

Supplementary File S1

History taking and assessment proforma for psycho-oncology and psychiatric evaluation of children

Demographic details

Case file No: IP/OP

Name:

Age: Date of Birth:

Sex:

Birth order:

Education:

Medium of education:

Rural/Urban:

Socio-economic status of parents: Higher/Middle/Lower

Religion: Hindu

Family Status: Joint/Nuclear

Referred by:

Reason for ref:

History of presenting problem(s):

a) Nature & severity

Symptoms/ Problems	Frequency of problem	Situation in which it occurs	Provoking factors and stresses

b) Presence of other current problems or complaints

• Physical-Pain/Fatigue/ Nausea/Cough/ Breathlessness *	• Frustration tolerance
• Eating, sleeping,	• Anti-social behavior
• Relationship	• Academic attainments
• Level of activity	• Sexual interest and behavior
• Mood -	• Any other symptoms

Symptoms of illness:

Current treatment: Type-* Modality- *CT/RT/SX
CUR/PAL/BST/SUPP/FU

Reason for present admission (if IP)

Past history of illness:

Previous treatment:

Current level of development

- Language-
- Visuospatial ability-
- Motor coordination-

Family History

- Family structure –
- Family conflict, if any*
- Family function –
- Support Network*

Family history of medical/psychiatric illness

Medical History and Treatment

Diagnosis:	Stage:	Age of onset:
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Personal history

a) Birth History

Nature of Delivery: - a) FTND b) Premature c) Caesarean d) Forceps *

Birth weight: Normal/Low

Immediate crying/delayed crying:

Any birth trauma:

c) History of developmental milestones

Normal/Delayed:-•Neck holding •Crawling •Sitting •Walking •Talking

School History

School-going age:

Class-room behavior:

Child's hobbies & interests:

Involvement in sports:

Academic performance:

- Average
- Slow learner
- Learning disability

Transition to different school: - Yes/No

Special education:

Behavioral/psychological problems:

- ADHD
- Nail-biting
- Enuresis

Past psychiatric history

Treatment history

Temperament

Mental state Assessment

Appearance and behavior:

- Activity level:
- Habits and mannerisms:
- Rapport with clinician:
- Relationship with parents:
- Speech & language:
- Mood & Affect:
- Thought:
- Presence of hallucination and delusion:
- Level of awareness:
- Orientation:
- Attention and concentration:
- Intelligence:
- Awareness of cancer diagnosis Emotional problem

Neurological signs

- Facial asymmetry
- Eye movement (jerkiness, incoordination)
- Finger-thumb apposition (clumsiness, weakness)/copying pattern/grip and dexterity/drawing/jumping/hopping

Provisional Impression:

Management plan:

Psychiatric Unit, TMH

Supplementary File S2

Problems faced by children and adolescents with cancer referred to a specialist psycho-oncology service: a 5-year retrospective analysis

DATA COLLECTION FORM

1. 1. Sociodemographic data -

- Case file no of patient
- Age:
- Gender: Male/Female
- SES: Lower/Middle/Higher

Level of education of patient and of parent/s:
Primary/Secondary/High school & above

Family structure: Joint/Nuclear

No of siblings:

No of earning member/s:

2. 2. Clinical Information –

Cancer diagnosis:

3. Leukemia/ Lymphoma
4. Bone and soft tissue
5. Brain tumor
6. Gynecological and urological cancer
7. Head and Neck cancer
8. Breast
9. Lung

1- Gastrointestinal

0.

1- Others

1.

Stage of Disease: Early/Adv

1. 3. **Current Treatment:** Curative intent/Palliative intent/Supp care/follow-up

2. 4. **Psychosocial history**–Past history of emotional problems: Y/N

3. 5. Problems expressed

Number of problems

Types of problem

- Physical
- Emotional
- Cognitive/Academic
- Family /Interpersonal
- Peer relationship
- Other

Family history –

Presence of family conflict: Y/N

Family history of psychiatric disorders: Y/N

If yes to either of above, specify:

Any other remarks: