco	Algo	Mucho	Muchísimo
1. Me siento fatigada (If patient response=0, skip to Section 4. General Health Status)	0	1	2	3	4
2. Me siento débil por todo mi cuerpo	0	1	2	3	4
3. Me siento cansada	0	1	2	3	4
4. Tengo dificultad <u>empezar</u> cosas porque estoy cansada	0	1	2	3	4
5. Tengo dificultad <u>terminar</u> cosas porque estoy cansada	0	1	2	3	4
6. Tengo energía	0	1	2	3	4
7. Puedo hacer mis actividades generales	0	1	2	3	4
8. Necesito estar dormido/a durante el día	0	1	2	3	4
9. Estoy demasiado cansada que no puedo comer	0	1	2	3	4
10. Necesito ayudar para hacer mis actividades generales	0	1	2	3	4
11. Estoy frustrado por estar demasiado cansado para hacer las cosas que quiero hacer	0	1	2	3	4
12. Tengo que limitar mi actividad social porque estoy cansada	0	1	2	3	4

7. Depression Treatment

1. En los últimos 6 meses, usted ha visto cualquier del siguiente para problemas personales, mentales, o emocionales, tal como depresión, ansiedad, o nervios?

	No	Sí
a. Un Medico (no incluyendo Siquiatra)	0	1
b. Trabajadora Social	0	1
c. Siquiatra	0	1
d. Psicologo	0	1
e. Consejero	0	1
f. Sacerdote	0	1
g. Grupo del apoyo del uno mismo	0	1 (no es un grupo de terapia con una profesional)
h. Acupunturista	0	1
i. Herbalista o Naturalista	0	1
j. Una Terapeuta de Masaje	0	1
k. Curandero	0	1
l. Otro	0	1 <i>Sí sí, especifique</i> _____

2. En cualquier momento en los últimos 6 meses pasado, ha tomado un medicamento recetado por problemas personales o emocionales, tal como depresión, ansiedad, o nervios?

☐ No₀ (*If No, skip to Question 3*) ☐ ₁ Sí, recetado por un medico ☐ ₂ Sí, recetado por otro _____

Sí sí, ¿Qué medicamentos le recetaron? PA: For each medicine, please ask the following:

- a. del medicamento – nombre, dosis y frecuencia b. ¿Por cuanto tiempo tomó su medicamento?
c. ¿Tuyo efectos secundarios? (sí /no) d. ¿Las esta tomando todavía? (sí /no)

e. ¿Qué tan provechosa fue la medicina: [say each]

Extremadamente provechosa₁ Muy provechosa₂ Provechosa₃ Algo provechosa₄ No tan provechosa₅

f. ¿Qué tan satisfecho/a estuvo con la medicina: [say each]

Extremadamente satisfecho/a₁ Muy satisfecho/a₂ Satisfecho/a₃ Algo satisfecho/a₄ No tan satisfecho/a₅

PA: Please record patient's responses for each medication.

a. Medicina: Nombre, dosis y frecuencia	b. Por cuanto tiempo tomó su medicamento?	c. Tuvo efecto-secundarios? (sí / no)	d. Las esta tomando todavía? (sí / no)	e. Cuanto le ayudo? (escala 1-5)	f. Esta satisfecho (escala 1-5)

3. Durante los últimos 6 meses, usted ha recibido terapia de consejería (la terapia de consejería o psicoterapia cuando hablas con una trabajadora social, psicólogo, siquiatra, o otro profesional de salud mental sobre sus pensamientos y emociones.) para ayudarle con depresión, ansiedad o nervios?

☐ No₀ (*If "No", skip to Section 8. Barriers to Depression Care Treatment*) ☐ Sí₁

3a. Durante los últimos 6 meses, ¿cuántas visitas tuvo con un consejero/a? Enter number _____

3b. Durante los últimos 6 meses, ¿con que frecuencia atendió sesiones de consejería para su depresión exactamente como su doctor, enfermera de clínica o trabajadora social recomendó? Por exactamente, ¿cuántas sesiones en total participo?

Fue: ☐ Ninguna de las sesiones ₁ ☐ Un poco de las sesiones ₂ ☐ Algunas de las sesiones ₃

☐ La mayoría de las sesiones ₄ ☐ Todas de las sesiones ₅

If pt had missed session(s): Cuales son las razones porque usted no puede atender las sesiones recomendadas?

3c. ¿Qué tan provechosa fue la terapia?

☐ Extremadamente provechosa₁ ☐ Muy provechosa₂ ☐ Provechosa₃ ☐ Algo provechosa₄ ☐ No tan provechosa₅

3d. ¿Qué tan satisfecho/a estuvo con la terapia?

☐ Extremadamente satisfecho/a₁ ☐ Muy satisfecho/a₂ ☐ Satisfecho/a₃ ☐ Algo satisfecho/a₄ ☐ No tan satisfecho/a₅

8. Barriers to Depression Care Treatment

Durante los últimos 6 meses, algunas de los siguiente problemas prevenio de mantener su cita o su tratamiento de depresión recomendado?

	Sí	No	N/A
1. No entendiendo el tratamiento que su doctor le ha recomendado	1	2	3
2. Preocupaciones acerca de su tratamiento recomendado	1	2	3
3. Preocupaciones sobre el costo de su tratamiento o medicamento	1	2	3
4. Dificultades de recordando sus citas	1	2	3
5. Dificultades recordando cuando debe de tomar su medicamentos	1	2	3
6. Dificultades tomando tiempo libre de su trabajo	1	2	3
7. Dificultades con transportacion	1	2	3
8. Dificultades con cuidado de niños	1	2	3
9. Preocupaciones que su otro problemas de salud pueden interferir con el tratamiento o medicamento	1	2	3
10. Miembros de su familia o otro tipo de problemas personales causa dificultades en mantener su citas o tomar su medicamentos.	1	2	3
11. Dificultades con las horas de la clínica o procedimientos.	1	2	3
12. Dificultades encontrando proveedores de ayuda para la depresión que hablen su idioma	1	2	3
13. Preocupaciones de lo que otros pueden pensar	1	2	3

9. Stress Inventory

Lo que sigue es una lista de situaciones que muchas personas encuentran agotadores. Por favor, dígame si usted siente estrés de cualquiera de estas situaciones en **los últimos seis meses**. (If participant answers yes please ask them to rate the level of stress they feel. Use the scale from 0 to 10, 0 meaning no stress at all and 10 meaning a lot of stress.)

0-----1-----2-----4-----6-----8-----10
 nada de estrés lo mas estrés que puede imaginar

	No	Sí	Stress Level
1. Problemas con el trabajo o desempleo.....	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____
2. Problemas con su desempleo.....	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____
3. Problemas financieras.....	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____
4. Conflictos con su marido (su novio, o su amante).....	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____
5. Conflictos familiares.....	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____
6. Problemas con sus hijos, nietos/ preocupaciones de ser padre.....	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____
7. Problemas enfrentando la muerte o enfermedad de un pariente o de tener que cuidar miembros de su familia.....	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____
8. Conflictos culturales, incluyendo problemas con el idioma o discriminación	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____
9. Problemas legales.....	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____
10. Preocupaciones o problemas de inmigración	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____
11. Problemas con su propio salud.....	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____
12. Preocupaciones de su comunidad (drogas, violencia, otro crimen)	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____
13. Otra clase de estrés (especifiqué) _____	<input type="checkbox"/> 0.....	<input type="checkbox"/> 1	Sí sí, _____

10. Work Life

¿Cual es su estatus de trabajo? ☐ Sí, tiempo completo₁ ☐ Sí, medio tiempo₂ ☐ No₃ (If "No", skip to questions for Unemployed)

Employed

1. Si esta trabajando, usted esta trabajando en el mismo empleo (compañía) que estaba trabajando hace seis meses (a la entrevista del mes seis)? ☐ Sí₁ ☐ No₂
 - 1a. *Sí no*, ¿que es la razón porque dejas el empleo? ☐ Me despidieron del trabajo₁
☐ Las condiciones del trabajo fueron muy difícil para quedarme₂ ☐ No podía ajustarme a las horas de trabajo₃
☐ Mi medico sugiero que me no trabaje₄ ☐ Otro₅ _____
2. Cual es su ocupacion? _____
3. ¿Su trabajo es físicamente pesado?.....|____| (1=No es pesado; 2=Un poco pesado; 3=Moderadamente pesado; 4=Muy pesado)
4. ¿Qué tan satisfecha esta con su trabajo?|____| (1=Muy satisfecha; 2=Satisfecha; 3=Insatisfecha; 4=Muy insatisfecha)
5. ¿En el mes pasado, ¿cuántos días faltó al trabajo por una razón médica relacionada con el diagnóstico del cáncer? _____ #days
6. ¿Ha experimentado dificultades en tomar tiempo libre de su trabajo para atender sus citas de tratamiento(s)? ☐ Sí₁ ☐ No₂
7. ¿Ha perdido usted parte de su sueldo por razones relacionadas con usted a las citas para su tratamiento? ☐ Sí₁ ☐ No₂
 - 7a. *Sí*, con cuanta frecuencia sucede? _____

PA: Skip to questions for All Subjects.

Unemployed

1. Si no esta trabajando, cual es son razón/es porque no puede mantener un empleo? Esta:

₁ <input type="checkbox"/> Ama de casa	₂ <input type="checkbox"/> No puedo trabajar por causa de mi salud	₃ <input type="checkbox"/> Jubilada	₄ <input type="checkbox"/> En licencia médica
₅ <input type="checkbox"/> Me despidieron de trabajo	₆ <input type="checkbox"/> Otro _____		
2. Si no esta trabajando, cual fue la ultima vez que trabajo, aunque fue solamente por algunos días?

₁ <input type="checkbox"/> Nunca había trabajado	₂ <input type="checkbox"/> Durante los últimos seis meses	₃ <input type="checkbox"/> Durante los últimos doce meses
₄ <input type="checkbox"/> mas de 1 a 5 años	₅ <input type="checkbox"/> Hace mas de 5 años	

If pt had ever worked (response code>1), ¿Cual era su ocupacion? _____

All Subjects

1. ¿Esta usted involucrada en alguna actividades pagadas, como en cuidando de niños, cocinando o limpieza que aporte al ingreso de la familia? ₁☐ Sí ₂☐ No
2. ¿Su esposo (o su pareja) esta empleado actualmente?

₁ <input type="checkbox"/> Sí, tiempo completo	₂ <input type="checkbox"/> Sí, medio tiempo	₃ <input type="checkbox"/> No, desempleado	₄ <input type="checkbox"/> Jubilada
₇ <input type="checkbox"/> No es aplicable, no esposo o ni pareja			
3. ¿Algún miembro de su familia(s) ha experimento dificultades en tomar tiempo libre de su trabajo para acompañarla a sus citas de tratamiento(s)? ₁☐ Sí ₂☐ No ₇☐ No es aplicable, Voy sola a mis citas.
4. ¿Algún miembro(s) de su familia ha perdido parte de su sueldo para ir con usted a las citas para su tratamiento?

₁ <input type="checkbox"/> Sí – <i>PA continúes asking:</i> con cuanta frecuencia sucede? _____
₂ <input type="checkbox"/> No ₇ <input type="checkbox"/> No es aplicable, I go alone to appointment(s)

11. Problem Solving Assessment

Esta sección contiene preguntas sobre algunas maneras de pensar, sentir y actuar cuando enfrenta problemas del diario vivir. En este cuestionario, un problema consiste en algo importante en su vida si le molesta muchísimo. El problema puede referirse a usted mismo/a (por ejemplo, tocante sus pensamientos, sentimientos, formar de actuar, salud, o su apariencia personal). También el problema puede referirse a sus relaciones personales con los demás (como sus familiares, amigos, maestros, o supervisores del trabajo), o se puede relacionar con su medioambiente y sus pertinentes (como su casa, automovil, propiedades, o dinero). Por favor, piense cuidadosamente después de escuchar cada pregunta y escoja la respuesta que sea más apropiada, en otras palabras, la respuesta que más indique que tan cierta es la declaración para usted. Tome en cuenta su manera usual de pensar, sentir o actuar cuando enfrenta problemas importantes en su vida.

	Nada cierto de mi	Un poco cierto de mi	Moderadamente cierto de mi	Extremadamente cierto de mi
1. Me siento nervioso/a y inseguro/a de mi mismo/a cuando tengo una decisión importante que hacer.	1	2	3	4
2. Espero ver si el problema se resuelve por si mismo, antes de tratar de resolverlo yo.	1	2	3	4
3. Cualquier problema que se me presenta tiene solución.	1	2	3	4
4. Hago todo lo posible de evitar los problemas de mi vida.	1	2	3	4
5. Cuando tengo que hacer una decisión, trato a predecir las consecuencias positivas y negativas de cada opción.	1	2	3	4
6. Cuando problemas ocurren en mi vida, prefiero lidiar con ellos lo mas pronto posible.	1	2	3	4
7. Cuando tengo un problema que resolver, una de las primeras cosas que hago es tratar de averiguar todos los datos o factores acerca del problema lo más pronto posible.	1	2	3	4
8. Pospongo solucionar los problemas hasta que ya es muy tarde para hacer algo acerca de ellos.	1	2	3	4
9. Utilizo más tiempo esquivando los problemas, que resolviéndolos.	1	2	3	4

12. Physical Activities and Recreational Activities

En los últimos **6 meses**, cual fue el tiempo promedio por semana consumido en cada una de las siguientes actividades?

- Caminando, caminando mientras jugando golf o ir de excursión fuera ____ horas por semana
 Andar caminando usual (escoje una)
☐ Sencillo o casual (<2 mph)
☐ normal o promedio (2-2.9 mph)
☐ activo (3-3.9 mph)
☐ muy activo (≥4 mph)
- Trotando (Hacer Jogging) (>10 minutos por milla) ____ horas por semana
- Corriendo (≤10 minutos por milla) ____ horas por semana
- Manejando bicicleta (incluyendo bicicleta estacionaria) ____ horas por semana
- Yoga, desperezarse ____ horas por semana
- Nadando vueltas ____ horas por semana
- Tenis ____ horas por semana
- Calistenia, aerobicos, vailes aerobicos, o maquina de remo ____ horas por semana
- Squash o raquetbol ____ horas por semana
- Cortando la yarda ____ horas por semana
- Cualquier otro ejercicio/actividad de lo que usted hace regularmente, no mencionado antes (mencione cada actividad y promedio de tiempo/semanal)
 (specify) ____ horas por semana

13. Physical Activities and Recreational Activities

¿Cuáles son las actividades que disfruta en plan de diversión, deporte, etc.?

14. Satisfaction with Information Services Received During Cancer Treatment

- ¿La información que usted recibió le ayudó con transporte, asistencia financiera y problemas de cuidado de niños?
☐ Si ayudó mucho ₁ ☐ Si, ayudó un poco ₂ ☐ No, realmente no ayudó ₃ ☐ No, hicieron cosas peores ₄
- ¿La información que recibió le ayudó para comunicarse con los grupos de apoyo (tal como Look Good Feel Better) y organizaciones (tal como La Sociedad de Cáncer Americana) para ayudarlo con sus preocupaciones sobre cáncer, tratamientos de cáncer y su seguimiento o continuación de tratamientos?
☐ Si ayudó mucho ₁ ☐ Si, ayudó un poco ₂ ☐ No, realmente no ayudó ₃ ☐ No, hicieron cosas peores ₄

15. Satisfaction with Health Care Received During Cancer Treatment

- ¿En un total, que tan satisfecho o desatisfecho estuvo usted con el tratamiento de cáncer que estuvo disponible para usted?
☐ Muy desatisfecho ₁ ☐ Desatisfecho ₂ ☐ Satisfecho o desatisfecho ₃ ☐ Satisfecho ₄ ☐ Muy Satisfecho ₅
- ¿Qué tan satisfecho o desatisfecho estuvo con el apoyo que recibió con problemas emocionales?
☐ Muy desatisfecho ₁ ☐ Desatisfecho ₂ ☐ Satisfecho o desatisfecho ₃ ☐ Satisfecho ₄ ☐ Muy Satisfecho ₅
- ¿Qué tan desatisfecho o satisfecho estuvo con los servicios de clínica para ayudarlo con haciendo o cambiar citas, obteniendo recitas, o citas para estudios.
☐ Muy desatisfecho ₁ ☐ Desatisfecho ₂ ☐ Satisfecho o desatisfecho ₃ ☐ Satisfecho ₄ ☐ Muy Satisfecho ₅
- ¿Qué tan desatisfecho o satisfecho estuvo con la información que le dijeron sobre sus pruebas y tratamientos de cáncer por los médicos y enfermeras de clínica?
☐ Muy desatisfecho ₁ ☐ Desatisfecho ₂ ☐ Satisfecho o desatisfecho ₃ ☐ Satisfecho ₄ ☐ Muy Satisfecho ₅
- ¿Qué tan desatisfecho o satisfecho estuvo con la cortesía y respeto que le dieron por los médicos, enfermeras de clínica o trabajadoras sociales?
☐ Muy desatisfecho ₁ ☐ Desatisfecho ₂ ☐ Satisfecho o desatisfecho ₃ ☐ Satisfecho ₄ ☐ Muy Satisfecho ₅
- ¿Qué tan desatisfecho o satisfecho estuvo con su participación en las decisiones sobre el cuidado que usted recibió?
☐ Muy desatisfecho ₁ ☐ Desatisfecho ₂ ☐ Satisfecho o desatisfecho ₃ ☐ Satisfecho ₄ ☐ Muy Satisfecho ₅

CONTACT INFORMATION

Antes de terminar nuestra conversación, quiero confirmar que nuestros archivos estén al corriente para que le podemos mandar su incentivo validado de \$10 dólares.

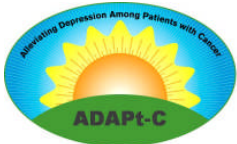
PA: Please verify and update patient contact and alternate contact information on patient card.

Incentive: ☐ Target gift card ☐ other, please specify _____

Delivery: ☐ by Mail, mailed (date) _____ Destination: (check one) ☐ pt's address as verified
☐ alternate address as noted
☐ pick up in person, scheduled date _____

CLOSING STATEMENT

Ha sido un placer conversar con usted y le doy gracias por permitirme su tiempo para contestar mis preguntas. Puede hablar con su doctor sobre los problemas que pueda encontrar en conservando su cita o puede preguntar por una trabajadora social. Este será la última vez que le voy a agradecerle por participando en el estudio ADAPT-C. Sus respuestas a nuestras preguntas son importantes para nosotros y nos ayudara mejorar el servicio a otras mujeres con cáncer. Tiene usted alguna pregunta le gustaria pregunta?



ADAPT-C
24th Month Follow-up Assessment

ID _____

PA (initial) _____ Interview Type [____] 1= over phone 2= face to face

Interview Date _____ Interview Time (hr:min) from _____ to _____

PA: Please mark patient's response to each question.

- ➡ **Use "99" or "unk" to indicate that a patient's response to a question is unknown.** ⬅
- ➡ **Use "88" or "rf" to indicate patient refused to answer a question.** ⬅
- ➡ **Use "77" or "n/a" to indicate that a question is not applicable to patient.** ⬅

1. SF-12

INSTRUCTIONS: This questionnaire asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. If you are unsure about how to answer, please give the best answer you can.

PA: Accept only one response per question

1. In general, would you say your health is: [SAY EACH]

☐ Excellent

☐ Very Good

☐ Good

☐ Fair

☐ Poor

Now I'm going to read a list of activities that you might do during a typical day. As I read each one, please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.

- | | Yes,
Limited a lot | Yes,
Limited a little | No,
Not limited at all |
|---|-----------------------|--------------------------|---------------------------|
| 2. moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or going for a walk with your kids | 1 | 2 | 3 |
| 3. climbing several flights of stairs | 1 | 2 | 3 |

The following two questions ask you about your physical health and your daily activities:

- | | Yes | No |
|--|-----|----|
| 4. During the past 4 weeks have you accomplished less than you would like as a result of your physical health? | 1 | 2 |
| 5. During the past 4 weeks, were you limited in the kind of work or other regular daily activities you do as a result of your physical health? | 1 | 2 |

The following two questions ask about your emotions and your daily activities:

- | | Yes | No |
|--|-----|----|
| 6. During the past 4 weeks, have you accomplished less than you would like as a result of any emotional problems (such as feeling depressed or anxious[worried])? | 1 | 2 |
| 7. During the past 4 weeks, did you not do work or other regular activities as carefully as usual as a result of any emotional problems, such as feeling depressed or anxious? | 1 | 2 |
| 8. During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere...[EACH]
<input type="checkbox"/> Not at all <input type="checkbox"/> A little bit <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> Extremely | | |
| 9. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities like visiting with friends or relatives? Has it interfered...[EACH]
<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> A Little of the time <input type="checkbox"/> None of the time | | |

The next questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. **How much of the time during the past 4 weeks...**

- | | All
of the time | Most
of the time | A good bit
of the time | Some of
of the time | A little
of the time | None
of the time |
|---|--------------------|---------------------|---------------------------|------------------------|-------------------------|---------------------|
| 10. Have you felt calm and peaceful? | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. Did you have a lot of energy? | 1 | 2 | 3 | 4 | 5 | 6 |
| 12. Have you felt downhearted and blue? | 1 | 2 | 3 | 4 | 5 | 6 |

2. Depression Symptoms

PHQ-9

Over the **last 2 weeks**, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3



If patient answered positive to Question 9, follow ADAPt-C Suicide Risk Protocol.

ADAPt-C Suicide Risk Protocol

This protocol will guide Project Assistants in the event a patient expresses thoughts about being better off dead, hurting themselves, or other suicidal ideation, whether in response to the specific PHQ question #9 **or** at any other point of conversation.

When the response to PHQ #9 is other than "0" ("Not at all") **or** if suicidal ideas are expressed spontaneously, please

Ask: "Do you feel these thoughts are a problem for you or something you might act on?" _____ (Yes/No)

"Have you discussed these feelings and thoughts with a mental health provider or with your primary care provider?" _____ (Yes/No) **If yes**, say: "May I have the contact information for the mental health provider or Doctor that you have spoken with about these feeling and thoughts?"

Document name and contact number of provider/agency/Doctor.

Name/Agency: _____

Contact Number(s): _____

➤ **If you are interviewing this patient in the clinic**, say:

"I am not a clinician and I am not qualified to evaluate these thoughts and feelings in detail, but it is important that you get proper medical attention, I will notify your doctor so that s/he can be sure you get some help with this."

THE CLINIC STAFF WILL HANDLE THE SITUATION ACCORDING TO THE CLINIC'S PROTOCOL.

Continued in the following page

ADAPt-C Suicide Risk Protocol (continued)

- If you are **interviewing the patient on the telephone**, say:

"Can you please clarify the address and telephone number you are presently at? _____
 _____ I am not a clinician and I am not qualified to evaluate these thoughts and feelings in detail, but it is important that you get proper medical attention and I think it's important that you to discuss these thoughts and feelings with a medical or mental health professional. So I would like you to remain on the line with me, so I can get a clinical social worker to talk with you further. I would like to offer you the Crisis Hotline number (where staff speak both English and Spanish) (1-877-727-4747 OR 1-800-SUICIDE), in case these feelings and thoughts get worse and you need help immediately by calling 9-1-1."

TRY TO KEEP PATIENT ON THE LINE BY USING 3-WAY, ANOTHER LINE OR CELL PHONE to immediately contact a Cancer Depression Clinical Specialist (CDCS) on the list. This patient needs to be assessed for suicidality.

Immediately contact CDCS/MD in this order: Anjanette Wells, LCSW cell #: 323-707-6539
 pgr #: 323-565-7522

Maria Hu-Cordova, MSW cell #: 213-253-8542

Diana Pineda, LCSW pgr #: 213-208-0432

Suad Kapetanovic, MD pgr #: 213-919-6824

IF SOMEONE IS THREATENING SUICIDE OR HOMICIDE, AND HAS TAKEN STEPS TO COMMIT THE ACT (i.e. taken pills, slash wrist etc.), CALL 9-1-1.

You must speak to someone regarding the suicidality of the patient, it is not adequate to just leave a message for a clinic staff, CDCS or Dr. Suad Kapetanovic.

PA: Please check all that apply.

- ☐ Notified CDCS or study psychiatrist Suad Kapetanovic, MD (if patient interviewed on telephone).
☐ Notified physician or nursing staff (if patient interviewed in clinic).
☐ Documented patient's responses to these questions in the patient's medical chart (applied to each patient with this suicide risk protocol).

*PA: Stop interviewing the patient if patient is acutely suicidal. Resume the interview after problem cleared.
 PA should continue with interview if the CDCS assessed and pt is safe and not acutely suicidal.*

3. Anxiety Symptoms

BSI

During the **past 7 days**, how much were you disturbed by (read each item)

	not at all	a little bit	moderately	quite a bit	extremely
1. nervousness or shakiness inside	0	1	2	3	4
2. suddenly scared for no reason	0	1	2	3	4
3. feeling fearful	0	1	2	3	4
4. feeling tense or keyed up	0	1	2	3	4
5. spells of terror or panic	0	1	2	3	4
6. feeling so restless you couldn't sit still	0	1	2	3	4

Trauma

In the **last 4 weeks**, how much have you been bothered by thinking or dreaming about something terrible that happened to you in the **past**-like your house being destroyed, a severe accident, being hit or being assaulted, or being forced to commit a sexual act?

- 1 ☐ Not bothered 2 ☐ Bothered a little 3 ☐ Bothered a lot

4. Assessment of Symptoms of Distress (SCL-20)

The next questions ask about how much you were distressed by various symptoms in the **past month**. The categories are: Not at all, a little bit, Moderately, Quite a bit, and Extremely.

Overall in the **past month** how much were you distressed by... (*READ LIST*)

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. feeling lonely or blue	0	1	2	3	4
2. feeling hopeless about the future	0	1	2	3	4
3. feeling no interest in things	0	1	2	3	4
4. inability to take pleasure in things	0	1	2	3	4
5. poor appetite	0	1	2	3	4
6. overeating	0	1	2	3	4
7. trouble falling asleep	0	1	2	3	4
8. awakening in the early morning	0	1	2	3	4
9. sleep that is restless or disturbed	0	1	2	3	4
10. thinking, speaking or moving at a slower pace	0	1	2	3	4
11. feeling so restless you couldn't sit still	0	1	2	3	4
12. thoughts of death or dying	0	1	2	3	4
13. thoughts of ending your life	0	1	2	3	4
14. feeling low in energy or slowed down	0	1	2	3	4
15. feeling everything is an effort	0	1	2	3	4
16. blaming yourself for things	0	1	2	3	4
17. feelings of worthlessness	0	1	2	3	4
18. feelings of guilt	0	1	2	3	4
19. trouble concentrating	0	1	2	3	4
20. difficulty making decisions	0	1	2	3	4

A. Are you currently taking any medication for depression?

☐ No ☐ Yes...if "yes", specify medication, dose and frequency of use

Antidepressant: _____

Who prescribes your antidepressant medications for you?

☐ your cancer doctor ☐ another clinic doctor, specify _____

B. Are you currently taking any medication for anxiety?

☐ No ☐ Yes...if "yes", specify medication, dose and frequency of use

Anti-anxiety meds: _____

C. Are you currently talking to a social worker, psychologist, or doctor about your depression or anxiety?

☐ No ☐ Yes...if "yes", check all that apply ☐ social worker ☐ psychologist ☐ doctor

5. FACT-G

Below is a list of statements that other people with your illness have said are important. Please indicate how true each statement has been for you **during the past 7 days**.

Physical Well-Being

	Not at all	A little bit	Some- what	Quite a bit	Very much
1. I have a lack of energy	0	1	2	3	4
2. I have nausea	0	1	2	3	4
3. Because of my physical condition, I have trouble meeting the needs of my family	0	1	2	3	4
4. I have pain	0	1	2	3	4

(If patient response is positive with pain (response code 1 to 4), administer Brief Pain Inventory)

Brief Pain Inventory

- Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these everyday kinds of pain today? ☐ (1=yes, 2=no)
- Please rate your pain by telling us the one number that best describes your pain at its **WORST** in the last 24 hours.
 0 1 2 3 4 5 6 7 8 9 10
 No Pain Pain as bad as you can imagine
- Please rate your pain by telling us the one number that best describes your pain at its **LEAST** in the last 24 hours.
 0 1 2 3 4 5 6 7 8 9 10
 No Pain Pain as bad as you can imagine
- Please rate your pain by telling us the one number that best describes your pain on the average.
 0 1 2 3 4 5 6 7 8 9 10
 No Pain Pain as bad as you can imagine
- Please rate your pain by telling us the one number that tells how much pain you have right now.
 0 1 2 3 4 5 6 7 8 9 10
 No Pain Pain as bad as you can imagine
- What treatments or medications are you receiving for your pain?

- In the last 24 hours, how much relief have pain treatments or medications provided? Please tell us the one percentage that most shows how much relief you have received.
 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
 No Relief Complete Relief

(continue on next page)

Brief Pain Inventory (Continued)

8. Provide us with the one number that describes how, during the past 24 hours, pain has interfered with your:

A. General Activity

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

B. Mood

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

C. Walking Ability

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

D. Normal Work (includes both work outside the home and housework)

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

E. Relations with other people

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

F. Sleep

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

G. Enjoyment of Life

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

[Copyright 1991 Charles S. Cleeland, PhD; Pain Research Group. All rights reserved.]

Physical Well-Being (continued)

Following are more statements that other people with your illness have said are important. Please indicate how true each statement has been for you **during the past 7 days.**

	Not at all	A little bit	Some- what	Quite a bit	Very much
5. I am bothered by side effects of treatment	0	1	2	3	4
6. I feel ill	0	1	2	3	4
7. I am forced to spend time in bed	0	1	2	3	4

Social/Family Well-Being

	Not at all	A little bit	Some- what	Quite a bit	Very much
1. I feel close to my friends	0	1	2	3	4
2. I get emotional support from my family	0	1	2	3	4
3. I get support from my friends	0	1	2	3	4
4. My family has accepted my illness	0	1	2	3	4
5. I am satisfied with family communication about my illness	0	1	2	3	4
6. I feel close to my partner (or the person who is my main support)	0	1	2	3	4

Regardless of your current level of sexual activity, please answer the following question.

[If patient prefers not to answer it, PA please check this box ☐ and go to the next section.]

7. I am satisfied with my sex life	0	1	2	3	4
------------------------------------	---	---	---	---	---

Emotional Well-Being

	Not at all	A little bit	Some- what	Quite a bit	Very much
1. I feel sad	0	1	2	3	4
2. I am satisfied with how I am coping with my illness	0	1	2	3	4
3. I am losing hope in the fight against my illness	0	1	2	3	4
4. I feel nervous	0	1	2	3	4
5. I worry about dying	0	1	2	3	4
6. I worry that my condition will get worse	0	1	2	3	4

Functional Well-Being

	Not at all	A little bit	Some- what	Quite a bit	Very much
1. I am able to work (include work at home)	0	1	2	3	4
2. My work (include work at home) is fulfilling	0	1	2	3	4
3. I am able to enjoy life	0	1	2	3	4
4. I have accepted my illness	0	1	2	3	4
5. I am sleeping well	0	1	2	3	4
6. I am enjoying the things I usually do for fun	0	1	2	3	4
7. I am content with the quality of my life right now	0	1	2	3	4

Fatigue Scale

	Not at all	A little bit	Some- what	Quite a bit	Very much
1. I feel fatigued (If patient response=0, skip to Section 6. General Health Status)	0	1	2	3	4
2. I feel weak all over	0	1	2	3	4
3. I feel tired	0	1	2	3	4
4. I have trouble <u>starting</u> things because I am tired	0	1	2	3	4
5. I have trouble <u>finishing</u> things because I am tired	0	1	2	3	4
6. I have energy	0	1	2	3	4
7. I am able to do my usual activities	0	1	2	3	4
8. I need to sleep during the day	0	1	2	3	4
9. I am too tired to eat	0	1	2	3	4
10. I need help doing my usual activities	0	1	2	3	4
11. I am frustrated by being too tired to do the things I want to do	0	1	2	3	4
12. I have to limit my social activity because I am tired	0	1	2	3	4

6. General Health Status

Karnofsky Performance Status

On a scale of 0 to 10, with zero being the worst possible and 10 being the best possible, how would you rate your overall health?

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
worst possible health (as bad or worse than being dead)			half-way between worst and best possible health				best possible health			

7. Stress Inventory

Following is a list of various issues that many people find can be stressful. Please tell me if you are experiencing stress from any of the following issues **in the past 6 months**. (If participant answers yes please ask them to rate the level of stress they feel. Use the scale from 0 to 10, 0 meaning no stress at all and 10 meaning a lot of stress.)

0-----1-----2-----4-----6-----8-----10
no stress at all most stress you can imagine

	No	Yes	Stress Level
1. Work problems.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	If yes, _____
2. Unemployment Problems.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	If yes, _____
3. Financial problems.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	If yes, _____
4. Marital conflicts	<input type="checkbox"/> 0	<input type="checkbox"/> 1	If yes, _____
5. Family conflicts.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	If yes, _____
6. Problems with your children or grandchildren / parenting concerns.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	If yes, _____
7. Serious illness or death of a family member, spouse, or close friend.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	If yes, _____
8. Cultural conflicts, including language barriers and discrimination.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	If yes, _____
9. Legal problems.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	If yes, _____
10. Immigration problems or concerns.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	If yes, _____
11. Problems with your own health	<input type="checkbox"/> 0	<input type="checkbox"/> 1	If yes, _____
12. Worries about your community (drugs, violence, other crime)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	If yes, _____
13. Other, specify _____	<input type="checkbox"/> 0	<input type="checkbox"/> 1	If yes, _____

8. Depression Treatment

1. During the past 6 months, have you seen any of the following for personal, mental, or emotional problems, such as depression, anxiety, or nerves?

	No	Yes
a. Medical Doctor (not including Psychiatrists)	0	1
b. Social Worker	0	1
c. Psychiatrist	0	1
d. Psychologist	0	1
e. Counselor	0	1
f. Priest	0	1
g. Self-help group (not group therapy run by a professional)	0	1
h. Acupuncturist	0	1
i. Herbalist or naturalist	0	1
j. Certified Massage Therapist	0	1
k. Folk healer	0	1
l. Other	0	1.....if "yes", specify _____

2. At any time in the past 6 months, have you taken any prescribed medications for personal or emotional problems, such as depression, anxiety, or nerves?

☐ No₀ (If No, skip to Question 3) ☐ ₁ Yes, prescribed by medical doctor ☐ ₂ Yes, prescribed by (specify) _____

If YES, What medicines did your doctor prescribe?

PA: For each medicine, please ask the following:

- a. medicine name, dose & frequency of use b. How long did/have you take(n) this medicine?
 c. Had side effect? (yes/no) d. Are you still taking it? (yes/no)
 e. How helpful is/was this medicine: [say each]
 Extremely helpful₁ Very helpful₂ Helpful₃ Somewhat helpful₄ Not helpful at all₅
 f. How satisfied are/were you with this medicine: [say each]
 Extremely satisfied₁ Very satisfied₂ Satisfied₃ Somewhat satisfied₄ Not satisfied at all₅

PA: Please record patient's responses for each medication.

a. Medicine: name, dose and frequency	b. How long did/have you take(n) this medication?	c. Side effect? (y/n)	d. Still taking it? (y/n)	e. How helpful ? (1-5)	f. How satisfied? (1-5)

3. During the past 6 months, did you receive talk therapy (Talk therapy is counseling or psychotherapy in which you talk with a social worker, psychologist, psychiatrist, or other mental health provider about your feelings and emotions.) to help with depression, anxiety, or nerves? ☐ No₀ (If "No", skip to Section 9. Barriers to Depression/Cancer Care) ☐ Yes₁

3a. How many visits did you have with a counselor or psychotherapist? Enter number _____

- 3b. How often were you able to attend counseling sessions for your depression exactly as your doctor, clinic nurse or social worker recommended? By exactly, I mean making it to all the sessions. Was it:

☐ None of the sessions₁ ☐ A few of the sessions₂ ☐ Some of the sessions₃ ☐ Most of the sessions₄ ☐ All of the sessions₅

If pt had missed session(s): What are the reasons you were unable to attend recommended sessions?

- 3c. How helpful is/was the therapy?

☐ Extremely helpful₁ ☐ Very helpful₂ ☐ Helpful₃ ☐ Somewhat helpful₄ ☐ Not helpful at all₅

- 3d. How satisfied are/were you with the therapy?

☐ Extremely satisfied₁ ☐ Very satisfied₂ ☐ Satisfied₃ ☐ Somewhat satisfied₄ ☐ Not satisfied at all₅

9. Barriers to Depression Care, Cancer Treatment and Cancer Follow-up Care

A. What is your current cancer status:

☐ ₁ in remission - follow-up duration: _____ (months)

☐ ₂ finished acute treatment, in follow-up care - follow-up duration: _____ (months)

☐ ₃ Currently receiving cancer treatment, specify all that apply:

☐ Radiation ☐ Chemotherapy ☐ Surgery ☐ Palliative Care ☐ Other, specify _____

☐ ₄ Other, specify _____

B. In the past 6 months, did any of the following difficulties prevent you from trying to get or keep clinic appointments for the following three areas, for depression care appointments, for cancer treatment appointments, for follow-up cancer care?

	<u>Depression Care</u>			<u>Cancer Treatment</u>			<u>Cancer Follow-up</u>		
	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	
	Yes	No	n/a	Yes	No	n/a	Yes	No	n/a
1. Not understanding recommended treatment plan									
2. Worry or concern about the treatment plan									
3. Concerns about the cost of the treatment									
4. Concerns about the cost of medications									
5. Difficulty in remembering when to take your medication									
6. Difficulty in taking time off work									
7. Transportation difficulties									
8. Childcare difficulties									
9. Concern or fear that medication may interfere with your other health problems									
10. Family members or other personal problems may make it difficult to keep your appointment or take your medication									
11. Difficulty with clinic hours or procedures									
12. Difficulty talking with your doctor about your illness									
13. Difficulty asking the doctor questions about your treatment									

10. Utilization of Health Care and Social Services—Cornell Services Index-PC

Next, I will ask you some questions about health care services you may have used over the past six months.

Do you have a regular doctor that you go to for medical care? ☐ No ☐ Yes

Where do you go? How often do you go?

No Yes How often

- a. LAC+USC Medical Center0.....1
- b. Roybal Clinics0.....1
- c. El Monte Clinics0.....1
- d. Hudson Clinics0.....1
- e. Private doctor0.....1
- f. Public health care facility0.....1
- g. Other0.....1

Inpatient Hospital Services

1. In the past six months, have you stayed overnight in a hospital as a patient? ☐ Yes₁ ☐ No₂ - skip to question 2

1a. How many nights did you spend in this facility? (*probe for best guess*) _____ NIGHTS

1b. What kind of hospital or care facility did you stay in? Was it a: (*check all apply*)

- ☐ General medical hospital
- ☐ Psychiatric hospital
- ☐ Substance abuse treatment facility
- ☐ Another kind of inpatient facility
- ☐ Other, specify _____

2. Were you in the Intensive Care Unit (ICU)? ☐ Yes₁ ☐ No₂

Emergency Room or Urgent Care Visit

3. In the past six months, have you had any visits to a hospital emergency room or an urgent care facility?

☐ Yes₁ ☐ No₂ - *skip to question 4*

3a. How many different visits to a hospital emergency room or an urgent care facility did you have in the past six months?
(*probe for best guess*) _____ NUMBER OF VISITS

Outpatient Visits

4. In the past six months, have you had any clinic visits? ☐ Yes ☐ No - *skip to Section 11. Economic Distress*

4a. What kind of medical clinic visits did you have? Was it a: (*check all apply*)

- ☐ Oncology clinic for cancer follow-up visits. How many visits? _____ Type, eg mammogram, cancer related symptoms you were having? _____
- ☐ Oncology clinic for cancer treatment visits. Type of treatment? _____
- ☐ Primary care visits (e.g., Primary Medical Doctor, ob-gyn).
Type of illness(es) _____
How many visits? _____
- ☐ Mental Health visits. For what purpose? _____
- ☐ Specialty visits. For what purpose? _____
- ☐ Other clinic visits. For what purpose? _____

4b. In the past 2 months, have you missed a scheduled clinic appointment? ☐ Yes ☐ No

If "yes", what was that appointment and how many visits have you missed? missed _____ visits for _____
missed _____ visits for _____ ; missed _____ visits for _____ (*cont. list for more appts*)

11. Economic Distress

1. Are you currently having difficulty in paying bills? ☐ Yes ☐ No
2. Do you have money left over at the end of the month? ☐ Yes ☐ No
3. Would you say your financial situation is getting better, staying the same or getting worse?
☐ getting better ☐ staying the same ☐ getting worse
4. Are you worried about your current financial situation?
☐ very worried ☐ somewhat worried ☐ not worried at all
5. Do you think that your financial situation will get better soon?
☐ hopeful ☐ more or less hopeful ☐ not hopeful at all

Yes No

6. Does your financial situation prevent you from filling your prescriptions? 1 2
7. Does your financial situation prevent you from getting the treatment you need? 1 2
8. Are you able to get all of the medications your doctor prescribed? 1 2
9. Do you have problems getting to the clinic? 1 2
10. What is your major source of transportation to your medical appointments? [_____] (1=drive yourself; 2=transportation is provided by family, relatives or friends; 3=public transportation (bus, taxi, MetroLine))

12. Work Life

- Were you employed and earning income at some time during the last 12 months?
☐₁ Yes, Full-time ☐₂ Yes, Part-time ☐₃ No, Unemployed (If "No", skip to questions for *Unemployed*)
- What is your occupation? _____
- In the past 6 months, how many days have you been absent from work for a medical reason related to your cancer treatment?
 _____ number of days
- Have you experienced difficulties in taking time off from work to go to your treatment appointment(s)? ☐ Yes₁ ☐ No₂
- Have you lost wages for reasons related to your treatment appointment? ☐ Yes₁ ☐ No₂
 If "Yes", How often does this happen? _____

PA: Skip to questions for All Subjects.

Unemployed

- If you are not employed now, what is the reason(s) for you not holding a job? You are:
☐ Full time homemaker₁ ☐ Unable to work because of poor health₂ ☐ Retired₃ ☐ On medical leave₄
☐ Laid off or on strike₅ ☐ Other₆ _____
- If you are not employed now, when did you last work, even for a few days?
☐ Never worked₁ ☐ Within the past 6 months₂ ☐ Within the past 12 months₃ ☐ 1 to 5 years ago₄ ☐ Over 5 years ago₅
 If *pt had ever worked* (response code >1), What was your most recent occupation?

All Subjects

- Are you involved in any paid activities such as caring for children, cooking or cleaning that allows you to contribute the family's total income? ☐ Yes₁ ☐ No₂
- Is your spouse or live-in partner, currently employed?
☐ Yes, full-time₁ ☐ Yes, part-time₂ ☐ No, unemployed₃ ☐ No, retired₄ ☐ Not applicable, no spouse or live-in partner₇
- Has a family member(s) experienced any difficulties taking time off from work to go with you to your treatment appointment(s)?
☐₁ Yes ☐₂ No ☐₇ Not applicable, I go alone to appointment(s)
- Has a family member(s) lost wages to go with you to your treatment appointment(s)?
☐₁ Yes — PA continues asking: How often does this happen? _____
☐₂ No ☐₇ Not applicable, I go alone to appointment(s)

13. Satisfaction with Health Care Received Over the Past Six Months

1. How dissatisfied or satisfied were you with the overall health care available to you for your cancer treatment?
☐Very dissatisfied₁ ☐Dissatisfied₂ ☐Neither satisfied nor dissatisfied₃ ☐Satisfied₄ ☐Very Satisfied₅
2. How dissatisfied or satisfied were you with the help you received with emotional problems?
☐Very dissatisfied₁ ☐Dissatisfied₂ ☐Neither satisfied nor dissatisfied₃ ☐Satisfied₄ ☐Very Satisfied₅
3. How dissatisfied or satisfied were you with the clinic services available to you for assisting with making or changing appointments, getting prescriptions filled, or scheduling other needed tests and procedures.
☐Very dissatisfied₁ ☐Dissatisfied₂ ☐Neither satisfied nor dissatisfied₃ ☐Satisfied₄ ☐Very Satisfied₅
4. How dissatisfied or satisfied were you with what you were told about your cancer tests and treatment by your doctors and clinic nurses?
☐Very dissatisfied₁ ☐Dissatisfied₂ ☐Neither satisfied nor dissatisfied₃ ☐Satisfied₄ ☐Very Satisfied₅
5. How dissatisfied or satisfied were you with the courtesy and respect shown to you by your doctors, clinic nurses and/or social workers?
☐Very dissatisfied₁ ☐Dissatisfied₂ ☐Neither satisfied nor dissatisfied₃ ☐Satisfied₄ ☐Very Satisfied₅
6. How dissatisfied or satisfied were you with taking part in the decisions made about the care you received?
☐Very dissatisfied₁ ☐Dissatisfied₂ ☐Neither satisfied nor dissatisfied₃ ☐Satisfied₄ ☐Very Satisfied₅

CONTACT INFORMATION

Before we end our talk, I want to make sure our records are correct so that we can mail you your incentive valued at \$10.

PA: Please verify and update patient contact and alternate contact information on patient card.

Type of incentive: ☐ Food4Less gift card

☐ other, please specify _____

Delivery: ☐ by Mail, date _____

Destination: (check one) ☐ pt's address as verified

☐ alternate address as noted

☐ pick up in person, scheduled date _____

CLOSING STATEMENT

I have enjoyed talking with you and I appreciate your taking time to answer my questions. You may talk with your doctor about any of the problems you might have in keeping your appointments or ask to see a clinic social worker. This will be the last time I call you and I want to thank you for participating in the ADAPt-C study. Your responses to our questions are important to us and may help us to improve service to other patients with cancer. Do you have any questions you would like to ask me?



ADAPT-C
24th Month Follow-up Assessment (version de Español)

ID _____

PA (initial) _____ Interview Type [____] 1= over phone 2= face to face

Interview Date _____ Interview Time (hr:min) from _____ to _____

PA: Please mark patient's response to each question.

- ➡ Use "99" or "unk" to indicate that a patient's response to a question is unknown. ⬅
➡ Use "88" or "rf" to indicate patient refused to answer a question. ⬅
➡ Use "77" or "n/a" to indicate that a question is not applicable to patient. ⬅

1. SF-12

INSTRUCCIONES: Este cuestionario pregunta a usted sobre sus opiniones de su salud. Esta información ayudará a no perder de vista como usted se siente y que tan bien puede hacer sus actividades generales. Si esta inseguro sobre como contestar, por favor proporcione la mejor respuesta que usted puede.

PA: Accept only one response per question

1. En general, ¿diría usted que su salud es....[DIGA CADA UNA]?

1 ☐ Excelente

2 ☐ Muy buena

3 ☐ Buena

4 ☐ Así así

5 ☐ Mala

Ahora voy a leer una lista de actividades que es posible usted tenga por el día. En lo que la leo, por favor, dígame, en cada una si su salud la restringe mucho, si la restringe un poco, o si no le impide nada.

Sí, Sí, No,
Me limita mucho Me limita un poco No me limita nada

2. **actividades moderadas**, por ejemplo, mover la mesa, usar la aspiradora,
jugar a los bolos, o ir de paseo con sus hijos..... 1 2 3

3. a subir **varias** escaleras..... 1 2 3

Las próximas dos preguntas, se tratan de su salud y de sus actividades diarias:

Sí No

4. Durante las últimas cuatro semanas,
¿ha hecho menos de lo que hubiera querido hacer a causa de la salud? 1 2

5. En las últimas cuatro semanas,
¿ha limitado el tipo de trabajo que hace u otras actividades diarias a causa de su salud?..... 1 2

Las próximas dos preguntas se tratan de sus emociones y sus actividades diarias:

Sí No

6. En las últimas cuatro semanas, ¿ha hecho menos de lo que hubiera querido hacer a causa
de problemas emocionales (por ejemplo, por estar deprimida o sentirse con ansia [preocupada])? 1 2

7. En las últimas cuatro semanas, ha hecho su trabajo o sus actividades diarias con menos cuidado
a causa de problemas emocionales, por ejemplo, por estar deprimida o sentirse con ansia? 1 2

8. En las últimas cuatro semanas, ¿cuánto dolor tenía que le impedía continuar con su trabajo regular, incluyendo trabajo fuera de casa y actividades domésticas? ¿Interfería.....[CADA UNA]?

1 ☐ Ningún dolor

2 ☐ Un poco de dolor

3 ☐ Dolor moderado

4 ☐ Bastante dolor

5 ☐ O extremadamente

9. En las últimas cuatro semanas, ¿cuánto tiempo ha afectado, su salud física o emocional, a sus actividades sociales como visitas a parientes o amigos? ¿Ha interferido....[CADA UNA]?

1 ☐ Todo el tiempo

2 ☐ La mayor parte del tiempo

3 ☐ Parte del tiempo

4 ☐ Poco tiempo

5 ☐ Ninguno

Las próximas preguntas se tratan de como se siente y de como le ha ido durante las últimas cuatro semanas. Por cada pregunta por favor conteste lo mas cerca de como usted se sienta. **En las últimas cuatro semanas...**

Todo La mayor parte Bastante Parte del Poco Ninguno
el tiempo del tiempo tiempo tiempo tiempo

10. ¿cuánto tiempo se sintió tranquila y serena? 1 2 3 4 5 6

11. ¿cuánto tiempo se sintió con mucha energía? 1 2 3 4 5 6

12. ¿cuánto tiempo se ha sentido descorazonada
y melancólica? 1 2 3 4 5 6

2. Depression Symptoms

PHQ-9

¿Durante las **últimas 2 semanas**, con que frecuencia le han molestado los siguientes problemas?

	Nunca	Varios Días	Más de la mitad de los días	Casi todos los días
1. Tener poco interés o placer en hacer las cosas	0	1	2	3
2. Sentir desanimada, deprimida, o sin esperanza.	0	1	2	3
3. Con problemas en dormirse o en mantenerse dormida, o en dormir demasiado	0	1	2	3
4. Sentirse cansada o tener poca energía	0	1	2	3
5. Tener poco apetito o comer en exceso	0	1	2	3
6. Sentir falta de amor propio, o que usted a fracasado o decepcionado a si misma o a su familia	0	1	2	3
7. Tener dificultada para concentrarse en cosas tales como leer el periódico o mirar la televisión	0	1	2	3
8. Se mueve o habla tan lentamente que otra gente se podrá dar cuenta – o de lo contrario, está tan agitada o inquieta que se mueve mucho más de lo acostumbrado	0	1	2	3
9. Se le han ocurrido pensamientos de que sería mejor estar muerta o de que se haría daño de alguna manera	0	1	2	3



*If patient answered positive to Question 9, follow **ADAPt-C Suicide Risk Protocol**.*

ADAPt-C Suicide Risk Protocol

This protocol will guide Project Assistants in the event a patient expresses thoughts about being better off dead, hurting themselves, or other suicidal ideation, whether in response to the specific PHQ question #9 **or** at any other point of conversation.

When the response to PHQ #9 is other than "0" ("Not at all") **or** if suicidal ideas are expressed spontaneously, please

Ask: "¿Usted siente que estos pensamientos son un problema para usted o algo que usted haría?" _____ (Si/No)

"¿Ha discutido estos pensamientos o sensaciones con su doctor o otro profesional del cuidado médico (consejero/a)?" _____ (Si/No) **If si**, say: "¿Puedo tener la información de contacto de la profesional de salud mental o médico con quien ha discutido sobre estos pensamientos y sensaciones?" "

Document name and contact number of provider/agency/Doctor.

Name/Agency: _____

Contact Number(s): _____

➤ **If you are interviewing this patient in the clinic**, say:

"Yo no soy una profesional clínica ni estoy calificada para evaluar estos pensamientos o sensaciones en detalle, pero es importante que usted consiga la atención médica apropiada, voy a notificar su doctor para que él esté seguro que usted consiga una cierta ayuda con esto."

THE CLINIC STAFF WILL HANDLE THE SITUATION ACCORDING TO THE CLINIC'S PROTOCOL.

Continued in the following page

ADAPT-C Suicide Risk Protocol (continued)

- If you are **interviewing the patient on the telephone**, say:

“Por favor puede confirmar la dirección y número de teléfono de donde me está hablando en este momento? _____ yo no soy una profesional ni estoy calificada para evaluar estos pensamientos o sensaciones en detalle, pero es importante que usted consiga la atención médica apropiada y le recomiendo que hable con un médico o otro profesional del cuidado médico sobre estos pensamientos y sensaciones. Quisiera que permaneciera en el teléfono conmigo mientras me comunico con una trabajadora social para que siga hablando con usted. También, me gustaría ofrecerle un número de teléfono del crisis (donde la gente habla en español y inglés) (1-877-727-4747) OR 1-800-SUICIDE; spanish hotline: 1-888-628-9454) en caso que estos pensamientos y sensaciones empeoren y usted necesita ayuda inmediatamente llame al 9-1-1.”

TRY TO KEEP PATIENT ON THE LINE BY USING 3-WAY, ANOTHER LINE OR CELL PHONE to immediately contact a Cancer Depression Clinical Specialist (CDCS) on the list. This patient needs to be assessed for suicidality.

Immediately contact CDCS/MD in this order: Anjanette Wells, LCSW cell #: 323-707-6539
pgr #: 323-565-7522

Maria Hu-Cordova, MSW cell #: 213-253-8542

Diana Pineda, LCSW pgr #: 213-208-0432

Suad Kapetanovic, MD pgr #: 213-919-6824

IF SOMEONE IS THREATENING SUICIDE OR HOMICIDE, AND HAS TAKEN STEPS TO COMMIT THE ACT (i.e. taken pills, slash wrist etc.), CALL 9-1-1.

