	HEALTH CARE PERSONNEL FORM	
	Patient's:	**Please fill in or tick the right box as appropriate**
18	Date of birth	*(Day.Month.Year)*
19	Principal diagnosis	☐ Malignant neoplasms of lip, oral cavity and pharynx (C00-14) ☐ Malignant neoplasms of digestive organs (C15-26) ☐ Malignant neoplasms of respiratory and intrathoracic organs (C30-39) ☐ Malignant neoplasms of bone and articular cartilage (C40-41) ☐ Melanoma and other malignant neoplasms of skin (C43-44) ☐ Malignant neoplasms of mesothelial and soft tissue (C45-49) ☐ Malignant neoplasm of breast (C50) ☐ Malignant neoplasms of female genital organs (C51-58) ☐ Malignant neoplasms of male genital organs (C60-63) ☐ Malignant neoplasms of urinary tract (C64-68) ☐ Malignant neoplasms of eye, brain and other parts of central nervous system (C69-72) ☐ Malignant neoplasms of thyroid and other endocrine glands (C73-75) ☐ Malignant neoplasms of ill-defined, secondary and unspecified sites (C76-80) ☐ Malignant neoplasms, stated or presumed to be primary, of lymphoid, haematopoietic and related tissue (C81-96) ☐ Malignant neoplasms of independent (primary) multiple sites (C97) ☐ Benign neoplasms (D10-36) ☐ Neoplasms of uncertain or unknown behavior (D37-48)
20	Date of the principal diagnosis	*(Month.Year)*
21	Current stage of the cancer disease	☐ Local ☐ Locally advanced ☐ Metastatic/disseminated
22	Site of metastases	☐ Bone ☐ CNS ☐ Liver ☐ Lung ☐ Other (please specify) ________________________________
23	Present anticancer treatment	☐ Chemotherapy ☐ Hormone therapy ☐ Immunotherapy ☐ Radiotherapy ☐ Surgery ☐ Other anticancer therapy (please specify) ________________ ☐ No anticancer therapy

24	Additional diagnoses (other diagnoses than the cancer diagnose, having substantial impact on patient health)	☐ Certain infectious or parasitic diseases (A00-B99) ☐ Neoplasms (C00-D48) ☐ Diseases of the blood or blood-forming organs and certain disorders involving the immune mechanism (D50-89) ☐ Endocrine, nutritional or metabolic diseases (E00-90) ☐ Mental and behavioural disorders (F00-99) ☐ Diseases of the nervous system (G00-99) ☐ Diseases of the eye and adnexa (H00-59) ☐ Diseases of the ear or mastoid process (H60-95) ☐ Diseases of the circulatory system (I00-99) ☐ Diseases of the respiratory system (J00-99) ☐ Diseases of the digestive system (K00-93) ☐ Diseases of the skin and subcutaneous tissue (L00-99) ☐ Diseases of the musculoskeletal system or connective tissue (M00-99) ☐ Diseases of the genitourinary system (N00-99)
25	Medication	☐ Non-opioid analgesics ☐ Opioids ☐ Antidiabetics ☐ Anticoagulants ☐ Antiepileptics ☐ Corticosteroids ☐ Antidepressants ☐ Antiemetics ☐ Neuroleptics ☐ Sedatives/anxiolytics ☐ Drug(s) for acid related disorders ☐ Laxatives ☐ Antibiotics ☐ Diuretics ☐ Heart medication / antihypertensives ☐ Other (please specify):
26	Performance status	☐ 100 Normal; no complaints; no evidence of disease. ☐ 90 Able to carry on normal activity; minor signs or symptoms. ☐ 80 Normal activity with effort; some signs or symptoms of disease ☐ 70 Cares for self; unable to carry on normal activity or to do active work. ☐ 60 Requires occasional assistance but is able to care for most of his needs. ☐ 50 Requires considerable assistance and frequent medical care. ☐ 40 In bed more than 50% of the time. ☐ 30 Almost completely bedfast. ☐ 20 Totally bedfast and requiring extensive nursing care by professionals and/or family. ☐ 10 Comatose or barely rousable. ☐ 0 Dead

27	Cognitive function The patient has cognitive impairment	☐ No ☐ Mild ☐ Moderate ☐ Severe ☐ Fluctuating cognitive impairment
28	Place of current care	☐ Home ☐ Long-term care facilities ☐ Hospice / Palliative care unit ☐ Hospital ☐ Other (please specify) ________________________________
29	Provision of current care	☐ Inpatient ☐ Outpatient ☐ Day care