Social Work Assessment Tool (SWAT)

Complete after each social work visit. Rate the patient on how well s(h)e is doing on concerns regarding each issue. Rate the primary caregiver on how well s(h)e is doing on each issue, OR on how well s(h)e is coping with patient concerns regarding the issue. If there are no concerns in an area, circle 5 ("extremely well"). Each issue should be assessed during each client contact.

Patient I.D.#	Date of social work visit:
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ISSUE:	25 21 11	PATIENT					PRI	MARY C	AREGIVER	100
	l Not well at all	2 Not too well	3	4 Reasonably well	5 Extremely well	Not well at all	2	3	4 Reasonably well	5
End of life decisions consistent with their religious and cultural norms	1	2	3	4	5	1	2	3	4	5
2. Patient thoughts of suicide or wanting to hasten death	1	2	3	4	5	1	2	3	4	5
3. Anxiety about death	1	2	3	4	5	1	2	3	4	5
4. Preferences about environment (e.g., pets, own bed, etc.)	1	2	3	4	5	1	2	3	4	5
5. Social support	1	2	3	4	5	1	2	3	4	5
6. Financial resources	1	2	3	4	5	1	2	3	4	5
7. Safety issues	1	2	3	4	5	1	2	3	4	5
8. Comfort issues	1	2	3	4	5	1	2	3	4	5
9. Complicated anticipatory grief (e.g., guilt, depression, etc.)	1	2	3	4	5	1	2	3	4	5
10. Awareness of prognosis	1	2	3	4	5	1	2	3	4	5
11. Spirituality (e.g., higher purpose in life, sense of connection with all)	1	2	3	4	5	1	2	3	4	5

TOTAL Patient Score:	TOTAL PCG Score:	

NOTE: To calculate total scores: add the score for each item in the patient column to get a total patient score. Add the score for each item in the primary caregiver column to get a total primary caregiver score.

The Social Work Assessment Tool was developed by the Social Work Outcomes Task Force of the Social Work Section, National Hospice and Palliative Care Organization, National Council of Hospice and Palliative Professionals. Members of the Task Force included Mary Raymer, ACSW, Dona Reese, Ph.D., MSW, Ruth Huber, Ph.D., MSW, Stacy Orloff, Ed. D., LCSW, and Susan Gerbino, Ph.D., MSW. The Handbook for the use of the SWAT can be obtained on the National Hospice and Palliative Care Organization website, Members Only Section.

Social Work Assessment Tool (SWAT)

PRIMARY CAREGIVER VERSION

Patient I.D.#	Date of social work visit:	
-		

INSTRUCTIONS: For each issue listed below, please put a check mark in the box for the answer that best applies best to you.

ISSUE	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree
1. I am handling my feelings of grief pretty well (sadness, guilt, etc.).					
2. Plans for the patient's medical treatment match up with my own religious and cultural beliefs.					
3. I have good support from my friends, family, place of worship, etc.					
4. I feel a higher purpose in life and a sense of connection with all.					
ISSUE	1 Strongly agree	2 Agree	3 Neutral	4 Disagree	5 Strongly disagree
5. I have been extremely upset to the point that I am thinking about suicide or wanting to hasten my own death.					
6. I feel fearful about the patient's death.					
7. I am concerned about finances.					
8. I am concerned about whether the patient is physically safe in the home.					
ISSUE	1 Extremely likely	2 Likely	3 Neutral	4 Not likely	5 Extremely unlikely
9. How likely do you think it is that the patient's illness will be cured by doctors?					

NOTE: To calculate total scores: add the score for each item in the patient column to get a total patient score. Add the score for each item in the primary caregiver column to get a total primary caregiver score.

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Social Work Assessment Tool (SWAT)

PATIENT VERSION

Patient I.D.#

cured by doctors?

Date of social work visit:

INSTRUCTIONS: For each issue listed be	low, please	put a checl	k mark in t	he box for th	ne
answer that best applies best to you. ISSUE	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree
My plans for my medical treatment match up with my religious and cultural beliefs.					
2. My room is arranged the way I want it (location, bed, pets, etc.).					
3. I am handling my feelings of grief pretty well (sadness, guilt, etc.).					
4. I have good support from my friends, family, place of worship, etc.					
5. I feel a higher purpose in life and a sense of connection with all.					
ISSUE	1 Strongly agree	2 Agree	3 Neutral	4 Disagree	5 Strongly disagree
6. I have been extremely upset to the point that I am thinking about suicide or wanting to hasten my death.					
7. I feel fearful about dying.					
8. I am concerned about finances.					
9. I am concerned about whether I am physically safe in my home.					
10. I feel physically very uncomfortable.					
ISSUE	1 Extremely likely	2 Likely	3 Neutral	4 Not too likely	5 Extremely unlikely
11. How likely do you think it is that your illness will be					

NOTE: To calculate total scores: add the score for each item in the patient column to get a total patient score.

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TOTAL Patient Score:

Dona J. Reese

End-of-life care decisions Denial of terminality Death anxiety Grief Depression Sense of control Spirituality Social support Confrontation with Cultural group development mortality Level of

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