You must speak to someone regarding the suicidality of the patient, it is not adequate to just leave a message for a clinic staff, CDCS or Dr. Suad Kapetanovic.

PA: Please check all that apply.

- ☐ Notified CDCS or study psychiatrist Suad Kapetanovic, MD (if patient interviewed on telephone).
☐ Notified physician or nursing staff (if patient interviewed in clinic).
☐ Documented patient's responses to these questions in the patient's medical chart (applied to each patient with this suicide risk protocol).

PA: Stop interviewing the patient if patient is acutely suicidal. Resume the interview after problem cleared.

PA should continue with interview if the CDCS assessed and pt is safe and not acutely suicidal.

3. Anxiety Symptoms

BSI

Durante los **últimos 7 días** que tanto fue usted perturbada por: (read each item)

	para nada	un poco	moderadamente	bastante	extremadamente
1. nerviosísima o agitación interna	0	1	2	3	4
2. sobresaltos sin motivo	0	1	2	3	4
3. sentirse temerosa	0	1	2	3	4
4. sentirse tensa o ansiosa	0	1	2	3	4
5. periodos de terror o pánico	0	1	2	3	4
6. sentirse inquieta sin poder mantenerse sentada	0	1	2	3	4

Trauma

Durante los **últimas 4 semanas**, con que frecuencia le ha molestado por pensar o soñar sobre algo terrible que le paso a usted **en el pasado** – como la destrucción de su casa, un accidente severo, estando golpeado o molestado, o estando forzado a cometer un acto sexual?

₁ ☐ No molestado

₂ ☐ Molestado un poco

₃ ☐ Molestado mucho

4. Assessment of Symptoms of Distress (SCL-20)

El próximo cuestionario es para averiguar que nivel de tensión ha tenido usted síntomas de varios en el mes pasado. Las categorías son: ninguno, un poco, moderado, bastante, extremadamente.

En el pasado mes cuantas veces se ha sentido tensa ó estresada por... (*Leer lista*)

	ninguno	un poco	moderado	bastante	extremadamente
1. se siente solo ó triste	0	1	2	3	4
2. se siente sin esperanza sobre el futuro	0	1	2	3	4
3. se siente sin interés en las cosas	0	1	2	3	4
4. inhabilidad en tener placer en las cosas	0	1	2	3	4
5. pérdida de apetito	0	1	2	3	4
6. come demasiado	0	1	2	3	4
7. problemas para dormir	0	1	2	3	4
8. se despierta temprano en la mañana	0	1	2	3	4
9. tiene sueño intranquilo ó perturbado	0	1	2	3	4
10. piensa, habla ó se mueve con lentitud	0	1	2	3	4
11. se siente tan inquieto que no se puede estar quieta	0	1	2	3	4
12. tiene pensamientos de muerte ó agonía	0	1	2	3	4
13. pensamientos de suicidio	0	1	2	3	4
14. se siente sin energía ó despaciosa	0	1	2	3	4
15. piensa que todo requiere esfuerzo ó energía	0	1	2	3	4
16. se culpa usted misma por cosas	0	1	2	3	4
17. se siente inútil ó sin valor	0	1	2	3	4
18. tiene sentimientos de culpa	0	1	2	3	4
19. tiene problemas de concentración	0	1	2	3	4
20. tiene dificultad en tomar decisiones	0	1	2	3	4

A. Toma medicamentos para la depresión? ☐ No ☐ Sí ... Si "sí", especifique el medicamento y dosis

Antidepresivo: _____

¿Quién le receta sus medicinas antidepresivas?

☐ su doctor de cáncer ☐ otro doctor de la clínica, especifique: _____

B. Toma medicamentos para la ansiedad? ☐ No ☐ Sí ... Si "sí", especifique el medicamento y dosis

Medicina para la ansiedad: _____

C. Actualmente está usted hablando con un/a trabajadora social, psicólogo ó un doctor/a acerca de su ansiedad y depresión? ☐ No ☐ Sí

Si "sí", check all that apply ☐ trabajadora social ☐ psicólogo ☐ doctor

5. FACT-G

A continuación encontrará una lista de afirmaciones que otra gente con su misma enfermedad ha dicho son muy importante. Por favor, indique que verdadera ha sido cada frase para usted **durante los últimos siete días**.

Estado Físico General De Salud

	Nada	Un poco	Algo	Mucho	Muchísimo
1. Me falta energía	0	1	2	3	4
2. Tengo náuseas	0	1	2	3	4
3. Debido a mi estado físico, tengo dificultad para atender a las necesidades de mi familia	0	1	2	3	4
4. Tengo dolor	0	1	2	3	4

(If patient response is positive with pain (response code 1 to 4), administer Brief Pain Inventory)

Brief Pain Inventory

- Todos hemos tenido dolor alguna vez en nuestra vida (por ejemplo, dolor de cabeza, contusiones, dolores de dientes).
¿En la actualidad, ha sentido un dolor distinto a estos dolores comunes? ☐ (1=sí; 2=no)
- Clasifiqué su dolor indicando el número que mejor describe la intensidad máxima de dolor sentido en las últimas 24 horas.
0 1 2 3 4 5 6 7 8 9 10
Ningún Dolor El Peor Dolor Imaginable
- Clasifiqué su dolor indicando el número que mejor describe la intensidad mínima de dolor sentido en las últimas 24 horas.
0 1 2 3 4 5 6 7 8 9 10
Ningún Dolor El Peor Dolor Imaginable
- Clasifiqué su dolor indicando el número que mejor describe la intensidad media de dolor sentido en las últimas 24 horas.
0 1 2 3 4 5 6 7 8 9 10
Ningún Dolor El Peor Dolor Imaginable
- Clasifiqué su dolor indicando el número que mejor describe la intensidad de su dolor actual.
0 1 2 3 4 5 6 7 8 9 10
Ningún Dolor El Peor Dolor Imaginable
- ¿Qué tratamiento o medicamento recibe para su dolor?

- ¿En las últimas 24 horas, cuánto alivio ha sentido con el tratamiento o con el medicamento?
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Ningún Alivio Alivio Total

(continue on next page)

Brief Pain Inventory (Continued)

8. Indicando el número que mejor describe la manera en que el dolor ha interferido, durante las últimas 24 horas, con su:

A. Actividad en general

0	1	2	3	4	5	6	7	8	9	10
No										Interfiere
Interfiere										por Completo

B. Estado de ánimo

0	1	2	3	4	5	6	7	8	9	10
No										Interfiere
Interfiere										por Completo

C. Capacidad de caminar

0	1	2	3	4	5	6	7	8	9	10
No										Interfiere
Interfiere										por Completo

D. Trabajo normal (ya sea en casa o afuera)

0	1	2	3	4	5	6	7	8	9	10
No										Interfiere
Interfiere										por Completo

E. Relaciones con otras personas

0	1	2	3	4	5	6	7	8	9	10
No										Interfiere
Interfiere										por Completo

F. Sueño

0	1	2	3	4	5	6	7	8	9	10
No										Interfiere
Interfiere										por Completo

G. Capacidad de diversion

0	1	2	3	4	5	6	7	8	9	10
No										Interfiere
Interfiere										por Completo

[Copyright 1991 Charles S. Cleeland, PhD; Pain Research Group. All rights reserved.]

Physical Well-Being (continued)

A continuación encontrará una lista de afirmaciones que otra gente con su misma enfermedad ha dicho son muy importante. Por favor, indique que verdadera ha sido cada frase para usted **durante los últimos siete días**.

	Nada	Un poco	Algo	Mucho	Muchísimo
5. Me molestan los efectos secundarios del tratamiento	0	1	2	3	4
6. Me siento enfermo (a)	0	1	2	3	4
7. Necesito estar acostado(a)	0	1	2	3	4

Social/Family Well-Being

	Nada	Un poco	Algo	Mucho	Muchísimo
1. Me siento cercano(a) a mis amistades	0	1	2	3	4
2. Recibo apoyo emocional por parte de mi familia	0	1	2	3	4
3. Recibo apoyo por parte de mis amistades	0	1	2	3	4
4. Mi familia ha aceptado mi enfermedad	0	1	2	3	4
5. Me siento satisfecho(a) de la manera en que me comunica con mi familia acerca de mi enfermedad	0	1	2	3	4
6. Me siento cercano(a) a mi pareja (o a la persona que me da apoyo)	0	1	2	3	4

Sin importar su nivel actual de actividad sexual, por favor, conteste la siguiente pregunta.

[If patient prefers not to answer it, PA please check this box ☐ and go to the next section.]

7. Estoy satisfecho(a) con mi vida sexual	0	1	2	3	4
---	---	---	---	---	---

Emotional Well-Being

	Nada	Un poco	Algo	Mucho	Muchísimo
1. Me siento triste	0	1	2	3	4
2. Estoy satisfecho(a) de como estoy enfrentando mi enfermedad	0	1	2	3	4
3. Estoy perdiendo las esperanzas en la lucha contra mi enfermedad	0	1	2	3	4
4. Me siento nervioso(a)	0	1	2	3	4
5. Me preocupa morir	0	1	2	3	4
6. Me preocupa que mi enfermedad empeore	0	1	2	3	4

Functional Well-Being

	Nada	Un poco	Algo	Mucho	Muchísimo
1. Puedo trabajar (incluya trabajo en el hogar)	0	1	2	3	4
2. Me satisface mi trabajo (incluya trabajo en el hogar)	0	1	2	3	4
3. Puedo disfrutar de la vida	0	1	2	3	4
4. He aceptado mi enfermedad	0	1	2	3	4
5. Duermo bien	0	1	2	3	4
6. Estoy disfrutando las cosas que usualmente me gusta hacer	0	1	2	3	4
7. Estoy satisfecho(a) con la calidad de mi vida actual	0	1	2	3	4

Fatigue Scale

	Nada	Un poco	Algo	Mucho	Muchísimo
1. Me siento fatigada (If patient response=0, skip to Section 6. General Health Status)	0	1	2	3	4
2. Me siento débil por todo mi cuerpo	0	1	2	3	4
3. Me siento cansada	0	1	2	3	4
4. Tengo dificultad <u>empezar</u> cosas porque estoy cansada	0	1	2	3	4
5. Tengo dificultad <u>terminar</u> cosas porque estoy cansada	0	1	2	3	4
6. Tengo energía	0	1	2	3	4
7. Puedo hacer mis actividades generales	0	1	2	3	4
8. Necesito estar dormido/a durante el día	0	1	2	3	4
9. Estoy demasiada cansada que no puedo comer	0	1	2	3	4
10. Necesito ayuda para hacer mis actividades generales	0	1	2	3	4
11. Estoy frustrado por estar demasiado cansado para hacer las cosas que quiero hacer	0	1	2	3	4
12. Tengo que limitar mi actividad social porque estoy cansada	0	1	2	3	4

2. En cualquier momento en los últimos 6 meses, ha tomado un medicamento recetado por problemas personales o emocionales, tal como depresión, ansiedad, o nervios?

☐ No₀ (If "No", skip to Question 3) ☐ 1 Sí, recetado por un medico ☐ 2 Sí, recetado por otro _____

Si sí, ¿Qué medicamentos le recetaron? PA: For each medicine, please ask the following:

- a. del medicamento – nombre, dosis y frecuencia b. ¿Por cuanto tiempo tomó su medicamento?
c. ¿Tuyo efectos secundarios? (sí / no) d. ¿Las esta tomando todavía? (sí / no)

e. ¿Qué tan provechosa fue la medicina: [say each]

Extremadamente provechosa₁ Muy provechosa₂ Provechosa₃ Algo provechosa₄ No tan provechosa₅

f. ¿Qué tan satisfecho/a estuvo con la medicina: [say each]

Extremadamente satisfecho/a₁ Muy satisfecho/a₂ Satisfecho/a₃ Algo satisfecho/a₄ No tan satisfecho/a₅

PA: Please record patient's responses for each medication.

a. Medicina: Nombre, dosis y frecuencia	b. Por cuanto tiempo tomó su medicamento?	c. Tuvo efecto-secundarios? (sí / no)	d. Las esta tomando todavía? (sí / no)	e. Cuanto le ayudó? (scala 1-5)	f. Esta satisfecho (scala1-5)

3. Durante los últimos 6 meses, usted ha recibido terapia de consejería (la terapia de consejería o psicoterapia cuando hablas con una trabajadora social, psicólogo, siquiatra, o otro profesional de salud mental sobre sus pensamientos y emociones.) para ayudarle con depresión, ansiedad o nervios?

☐ No₀ (If "No", skip to Section 9. Barriers to Depression/Cancer Care) ☐ Sí₁

3a. Durante los últimos 6 meses, ¿cuántas visitas tuvo con un consejero/a? Enter number _____

3b. Durante los últimos 6 meses, ¿con que frecuencia atendió sesiones de consejería para su depresión exactamente como su doctor, enfermera de clínica o trabajadora social recomendó? Por exactamente, ¿cuántas sesiones en total participo?

Fue: ☐ Ninguna de las sesiones₁ ☐ Un poco de las sesiones₂ ☐ Algunas de las sesiones₃
☐ La mayoría de las sesiones₄ ☐ Todas de las sesiones₅

If pt had missed session(s): Cuales son las razones porque usted no puede atender las sesiones recomendadas?

3c. ¿Qué tan provechosa fue la terapia?

☐ Extremadamente provechosa₁ ☐ Muy provechosa₂ ☐ Provechosa₃ ☐ Algo provechosa₄ ☐ No tan provechosa₅

3d. ¿Qué tan satisfecho/a estuvo con la terapia?

☐ Extremadamente satisfecho/a₁ ☐ Muy satisfecho/a₂ ☐ Satisfecho/a₃ ☐ Algo satisfecho/a₄ ☐ No tan satisfecho/a₅

9. Barriers to Depression Care, Cancer Treatment and Cancer Follow-up Care

A. Que es su estado de cancer:

☐ 1 En remision – tiempo de re-evaluacion _____ meses

☐ 2 Tratamiento intenso completo, ahora esta en re-evaluacion – re-evaluacion _____ meses

☐ 3 Actualmente esta en tratamientos para cancer:

☐ radiacion ☐ quimioterapia ☐ cirugía ☐ cuidado paliativo ☐ otro, especifico: _____

☐ 4 Otro, especifique: _____

B. En los últimos 6 meses, algunos de los siguientes le previnieron de mantener o obtener una cita para su cuidado de su depresión, tratamiento de cáncer o su re-evaluación de cáncer?

	<u>Depression Care</u>			<u>Cancer Treatment</u>			<u>Cancer Follow-up</u>		
	Yes	No	n/a	Yes	No	n/a	Yes	No	n/a
1. No entendiendo el tratamiento que su doctor le ha recomendado									
2. Preocupaciones acerca de su tratamiento recomendado									
3. Preocupaciones sobre el costo de su tratamiento									
4. Preocupaciones sobre el costo de su medicamento									
5. Dificultades recordando cuando debe de tomar su medicamentos									
6. Dificultades tomando tiempo libre de su trabajo									
7. Dificultades con transportación									
8. Dificultades con cuidado de niños									
9. Preocupaciones que su otro problemas de salud pueden interferir con medicamento									
10. Miembros de su familia o otro tipo de problemas personales causa dificultades en mantener su citas o tomar su medicamentos									
11. Dificultades con las horas de la clínica o procedimientos									
12. Dificultad en platicar con su doctor sobre su enfermedad									
13. Dificultad en aserle preguntas a su doctor sobre su tratamiento									

10. Utilization of Health Care and Social Services—Cornell Services Index-PC

Ahora, le voy hacer algunas preguntas sobre sus servicios de cuidado medico que usted uso en los últimos seis meses.

Tiene un doctor general con quien se atiende para su cuidado regular? ☐ No ☐ Sí

A donde va, que tan seguido va? No Sí Que tan seguido

- El hospital general de LAC+USC0..... 1
- La clinica Roybal0..... 1
- La clinica El Monte0..... 1
- La clinica Hudson0..... 1
- Doctor particular0..... 1
- Centro de salud publica0..... 1
- Otro0..... 1

Inpatient Hospital Services

1. ¿En los últimos seis meses, se ha quedado durante la noche en un hospital como paciente?

☐ Sí ₁ ☐ No ₂ - skip to question 2

1a. ¿Por cuantas noches se a quedado en la facilidad? (*probe for best guess*) _____ NOCHES

1b. ¿ En que tipo de hospital o facilidad de cuidado? Fue un: (*check all apply*)

- ☐ ₁ Hospital médico general
- ☐ ₂ Hospital Psiquiátrico
- ☐ ₃ Facilidad del tratamiento de abusivo de substancias (i.e. drogas o alcohol)
- ☐ ₄ Otro tipo de facilidad en paciente
- ☐ ₅ Otro, especifique _____

2. ¿Usted estuvo en el cuidado intensivo (ICU Intensive Care Unit)? ☐ Sí₁ ☐ No₂

Emergency Room or Urgent Care Visit

3. ¿En los últimos seis meses, usted ha tenido algunas visitas al cuarto emergencia de un hospital o una facilidad del cuidado urgente? ☐ Sí₁ ☐ No₂ - *skip to question 4*
- 3a. ¿Durante los últimos seis meses, cuantas visitas diferentes a un cuarto emergencia de un hospital o facilidad de cuidado urgente? (*probe for best guess*) _____ NUMBER OF VISITS

Outpatient Visits

4. En los ultimos 6 meses a tenido alguna visita a la clinica? ☐ Sí₁ ☐ No₂ - *skip to Section 11. Economic Distress*

4a. Que tipo de visitas tuvo? Fue:

- ☐ Clinica de oncologia para re-evaluacion de cancer? Cuantas? ____ Que tipo, por ejemplo, mamograma, relacionadas a sintomas de cancer? _____
- ☐ Clinica de oncologia para el tratamiento de cancer. Typo de tratamiento? _____
- ☐ Visitas con su doctor general (por ejemplo su doctor primario, ginocologo)
Typo de enfermedad _____
Cuantas visitas al doctor? _____
- ☐ Visitas para salud mental. Por que motivo? _____
- ☐ Visitas con un especialista. Por que motivo? _____
- ☐ Otra visita a la clinica. Por que motivo? _____

- 4b. ¿En los últimos dos meses a faltado a una cita de la clinica? ₁☐ Sí ₂☐ No

Sí "sí", Que tipo de cita Y cuantas veces a faltado? missed ____ visits for _____ ;
missed ____ visits for _____ ; missed ____ visits for _____ (*cont. list for more appts*)

11. Economic Distress

1. ¿Usted ha tenido dificultad en pagar los biles? ₁☐ Sí ₂☐ No
2. ¿Usted tiene dinero sobrante al fin del mes? ₁☐ Sí ₂☐ No
3. ¿Usted digiera que su situación económica esta mejorando, esta permaneciendo igual o empeorando ?
₁☐ Mejorando ₂☐ Permaneciendo igual ₃☐ Empeorando
4. ¿Que tan preocupada esta usted con su situación económica?
₁☐ Muy preocupada ₂☐ Poco preocupada ₃☐ No esta preocupada
5. ¿Cree que su situación económica mejorará pronto? ₁☐ Esperanzado ₂☐ Más o menos esperanzado ₃☐ No esperanzado
- Sí No**
6. ¿Su situación financiera le impide comprar sus prescripciones de medicamentos?12
7. ¿Su situación financiera le impide tomar el tratamiento que usted necesita?12
8. Puede obtener todas las medicinas que el doctor le receta?12
9. Tiene problemas en llegar a la clínica?12
- 10.Cuál es el medio de transporte que utiliza para ir a sus consultas médicas? _____ (1=maneja; 2=la lleva un familiar ó amigo; 3=transporte público (autobus, taxi, metro))

12. Work Life

- Usted estaba empleada/o y ganando dinero en algun tiempo duante los ultimos 12 meses? ☐1 Sí, tiempo completo
☐2 Sí, medio tiempo ☐3 No (If "No", skip to questions for Unemployed)
- ¿Cual es su ocupacion? _____
- ¿En el mes pasado, ¿cuántos días faltó al trabajo por una razón médica relacionada con el diagnóstico del cáncer? _____ #days
- ¿Ha experimentado dificultades en tomar tiempo libre de su trabajo para atender sus citas de tratamiento(s)? ☐1 Sí ☐2 No
- ¿Ha perdido usted parte de su sueldo por razones relacionadas con usted a las citas para su tratamiento? ☐1 Sí ☐2 No
¿con cuanta frecuencia sucede? _____

PA: Skip to questions for All Subjects.

Unemployed

- Si no esta trabajando, cual es son razón/es porque no puede mantener un empleo? Esta:
☐1 Ama de casa ☐2 No puedo trabajar por causa de mi salud ☐3 Jubilada ☐4 En licencia médica
☐5 Me despidieron de trabajo ☐6 Otro _____
- Si no esta trabajando, cual fue la ultima vez que trabajo, aunque fue solamente por algunos días?
☐1 Nunca había trabajado ☐2 Durante los últimos seis meses ☐3 Durante los últimos doce meses
☐4 mas de 1 a 5 años ☐5 Hace mas de 5 años

If pt had ever worked (response code>1), ¿Cual era su ocupacion? _____

All Subjects

- ¿Esta usted involucrada en alguna actividades pagadas, como en cuidando de niños, cocinando o limpieza que aporte al ingreso de la familia? ☐1 Sí ☐2 No
- ¿Su esposo (o su pareja) esta empleado actualmente?
☐1 Sí, tiempo completo ☐2 Sí, medio tiempo ☐3 No, desempleado ☐4 Jubilada
☐7 No es aplicable, no esposo o ni pareja
- ¿Algún miembro de su familia(s) ha experimento dificultades en tomar tiempo libre de su trabajo para acompañarla a sus citas de tratamiento(s)? ☐1 Sí ☐2 No ☐7 No es aplicable, Voy sola a mis citas.
- ¿Algún miembro(s) de su familia ha perdido parte de su sueldo para ir con usted a las citas para su tratamiento?
☐1 Sí – PA continúes asking: con cuanta frecuencia sucede? _____
☐2 No ☐7 No es aplicable, I go alone to appointment(s)

13. Satisfaction with Health Care Received Over the Past Six Months

- ¿En un total, que tan satisfecha o desatisfecha estuvo usted con el tratamiento de cancer que estuvo disponible para usted?
☐Muy desatisfecha ₁ ☐Desatisfecha ₂ ☐satisfecha ni desatisfecha ₃ ☐Satisfecha ₄ ☐Muy Satisfecha ₅
- ¿Qué tan satisfecha o desatisfecha estuvo con el apoyo que recibio con problemas emocionales?
☐Muy desatisfecha ₁ ☐Desatisfecha ₂ ☐satisfecha ni desatisfecha ₃ ☐Satisfecha ₄ ☐Muy Satisfecha ₅
- ¿Qué tan desatisfecha o satisfecha estuvo con los servicios de clinica para ayudarle con haciendo o cambiar citas, obeniendo recitas, o citas para estudios.
☐Muy desatisfecha ₁ ☐Desatisfecha ₂ ☐satisfecha ni desatisfecha ₃ ☐Satisfecha ₄ ☐Muy Satisfecha ₅

4. ¿Qué tan desatisfecha o satisfecha estuvo con la información que le dijeron sobre sus pruebas y tratamientos de cancer por los medicos y enfermeras de clinica?
☐ Muy desatisfecha₁ ☐ Desatisfecha₂ ☐ satisfecha ni desatisfecha₃ ☐ Satisfecha₄ ☐ Muy Satisfecha₅
5. ¿Qué tan desatisfecha o satisfecha estuvo con la cortesía y respecta que le dieron por los medicos, enfermeras de clinica o trabajadoras sociales?
☐ Muy desatisfecha₁ ☐ Desatisfecha₂ ☐ satisfecha ni desatisfecha₃ ☐ Satisfecha₄ ☐ Muy Satisfecha₅
6. ¿Qué tan desatisfecha o satisfecha estuvo con su participacion en las decisiones sobre el cuidado que usted recibio?
☐ Muy desatisfecha₁ ☐ Desatisfecha₂ ☐ satisfecha ni desatisfecha₃ ☐ Satisfecha₄ ☐ Muy Satisfecha₅

CONTACT INFORMATION

Antes de terminar nuestra conversación, quiero confirmar que nuestros archivos estén al corriente para que le podemos mandar su incentivo validado de \$10 dólares.

PA: Please verify and update patient contact and alternate contact information on patient card.

Type of incentive: ☐ Food4Less gift card
☐ other, please specify _____

Delivery: ☐ by Mail, date _____

Destination: (check one) ☐ pt's address as verified

☐ alternate address as noted

☐ pick up in person, scheduled date _____

CLOSING STATEMENT

Ha sido un placer conversar con usted y le doy gracias por permitirme su tiempo para contestar mis preguntas. Puede hablar con su doctor sobre los problemas que pueda encontrar en conservando su cita o puede preguntar por una trabajadora social. Esta sera la ultima vez que le llamaremos. Quiero agradecerle por participar en el estudio ADAPt-C. Sus respuestas a nuestras preguntas son importantes para a nosotros y nos ayudara mejorar el servicio a otros pacientes con cancer. Tiene usted alguna pregunta?

ADAPt-C Stepped Care Treatment Algorithm

Step 1¹ (8 weeks)

Based on patient preference, start first line antidepressant (AD) or Problem Solving Treatment (PST)³

Antidepressant (AD)

OR

PST

(usually an SSRI - titrated to therapeutic dose)⁴

(if patient prefers psychotherapy)

Evaluate response to step 1 treatment.⁵

Patients with full response go to maintenance treatment. Others go to step 2

(AD in step 1)

(PST in step 1)

Step 2

(4-8 weeks)

Partial response to step 1⁵

No response⁵

Partial response⁵

No response⁵

Different AD type⁶

PST

Add 1st line AD

1st line AD

or

or

Augment AD⁷

Different AD type⁶

Evaluate response to step 2 treatment.

Patients with full response go to maintenance treatment. Others are considered for step 3.

Step 3⁸ Consider

- Trial of a 2nd or 3rd type of antidepressant
- Combination of antidepressant and PST (if not already tried in step 2)
- Other augmentation of antidepressants (if patient has had a partial response to an antidepressant in step 2)⁷
- Referral to specialty mental health care
- Treatment of comorbid psychiatric disorders (for example OCD, Panic disorder, PTSD)

Continuation and Maintenance Treatment: In general, patients treated with antidepressants should continue the medication for 6-9 months after remission is achieved. For patients experiencing their first episode of depression, medication can be tapered following this course of treatment. Patients who are at high risk for relapse (history of dysthymia, more than 2 prior depressive episodes, or persistent depressive symptoms) are encouraged to continue maintenance treatments for at least 2 years. Decisions about maintenance therapy for patients with 2 uncomplicated episodes of depression can be based on clinical judgment and patient preference. Provide monthly telephone supportive calls and symptom monitoring. Invite to support group.

Additional Treatments to be considered during the course of the intervention⁹.

¹ Step one:

Step one treatment will be the initial treatment step for the vast majority of intervention patients. Only the occasional patient who has just completed and failed what appears to be an adequate trial of step one treatment should be considered to start at step two in consultation with the consulting psychiatrist (see below).

²**Depression secondary to general medical condition or medication.** Potential causes of depression in cancer patients include: brain metastases, whole brain irradiation, corticosteroid treatment, hypercalcemia, denutrition, electrolyte imbalances, and paraneoplastic syndromes (Berney et al 2000). Reversible causes of depression should be sought and addressed if possible. If depression symptoms persist, depression should be treated. Consultation between the oncologist and consulting psychiatrist will be key in this step.

³ Initial Treatment Choice.

In most cases, patients will be started on PST or an antidepressant medication, **usually a SSRI**. Patients who have previously failed or not tolerated an adequate trial of an SSRI will be considered for an alternative antidepressant (see below). Patients who have previously responded to an antidepressant from a different class should be restarted on the previous antidepressant whenever possible. SSRIs are preferred over TCAs in general at this step because of their lower rates of side effects, particularly in older adults. Patients' report of pain, nausea, and fatigue will also be used to guide first line choice of antidepressant. For example, mirtazapine may be the first line agent in patients with prominent nausea, anorexia, or insomnia. If there are no other medical contraindications, a tricyclic antidepressant may be recommended for a patient with pain. SSRIs alone or in combination with a psychostimulant may be appropriate for patients with severe fatigue. Physicians should pay close attention to potential drug-drug interactions between antidepressants and patients' other medications.

⁴Titration of initial treatment.

Antidepressants should be started at low doses and titrated to a therapeutic dose over a period of 4-6 weeks. See Manual for recommended titration schedules. If patients cannot tolerate a particular treatment (i.e., intolerable side effects even with careful titration and clinical management), consider a switch to an alternative antidepressant or PST after 2-4 weeks and 'restart' step 1. Strategies for managing common side effects of antidepressants are outlined in Manual.

⁵Treatment response:

An adequate trial of step 1 treatment means that patients have completed an 8-week antidepressant trial at a sufficient dose (see manual for dosing guidelines) or a trial of 6-8 sessions of PST. Patients who have had a full response to step 1 treatment (see below) should proceed to relapse prevention planning (see below) and maintenance treatment. Patients who do not have a full response to step 1 treatment should be discussed in the weekly team meeting with the psychiatrist. For patients on PST, a consultation with the psychiatrist will be arranged. Manual provides an outline for such consultations.

The following is a general guideline to defining treatment response:

(1) Full response / remission:

(a) Major depression: Fewer than 3 / 9 DSM IV depressive symptoms **AND** at least a 50 % reduction in the PHQ-9 score.

(b) Dysthymia: Fewer than 2/7 DSM IV depressive symptoms **AND** at least a 50 % reduction in the PHQ-9 score.

(2) Partial response: At least a 30 % reduction in DSM IV depressive symptoms **and** the PHQ-9.

(3) No response:

(a) Major depression: 5 or more DSM IV depression symptoms OR greater than 15 on the PHQ-9.

(b) Dysthymia: 3 or more DSM IV dysthymia symptoms OR greater than 10 on the PHQ-9.

Initial response to antidepressant medications usually occurs within 2-6 weeks. If there is NO response (see above) to antidepressant treatment after 4-6 weeks of an antidepressant at a therapeutic dose, an alternative plan should be initiated. If there is a partial response by weeks 4-6, a full trial (8-10 weeks) of the antidepressant at a full therapeutic dose is recommended.

⁶Antidepressant selection at step 2

See Manual for general information about antidepressant medications. Patients who have failed an adequate trial of a first-line antidepressant at step 1 (usually an SSRI) should be considered for a trial of an antidepressant from a different class. The choice of the second agent may vary depending on the clinical circumstances. If the first trial was with an SSRI or if the patient has a severe depression with prominent neurovegetative symptoms, a combined serotonergic and noradrenergic agent such as **Venlafaxine XR** may be appropriate. At this stage, patients may also be considered for a trial of a nonSSRI/nonSNRI antidepressant, such as **Bupropion SR** or **Mirtazapine**, at a therapeutic dose (see Manual).

⁷Augmentation Strategies:

In general, augmentation strategies are not preferable as first or second step treatments in general medical settings because they require closer clinical monitoring, more complex drug regimens, and often greater expense to the patient. There are, however, times when a patient has had a partial response to an initial antidepressant agent and augmentation with either psychotherapy (PST) or another medication is clinically indicated. An exception to this general rule is the addition of low dose Trazodone (i.e., 25- 50 mg po qhs) for insomnia in patients who are on an SSRI. See also appendix for management of common side effects.

Recommended augmentation strategies include:

- (1) Combination of an antidepressant and PST
- (2) Combination of an SSRI and a dopaminergic antidepressant such as bupropion
- (3) Combination of an antidepressant with lithium, if there are no medical contraindications
- (4) Combination of an antidepressant with a stimulant such as methylphenidate
- (5) Combination of an antidepressant with thyroid hormone

⁸Step 3:

Patients who have not had a full response at step 2 should be **discussed in the weekly team meeting and strongly considered for an extended psychiatric evaluation and referral to specialty mental health care**. The choice of treatment at this step depends on the clinical situation, the resources available, and the patient's treatment preferences.

Recommended treatment strategies for step 3 include:

- A trial of a 2nd or 3rd type of antidepressant,
- Combination of antidepressant and PST (if this has not already been tried at step 2),
- Other augmentation strategies (see no. 7 above). This is particularly helpful if the patient has had a partial response to treatment at step 2,
- A referral for additional treatments in a specialty mental health setting,
- Specialized treatments for comorbid psychiatric disorders such as OCD, panic disorder, or PTSD,

⁹Additional treatments may be considered by the CDCS at any stage in the treatment course include referrals to specialty m/h or support groups.

Antidepressant Medications:

Generic	Brand	Starting Dosage	Dosage Range
Fluoxetine	PROZAC	20mg qd	20-60mg qd
Paroxetine	PAXIL	20mg qd	20-50mg qd
Sertraline	ZOLOFT	50mg qd	50-200mg qd
Bupropion	WELLBUTRIN	100-150mg qd	100-400mg qd
Venlafaxine	EFFEXOR	37.5-75mg qd	75-225mg qd
Citalopram	CELEXA	20mg qd	20-60mg qd
Escitalopram	LEXAPRO	10mg qd	10-20mg qd
Mirtazapine	REMERON	15mg qhs	15-45mg qhs

Common Potential Side Effects: SSRIs (e.g. Fluoxetine): GI distress (Nausea/Vomiting/Diarrhea), sexual dysfunction (decreased libido, anorgasmia, delayed ejaculation), insomnia, restlessness, agitation, increased anxiety initially, headache, dizziness, sedation, tremor, and watch for potential drug-drug interactions when prescribing with other medications. Bupropion: Activation, insomnia, restlessness, tremors, increased anxiety, headache, dose dependent risk for seizures (therefore, avoid in patients with seizures, bulimia, or risk of electrolyte imbalances). SNRIs (e.g. Venlafaxine): GI distress, activation, diaphoresis, headache, dose dependent hypertension, sexual dysfunction. Mirtazapine: sedation and weight gain.

ADAPT-C PROBLEM-SOLVING TREATMENT PROTOCOL – Components to cover in each session:

Session 1: Introduction and rationale

1. Establish a positive relationship (i.e., communicate warmth, trust, caring, and respect)
2. Present an overview and rationale of the program
 - Why the focus will be on problem solving
 - What the patient will get out of it
 - How PST will uniquely be adapted to a given patient's experience
 - What will actually occur during the training
3. Encourage optimism (i.e., have the patient leave the session with the expectation that this training will be of help)
4. Communicate that the therapist sees the person's potential for effective coping

Session 2: Problem Orientation

1. Facilitate a positive and constructive problem-solving orientation that is focused on improved physical and psychological functioning,
2. Emphasize the idea that problem solving is a viable means of coping with problems,
3. Reduce cognitive distortions or faulty belief patterns that might interfere with effective problem solving and,
4. Facilitate acceptance of emotional reactions and use of emotions as an important problem-solving tool.

Session 3 and 4: Problem Definition

Help patients to:

1. Seek out all available facts (eg, cancer tx)
2. Describe the facts in clear and objective language
3. Be objective – separate facts from assumptions
4. Identify what makes the situation a problem
5. Set realistic goals

Session 5: Generation of Alternatives

Help patients learn brainstorming principles:

1. Quantity breeds quality.
2. Defer judgment.
3. Learn to differentiate between strategies and tactics
4. Teach additional techniques.

Session 6: Decision Making

1. Teach the patient to identify the wide range of consequences (personal, social, short term, and long term) of each alternative idea.
2. Help the patient to make estimates of the value and likelihood of these various consequences
3. Use easier problems initially as practice examples
4. Teach the patient to develop an overall solution plan that addresses multiple factors associated with a problem
5. Emphasize the notion that solution path should contain backup plans
6. Practice decision making tasks with personally relevant problems

Session 7: Solution Implementation and Verification

1. Facilitate the patient's motivation to carry out a solution plan using worksheets
2. If necessary, recycle back to various problem orientation exercises to help encourage patient to implement solution
3. Have the patient rehearse/ role-play carrying out the solution to increase likelihood that he or she will optimally implement it in the future
4. Help the patient develop appropriate monitoring systems relevant to a particular problem and solution plan.
5. Teach the patient to self-reinforce if the problem is solved, and to troubleshoot if the outcome is unsatisfactory.

Session 8: Practice

1. Begin and end sessions in a similar manner as the previous skills-training sessions.
2. Ask patients to review how they applied the problem-solving skills to assigned or new problems since the past session.
3. Discuss areas that have been difficult for them
4. Review completed sets of problem-solving worksheets and assist patients to self-evaluate strengths and difficulties in solving a given problem.
5. Return to certain ideas or training exercises previously introduced to enhance patients' understanding of a given issue or skill acquisition regarding a particular strategy.
6. Continue evaluating and monitoring patients' motivation to practice the problem solving skills.
7. Encourage patients to ask questions regarding the structure or content of these sessions.
8. As a means of enhancing maintenance and generalization, discuss potential problems that may occur in the future.

Session 9: Practice and Termination (You may conduct additional sessions if clinically indicated.)

1. Continue with Practice functions
2. Continue to process the closure of therapy and the therapeutic relationship
3. Review the initial goals of PST, as discussed in the first session
4. Ask patients for examples of how these goals have been met
5. Give your feedback regarding treatment progress
6. Address areas of strengths and weaknesses
7. Give recommendations on how to maintain gains (i.e, practice or monitor self-improvement)
8. Reinforce the patient to encourage continued use of skills gained
9. Encourage patient to use problem solving skills to process feelings, thoughts about termination

THE
SIX STEPS
OF
PROBLEM-SOLVING

1. PROBLEM ORIENTATION
2. PROBLEM DEFINITION
3. BRAINSTORMING
4. DECISION-MAKING
5. SOLUTION IMPLEMENTATION
6. SOLUTION VERIFICATION

STEP 1

PROBLEM ORIENTATION: REALISTIC THINKING ABOUT YOUR ABILITIES

1. When problems occur, what are you thinking about yourself and your problem-solving abilities?

Circle all that apply:

- A. "I can't solve this problem"
- B. "I'm too old to solve problems"
- C. "This problem will never change"
- D. "Why bother?"
- E. "It's too much trouble"
- F. Other: _____

2. When you have these thoughts, how do you feel?

Circle all that apply:

- | | |
|--------------|-----------------|
| A. Powerless | E. Sad |
| B. Dumb | F. Angry |
| C. Helpless | G. Overwhelmed |
| D. Hopeless | H. Other: _____ |

3. What is a more realistic way of thinking about yourself and your problem-solving abilities?

Circle all that apply:

- A. Life always has problems. This is just another problem.
- B. I've solved plenty of problems in my life and I can solve this one.
- C. I'll never know if I can solve this if I don't try.
- D. Other: _____

4. With these *new* thoughts, how do you feel?

- | | |
|-------------|-----------------|
| A. Hopeful | D. Less scared |
| B. Powerful | E. Less angry |
| C. Happier | F. Other: _____ |

STEP 1

PROBLEM ORIENTATION: REALISTIC THINKING ABOUT THE PROBLEM

1. When the problem is happening, what thoughts are you thinking?

Circle all that apply:

- A. "I'm trying not to think about it"
- B. "This problem will never change"
- C. "Maybe it will go away."
- D. "It's up to somebody else to solve this problem."
- E. "It's too much trouble to try and solve this problem."
- F. Other: _____

2. When you're having those thoughts, how do you feel?

Circle all that apply:

- | | |
|-------------|-----------------|
| A. Tired | E. Angry |
| B. Sad | F. Dumb |
| C. Hopeless | G. Scared |
| D. Helpless | H. Other: _____ |

3. What is a more realistic way of thinking about the problem?

Circle all that apply:

- A. "This is not such a big deal."
- B. "Nothing will change unless I try."
- C. "I deserve to get rid of this problem."
- D. "I've solved plenty of problems in my life and I can solve this."
- E. Other: _____

4. With these *new* thoughts, how do you feel?

- | | |
|---------------|------------------------|
| A. Hopeful | E. More self-confident |
| B. Powerful | F. Braver |
| C. Less Tired | G. Other: _____ |
| D. Less angry | |

STEP 2

PROBLEM DEFINITION & GOAL-SETTING WHAT-WHO-WHERE-WHEN-HOW

Write your problem here. WRITE JUST THE FACTS.

1. With this problem, what happens to make you feel badly?

2. Is another person part of the problem?

3. When does the problem occur?

4. Where does the problem happen?

5. What do you do when this problem occurs?

6. Write out the problem in concrete and observable terms here:

7. What would you like to see change? (What's your goal?)

STEP 3

GENERATING ALTERNATIVES

Your Goal: _____

List ten ways to meet your goal.
Write down every solution you think of.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

STEP 4

DECISION-MAKING

1. Place a “+” sign if the solution positively affects an area.
2. Place a “-” sign if the solution negatively affects an area.
3. Count the number of “+” signs for each solution. The one with the largest number of “+” signs is the best solution.

[illegible]

STEP 5

SOLUTION IMPLEMENTATION

1. Problem: _____

2. Goal: _____

3. Solution picked: _____

4. Actions to reach the solution:

When?

Reward?

Plan B

Action A			
Action B			
Action C			
Action D			
Action E			
Action F			

(List further actions on separate page if necessary)

STEP 6

SOLUTION VERIFICATION

1. Is the problem solved?

2. What worked?

3. What didn't?

4. If the problem isn't solved, what could you have done differently?

5. If the problem is solved, what is your reward to yourself?

Remember, if your problem isn't solved yet, don't give up!
Start over at Step 1 and see what you can do differently this time.
Many problems need more than one "*try*" before they're solved.

**LOS
SEIS PASOS
PARA
SOLUCIONAR PROBLEMAS**

1. ORIENTACIÓN DEL PROBLEMA

2. DEFINICIÓN DEL PROBLEMA

3. LLUVIA DE IDEAS

4. TOMANDO LA DECISIÓN

5. IMPLEMENTANDO LA SOLUCIÓN

6. VERIFICANDO LA SOLUCIÓN

PASO #1
ORIENTACIÓN DEL PROBLEMA:
PENSANDO REALISTICAMENTE SOBRE SUS HABILIDADES

1. Cuándo suceden problemas, ¿qué es lo que usted piensa acerca de usted y sus habilidades de solucionar un problema?
Circule todos los que apliquen:
- A. "Yo no puedo solucionar este problema"
 - B. "Soy muy viejo/a para solucionar problemas"
 - C. "Este problema nunca cambiara"
 - D. "Para que incomodarme"
 - E. "Es demasiado esfuerzo tratar solucionar este problema"
 - F. Otro: _____
-

2. Cuando usted tiene estos pensamientos, ¿cómo se siente?
Circule todos los que apliquen:
- A. Impotente
 - B. Aturdido/a
 - C. Desamparado/a
 - D. Sin Esperanza
 - E. Triste
 - F. Molesto/a o enojado/a
 - G. Abrumado/a
 - H. Otro: _____
-

3. ¿Cuál es la manera más realista de pensar de usted y su habilidad para solucionar problemas?
Circule todos los que apliquen:
- A. La vida siempre tiene problemas. Este es solo otro problema.
 - B. Yo he solucionado muchos problemas en mi vida y yo puedo solucionar este.
 - C. Yo nunca sabré si puedo solucionar esto si nunca trato.
 - D. Otro: _____
-

4. Con estos nuevos pensamientos, ¿cómo se siente?
- A. Esperanzado/a
 - B. Poderoso/a
 - C. Más feliz
 - D. Menos temeroso/a
 - E. Menos molesto/a
 - F. Otro: _____
-

PASO #1
ORIENTACION DEL PROBLEMA:
PENSAMIENTO REALISTICAMENTE SOBRE EL PROBLEMA

1. Cuándo el problema está sucediendo, ¿qué es lo que usted está pensando?

Circule todos los que apliquen:

- A. "Ni quiero pensar en este problema!"
- B. "Este problema nunca cambiará"
- C. "Quizás el problema pasará"
- D. ""No es mi responsabilidad solucionar este problema."
- E. "Es demasiado esfuerzo para tratar de solucionar este problema."
- F. Otro: _____

2. Cuando usted está teniendo esos pensamientos, ¿cómo se siente?

Circule todos los que apliquen:

- A. Cansado/a
- B. Triste
- C. Desesperado/a
- D. Sin Esperanza
- E. Molesto/a
- F. Aturdido/a o tonto/a
- G. Temeroso/a
- H. Otro: _____

3. ¿Cuál es la manera más realista de pensar sobre este problema?

Circule todos los que apliquen:

- A. "Esto no es algo de mucha importancia"
- B. "Si no trato, nada cambiará"
- C. "Yo merezco liberarme de este problema"
- D. "Yo he solucionado muchos problemas en mi vida y yo puedo solucionar este"
- E. Otro: _____

4. Con estos nuevos pensamientos, ¿cómo se siente?

- A. Esperanzado/a
- B. Poderoso/a
- C. Menos cansado/a
- D. Menos molesto/a
- E. Más confidente
- F. Más valiente
- G. Otro: _____

PASO # 2
DEFINIENDO EL PROBLEMA Y PLANEANDO METAS
QUE—QUIEN—DONDE—CUANDO—COMO

Escriba su problema aquí. ESCRIBA SOLAMENTE LOS ECHOS.

1. En este problema, ¿qué sucede que le hace sentir mal?

2. ¿Otra persona es parte del problema?

3. ¿Cuándo sucede el problema?

4. ¿Dónde ocurre el problema?

5. ¿Qué es lo que hace usted cuando este problema sucede?

6. Escriba el problema en términos concretos de observación aquí:

7. ¿Qué le gustaría ver que cambiara? (¿Cuál es su meta?)

PASO # 3

GENERANDO ALTERNATIVAS

Su Meta: _____

**Escriba diez maneras de lograr su meta.
Escriba cada solución que usted piense.**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

PASO # 4

TOMANDO LA DECISION

1. Coloque un símbolo de "+" si la solución afecta positivamente el área.
2. Coloque un símbolo de "-" si la solución afecta negativamente el área.
3. Cuente el siguiente símbolo "+" por cada solución. El que tiene el número mayor de este símbolo "+" es la mejor solución.

[illegible]

PASO # 5

IMPLEMENTANDO LA SOLUCIÓN

1. Problema: _____

2. Meta: _____

3. Solución seleccionada: _____

4. Acciones para alcanzar la solución:

	¿Cuándo?	¿Recompensa?	Plan B
Acción A			
Acción B			
Acción C			
Acción D			
Acción E			
Acción F			

PASO #6

VERIFICANDO LA SOLUCIÓN

1. ¿Está solucionado el problema?

2. ¿Qué es lo que funcionó?

3. ¿Qué no funcionó?

4. Si el problema no se solucionó, ¿qué pudiera haber hecho diferente?

5. Si el problema se solucionó, ¿cuál es la recompensa para usted?

Recuerde, si su problema no se soluciona aún, no sé de por vencido/a! Inicie el paso #1 de nuevo y vea lo que usted puede hacer diferente esta vez. Muchos problemas necesitan mas de un intento antes de que se solucionen.

MSW Initial Assessment

Study ID _____ Date _____ MSW _____

Depressive Symptoms

English version

Over the **last 2 weeks**, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

version de Español

¿Durante las **últimas 2 semanas**, con que frecuencia le han molestado los siguientes problemas?

	Nunca	Varios Días	Más de la mitad de los días	Casi cada todos los días
1. Tener poco interés o placer en hacer las cosas	0	1	2	3
2. Sentir desanimada, deprimida, o sin esperanza.	0	1	2	3
3. Con problemas en dormirse o en mantenerse dormida, o en dormir demasiada	0	1	2	3
4. Sentirse cansada o tener poca energía	0	1	2	3
5. Tener poco apetito o comer en exceso	0	1	2	3
6. Sentir falta de amor propio, o que usted a fracasado o decepcionado si misma o a su familia	0	1	2	3
7. Tener dificultada para concentrarse en cosas tales como leer el periódico o mirar la televisión	0	1	2	3
8. Se mueve o habla tan lentamente que otra gente se podra ar cuenta – o de lo contrario, está tan agitada o inquieta ue se mueve mucho más de lo acostumbrado	0	1	2	3
9. Se le han ocurrido pensamientos de que sería mejor estar muerta o de que se haria daño de alguna manera	0	1	2	3

if suicidal ideation present, please document:

PHQ-9 Score: _____/27

(0-4 none; 5-9 mild; 10-14 moderate; 15-19 major; 20-27 severe)

Activities affected

☐ Social ☐ Personal ☐ Family ☐ Work

Does age limit your activity? ☐ Yes ☐ No

Dysthymia

- Over the last 2 years, have you often felt down or depressed, or had little or no pleasure in doing things?
[count as yes only if yes to]: Was that on more than half the days over the last 2 years?
☐ Yes ☐ No → *skip to next page*
- In the past 2 years, has that often made it hard for you to do your work, take care of things at home, or get along with other people?
☐ Yes ☐ No

Depression History

- ☐ History of prior depression episodes: number of episodes _____
- ☐ History of psychiatric hospitalization: number of admissions _____
- ☐ History of suicide attempts: number of attempts _____
- ☐ Family history of psychiatric disorder: specify – _____

Prior Depression Treatments

Was treatment helpful?

☐ **Antidepressant(s)**

☐ Yes ☐ No

☐ **PST**

☐ Yes ☐ No

Notes:

(MEDS) _____

(PST) _____

On antidepressant when enrolled in the study? ☐ Yes – How long have you taken this med? _____
☐ No

Panic Disorder

In the last 4 weeks, have you had an anxiety attack-or suddenly feeling fear or panic? ☐ Yes ☐ No

PTSD

In the last 4 weeks, how much have you been bothered by thinking or dreaming about something terrible that happened to you in the past-like your house being destroyed, a severe accident, being hit or being assaulted, or being forced to commit a sexual act?

☐ Not bothered ☐ Bothered a little ☐ Bothered a lot

GAD

Over the last 4 weeks, how often have you been bothered by feeling nervous, anxious, on edge, or worrying a lot about different things?

☐ Not at all ☐ Several days ☐ More than half the days

Alcohol Use ☐ Yes - Frequency & Amount: _____ (such as how many drinks per day/week/month)
☐ No

Drug use/abuse ☐ Yes - Agent: _____ Amount: _____
☐ No

Current Medical Problems

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Current Medications

List both prescription & non-prescription medications

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Allergies/Adverse Reactions: _____**Stressors**

- | |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |

Diagnosis

- ☐ Major Depression (PHQ score 10-27) ☐ Dysthymia ☐ Other: _____

Treatment Plan

- ☐ Education materials reviewed with patient
☐ Referred to CM

Patient prefers:

- ☐ Medication ☐ PST ☐ PST and Medication

Treatment Plan (fill out Tx. Plan): _____

- ☐ Discussed with patient Next Appointment: _____

Service Confounding Elements:

Notes:

New contact information (if any):

MSW Follow-Up Assessment

Study ID _____ Date _____ DCS _____

Depressive Symptoms

English version

Over the **last 2 weeks**, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

version de Español

¿Durante las **últimas 2 semanas**, con que frecuencia le han molestado los siguientes problemas?

	Nunca	Varios Días	Más de la mitad de los días	Casi cada todos los días
1. Tener poco interés o placer en hacer las cosas	0	1	2	3
2. Sentir desanimada, deprimida, o sin esperanza.	0	1	2	3
3. Con problemas en dormirse o en mantenerse dormida, o en dormir demasiada	0	1	2	3
4. Sentirse cansada o tener poca energía	0	1	2	3
5. Tener poco apetito o comer en exceso	0	1	2	3
6. Sentir falta de amor propio, o que usted a fracasado o decepcionado si misma o a su familia	0	1	2	3
7. Tener dificultada para concentrarse en cosas tales como leer el periódico o mirar la televisión	0	1	2	3
8. Se mueve o habla tan lentamente que otra gente se podra ar cuenta – o de lo contrario, está tan agitada o inquieta ue se mueve mucho más de lo acostumbrado	0	1	2	3
9. Se le han ocurrido pensamientos de que sería mejor estar muerta o de que se haria daño de alguna manera	0	1	2	3

if suicidal ideation present, please document:

PHQ-9 Score: _____/27

Other Symptomatic Conditions

☐ Panic disorder ☐ PTSD ☐ GAD ☐ Other _____

Alcohol Use Frequency and Amount: _____ (such as how many drinks per day/week/month)

Drug use/abuse Agent: _____ Amount: _____

New Medical Problems

1. _____ 4. _____
 2. _____ 5. _____
 3. _____ 6. _____

New Medications

List both prescription & non-prescription medications

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

Stressors or other Psychosocial Problems

1. _____
 2. _____
 3. _____

Current Depression Treatment

a. Is the patient **on antidepressant medication**? ☐ Yes ☐ No

If yes:

List current antidepressant meds and daily dosing schedule. Taking as prescribed? Side effects/Concerns?

_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

b. Is the patient **receiving PST**? ☐ Yes ☐ No

c. Is the patient receiving any other treatment? ☐ Yes ☐ No

If yes, specify: _____

Treatment-Related Adherence

- a. ____ % of medication taken on schedule
- b. Number of PST sessions to date (including this session) _____
- c. PST Homework completed during the past month ____ All ____ Some ____ None

Treatment-Related ExpensesAny expenses related to depression care? ☐ Yes ☐ No

If yes, how much since last visit? _____ What for? _____

Patient consultation with Study Psychiatrist☐ Yes ☐ NoIf yes: Study Psychiatrist change Treatment Plan? ☐ Yes ☐ No

Medication and dosages:

1. _____

2. _____

3. _____

PST: _____

Other: _____

MSW Interventions During this Montha. Communication with PMD ☐ Yes ☐ No

Outcome _____

b. Communication with Clinic Staff ☐ Yes ☐ No

Outcome _____

c. Communication with Family Members ☐ Yes ☐ No

Outcome _____

d. Referral to CM ☐ Yes ☐ No

Outcome _____

e. Other ☐ Yes ☐ No

Outcome _____

Service Confounding Elements: _____

Next MSW Appointment _____**Next PMD Appointment** _____**Notes:**_____

_____**New contact information (if any):** _____

Your Treatment Plan/Plan de Tratamiento

Patient/Nombre del Paciente: _____

ID#: _____







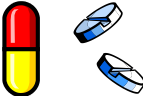
Date/Fecha: _____

Depression Clinical Specialist/Terapista: _____

Tel. No: _____

Next appointment with **Clinical Therapist**/Próxima cita con la Terapista: Date/Fecha: _____ Time/Hora: _____

Your medication **schedule**/ Su medicamento y horario:

Name/Nombre		Dose/Dosis	 Morning/ Mañana	 Noon/Día	 Night/Noche	 With meals? ¿Con comida?
1.						
2.						
3.						

Possible side effects/Efectos secundarios posibles:

Remember: It may take a few weeks before you experience the medication's full effect, so don't get discouraged.

DON'T STOP THE MEDICATION BEFORE CALLING YOUR DOCTOR.

Recuerde: Puede pasar algunas semanas antes de que el medicamento le da efecto.

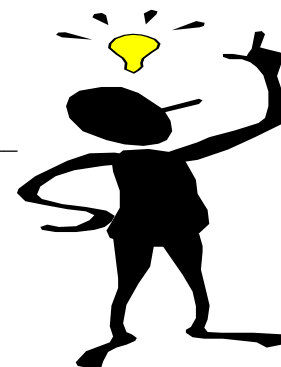
No se desanime, ni pare de tomarlo antes de hablar con la doctora.

Your Problem Solving Treatment schedule: Date/**Hour** of next session: _____

Su siguiente reunión para Tratamiento de Soluciónar Probelmas: Fecha/Hora de sesion _____

Number of sessions agreed on/Numero de sesiones de acuerdo: _____

Weekly/Semanal _____ Every other week/Cada otra semana



Remember: Practicing the exercises can help to alleviate symptoms.

Recuerde: Practicando los ejercicios le ayudara sentirse mejor mas pronto.

The above reflects a depression treatment plan that has been agreed upon by the patient, doctor and clinical therapist. This treatment plan is not permanent and can be changed if necessary. Any changes to this plan should be discussed first between the patient, doctor and therapist.

Lo mas arriba refleja un plan para el tratameinto de la depresión en la cual la paciente, el doctor y la terapeuta han quedado de acuerdo. Este plan de tratamiento no es permanente y se puede cambiar si es necesario. Cualquier cambio en este plan tendra que ser discutido con el paciente, el doctor y la terapeuta.

Patient's Signature/Firma del Paciente: _____

MSW Assessment of Treatment Barriers

Social Worker: _____

Study ID #: |__| |__| |__| |__|

PF # _____

Date submitting form: ____/____/____

Each time patient misses an appointment, please list the date and indicate the apparent reasons.

	Date	Date	Date	Date	Date	Date	Date	Date
Barriers to Depression Treatment								
Patient Psychosocial Problems								
Caregiving or other family responsibilities conflicted								
Family not supportive of treatment								
Health problems interfered								
Forgot appointment								
Afraid of losing job								
Couldn't take time off work / other work-related issues interfered								
Access to Care Problems								
Lacked adequate transportation								
Was concerned about the cost of treatment								
Patient Resistance to Diagnosis or Treatment								
Stigma-related issues interfered (denial of depression / worry about what others would think)								
Thought problem would go away on its own								
Thought social worker wouldn't really understand								
Didn't believe treatment would help								
Fears about treatment and what it would involve								
Any other reason _____ _____								



ADAPt-C

Your Personal Relapse Prevention Plan:

Patient/Nombre: _____

Date/Fecha: _____

Study ID# _____

Clinical Therapist/Terapista: _____

Contact information/Información de contacto:

Oncologist/Doctor de Oncológica: _____ Tel. No./Numero telefónico: _____

Oncology follow-up care/Plan de seguimiento: _____

Clinic Tel. No./Numero telefónico de la clínica: _____

Personal Warning Signs/Senales de advertencia:

1. _____
2. _____
3. _____

Stressful Life Events and How to Minimize Them/ Como minimizar problemas y tension:

1. _____
2. _____
3. _____

Medications/Medicamentos:

1. Name of medication/Nombre de Medicamento: _____
Dose/Dosis: _____ How often(*Frequency*)/Frecuencia: _____
2. Name of medication/Nombre de Medicamento: _____
Dose/Dosis: _____ How often/Frecuencia: _____
3. Name of medication/Nombre de Medicamento: _____
Dose/Dosis: _____ How often/Frecuencia: _____

Questions? Call your social worker or Dr. Brenda Quon

¿Preguntas? Llame su terapeuta o la Dra. Brenda Quon

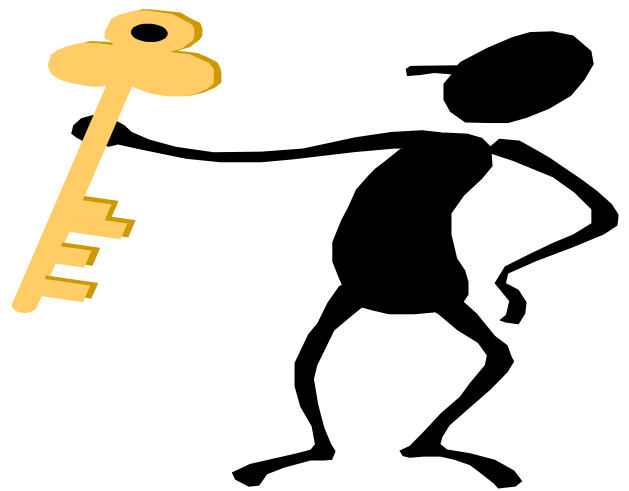
What you should do if symptoms or depression recur/Que debe de hacer si los síntomas de depresión vuelvan:

1. _____
2. _____
3. _____

HANDOUT #1

GOALS OF PROBLEM SOLVING

- ❑ *To improve problem solving*
- ❑ *To decrease distress*
- ❑ *To improve quality of life*
- ❑ *To increase sense of control*



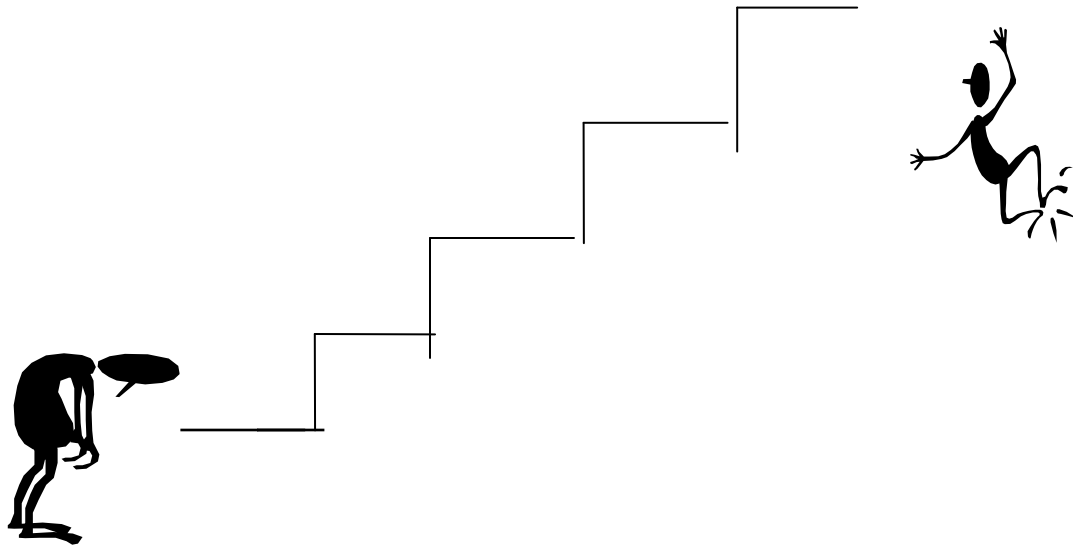
HANDOUT #2

COMPONENTS OF A POSITIVE PROBLEM ORIENTATION

- **Belief that you can improve your own quality of life**
- **Belief that problems are common and normal**
- **Ability to accurately identify problems**
- **Ability to inhibit acting impulsively when confronted with a problem**

HANDOUT #3

The Challenge of Wellness:



Taking Steps from Victim to Survivor

HANDOUT #4

MINDING YOUR MIND:

Identifying Negative Self-Talk and Converting to Positive Self-Talk

- **SIGNS THAT YOU ARE USING NEGATIVE SELF-TALK**

Use of judgmental words such as “must” and “should”

Use of catastrophizing words for circumstances NOT

Pertaining to life and death

Overgeneralizing



- **METHODS FOR DISPUTING NEGATIVE SELF-TALK**

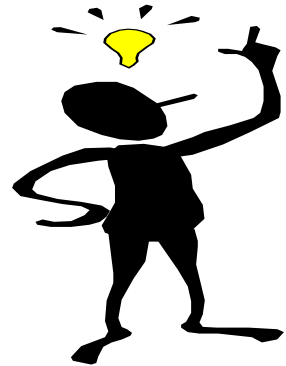
Argue against negative self-talk

Argue against “should” or “ought” with “Why should I?”

Question catastrophic words and assess real damage potential of situation

Challenge overgeneralizations

Use challenging POSITIVE self-statements



HANDOUT #5

POSITIVE SELF-STATEMENTS

The following statements can be used to help you dispute negative thinking. They have actually been provided by other patients. Write those that you might find helpful on a 3" X 5" index card and carry it with you as a reminder.

I can solve this problem!

I'm okay—feeling sad is normal under these circumstances.

I can't direct the wind, but I can adjust the sails.

I don't have to please everyone.

I can replace my fears with faith.

It's okay to please myself.

There will be an end to this difficulty.

If I try, I can do it!

I can get help from _____ if I need it.

It's easier, once I get started.

I just need to relax.

I can cope with this!

I can reduce my fears.

I just need to stay on track.

I can't let the worries creep in.

Prayer helps me.

I'm proud of myself.

I can hang in there.

Add your own:

HANDOUT #6

The Irrational Belief Hit List

Most people do not have problems coping with illness

Counter:

All of my problems are due to my illness

Counter:

It is better to avoid problems

Counter:

The first solution is always the best

Counter:

There is a perfect solution to each problem

Counter:

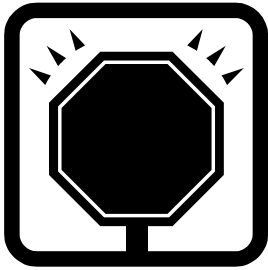
No one else can understand

Counter:

People can't change

Counter:

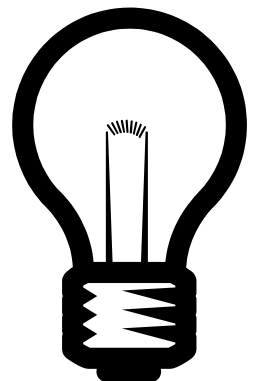
HANDOUT #8



STOP

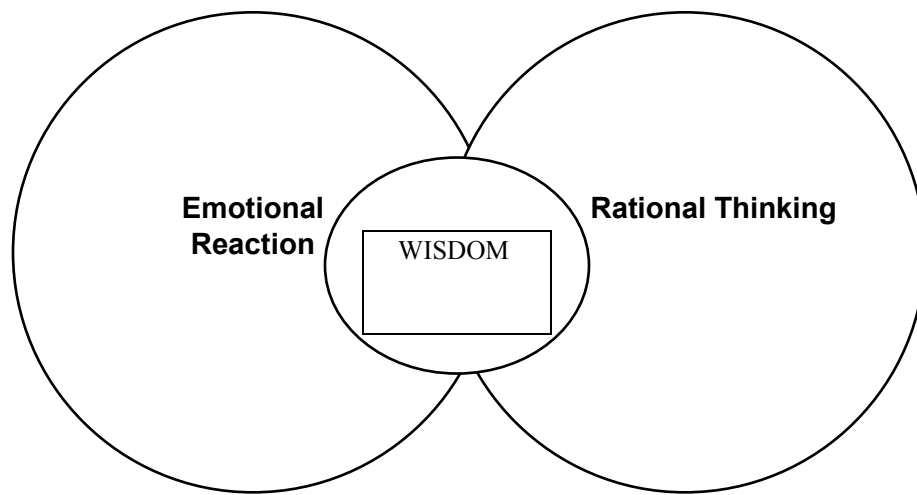
AND

THINK



HANDOUT #9

Steps to Wisdom:



HANDOUT #10

UNDERSTANDING EMOTIONS



A clue to the problem!

and a cue to stop and



Physical Changes
Body Changes
Behavioral Signs
Changes in Thoughts
Sensory Changes

HANDOUT #11

WHAT'S THE PROBLEM?

TASK: Defining your problem and setting realistic goals

REMEMBER TO:

- **SEEK OUT ALL AVAILABLE FACTS**
- **DESCRIBE THE FACTS IN CLEAR LANGUAGE**
- **SEPARATE FACTS FROM ASSUMPTIONS**
- **IDENTIFY OBSTACLES AND CONFLICTS**
- **SET REALISTIC GOALS**



HANDOUT #12

GENERATING ALTERNATIVE SOLUTIONS

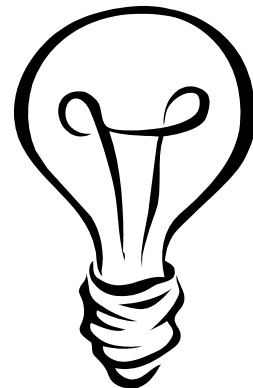
TASK: *Think of a Wide range of ideas for a solution*

USE THE BRAINSTORMING RULES:

- *Quantity leads to quality*
 - ❖ Make a list
 - ❖ Combine ideas
 - ❖ Change and modify ideas
- *Don't judge any ideas until later*
- *Think of both strategies and tactics*

Other helpful hints:

- *How would your role model solve this problem?*
- *Use visualization*
- *Imagine yourself successfully solving this problem*



HANDOUT #15

DECISION MAKING



The BEST solution is one that:

- ***Solves the Problem***
- ***Maximizes Positive Consequences***
- ***Minimizes Negative Consequences***

Evaluate Each Solution According to:

- ***Personal Consequences***
- ***Social Consequences***
- ***Short-term Consequences***
- ***Long-term Consequences***
- ***Likelihood that solution will solve the problem***
- ***Likelihood that you can actually carry out solution optimally***

Choose Solution with more pluses (+) than minuses (-)

* Remember to combine solutions to
Increase chances of solving the problem!

HANDOUT #16

SOLUTION IMPLEMENTATION AND VERIFICATION TASKS

Carry out the Solution



Observe and Monitor the Results

Evaluate the Results

Reward



versus Troubleshoot



Get Professional Help

HANDOUT #17

SOLUTION IMPLEMENTATION WORKSHEET

Procrastination is the thief of time

Instructions. In Column A, list as many possible outcomes that you can identify that might occur if your problem is **not** solved. In Column B, list those positive effects that may occur if the problem is resolved. You may wish to use the **brainstorming principles** to help make these lists. Next, compare these consequences in order to answer the question- Should I really avoid trying to solve this problem?

A. Consequences if problem is not solved

B. Predicted consequences of chosen solution plan

HANDOUT #18

SOLUTION VERIFICATION WORKSHEET

A. What were the results of your solution plan?

B. How well did your solution meet your goals?

1	2	3	4	5
Not at all		Somewhat		Very Well

C. What were the actual effects on you (personal effects)?

D. How well did these effects match your original predictions about personal consequences?

1	2	3	4	5
Not at all		Somewhat		Very Well

E. What were the actual effects on others?

F. How well did these results match your original predictions about consequences concerning others?

1	2	3	4	5
Not at all		Somewhat		Very Well

OVERALL SATISFACTION WITH RESULTS

1	2	3	4	5
Not at all Satisfied		Somewhat Satisfied		Very Satisfied

ARE YOU HAVING ANY OF THESE POTENTIAL CANCER-RELATED PROBLEMS

PHYSICAL



I have trouble walking
I have difficulty doing household chores
I can't engage in recreational activities anymore
I'm losing weight
I'm gaining weight
I'm having problems working
I have lots of pain

MARITAL & FAMILY



We aren't talking a lot lately
Too little affection between us
My family won't leave me alone
I can't take care of anyone like I used to
Change in family roles

Psychological Distress



I'm ashamed of the way my body looks
I worry more than ever now
Can't seem to think straight
I have problems making decisions
I have difficulty talking to my friends
Most of my friends are ignoring me
I'm worried about my financial situation

MEDICAL INTERACTION



Can't get the information I want
Can't seem to communicate with the medical team
I don't like feeling out of control
I get nervous asking questions

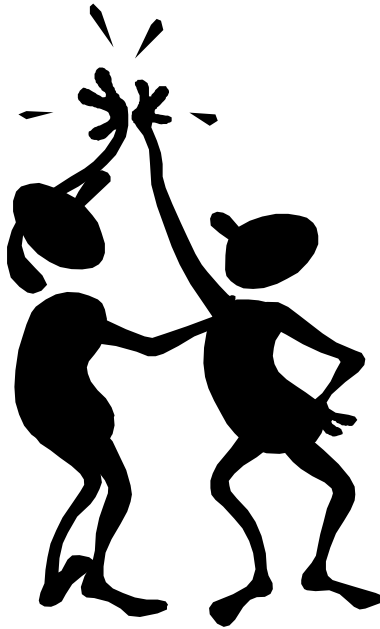
SEXUAL



I lost interest in sex
Sex is difficult for me
My partner doesn't want to have sex with me anymore

Congratulations!

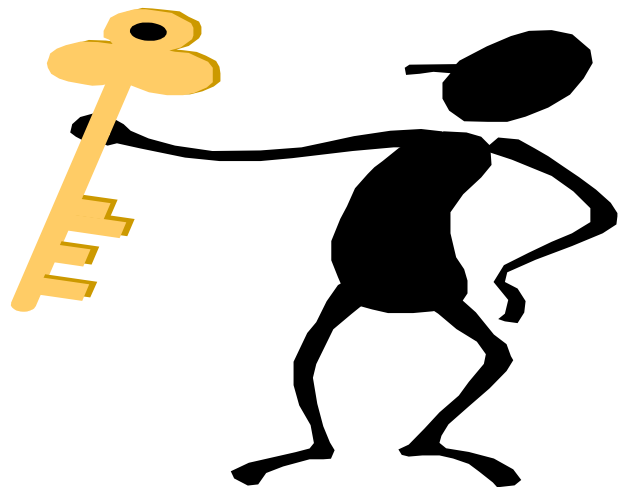
You Have Completed Problem Solving Therapy Courses



*Our staff at the LAC+USC Medical Center would like to award you with this **CERTIFICATE** a congratulations on our behalf for your **COURAGE, DEVOTION and HARD WORK** to complete **Problem Solving Therapy***

METAS PARA SOLUCIONAR PROBLEMAS

- ❑ ***Mejorar la forma de solucionar problemas***
- ❑ ***Disminuir ansiedad***
- ❑ ***Mejorar la calidad de la vida***
- ❑ ***Aumentar el sentido de control***



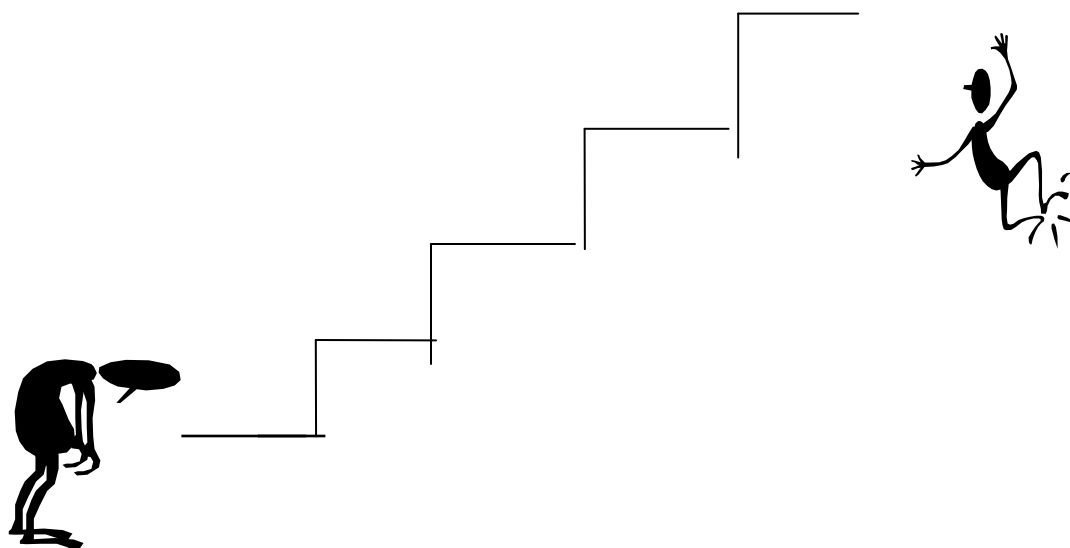
HANDOUT #2

ELEMENTOS DE LA ORIENTACION POSITIVA DE UN PROBLEMA

- **La fe que usted puede mejorar su propia calidad de vida**
- **La fe que los problemas son comunes y normales**
- **La habilidad para identificar los problemas exactamente**
- **La habilidad para resistir una accion impulsiva al enfrentarse con un problema**

HANDOUT #3

El Desafio de la Salud:



Tomando Pasos de Victima a Sobreviviente

HANDOUT #4

ESTAR ATENTO A SU MENTE:

Identificando El Hablar Negativamente a Si Mismo y
Convirtiendolo a Una Hablar Postivo a Si Mismo

- **SIGNOS QUE USTED ESTAS USANDO
EL HABLAR A SI MISMO NEGATIVAMENTE**

El uso de las palabras como

“deber” y “tener que”

El uso de las palabras catastroficas

para circunstancias que NO

pertencen a la vida y la muerte

Sobre Generalizando



- **METODOS PARA DISPUTIR EL HABLAR
NEGATIVAMENTE A SI MISMO**

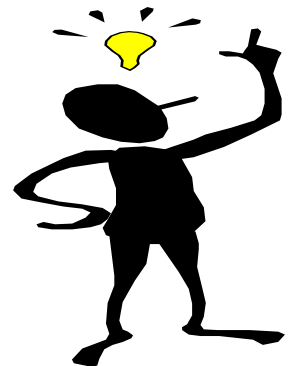
Discute contra el hablar negativo a si mismo

Discute contra el “tener que” con “¿porque tengo?”

Discuta las palabras catastroficas y evalué el potencial
verdadero de los daños de la situacion

Desafíe las sobre generalizaciones

Utilice desafíadoras declaraciones positivas a si mismo



HANDOUT #5

DECLARACIONES POSITIVAS A SI MISMO

Las declaraciones a continuacion pueden ser utilizadas para ayudarle a usted disputir el pensamiento negativo. Estas declaraciones han sido proporcionadas por otros pacientes con cancer. Escribe las declaraciones que usted siente que puedan ser útil en una carta 3" por 5" y llevelas con usted como un aviso.

Yo puedo solver este problema

Yo estoy bien—el sentirse triste es normal en estas circunstancias

No puedo dirigir el viento pero puedo ajustar las velas

No tengo que complacer a toda la gente

Puedo reemplazar mis miedos con fe

Es aceptable complacerme

Hara un fin a esta dificultad

Si trato, yo puedo hacerlo

Puedo obtener ayuda de _____ si la necesito

Es más fácil, una vez que haiga comenzado

Puedo hacer frente a esto

Puedo disminuir mis miedos

Necesito permanecer en pista

No puedo dejar que las preocupaciones me entre silenciosamente

La oracion me ayuda

Estoy orgullosa de mi misma

Yo puedo continuar a pesar de esto

Agregue sus propios:

HANDOUT #6

Creencias Irracionales

La mayoría de la gente no tiene problemas enfrentandose a una enfermedad

Opuesto:

Todos de mis problemas son por causa de mi enfermedad

Opuesto:

Es mejor evitar los problemas

Opuesto:

La primera solución es siempre la mejor

Opuesto:

Hay una solución perfecta por cada problema

Opuesto:

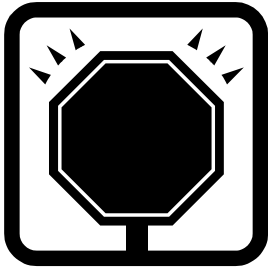
No hay nadie que pueda entender

Opuesto:

La gente no puede cambiar

Opuesto:

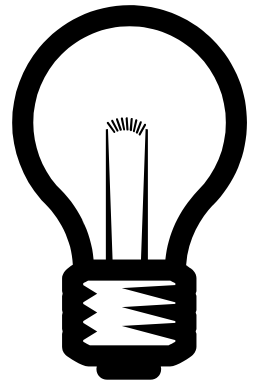
HANDOUT #8



PARA

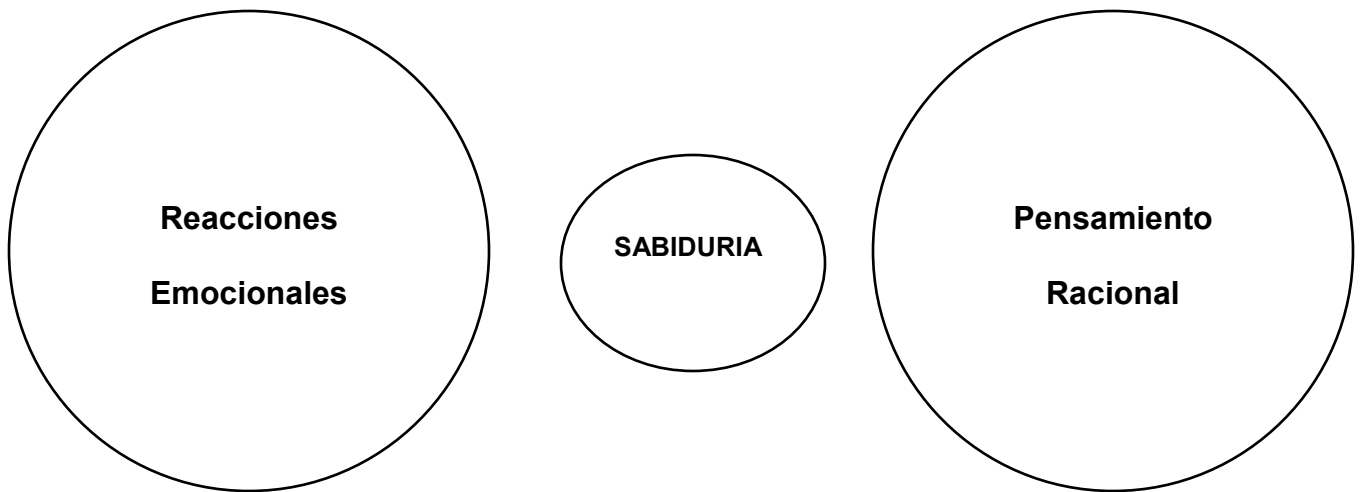
Y

PIENSA



HANDOUT #9

Pasos Hacia La Sabiduría:



HANDOUT #10

COMPRENDIENDO EMOCIONES



Una pista al problema!

**...y una pista para PARA
y pensar.**



**Cambios físicos
Cambios del cuerpo
Signos de comportamiento
Cambios en los pensamientos
Cambios sensoriales**

HANDOUT #11

¿QUE ES EL PROBLEMA?

TAREA: Definiendo su problema y configurando metas realistas

RECUERDA:

- **Busca todos los hechos disponibles**
- **Describe todos los hechos en una lengua claro**
- **Separa los hechos de las asunciones**
- **Identifique los obstaculos y los conflictos**
- **Exponga metas realistas**



HANDOUT #12

GENERANDO SOLUCIONES ALTERNATIVAS

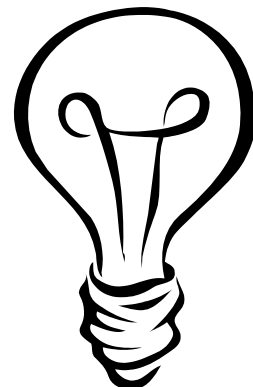
TAREA: *Piensa en una amplia gama de ideas para una solución*

USE LAS REGLAS DE LOS GENIALES:

- *La cantidad conduce a la calidad*
 - ❖ Haga listas
 - ❖ Combine ideas
 - ❖ Cambie y modifique ideas
- *No juzgue ninguna idea hasta al final*
- *Piense en estrategias y tácticas*

Otras provechosas sugerencias:

- *¿Como solucionaría su modelo este problema?*
- *Use visualización*
- *Imaginese a usted misma resolviendo este problema con éxito*



HANDOUT #15

TOMANDO UNA DECISION

La MEJOR solución es una que:



- **Soluciona el Problema**
- **Maximina Consecuencias Positivas**
- **Reduce al Minimo las Consecuencias Negativas**

Evalúe Cada Solucion Conforme a:

- **Consecuencias personales**
- **Consecuencias sociales**
- **Consecuencias a corto plazo**
- **Consecuencias a largo plazo**
- **La probabilidad que la solucion solucionará el problema**
- **La probabilidad que usted pueda realizar realmente la solución óptima**

Escoge soluciones con mas positivas (+) que negativas (-)

HANDOUT #16

IMPLEMENTACION DE SOLUCIONES Y VERIFICACION DE TAREAS

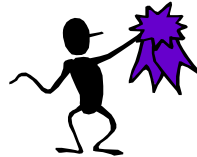
Escoge la Solucion



Observe y vigile los resultados

Evalue los resultados

RECOMPENSA



contra soulcionando sus problemas



Busque el apoyo professional

HANDOUT #17

LA IMPLEMENTACION DE SOLUCIONES

La Dilación es el ladrón del tiempo

Instrucciones. En la Columna A, enumere los resultados posibles que puedan ocurrir si su problema no es solucionado. En la Columna B, enumere los efectos positivos que puedan ocurrir si se soluciona el problema. Puede utilizar *los principios de los geniales* para ayudarlo hacer estas listas. Despues, comparé estas consecuencias para contestar la pregunta -- ¿ Debo realmente evitar intentar solucionar este problema?

A. Consecuencias si el problema no es solucionado	B. Consecuencias predichas del plan elegido de solución

HANDOUT #18

LA VERIFICACION DE SOLUCIONES

A. ¿Que fueron los resultados de su plan de solucion?

B. ¿Que tan bien alcanzo su solucion sus metas?

1	2	3	4	5
Para Nada		Un Poco		Muy Bien

C. ¿Que fueron los efectos actuales en usted (efectos personales)?

D. ¿Que tan bien estos efectos correspondieron con sus predicciones originales sobre consecuencias personales?

1	2	3	4	5
Para Nada		Un Poco		Muy Bien

E. ¿Que fueron los efectos actuales en otra gente?

F. ¿Que tan bien estos resultados correspondieron con su predicciones originales sobre las consecuencias tratando ha otros?

1	2	3	4	5
Para Nada		Un Poco		Muy Bien

SATISFACCION TOTAL CON LOS RESULTADOS

1	2	3	4	5
Muy Desatisfecha		Un Poco Satisfecha		Muy Satisfecha

ESTAS TENIENDO ALGUNOS DE ESTOS PROBLEMAS RELACIONADOS DE CANCER

FISICO



Tengo dificultad en caminar
Tengo dificultad en hacer quehaceres domesticos
Ya no puedo participar en las actividades recreacionales
Estoy perdiendo peso
Estoy subiendo de peso
Estoy teniendo dificultades trabajando
Tengo mucho dolor

MATRIMONIO Y FAMILIA



No estamos hablando mucho ultimamente
No hay mucho carino entre nosotros
Mi familia no me deja sola
No puedo cuidar a nadie como antes
Hubo un cambio en los papeles de mi familia

ANSIEDAD PSICOLOGICA



Tengo verguenza en la forma en que se mira mi cuerpo
Me preocupa mas que siempre
No puedo pensar claramente
Tengo dificultad haciendo decisiones
Tengo dificultad hablando con mis amistades
Muchas de mis amistades me han estado ignorando
Me preocupa mi situacion financiera

INTERACCION MEDICAL

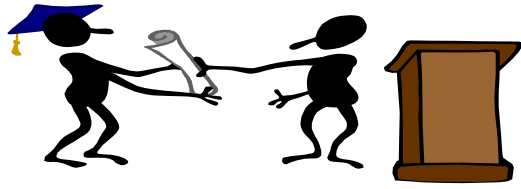


No puedo obtener la informacion que quiero
No puedo comunicarme con el equipo medico
No me gusta sentirme sin control
Tengo nervios cuando hago preguntas

SEXUAL

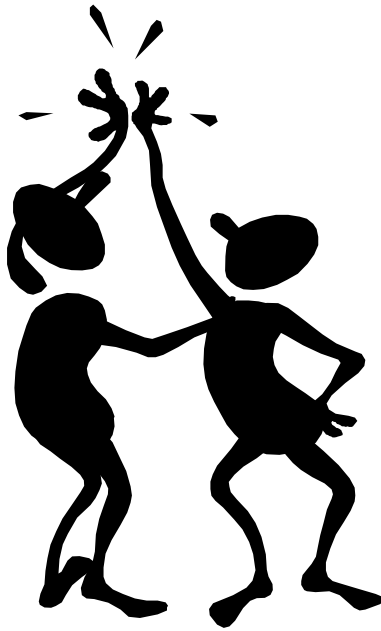


He perdido interes en el sexo
El sexo es dificil para mi
Mi pareja no quiere tener sexo conmigo



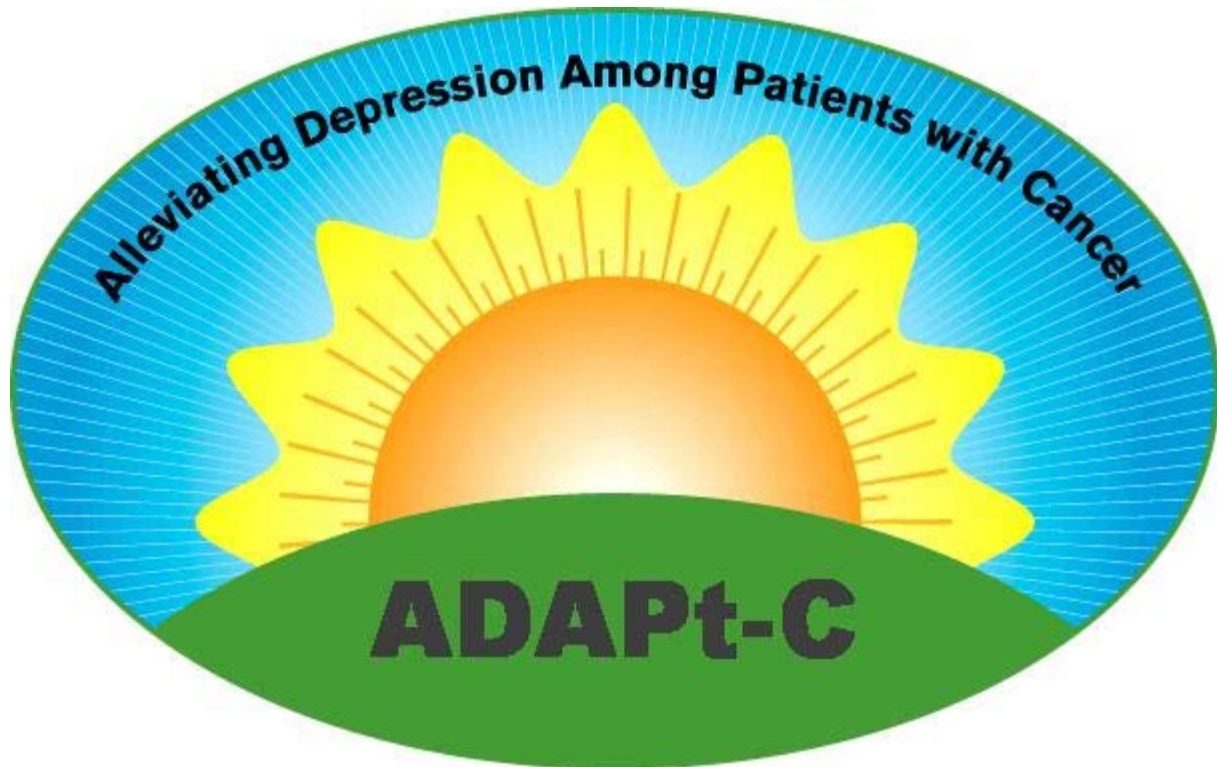
FELICITACIONES!

Usted ha terminado estos cursos de la Terapia el Solucionar de Problemas



*Nuestro personal al centro medico de LAC+USC
podria conceder a usted con este
CERTIFICADO, una felicitacion en nuestro favor
para usted
VALOR, DEDICACION y TRABAJO DURO
**para terminar a la Terapia de Solucionar de
Problemas***

Alleviating Depression Among Patients with Cancer



What You Need To Know About Depression

This booklet was designed by the ADAPt-C study team.

Kathleen Ell, DSW, USC School of Social Work

Megan Dwight-Johnson, MD, MPH, U of Washington Department of Psychiatry

Kathleen Sanchez, PhD, USC School of Social Work

Diana Pineda, MSW, Maria Moreno, MSW

This brochure was adapted from a brochure originally developed by Sabine Oishi, MSPH, Jürgen Unützer, MD, MPH and investigators of Project IMPACT, funded by the John A. Hartford Foundation, New York, NY and the California HealthCare Foundation, Oakland, California.

The ADAPt-C study is funded by the National Cancer Institute, 2004

WHAT IS DEPRESSION?



Depression is a **medical** condition that affects a person's mood, thoughts, behavior and body. Everyone sometimes feels sad, down or edgy for a while. But when a person has depression, these feelings are more intense and long lasting. Things that used to be easy or enjoyable, like spending time with family or friends, take great effort. And there are often physical problems like appetite loss, sleeplessness and extra aches and pains.

Many cancer patients suffer sadness or grief and as many as 60% suffer from depression. Depression symptoms may be mistaken for physical symptoms caused by the cancer or its treatment. Patients may think their depressed mood is a normal part of having cancer or going through treatment. They may never realize that their depression can be treated. Many people also fear that their depression is due to weakness or a character flaw.



The truth is depression is a **medical** problem. It has to do with an imbalance in brain chemicals called neurotransmitters. Life stresses, hereditary factors and medical problems can lead to a change in levels of these normal chemicals in the brain. This chemical change leads to some of the common symptoms of depression, like depressed mood, sleep and appetite problems, loss of energy, trouble concentrating and pain. Physical symptoms and negative thoughts make people feel like withdrawing and deepen their depressed mood. This can lead to even more severe depression. **THE GOOD NEWS IS DEPRESSION IS NOT A NATURAL PART OF CANCER. EVEN WITH MEDICAL DIFFICULTIES, DEPRESSION CAN BE TREATED. YOU CAN FEEL BETTER.**

WHAT ARE THE SYMPTOMS OF DEPRESSION?

Many different symptoms can be part of depression, and they may be mild, moderate or severe. Different people are affected in different ways.

Depression symptoms and problems:



- Sad or empty feelings
- Loss of interest or pleasure in activities like outings, music, reading or sex
- Poor concentration, difficulty thinking, remembering and making decisions
- Poor energy
- Feelings of worthlessness or guilt
- Thoughts of harming oneself or dying (suicide)
- Sleep problems (sleep more OR less than usual)
- Appetite/weight change (eat more OR less than usual)
- Physical agitation or slowness
- Anxiety
- Somatic (bodily) symptoms, such as frequent aches and pains or stomach problems



When people are feeling depressed they may be more likely to turn to drugs or alcohol for relief, but their use may actually make depression worse. Depressed people sometimes also have severe anxiety or panic attacks. Some may have strange feelings, like having things seem unreal, or seeing or hearing things that others cannot see or hear. Some depressed people may suffer from a condition called bipolar disorder or manic depression. In this disorder, periods of depression alternate with periods of being overly excited, high or irritable.

HOW CAN MY DOCTOR AND ONCOLOGY SOCIAL WORKER AT LAC+USC MEDICAL CENTER HELP?



At first it may seem odd to talk to a medical person, like your doctor or nurse, about depression symptoms. You may think that it doesn't make sense to bring up emotional concerns at a medical visit, where you need to focus on your cancer or other medical concerns. But remember that depression is a medical condition.

Your medical doctor is trained in depression diagnosis and treatment. But your doctor needs to know about your symptoms in order to choose the best treatment for you. Tell your doctor how you are feeling. And ask questions.

As a participant in this program you will also meet another health care professional, an Oncology social worker. The social worker is trained to provide treatment for depression and to assist you in managing your depression care. We encourage you to call your social worker any time you have questions about the program or about your depression.

HOW WILL MY DEPRESSION BE TREATED?

Most people can benefit greatly from the depression treatments available today. The most common treatments for depression are counseling that helps you develop better ways of solving problems and new ways of thinking about your daily life, or prescription medications called antidepressants. Together with your social worker and your doctor you can choose the treatment that best fits your symptoms and lifestyle. It usually takes a few weeks to begin to feel better, and full recovery may take a few months of treatment. Once depression has been successfully treated, it can come back. It is therefore important not to stop your antidepressant medication or counseling early. It is also important to notice whether your symptoms seem to be returning and to let your doctor or social worker know.

WHAT WILL TREATMENT BE LIKE?



Many forms of counseling have been shown to work for treating mild and moderate depression. They can be used together with medications to treat severe depression. One of these is called Problem Solving Treatment (PST). This treatment involves six to eight sessions with your social worker. During the sessions you list problems that may be causing or worsening your depression, and plan ways to solve them. As you solve problems that are creating pain, stress, or bad thoughts in your life, you can begin to break the cycle of depression. PST is NOT a therapy in which you spend many months talking about your childhood. It is a treatment focused on practical problem solving. While some people may start feeling better right away, it can take a few weeks to start noticing improvements. Questions and answers about PST are given in Appendix A at the end of this booklet.



Medications have also been shown to reduce levels of depression. Antidepressant medications are thought to work by bringing the chemical balance in the brain back to normal. There are many different medications to choose from. These medications are not tranquilizers and they don't make you "high" or "numb". They are not addictive. They may, however, have some physical side effects. These can include one or more of the following: dizziness, drowsiness, dry mouth, constipation, weight gain, changes in sexual function, diarrhea, headaches, agitation or nervousness. For most patients, the side effects are mild. Your body will usually adjust to the medication in a week or two, and the side effects will pass. It is important not to stop taking the medicine before speaking to your doctor. If the side effects bother you too much, your doctor can usually find another medication for you to try. Common questions and answers about antidepressant medications are listed in Appendix A at the end of this booklet.

WILL ANTIDEPRESSANTS AFFECT MY OTHER MEDICATIONS?

Cancer patients often take several different medications regularly. These medicines can interact with each other, or with antidepressant medications that might be added. For this reason it is important to make sure your doctor and nurse know about all of the medications you are currently taking, prescription, over-the-counter and herbal remedies. This information will help your doctor decide which medications can be safely prescribed for you.

HOW CAN PLEASANT ACTIVITIES AND FRIENDS AND FAMILY MEMBERS HELP IMPROVE DEPRESSION?



In addition to the treatment you receive for depression, there are things you can do to help yourself feel better. As depression sets in, you may not feel like being around others. You may be less likely to spend time with friends or family. As the cycle continues, you may stop pleasant activities and find yourself more and more depressed.



For many people with depression, getting better involves planning pleasant activities for each day. There may also be pleasant activities you used to enjoy doing by yourself that you can put back into your life. Maybe you enjoy reading, taking walks, listening to music, or gardening. Solving some problems and putting pleasure and support back into your life can be a big help in breaking the cycle of depression.



WHY GET HELP?



Although some people get better from depression without any treatment, many suffer for weeks, months or even years. Research shows that the right treatment can help you get better quickly. You can share this booklet with family members and friends, to help them understand what a diagnosis of depression really means, and that effective treatment is available. Friends and family members can be helpful partners during the process of getting better. They are often the ones who notice that your depression is getting better or possibly coming back before you do. There is a section on what family members need to know in Appendix B at the end of this booklet.

Treatment can help free you from the sadness, and loneliness of depression. No matter how bad you may feel, there is hope. Depression is a treatable medical illness. It is just as important to treat your depression, as it is to treat any other medical problem you may have. Treatment can help you feel better and return you to a happier more fulfilling life.



APPENDIX A:

COMMON QUESTIONS ABOUT TREATMENTS FOR DEPRESSION

Questions about Problem Solving Treatment (PST):

1. What is PST?

Problem-solving treatment (PST) is a brief form of treatment that teaches you how to solve the problems that are making you depressed. Your social worker will meet with you at her office each week for 4-8 weeks, and during that time you will learn seven steps to fix the problems that are bothering you.



2. Four to eight weeks seems awfully short. How can I solve all my problems in so few meetings?

The goal of PST is to teach you how to solve problems on your own. You will not be expected to solve all your problems during this time. By working on some of your problems in the 4-8 weeks you have with your social worker you will learn to solve the other problems on your own.



3. Four to eight weeks seems awfully long to learn how to solve problems. Do need every one of those meetings?

Learning how to solve problems is not easy. You will want to practice the skills you are being taught. Although you do not have to use all 8 meetings, you will want to work with your social worker at least 4 times to learn PST

4. Do I have to tell my social worker everything?

While it is important to talk about all the big problems that you think are related to your depression, you don't have to talk about every problem you have. Because the goal of PST is to TEACH you how to solve problems on your own, you can learn PST by focusing on any problem you feel comfortable discussing.

5. Homework? What if I don't do my homework?

We encourage you to practice your new skills outside of the meetings because the more you practice the better you will become at helping yourself. But, even if you don't finish your homework, the meeting with your social worker is important.

Questions about antidepressant medications:

1. How do antidepressants work?

Antidepressants help restore the correct balance of certain chemicals called neurotransmitters in the brain.

2. My problem is inability to sleep. How can an antidepressant help with this?

In many cases, poor sleep is caused by depression. Once the depression lifts, sleeping improves too. Antidepressants can help restore normal sleep, even in people who do not have major depression. They are better than other sleeping pills in that they are not addictive, and they usually do not impair concentration or coordination.



3. I have a problem with pain. How can an antidepressant help with this?

Antidepressants have been shown to be successful (even in people without depression) in a number of pain conditions.

4. I have low energy and feel tired a lot of the time. How can an antidepressant help with this?



Antidepressants can help restore energy in people who are depressed. With treatment, you will feel less tired and more able to do your usual activities.

5. I have a lot of stress in my life. How can an antidepressant help with this?

Life stress can cause or worsen the symptoms of depression. The depression can then worsen the impact of such stressors (like family problems, physical illness or financial worries) and your ability to cope with them. Treating the depression can help people break out of this vicious cycle.



6. Are antidepressants addictive?

No. Antidepressants are not habit-forming or addictive. They do not produce a "high" feeling, but they will slowly alter the amount of certain chemicals called neurotransmitters in the brain over a number of weeks. Restoring the levels to a more normal balance usually brings the depression under control.

7. My problem is anxiety or panic attacks, not depression. How can antidepressants help?

In many cases, anxiety is caused by depression. Once the depression lifts, the anxiety improves as well.

8. How long will it take the medications to work?



It usually takes from one to six weeks for people to start feeling better. In many cases, sleep and appetite improve first. It may take a little longer for your mood, energy, and negative thinking to improve. If the depression has not improved after 6 to 8 weeks, an increase in the dose or a change to another antidepressant may be needed.

9. How long will I have to take the medication?

Once you are recovered from your depression, you should stay on the medication for another 6 months to prevent it from returning.

10. Are there any dangerous side effects?

Side effects from antidepressants are usually mild. You should ask your doctor or social worker (who will coordinate with your doctor) what to expect and what to do if you have a problem. In many cases, your body will get used to the medication and you won't be bothered with the side effect for long. In other cases, your doctor may suggest lowering the dose, adding another medication, or changing to another antidepressant. If used properly, there are no dangerous or life-threatening side effects.

11. Is it safe to take antidepressants together with alcohol or other medications?



In general, antidepressants can safely be taken with other medications. You should let your doctor or social worker know exactly which other medications (including over the counter medications) you are taking so that he/she can make sure that there are not problems. Antidepressants can increase the sedating effects of alcohol. Be careful to avoid drinking much alcohol while on these medications.

12. What should I do if I miss the medication one day?

Don't "double up" and take the dose you forgot. Just keep taking your medication as prescribed each day.

13. Can I stop the medication once I am feeling better?

No, not until you and your doctor have decided that it is the right time. You would be at high risk for having the depression come back, and may go through some temporary withdrawal symptoms. In most cases, you should continue the medication for at least 6 months after you and your doctor agree that your recovery is complete.



PLEASE DON'T STOP THE MEDICATION BEFORE DISCUSSING IT WITH YOUR DOCTOR.

Will I get better?

With treatment, 50% to 80% of patients will have a complete recovery. Should you not respond to the first medication you try, there is an excellent chance that you will respond to another medication or another form of counseling.

Appendix B

WHAT SHOULD FAMILY AND FRIENDS KNOW ABOUT DEPRESSION?

Family and friends may be helpful to you now. Showing them this section may answer some of their questions about depression and help them to help you get better.



I am a family member or friend. I worry...

1. Is this my fault?

Because the causes of depression often are not clear, it's easy for family members or close friends to feel guilty about their loved one's illness. Instead of worrying about the past, think of specific things you can do from now on. Focus on the prospects for a brighter future. Someone who is depressed will often be irritable or be less interested in your relationship. Don't take it personally.

2. What if I just make things worse?

Self-blame is a big part of depression; try not to fall into that trap yourself. You won't always know the right thing to say, but don't let that stop you from talking. It's more important that you let your loved one know you care and that you are available to help. Persistence and good intentions will go a long way.

3. What should I avoid doing or saying?

Even if you mean well and try hard, there may still be difficult times. Here are some common "don'ts" to keep in mind:

- **Don't say, "Can't you just get a grip on yourself?"** Depression is not laziness, but if your depressed friend or family member can't do the things he or she normally does, you may feel burdened. It helps to remember the times when you felt especially frustrated or discouraged.
- **Don't use the silent treatment.** Sometimes you may say nothing for fear of saying something wrong. Silence can leave lots of room for a depressed person to be negative or self critical. If you don't know what to say or do, try asking. Or just tell the truth: "I'd like to help, but I don't know what to say."

- **Don't say, "You're acting like you didn't take that pill today."** Try not to associate taking antidepressant medication with negative events.

I am a family member or friend. I'd like to know...

4. How can I help?



- **Encourage pleasant regular activities.** Fun activities are effective natural antidepressants. They help people with depression regain the energy and motivation that depression drains away. People in treatment are encouraged to purposely schedule pleasant activities in their daily routines even though it may be difficult. You can help by being a partner. Try to schedule a walk, a movie, or some other fun physical, entertaining or social activity everyday with your depressed family member or friend. You may meet with some resistance, but do not take "no" for an answer. Start slowly, offer lots of encouragement, and keep at it.
- **Encourage hope.** Hold the belief that your depressed family member or friend will recover. Remember past successes and good times. Encourage them to be hopeful and believe that they will recover. One of the hardest things for depressed people to cope with is having their family and friends treat them differently. Non-judgmental love from family and friends is especially important to someone who is depressed.
- **Help turn mountains back into molehills.** Daily problems seem so overwhelming to someone who feels depressed, it's hard for them to even start to solve them. You can help make the problems manageable by helping your family member or friend to:
 1. Break the problem into small pieces
 2. Decide what to take on first
 3. Identify one or two small steps to start with
 4. Set a **specific** time and place to get started
 5. Recognize and praise their successes
- **Get involved in the depression treatment.** Depressed people feel terribly alone. Offer to help in a way that works for you. The two of you can read about depression and talk about what you have learned together. Or, you might go with your family member to talk with the social worker during their regularly appointment. Sometimes there are problems in a relationship that can cause depression. Also, depression can sometimes cause serious problems in a

relationship. If things in the relationship are stressful, you might consider going to counseling together.

- **Recognize improvements.** Tell your family member or friend when you see their mood, attitude, and behavior get better, especially if treatments seem to be working. This is important as you may notice positive changes before the depressed person does.

5. How can I help keep depression from coming back?

Most depressed people feel much better after 1 or 2 months of treatment. Unfortunately, depression sometimes returns, especially if treatment is stopped too early. Once things are better, you can help by watching out for early warning signs. If depression starts to creep back into someone's life, you may be the first to notice. Sleep problems, irritability or withdrawal from social situations are clues. When things are going well, it may be a good idea to sit down together to make a list of early warning signs or clues that depression is returning. See if you can make a plan in advance about how you can bring up your concerns in the most helpful way. Then you can mention warning signs of depression without seeming critical.

Lo que debe saber de la depresión



Principal Investigator Kathleen Ell, DSW

Megan Dwight-Johnson, MD, MPH

Laila Muderspach, MD

Christy Russell, MD

Ann Revard, MSW-intern

¿QUÉ ES LA DEPRESIÓN ?



La depresión es una condición médica que afecta el carácter, el pensamiento, el comportamiento, y el cuerpo de la persona. Todos nos sentimos tristes a veces o afligidos por ratos. Pero cuando una persona está deprimida, estas sensaciones son más intensas y duraderas. Las cosas que eran agradables, como estar con la familia o con amigos, son más difíciles de hacer. Y a menudo hay problemas físicos como la pérdida del apetito, insomnio, y dolores.

Muchos pacientes del cáncer sufren tristeza o pena, y hasta el 60% sufre de la depresión. Los síntomas de la depresión se pueden confundir con los síntomas físicos del cáncer o del tratamiento. Los pacientes pueden pensar que su estado de ánimo deprimido es una parte normal del cáncer o del tratamiento, y nunca se dan cuenta que su depresión puede ser tratada. Mucha gente también teme que su depresión es debido a un defecto del carácter.



La verdad es que la depresión es un problema médico. Tiene que ver con un desequilibrio en los productos químicos del cerebro llamados neurotransmisores. Las tensiones de la vida, los factores hereditarios y los problemas médicos pueden conducir un cambio en los niveles de estos productos químicos. Estos cambios producen algunos de los síntomas comunes de la depresión, como el humor deprimido, problemas con el sueño y el apetito, pérdida de energía, dificultades en concentrarse y dolores. Los síntomas físicos y los pensamientos negativos hacen que los síntomas sean más profundos y que empeoren el humor deprimido. Esto puede causar una depresión aún más severa. LA BUENA NOTICIA ES QUE LA DEPRESIÓN NO ES UNA PARTE NATURAL DEL CÁNCER. AUNQUE TENGA CONDICIONES MEDICAS, LA DEPRESIÓN PUEDE SER TRATADA. USTED PUEDE SENTIRSE MEJOR.

¿Cuáles son los síntomas de la depresión?

Muchas síntomas diferentes pueden ser parte de la depresión, y pueden sentirse de manera mínima, moderada, o severas. Diferentes personas son afectadas en diferentes maneras.

Síntomas y problemas de la depresión:

- Sensaciones de tristeza o vacías
- Pérdida de interés en actividades placenteras, como diversiones, música, leer o sexo
- Dificultad con la concentración, pensando, recordando, o haciendo decisiones
- Falta de energía
- Sensaciones de culpabilidad
- Pensamientos en hacerse daño o morirse (suicidio)
- Problemas con el sueño (dormir mucho o menos de lo normal)
- Cambio de apetito/peso (comer más o menos de lo normal)
- Agitación física
- Ansiedad
- Síntomas somáticos (del cuerpo), como dolores frecuentes o problemas con el estómago

Cuando una persona se siente deprimida, a veces usan alcohol o drogas para sentirse mejor, pero el uso puede empeorar la depresión. Algunas veces una persona deprimida puede tener ataques severos de ansiedad o de pánico. Otras pueden tener sensaciones extrañas, como cosas que parecen irreales, o que ver o escuchar cosas que otros no ven o escuchan. Algunas personas deprimidas pueden sufrir de una condición llamada depresión bipolar o depresión maníaca. En esta condición, los periodos de depresión se intercambian con periodos de excitación excesiva o irritabilidad.

¿CÓMO PUEDE MI DOCTOR Y TRABAJADORA SOCIAL DE ONCOLOGÍA EN LAC+USC CENTRO MEDICO AYUDARME?



Al principio le parecerá extraño hablar con su doctor o enfermera acerca de su síntomas depresivos. Usted pensará que no tiene caso hablar de sus preocupaciones emocionales en una visita medica donde el enfoque es en el cancer y en otras preocupaciones medicas. Pero recuerde que la depresión es una condición medica.

Su medico esta entrenado en la diagnosticación y en el tratamiento de la depresión. Pero, su doctor necesita saber sus simotas para poder escojer el mejor tratamiento para usted. Digale a su doctor como se siente. Haga preguntas.

Como participante de este programa, usted también conocerá a otra profesional, una trabajadora social de oncología. La trabajadora social esta entrenada para proveerle tratamiento para su depresión y para asistirle en el manejo del cuidado de su depresión. La animamos a que llame a su trabajadora social en cualquier momento que usted tenga preguntas sobre el programa o su depresión.

¿CÓMO SERÁ TRATADA MI DEPRESIÓN?

La mayoría de la gente se puede beneficiar mucho con tratamientos de la depresión disponibles hoy. Los tratamientos más comunes para la depresión son consejeria, para ayudarle a desarrollar mejores maneras de solucionar sus problemas y nuevas maneras de pensar como lleva su vida diaria, o en medicamentos llamados antipresivos. Junto con su trabajadora social y su doctor, usted puede elegir el tratamiento que sea más apropiado para sus síntomas y su forma de vida. Usualmente se toman algunas semanas para comenzar a sentirse mejor, y la recuperación completa puede tomar algunos meses de tratamiento. Una vez que la depresión se haya tratado con éxito, puede ocurrir de nuevo. Por eso es importante no dejar de tomar sus medicamentos antidepresivos o de ir a consejeria con tiempo. Es importante también notar si sus síntomas han vuelto para así avisarle a su doctor y trabajadora social de ello.

¿CÓMO SERÁ EL TRATAMIENTO?



Muchas formas de asesoramiento (consejería) se han mostrado efectivas en el tratamiento de la depresión mínima y moderada. Pueden ser utilizadas junto con medicamentos para tratar la depresión severa. Uno de éstos se llama Tratamiento para Solucionar Problemas (TSP). Este tratamiento requiere seis a ocho sesiones con su trabajadora social. Durante las sesiones exploran juntas los problemas que pueden estar causando o empeorando su depresión, y planean maneras de solucionarlos. En lo que va solucionando los problemas que están creando dolor, tensión, o malos pensamientos en su vida, usted va interrumpiendo el ciclo de la depresión. TSP no es una terapia en la cual usted pasa muchos meses hablando de su niñez. Es un tratamiento que se enfoca en solucionar problemas prácticos. Mientras que algunas personas se sienten mejor enseguida, otras toman varias semanas en notar mejoramiento. Las preguntas y respuestas sobre TSP se dan en el apéndice A de este folleto.



Los medicamentos también se han mostrado efectivos para reducir niveles de la depresión. Los medicamentos antidepresivos funcionan retornando el equilibrio químico del cerebro a la normalidad. Hay muchas medicinas diversas para elegir. Estos medicamentos no son sedantes y no la hacen sentir "entumecida" o "alta." No son adictivos. Sin embargo, pueden tener algunos efectos secundarios físicos. Éstos pueden incluir uno o más de lo siguientes: vértigo, somnolencia, boca seca, estreñimiento, aumento de peso, cambios en la función sexual, diarrea, dolores de cabeza, agitación o nerviosismo. Para la mayoría de los pacientes, los efectos secundarios son mínimos. Su cuerpo generalmente se ajustará a la medicina en unas dos semanas y los efectos secundarios pasarán. Es importante no dejar de tomar la medicina antes de hablar con su doctor. Si los efectos secundarios la incomodan demasiado, su doctor puede elegir otra medicina para que usted pruebe. Preguntas y las respuestas comunes sobre los medicamentos antidepresivos se dan en el apéndice A de este folleto.

¿LOS ANTIDEPRESIVOS PUEDEN AFECTAR MIS OTROS MEDICAMENTOS?

Los pacientes del cáncer regularmente toman varios medicamentos. Puede ver una interacción entre estos medicamentos o con los medicamentos antidepresivos. Por esta razón es importante que su doctor y enfermera estén informados de todas las medicinas que usted tomando actualmente. Por ejemplo, medicinas recetadas, compradas sine recetas, o hierbas. Esta información ayudará a su doctor decidir cuales medicamentos son indicados para recetarle a usted.

¿CÓMO PUEDEN LAS ACTIVIDADES PLACENTERAS, LOS AMIGOS, Y LOS MIEMBROS DE LA FAMILIA AYUDAR A MEJORAR LA DEPRESIÓN?



Además del tratamiento que está recibiendo para la depresión, hay cosas que usted puede hacer para sentirse mejor. Mientras sienta la depresión, usted no se sentirá con animo de estar alrededor de otros. Probablemente usted no tendrá ganas de pasar tiempo con su familia y amigos. A medida que el ciclo de depresión continúe, es posible que usted pare las actividades agradables y se encuentre más y más deprimida.



El sentirse mejor para muchas personas que padecen de la depresión implica planear actividades placenteras cada día. También pueden volver hacer actividades agradables que gozaba hacer sola. Quizás le guste leer, tomar caminatas, escuchar música, o cultivar un huerto. Solucionar algunos problemas y poner placer y tener apoyo en su vida puede ser una ayuda gran ayuda para interrumpir el ciclo de la depresión.



¿PORQUÉ BUSCAR AYUDA?



Aunque alguna gente se sienten mejor sin ningun tratamiento, muchas sufren durante semanas, meses, o años. Las investigaciones muestran que el tratamiento correcto usted puede ayudarle a mejorarse rápidamente. Usted puede compartir este folleto con miembros de su familia y amigos, para ayudarles entender lo que significa realmente diagnosis de depresión y que tratamiento eficaz. Los miembros de su familia y amigos pueden ayudarle a mejorarse. Son ellos los que notan si su depresión ha mejorado o si posiblemente haya regresado. Haya una sección sobre lo que necesitan saber los miembros de la familia en el apéndice B de este folleto.

El tratamiento puede ayudarla a liberarse de la tristeza, y la soledad de la depresión. No importa que tan mal se sienta usted, hay esperanza. La depresión es una enfermedad médica que se puede tratar. Es igual de importante curar la depresión que curar cualquier otro problema medico que usted tenga. El tratamiento puede ayudarla a sentirse mejor y a que vuelva a vivir una vida mucho mejor y mas feliz.



APÉNDICE A:

PREGUNTAS COMUNES SOBRE EL TRATAMIENTO DE LA DEPRESIÓN

Preguntas sobre el Tratamiento para Solucionar Problemas (TSP):

1. ¿Qué es TSP?



Tratamiento para Solucionar Problemas es un tratamiento breve que le enseña como solucionar problemas que la estan deprimiendo. Su trabajadora social le dará una cita en su oficina cada semana por 4-8 semanas y durante este tiempo usted aprenderá siete pasos para resolver los problemas que le están molestando/argumando.

2. Cuatro a ocho semanas parecen terriblemente cortas. ¿Cómo puedo solucionar mis problemas en tan pocas sesiones?



La meta de TSP es enseñarla como solucionar sus problemas. No espere solucionar todos sus problemas durante este tiempo. Trabajando en algunos de sus problemas durante las 4-8 semanas que usted tiene con su trabajadora social, aprenderá a solucionar otros problemas sola.

3. Cuatro a ocho semanas parecen terriblemente largas para aprender como solucionar problemas ¿Necesito cada una de esas sesiones?

Aprender como solucionar problemas no es fácil. Usted necesitará practicar las habilidades que le esten enseñando. Aunque no tenga que usar las 8 secciones, es importante que trabaje con trabajadora social un minimo de 4 sesiones para aprender TSP.

4. ¿Le tengo que decir todo a mi trabajadora social?

Mientras que es importante que hable de todos los problemas grandes que usted tiene relacionados a la depresión, usted no tiene que hablar de todos sus problemas. La meta de TSP es ENSEÑARLE como solucionar problemas sola, usted puede aprender TSP enfocandose en cualquier problema que se sienta cómoda en compartir.

5. ¿Tarea? ¿Y si no hago mi tarea?

La animamos que practique sus nuevas habilidades fuera de las sesiones porque entre más practique, mejor se va a poder ayudar a si misma. Pero aunque no termine su tarea, las citas con su trabajadora social son importantes.

Preguntas sobre medicamentos antidepresivos:

1. ¿Cómo trabajan los antidepresivos?

Los antidepresivos ayudan a restablecer el equilibrio de ciertos productos químicos llamados neurotransmisores en el cerebro.

2 Mi problema es el no poder dormir. ¿Cómo puede ayudarme con esto un antidepresivo?

En muchos casos, la insomnia es causado por la depresión. Una vez que la depresión disminuya, el dormir mejorará también. Los antidepresivos pueden ayudar a reestablecer el sueño normal, en las personas que no tienen una depresión severa.



3. Tengo un problema con el dolor. ¿Cómo puede ayudarme con esto un antidepresivo?

Los antidepresivos se han mostrado efectivos (incluso en la gente sin depresión) en un número de condiciones dolorosas.

4. Tengo poca energía baja y me siento cansada todo el tiempo. ¿Cómo puede ayudarme con esto un atidepresivo?



Los antidepresivos pueden ayudar a reestablecer la energía en una persona depremida. Con el tratamiento, usted se sentirá menos cansada y con más capaz de hacer sus actividades usuales.

5. Tengo mucha tensión en mi vida. ¿Cómo puede ayudarme con esto un antidepresivo?

La tensión de la vida puede causar o empeorar los síntomas de la depresión. La depresión puede empeorar el impacto de problemas (como problemas familiares, enfermedades físicas, o preocupaciones financieras) y de su capacidad para enfrentarlos. El tratameinto para la depresión puede ayudar a interrumpir este ciclo vicioso.



6. ¿Son adictos los antidepresivos?

No, los antidepresivos no son adictivos. No producen una sensación "alta", sino que alteran lentamente la cantidad de ciertos productos químicos, llamados neurotransmisores, en el cerebro en el transcurso de unas semanas. Restablecen los niveles a un equilibrio normal y controlan la depresión

7. Mis problemas son los ataques de ansiedad o de pánico, no la depresión. ¿Cómo pueden ayudarme los antidepresivos?

En muchos casos, la ansiedad es causada por la depresión. Una vez que la depresión se disminuye, la ansiedad mejorará también

8. ¿Cuánto tiempo se tomará para que la medicina trabaje?



Toma generalmente una a seis semanas para que la persona se sienta mejor. En muchos casos, el sueño y el apetito mejoran primero. Puede tomarse un poco más largo para que su humor, energía, y pensamientos negativos mejoran. Si la depresión no ha mejorado después de 6 a 8 semanas, un aumento en la dosis o un cambio a otro antidepresivo puede ser necesario.

9. ¿Por cuánto tiempo tendré que tomar la medicina?

Ya que se haya recuperado de la depresión, usted se mantendrá usando la medicina por otros 6 meses para prevenir que le vuelva.

10. ¿Hay efectos secundarios peligrosos?

Efectos secundarios de los antidepresivos son generalmente minimos. Usted debe preguntarle a su doctor o a su trabajadora social (que se coordinara con su doctor) qué puede esperar o que puede hacer si usted tiene un problema. En muchos casos, su cuerpo se acostumbrara a los medicamentos y no le molestaran los efectos secundarios por mucho tiempo. En otros casos, su doctor puede sugerir reducir la dosis, agregar otros medicamentos, o cambiar a otro antidepresivo. Si es tomado correctamente, no habra efectos secundarios o que peligren su vida.

11. ¿Es peligroso tomar antidepresivos junto con el alcohol u otros medicamentos?



En general, los antidepresivos pueden ser tomados con otros tipos de medicamentos. Usted tiene que notificarle a su doctor o a su trabajadora social exactamente cuales otros medicamentos (incluyendo medicinas compradas sin receta) esta tomando para que el/ella pueda asegurar que no hayan problemas. Los antidepresivos pueden aumentar los efectos sedativos del alcohol. Tenga cuidado y evite beber mucho alcohol mientras este tomando estos medicamentos.

12. ¿Qué hago si no me tomo la medicina un día?

No se preocupe por la dosis que se le olvido, ni trate de duplicar. Nadamas siga tomando la medicina el proximo dia como haya sido recetada.

13. ¿Puedo dejar de tomar la medicina cuando me esté sintiendo mejor?

No hasta que usted y su doctor hayan decidido en el tiempo adecuado. Usted estaria en alto riesgo a que la derpesión vuelva, y puede ocurrir algunos síntomas temporales. En la mayoría de los casos, usted debe continuar la medicina por lo menos 6 meses hasta que usted y su doctor esten de acuerdo que se ha recuperado completamente.



POR FAVOR NO PARE LA MEDICINA ANTES DE CONSULTARLO CON SU DOCTOR.

14. ¿Me pondré mejor?

Con el tratamiento, el 50% a 80% de los pacientes tendrán una recuperación completa. Si no responde bien a la medicina que usted esta tomando, es posible que usted pueda responder mejor con otro tipo de medicamento o otro tipo de consejeria.

Apéndice B

¿QUÉ DEBEN DE SABER LA FAMILIA Y LOS AMIGOS SOBRE LA DEPRESIÓN?

La familia y los amigos pueden servirles de apoyo ahora. Mostrándoles esta sección sus preguntas sobre la depresión y como ayudarla podran ser contestadas.

Yo soy un miembro o amigo de la familia. Me preocupo...



1. ¿Es culpa mia esto?

Porque las causas de la depresión no son claras, es fácil que los miembros de la familia o amigos cercanos se sientan culpables por la enfermedad de su ser querido. En vez de preocuparse por el pasado, piense en cosas que puede hacer de ahora en adelante. Concéntrese en un futuro más brillante. Una persona deprimida a menudo estara irritable o tendra menos interes en su relación. No lo tome personalmente.

2. ¿Y si hago que las cosas se pongan peores?

Culparse a si mismo es una gran parte de la depresión; trate de no caer en esta trampa uste. Usted no sabrá todo el tiempo que es lo que pueda decir que ayude de mejor manera, pero no deje que eso lo detenga. Es más importante que usted le deje saer a su ser querido que lo estima y que usted esta disponible para ayudar. La persistencia y los buenos sentimientos ayudan bastante.

3. ¿Qué debo de evitare hacer o decir?

Aunque usted demuester buenos sentimientos y su intencion es buena, pueden haber epocas difíciles. Ciertas cosas que no debe de hacer y cosas que debe recordar son:

- **No diga, "¿No puedes agarrar la honda?"** La depression aparenta ser peresosidad, porque si su amiog/a no puede hacer las cosas que hacia antes, usted se sentirá cargado. Le sirve de ayuda recordar los tiempos en ue usted se ha
- **No use el tratamiento del silencio.** Algunas veces no dira nada por miedo

de decir algo dañino. El silencio puede dejar mucho lugar para que la persona deprimida sea negativa y se critique. Si usted no sabe que decir o hacer, trate de hacer preguntas. O diga la verdad: "Quisiera ayudar, pero no se que decir."

- **No diga, "Estas actuando como si no te hubieras tomado tu pastilla hoy."** Trate de no asociar el tomar medicamentos antidepresivos con los eventos negativos.

Yo soy un miembro o amigo de la familia. Me gustaria saber...

4. ¿Como puedo ayudar?



- **Promueva actividades agradables.**

Actividades divertidas son antidepresivos naturales efectivos. Le ayudan a la gente deprimida lograr la energia y motivación que la depresión les a quitado. A la gente en tratamiento hay que alentarlas a planear actividades agradables en sus rutinas diarias aun que se les aga dificil. Usted puede ayudar siendo una compañera. Trate de planear caminatas, ir al cine, u otro tipo de actividades físicas o de entretenimiento con el miembro de su familia o amigo deprimido. Usted puede sér rechazado, pero no tome "no" por respuesta. Comienze despacio, ofresca mucho respaldo y mantengalo.

- **De esperanzas.** Tenga la esperanza que el miembro de su familia o amigo se recuperará. Recuerde logros pasados y tiempos mejores. Animelos a que tengan esperanzas y que sepan que un dia se recuperarán. Una de las cosas mas dificiles para personas deprimidas es cuando su familia y sus amigos los tratan de manera diferente a lo anteriormente. Amor sin juzgamentos de la familia y amigos es muy importante para las personas deprimidas.

- **Ayude a cambiar montañas en cerros.** Problemas diarios parecen ser abrumantes para una persona que se siente deprimida. Que es dificil para ellos comensar a resolverlos. Usted puede ayudar hacer los problemas mas manejables ayudandole al miembro de su familia o amigo a:

1. Quebre el problema en pedazos pequeños
2. Decida que hacer primero
3. Identifique uno o dos pasos con que empezar

4. Escoja un tiempo y lugar específico para comenzar
5. Reconozca y aprecie sus logros

•**Envolúcrese en el tratamiento de la depresión.** La gente deprimida se siente terriblemente sola. Ofrezcale un poco de su ayuda. Los dos pueden leer acerca de la depresión y hablar de lo que han aprendido. O usted puede ir con el miembro de su familia a hablar con su trabajadora social cuando vaya a su cita regular. También, la depresión puede causar serios problemas en una relación. Si las cosas en su relación le causan ansiedad, considere la consejería juntos.

•**Reconozca mejoramientos.** Digale al miembro de su familia o amigo cuando vea que mejoraron su modo de ser, su actitud y sus modales, especialmente cuando el tratamiento es efectivo. Esto es muy importante porque usted puede notar cambios positivos antes que la persona deprimida los note.

5. ¿Cómo puedo ayudar para que la depresión no vuelva?

Mucha gente deprimida se siente mucho mejor después de 1 o 2 meses de tratamiento. Desafortunadamente, la depresión vuelve algunas veces, especialmente si para el tratamiento muy temprano. Cuando las cosas han mejorado, usted puede ayudar reconociendo señales que suceden temprano. Si la depresión comienza a volver a la vida de su amigo, usted puede ser el primero en darse cuenta. Problemas con el sueño, irritabilidad, o rechazos de situaciones sociales son señales. Cuando las cosas están bien, sería una buena idea sentarse juntos y hacer una lista de señales tempranas que la depresión ha vuelto. Trate de ver si puede hacer un plan avanzado acerca de cómo usted puede comentar sus preocupaciones en la forma más apropiada. Así usted puede mencionar las señales tempranas sin que sea muy crítico.

Este folleto fué adaptado de un folleto originalmente desarrollado por Sabine Oishi, MSPH, Jürgen Unützer, MD, MPH y los investigadores del proyecto IMPACTO, fundado por la Fundación de John A. Hartford en New York, NY y la Fundación del cuidado de la Salud de California en Oakland, California. A sido adaptada por la doctora en trabajo social Kathleen Ell, DSW, investigadora principal; Dra. Megan Dwight-Johnson, MD, MPH; Dra. Laila Muderspach, MD; Dra. Christy Russell, MD; y la participante en trabajo social Ann Revard la cual es parte un grupo que lleva acabo en estudio de como ayudar a mujeres con cancer a vencer la depresión. Este estudio asido fundado por e Instituto Nacional del Cancer.

What You Need To Know About Depression

A Guide for Family Members and Friends



Principle Investigator Kathleen Eil, DSW

Megan Dwight-Johnson, MD, MPH

Diana Pineda, MSW, Maria Aranda PhD, Maria Moreno, MSW, Isabel Lagomasino, MD



Depression is a medical condition that affects a person's mood, thoughts, behavior and body. Everyone sometimes feels sad, down or edgy for a while. But when a person has depression, these feelings are more intense and long lasting. Things that used to be easy or enjoyable, like spending time with family or friends, take great effort. And there are often physical problems like appetite loss, sleeplessness and extra aches and pains.

Many cancer patients suffer sadness or grief and as many as 60% suffer from depression. Depression symptoms may be mistaken for physical symptoms caused by the cancer or its treatment. Patients may think their depressed mood is a normal part of having cancer or going through treatment. They may never realize that their depression can be treated. Many people also fear that their depression is due to weakness or a character flaw.



The truth is depression is a **medical** problem. It has to do with an imbalance in brain chemicals called neurotransmitters.

Life stresses, hereditary factors and medical problems can lead to a change in levels of these normal chemicals in the brain. This chemical change leads to some of the common symptoms of depression, like depressed mood, sleep and appetite problems, loss of energy, trouble concentrating and pain. Physical symptoms and negative thoughts make people feel like withdrawing and deepen their depressed mood. This can lead to even more severe depression.

Sometimes other people in our society--it could be your spouse, family, your co-workers, your friends, people you don't know--have negative views about people who are depressed. These opinions may have a powerful negative influence. Negative comments about depression may make your family member feel ashamed, embarrassed, isolated, or hopeless about her illness. It is important for you to remember that these negative opinions are based on ignorance. You can speak honestly about your family member's illness just as if it were any other medical illness and your comments may teach others to not feel ashamed about depression. Remember there is hope because depression, like many other illnesses, can be treated.



**THE GOOD NEWS IS DEPRESSION
IS NOT A NATURAL PART OF CANCER.**

**EVEN WITH MEDICAL DIFFICULTIES,
DEPRESSION CAN BE TREATED.**

THE PATIENT CAN FEEL BETTER.

What are the symptoms of depression?

Many different symptoms can be part of depression, and they may be mild, moderate or severe. Different people are affected in different ways.

Depression symptoms and problems:

- Sad or empty feelings
- Loss of interest or pleasure in activities like outings, music, reading or sex
- Poor concentration, difficulty thinking, remembering and making decisions
- Poor energy
- Feelings of worthlessness or guilt
- Thoughts of harming oneself or dying (suicide)
- Sleep problems (sleep more OR less than usual)
- Appetite/weight change (eat more OR less than usual)
- Physical agitation or slowness
- Anxiety
- Somatic (bodily) symptoms, such as frequent aches and pains or stomach problems



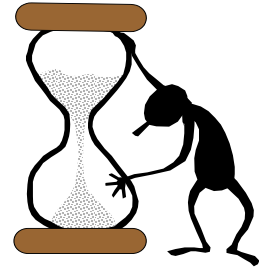


When people are feeling depressed they may be more likely to turn to drugs or alcohol for relief, but their use may actually make depression worse.

Depressed people sometimes also have:

- severe anxiety or panic attacks
- strange feelings, like having things seem unreal, or seeing or hearing things that others cannot see or hear
- a condition called *bipolar disorder* or *manic depression*
 - In this disorder, periods of depression alternate with periods of being overly excited, high or irritable.

I am a family member or friend. I worry...



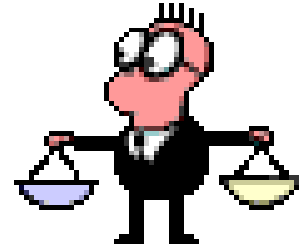
1. Is this my fault?

Because the causes of depression often are not clear, it's easy for family members or close friends to feel guilty about their loved one's illness. Instead of worrying about the past, think of specific things you can do from now on. Focus on the prospects for a brighter future. Someone who is depressed will often be irritable or be less interested in your relationship. Don't take it personally.

2. What if I just make things worse?



Self-blame is a big part of depression; try not to fall into that trap yourself. You won't always know the right thing to say, but don't let that stop you from talking. It's more important that you let your loved one know you care and that you are available to help. Persistence and good intentions will go a long way.



3. What should I avoid doing or saying?

Even if you mean well and try hard, there may still be difficult times. Here are some common “don’ts” to keep in mind:

- Depression is not laziness, but if your depressed friend or family member can't do the things he or she normally does, you may feel burdened. It helps to remember the times when you felt especially frustrated or discouraged.
- Sometimes you may say nothing for fear of saying something wrong. Silence can leave lots of room for a depressed person to be negative or self critical. If you don't know what to say or do, try asking. Or just tell the truth: "I'd like to help but I don't know what to say."
- Try not to associate taking antidepressant medication with negative events.

I am a family member or friend. I'd like to know...

4. How can I help?

- **Encourage pleasant regular activities.**

Fun activities are effective natural antidepressants. They help people with depression regain the energy and motivation that depression drains away. People in treatment are encouraged to purposely schedule pleasant activities in their daily routines even though it may be difficult. You can help by being a partner.

Try to schedule a walk, a movie, or some other fun physical, entertaining or social activity everyday with your depressed family member or friend. You may meet with some resistance, but do not take "no" for an answer. Start slowly, offer lots of encouragement, and keep at it.

- **Encourage hope.** Hold the belief that your depressed family member or friend will recover. Remember past successes and good times. Encourage them to be hopeful and believe that they will recover. One of the hardest things for depressed people to cope with is having their family and friends treat them differently. Non-judgmental love from family and friends is especially important to someone who is depressed.



- **Help turn mountains back into molehills.**

Daily problems seem so overwhelming to someone who feels depressed, it's hard for them to even start to solve them. You can help make the problems manageable by helping your family member or friend to:

1. Break the problem into small pieces
2. Decide what to take on first
3. Identify one or two small steps to start with
4. Set a specific time and place to get started
5. Recognize and praise their successes

- **Get involved in the depression treatment.**

Depressed people feel terribly alone. Offer to help in a way that works for you. The two of you can read about depression and talk about what you have learned together. Or, you might go with your family member to talk with the social worker during their regularly appointment. Sometimes there are problems in a relationship that can cause depression. Also, depression can sometimes cause serious problems in a relationship. If things in the relationship are stressful, you might consider going to counseling together.



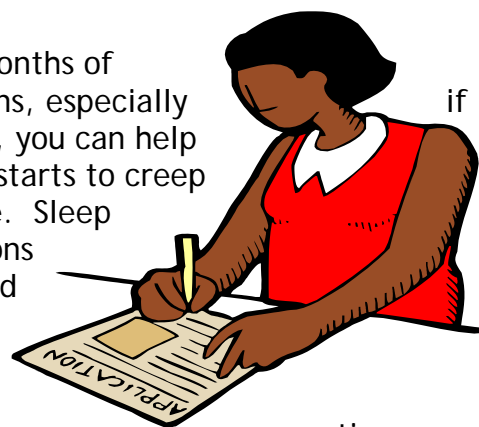
- **Recognize improvements.**

Tell your family member or friend when you see their mood, attitude, and behavior get better, especially if treatments seem to be working. This is important as you may notice positive changes before the depressed person does.



5. How can I help keep depression from coming back?

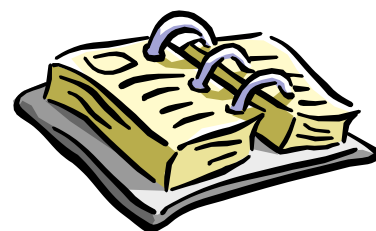
Most depressed people feel much better after 1 or 2 months of treatment. Unfortunately, depression sometimes returns, especially if treatment is stopped too early. Once things are better, you can help by watching out for early warning signs. If depression starts to creep back into someone's life, you may be the first to notice. Sleep problems, irritability or withdrawal from social situations are clues. When things are going well, it may be a good idea to sit down together to make a list of early warning signs or clues that depression is returning. See if you can make a plan in advance about how you can bring up your concerns in the most helpful way. Then you can mention warning signs of depression without seeming critical.



Appendix A

COMMON QUESTIONS ABOUT TREATMENTS FOR DEPRESSION For Family Members and Friends

Questions about Problem Solving Treatment (PST):



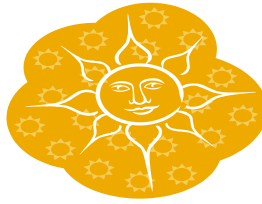
1. What is PST?

Problem-solving treatment (PST) is a brief form of treatment that teaches the patient how to solve the problems that are making the patient depressed. The social worker will meet with the patient at her office each week for 4-8 weeks, and during that time the patient will learn seven steps to fix the problems that are bothering her.

2. Four to eight weeks seems awfully short. How can the patient solve all their problems in so few meetings?

The goal of PST is to teach the patient how to solve problems on her own. Using PST will not solve all the patient's problems during this time. By working on some of the patient's problems in the 4-8 weeks she has with her social worker, the patient will learn to solve the other problems on her own.





3. Four to eight weeks seems awfully long to learn how to solve problems. Does the patient need every one of those meetings?

Learning how to solve problems is not easy. The patient will practice the skills she is being taught. Although the patient does not have to use all 8 meetings, she will want to work with her social worker at least 4 times to learn PST

4. Does the patient have to tell her social worker everything?

While it is important to talk about all the big problems that the patient thinks are related to her depression, she doesn't have to talk about every problem she has. Because the goal of PST is to TEACH her how to solve problems on her own, she can learn PST by focusing on any problem she feels comfortable discussing.

5. Homework? What if the patient doesn't do her homework?

We encourage the patient to practice her new skills outside of the meetings because the more she practices, the better she will become at helping herself. But, even if the patient doesn't finish her homework, the meeting with her social worker is important.



Questions about antidepressant medications:

1. How do antidepressants work?

Antidepressants help restore the correct balance of certain chemicals called neurotransmitters in the brain.

2. The patient's problem is inability to sleep. How can an antidepressant help with this?

In many cases, poor sleep is caused by depression. Once the depression lifts, sleeping improves too. Antidepressants can help restore normal sleep, even in people who do not have major depression. They are better than other sleeping pills in that they are not addictive, and they usually do not impair concentration or coordination.



3. The patient has a problem with pain. How can an antidepressant help with this?

Antidepressants have been shown to be successful (even in people without depression) in a number of pain conditions.



4. The patient has low energy and feel tired a lot of the time. How can an antidepressant help with this?

Antidepressants can help restore energy in people who are depressed. With treatment, the patient will feel less tired and more able to do her usual activities.



5. The patient has a lot of stress in her life. How can an antidepressant help with this?

Life stress can cause or worsen the symptoms of depression. The depression can then worsen the impact of such stressors (like family problems, physical illness or financial worries) and the patient's ability to cope with them. Treating the depression can help people break out of this vicious cycle.



6. Are antidepressants addictive?

No. Antidepressants are not habit-forming or addictive. They do not produce a "high" feeling, but they will slowly alter the amount of certain chemicals called neurotransmitters in the brain over a number of weeks. Restoring the levels to a more normal balance usually brings the depression under control.



7. The patient's problem is anxiety or panic attacks, not depression. How can antidepressants help?

In many cases, anxiety is caused by depression. Once the depression lifts, the anxiety improves as well.

8. How long will it take the medications to work?



It usually takes from one to six weeks for people to start feeling better. In many cases, sleep and appetite improve first. It may take a little longer for the patient's mood, energy, and negative thinking to improve. If the depression has not improved after 6 to 8 weeks, an increase in the dose or a change to another antidepressant may be needed.

9. How long will the patient have to take the medication?

Once the patient has recovered from her depression, the patient should stay on the medication for another 6 months to prevent it from returning.



10. Are there any dangerous side effects?

Side effects from antidepressants are usually mild. The patient should ask her doctor or social worker (who will coordinate with the patient's doctor) what to expect and what to do if she has a problem. In many cases, the patient's body will get used to the medication and the patient won't be bothered with the side effect for long. In other cases, the patient's doctor may suggest lowering the dose, adding another medication, or changing to another antidepressant. If used properly, there are no dangerous or life-threatening side effects.

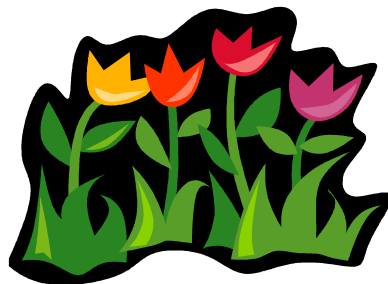
11. Is it safe to take antidepressants together with alcohol or other medications?



In general, antidepressants can safely be taken with other medications. The patient should let her doctor or social worker know exactly which other medications (including over the counter medications) she is taking so that the doctor or social worker can make sure that there are not problems. Antidepressants can increase the sedating effects of alcohol. Be careful to avoid drinking much alcohol while on these medications.

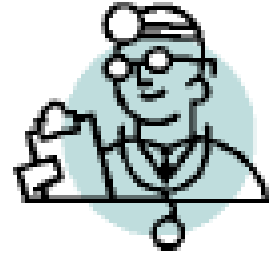
12. What should the patient do if she misses the medication one day?

The patient should not "double up" and take the dose she forgot. She should just keep taking the medication as prescribed each day.



13. Can the patient stop the medication once she is feeling better?

No, not until the patient and her doctor have decided that it is the right time. Stopping the medication would be at high risk for having the depression come back, and may go through some temporary withdrawal symptoms. In most cases, the patient should continue the medication for at least 6 months after she and her doctor agree that her recovery is complete.



14. Will the patient get better?

With treatment, 50% to 80% of patients will have a complete recovery. Should the patient not respond to the first medication she tries, there is an excellent chance that she will respond to another medication or another form of counseling.



This brochure was adapted from a brochure originally developed by Sabine Oishi, MSPH, Jürgen Unützer, MD, MPH and investigators of Project IMPACT, funded by the John A. Hartford Foundation, New York, NY and the California HealthCare Foundation, Oakland, California. It has been adapted by Kathleen Ell, DSW, Principal Investigator; Megan Dwight-Johnson, MD, MPH; Diana Pineda, MSW, Maria Aranda, PhD, Maria Moreno, MSW, Isabel Lagomasino for a study about helping women with cancer overcome depression. The National Cancer Institute is funding this study.

Lo que debe saber de la depresion

Un guía para familiares y amistades



Investigadora Principal Kathleen Eil, DSW

Megan Dwight-Johnson, MD, MPH

Diana Pineda, MSW, Maria Aranda, PhD, Maria Moreno, MSW, Isabela Lagomasino, MD

¿QUÉ ES LA DEPRESIÓN ?



La depresión es una condición médica que afecta el carácter, los pensamientos, el comportamiento, y el bienestar físico. Todos nos sentimos tristes a veces o afligidos por ratos. Pero cuando una persona está deprimida, estas sensaciones son más intensas y duraderas. Las cosas que eran agradables, como estar con la familia o con amistades, son más difíciles de hacer. Y a menudo hay problemas físicos como la pérdida del apetito, insomnio, y padecimientos físicos como dolores de cabeza, trastornos digestivos y dolores crónicos.

Muchos pacientes con cáncer sufren tristeza o decaimiento, y hasta 60% de ellos sufren de la depresión. Los síntomas de la depresión se pueden confundir con los síntomas físicos del cáncer o del tratamiento. Las pacientes pueden pensar que su estado de ánimo deprimido es una parte normal del cáncer o del tratamiento, y nunca se dan cuenta que su depresión puede ser tratada. Mucha gente también teme que su depresión es debida a un defecto del carácter.



La verdad es que la depresión es un **problema médico**. Tiene que ver con un desequilibrio en los productos químicos del cerebro llamados neurotransmisores.

Las tensiones de la vida, los factores hereditarios, y los problemas médicos pueden provocar un cambio en los niveles de estos productos químicos. Estos cambios producen algunos de los síntomas comunes de la depresión, como el estado de ánimo deprimido, problemas con el sueño y el apetito, pérdida de energía, dificultades en concentrarse, y padecimientos físicos. Los síntomas físicos y los pensamientos negativos hacen que los síntomas sean más profundos y que empeoran el estado de ánimo deprimido. Esto puede causar una depresión aún más severa.

A veces algunas personas en nuestra sociedad - tal como su esposa/o, familiares, amistades, personas en su trabajo, hasta gente que no conoce - tienen opiniones negativas sobre personas que sufren depresión. Estas opiniones pueden tener una influencia negativa muy fuerte. Comentarios negativos sobre la depresión pueden hacer sentir a su familiar avergonzada, apenada, aislada, o sin esperanza. Es importante que usted recuerde que esas opiniones negativas están basadas en la ignorancia. Usted puede hablar sinceramente sobre la depresión de su familiar igual que si fuera cualquier otra condición médica y sus comentarios pueden enseñarle a otros no sentirse avergonzados de la depresión. Recuerde que hay esperanza porque la depresión puede ser tratada, igual que muchas otras enfermedades.

**LA BUENA NOTICIA ES QUE LA
DEPRESION NO ES UNA
CONSECUENCIA NORMAL DEL
CANCER.**

**AUNQUE TENGA CONDICIONES
MEDICAS, LA DEPRESION PUEDE
SER TRATADA.**

USTED PUEDE SENTIRSE MEJOR.



¿Cuáles son los síntomas de la depresión?

Muchos síntomas diferentes pueden ser parte de la depresión, y se pueden sentir de una manera leve, moderada, o severa. Diferentes personas son afectadas en diferentes maneras.

Síntomas de la depresión:

- Sensaciones de tristeza o "vacío"
- Pérdida de interés en actividades o pasatiempos que anteriormente se disfrutaban , como diversiones, música, leer, o relaciones sexuales
- Dificultad para concentrarse, pensar, recordar, o hacer decisiones
- Falta de energía
- Sentimientos de culpabilidad o de inutilidad
- Ideas relacionadas con la muerte o con el suicidio
- Problemas con el sueño (dormir demasiado o menos de lo normal)
- Cambio de apetito/peso (comer demasiado o menos de lo normal)
- Inquietud u irritabilidad
- Ansiedad
- Padecimientos físicos como dolores de cabeza, trastornos digestivos y dolores crónicos



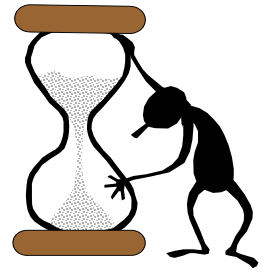


Cuando las personas se sienten deprimidas, a veces usan alcohol o drogas para sentirse mejor, pero el uso puede empeorar la depresión.

Algunas veces una persona deprimida puede tener:

- ❑ Ataques severos de ansiedad o de pánico
- ❑ Sensaciones extrañas, como sentir que otras personas están hablando de uno, o ver o escuchar cosas que otros no ven o escuchan.
- ❑ Una condición llamada **depresión bipolar** o **maníaco-depresión**. En esta condición, los períodos de depresión se intercambian con períodos de excitación excesiva o irritabilidad.

Yo soy un miembro o amigo de la familia. Me preocupo...



1. ¿Esto es culpa mía?

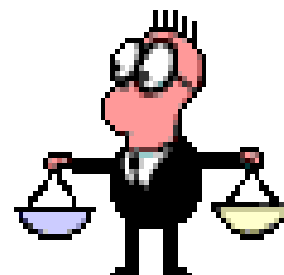
Como las causas de la depresión no son claras, a veces es fácil para los familiares o amistades sentirse culpables por la enfermedad de su ser querida. En vez de preocuparse por el pasado, piense en cosas que puede hacer de ahora en adelante. Concéntrese en la posibilidad de un futuro más brillante. Una persona deprimida a menudo estará irritable o sentirá menos interés en su relación o amistad. No lo tome personalmente.

2. ¿Y si empeoro las cosas?



Culparse a si mismo es una gran parte de la depresión; trate de no caer en esta misma trampa. No sabrá que decirle al paciente todo el tiempo para poder ayudarlo, pero no deje de mantener la comunicación. Es más importante que usted le deje saber a su ser querida que la estima y que usted esta disponible para ayudar. La persistencia y las buenas intenciones ayudan bastante.

3. ¿Qué cosas no debo hacer o decir?



Aunque usted demuestre buenos sentimientos y tenga buenas intenciones, puede haber épocas difíciles. Ciertas cosas que no debe de hacer ni decir son:

- **No diga, "¿No puedes agarrar la honda?"**

La depresión no es igual que la pereza, pero si su familiar o amiga no puede hacer las cosas que hacía antes, es posible que usted se sintiera sobrecargado. Ayuda acordarse de los tiempos en que usted mismo se ha sentido frustrado o desanimado.

- **"No se quede callado"**

Algunas veces no dirá nada por miedo de decir algo dañino. El silencio puede dejar demasiado lugar para que la persona deprimida sea negativa y se critique. Si usted no sabe que decir o hacer, trate de hacer preguntas. O diga la verdad: "Quisiera ayudar, pero no se que decir."

- **No diga, "Te estas comportando como si no te hubieras tomado tu pastilla hoy."**

Trate de no asociar el tomar medicamentos antidepresivos con eventos negativos.

Yo soy un miembro o amigo de la familia. Me gustaría saber...

4. ¿Como puedo ayudar?

- **Promueva actividades agradables.**

Las actividades divertidas funcionan como antidepresivos naturales y efectivos. Ayudan a las personas deprimidas sentir de nuevo la energía y motivación que la depresión les quitó. Por eso, a las personas debajo tratamiento profesional se les aconseja actividades agradables en sus rutinas diarias aunque se les haga difícil. Usted puede ayudar siendo un compañero. Trate de planear ir a caminar, ir al cine, u otro tipo de actividad física, entretenida, o sociable con su familiar o amiga deprimida. Puede encontrar alguna resistencia, pero no acepte que le digan “no.” Comience despacio, dé ánimo, y siga tratando.

- **Darle ánimo.**

Tenga la esperanza que su familiar o amiga se recuperará. Recuerdese de logros anteriores y tiempos mejores. Anímelos a que tengan esperanzas y a que sepan que un día se recuperarán. Una de las cosas mas difíciles para personas deprimidas es cuando sus familiares y amistades las tratan de manera diferente. Amor sin juzgamientos de parte de la familia y amigos es muy importante para las personas deprimidas.



- **Seguir paso a paso.**

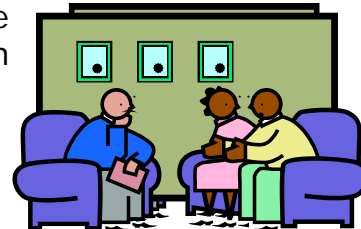
Problemas diarios parecen ser tan enormes para una persona deprimida que se les hace difícil hasta empezar a tratar de resolverlos. Usted puede ayudar hacer los problemas mas manejables si ayuda a su familiar o amiga a:

1. Dividir el problema en pedazos pequeños para que no se noten tan imposibles de resolver
2. Decidir que parte del problema enfrentar primero
3. Identificar uno o dos pasos pequeños con cuales empezar
4. Especificar cuándo y a dónde comenzar
5. Reconocer y apreciar sus logros no importa que pequeños sean



- **Envolúcrese en el tratamiento de la depresión.**

La gente deprimida se siente terriblemente sola. Ofrezcale ayudar en lo posible. Juntos pueden leer acerca de la depresión y hablar de lo que han aprendido. O, usted puede ir con su familiar o amiga a sus citas para hablar con la trabajadora social. A veces hay problemas interpersonales que pueden contribuir a la depresión. También la depresión puede causar problemas serios en una relación íntima o de amistad. Si esto sucede, se recomienda acudir asesoramiento de parejas o de familia.



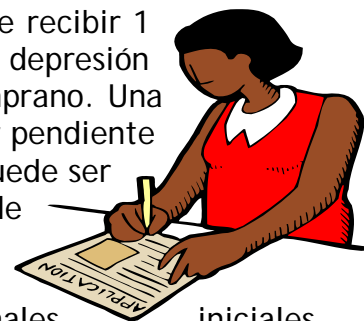
- **Reconozca cuando haga progreso.**

Dígale a su familiar o amiga cuando vea un mejoramiento en su estado de ánimo, actitud, o comportamiento, especialmente si el tratamiento parece ser efectivo. Esto es muy importante porque es posible que usted se de cuenta de cambios positivos antes que la persona deprimida.



5. ¿Cómo puedo ayudar para que la depresión no vuelva afligir al paciente?

Muchas personas deprimidas se sienten mucho mejor después de recibir 1 o 2 meses de tratamiento. Desafortunadamente, a veces la depresión vuelve, especialmente si el tratamiento se para demasiado temprano. Una vez que las cosas hayan mejorado, usted puede ayudar con estar pendiente de señales o síntomas iniciales de una nueva depresión. Usted puede ser el primero en darse cuenta que la depresión esta comenzando de nuevo. Problemas con el sueño, irritabilidad, o retiradas de actividades sociables son señales. Cuando las cosas están bien, sería una buena idea sentarse juntos y hacer una lista de señales o indicaciones que la depresión ha vuelto. Trate de ver si puede hacer un plan por adelante acerca de como puede expresar sus preocupaciones en la forma más apropiada. Así le podrá mencionar las señales iniciales a su familiar o amiga sin ella sentir que la esta criticando.



APÉNDICE A

PREGUNTAS COMUNES SOBRE EL TRATAMIENTO DE LA DEPRESIÓN

Preguntas sobre el Tratamiento para Solucionar Problemas (TSP):



1. ¿Qué es TSP?

Tratamiento para Solucionar Problemas es un tratamiento breve que la enseña como solucionar problemas que la están deprimiendo. La trabajadora social la dará una cita en su oficina cada semana por 4-8 semanas y durante este tiempo ella aprenderá siete pasos para resolver los problemas que la están molestando/argumando.

2. Cuatro a ocho semanas parecen terriblemente cortas. ¿Cómo puede solucionar sus problemas en tan pocas sesiones?

La meta de TSP es enseñarla como solucionar los problemas. No la espera solucionar todos los problemas durante este tiempo. Trabajando en algunos de los problemas de ella durante las 4-8 semanas que ella tiene con su trabajadora social, aprenderá a solucionar otros problemas sola.





3. Cuatro a ocho semanas parecen terriblemente largas para aprender como solucionar problemas ¿Ella necesita cada una de esas sesiones?

Aprender como solucionar problemas no es fácil. Ella necesitará practicar las habilidades que la estan enseñando. Aunque ella no tiene que usar las 8 secciones, es importante que trabaje con trabajadora social un minimo de 4 secciones para aprender TSP.

4. ¿Ella tiene que decir todo a su trabajadora social?

Mientras que es importante que ella habla de todos los problemas grandes que la tiene relacionados a la depresion, ella no tiene que hablar de todos sus problemas. La meta de TSP es ENSEÑARLA como solucionar problemas sola, ella puede aprender TSP enfocandose en cualquier problema que se siente comoda en compartir.

5. ¿Tarea? ¿Y si ella no haga su tarea?

La animamos que ella practica sus nuevas habilidades fuera de las sesiones porque entre más practique, mejor se va a poder ayudar a su misma. Pero aunque ella no termina su tarea, las citas con su trabajadora social son importantes.



Preguntas sobre medicamentos antidepresivos:

1. ¿Cómo trabajan los antidepresivos?

Los antidepresivos ayudan a restablecer el equilibrio de ciertos productos químicos llamados neurotransmisores en el cerebro.

2. El problema es el no poder dormir. ¿Cómo puede ayudarla con esto un antidepresivo?

En muchos casos, la insomnia es causado por la depresión. Una vez que la depresión disminuya, el dormir mejorará también. Los antidepresivos pueden ayudar a reestablecer el sueño normal, en las personas que no tienen una depresión severa.



3. Ella tiene un problema con el dolor. ¿Cómo puede ayudarla con esto un antidepresivo?

Los antidepresivos se han mostrado efectivos (incluso en la gente sin depresión) en un número de condiciones dolorosas.



4. Ella tiene poca energía baja y se siente cansada todo el tiempo. ¿Cómo puede ayudarla con esto un antidepresivo?

Los antidepresivos pueden ayudar a reestablecer la energía en una persona deprimida. Con el tratamiento, ella se sentirá menos cansada y con más capaz de hacer sus actividades usuales.



5. Ella tiene mucha tensión en su vida. ¿Cómo puede ayudarla con esto un antidepresivo?

La tensión de la vida puede causar o empeorar los síntomas de la depresión. La depresión puede empeorar el impacto de problemas (como problemas familiares, enfermedades físicas, o preocupaciones financieras) y de la capacidad para enfrentarlos. El tratamiento para la depresión puede ayudar a interrumpir este ciclo vicioso.



6. Son adictos los antidepresivos?

No, los antidepresivos no son adictivos. No producen una sensación "alta", sino que alteran lentamente la cantidad de ciertos productos químicos, llamados neurotransmisores, en el cerebro en el transcurso de unas semanas. Restablecen los niveles a un equilibrio normal y controlan la depression.

7. Los problemas de ella son los ataques de ansiedad o de pánico, no la depresión. ¿Cómo pueden ayudarla los antidepresivos?

En muchos casos, la ansiedad es causada por la depresión. Una vez que la depresión se disminuye, la ansiedad mejorará también.

8. ¿Cuánto tiempo se tomará para que la medicina trabaje?



Toma generalmente una a seis semanas para que la persona se sienta mejor. En muchos casos, el sueño y el apetito mejoran primero. Puede tomarse un poco más largo para que su humor, energía, y pensamientos negativos mejoran. Si la depresión no ha mejorado después de 6 a 8 semanas, un aumento en la dosis o un cambio a otro antidepresivo puede ser necesario.

9. ¿Por cuánto tiempo tendrá que tomar la medicina?

Ya que se haya recuperado de la depresión, ella se mantendrá usando la medicina por otros 6 meses para prevenir que le vuelva.



10. ¿Hay efectos secundarios peligrosos?

Efectos secundarios de los antidepresivos son generalmente minimos. Ella debe preguntarla a su doctor o a su trabajadora social (que se coordinara con su doctor) qué puede esperar o que puede hacer si ella tiene un problema. En muchos casos, el cuerpo se acostumbrara a los medicamentos y no le molestaran los efectos secundarios por mucho tiempo. En otros casos, el doctor puede sugerir reducir la dosis, agregar otros medicamentos, o cambiar a otro antidepresivo. Si es tomado correctamente, no habra efectos secundarios o que peligren la vida.

11. ¿Es peligroso tomar antidepresivos junto con el alcohol u otros medicamentos?



En general, los antidepresivos pueden ser tomados con otros tipos de medicamentos. Ella tiene que notificarle a su doctor o a su trabajadora social exactamente cuales otros medicamentos (incluyendo medicinas compradas sin receta) esta tomando para que el/ella pueda asegurarla que no hayan problemas. Los antidepresivos pueden aumentar los efectos sedativos del alcohol. Tenga cuidado y evite beber mucho alcohol mientras este tomando estos medicamentos.

12. ¿Qué haga si ella no se toma la medicina un día?

Ella no se preocupa por la dosis que se la olvido, ni trata de duplicar. Nadamas siga tomando la medicina el proximo dia como haya sido recetada.



13. ¿Ella puede dejar de tomar la medicina cuando se esta sintiendo mejor?

No hasta que ella y su doctor hayan decidido en el tiempo adecuado. Ella estaria en alto riesgo a que la derpesión vuelva, y puede ocurrir algunos síntomas temporales. En la mayoría de los casos, ella debe continuar la medicina por lo menos 6 meses hasta que ella y su doctor estan de acuerdo que se ha recuperado completamente.



14. ¿Se pondra mejor?

Con el tratamiento, el 50% a 80% de los pacientes tendrán una recuperación completa. Si ella no responde bien a la medicina que ella esta tomando, es posible que ella puede responder mejor con otro tipo de medicamento o otro tipo de consejeria.



Este folleto fué adaptado de un folleto originalmente desarrollado por Sabine Oishi, MSPH, Jürgen Unützer, MD, MPH y los investigadores del proyecto IMPACTO, fundado por la Fundacion de John A. Hartford en New York, NY y la Fudacion del cuidado de la Salud de California en Oakland, California. A sido adaptada por la doctora en trabajo social Kathleen Ell, DSW, investigadora principle; Dra. Megan Dwight-Johnson, MD, MPH; Dra. Isabel Lagomasino, MD; Diana Pinada, MSW, Dra. Maria Aranda, PhD, Maria Moreno la cual es parte un grupo que lleva acabo en estudio de como ayudar a mujeres con cancer a vencer la depresión. Este estudio asido fundado por e Instituto Nacional del Cancer.