

# Supportive Needs Assessment tool for Cirrhosis (SNAC)

## INSTRUCTIONS

Having liver disease can bring many changes. We are worried that patients and their families may be left alone to cope with the problems that can arise. Please tell us about the problems you have run into, so we can help plan better services for you.

**The different stages of liver disease can affect each person in different ways.** Some of the needs or issues mentioned here may **never** affect **your** situation.

For every question on this form, please tell us whether you had this issue or concern within **the past month** because of your liver disease. There are two possible answers: **YES** or **NO**

**If you answered YES**, tell us how much **additional help** you needed because of this issue in **the past month**. There are four possible answers to choose from:

**None** - I did need help with this, but I received help. So I don't need additional help.

**A little** - This caused me concern or discomfort. I have or had a little need for additional help.

**Some** - This caused me concern or discomfort. I have or had some need for additional help

**A lot** - This caused me concern or discomfort. I have or had a lot more need for additional help

**If you answered NO**, do not answer the question about **additional help**. Move on to the next question. We have listed a few examples of how to show your answer.

### Examples

With respect to symptoms and managing your liver disease, in the **past month**, did you:

|    |   | How much additional help did/do you need? |                         |                                    |                         |
|----|---|---|-------------------------|------------------------------------|-------------------------|
|    |   | None                                      | A little                | Some                               | A lot                   |
| 1. | Have ascites (fluid build up in the abdomen/belly) <input checked="" type="radio"/> No <input type="radio"/> Yes →                              | <input type="radio"/> 1                   | <input type="radio"/> 2 | <input type="radio"/> 3            | <input type="radio"/> 4 |
| 2. | Make lifestyle changes to increase exercise, lose weight, stop or limit alcohol <input type="radio"/> No <input checked="" type="radio"/> Yes → | <input type="radio"/> 1                   | <input type="radio"/> 2 | <input checked="" type="radio"/> 3 | <input type="radio"/> 4 |

**In example 1**, you did not have ascites in the past month so this is not an issue for you. Therefore you did not need any help with this.

**In example 2**, you needed to change your lifestyle to increase exercise, and you did not receive as much help as you wanted to assist you with changing your lifestyle. Therefore you needed some more help with this.

With respect to day-to-day activities that may be affected by your liver disease, in the **past month**, did you:

|    |   | How much additional help did/do you need? |                         |                         |                         |
|----|---|---|-------------------------|-------------------------|-------------------------|
|    |   | None                                      | A little                | Some                    | A lot                   |
| 1. | Have extra costs involved in managing your liver condition <input type="radio"/> No <input type="radio"/> Yes →   | <input type="radio"/> 1                   | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 2. | Have any issues with transport getting to and from medical appointments for your liver condition <input type="radio"/> No <input type="radio"/> Yes →               | <input type="radio"/> 1                   | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 3. | Have difficulty with daily tasks around the house (e.g. washing, cooking, raking the yard, sweeping the floor) <input type="radio"/> No <input type="radio"/> Yes → | <input type="radio"/> 1                   | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 4. | Have trouble making a medical appointment or filling in forms due to language barriers <input type="radio"/> No <input type="radio"/> Yes →                         | <input type="radio"/> 1                   | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 5. | Did your job performance decrease because of your health <input type="radio"/> No <input type="radio"/> Yes →   | <input type="radio"/> 1                   | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |

**With respect to symptoms and managing your liver disease, in the past month, did you:**

|     |  |  | <b>How much additional help did/do you need?</b> |                         |                         |                         |
|-----|--|--|--|-------------------------|-------------------------|-------------------------|
|     |  |  | <b>None</b>                                      | <b>A little</b>         | <b>Some</b>             | <b>A lot</b>            |
| 6.  | Feel unwell  | 2 <input type="radio"/> No 1 <input type="radio"/> Yes → | 1 <input type="radio"/>                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 7.  | Have lack of energy, tiredness   | 2 <input type="radio"/> No 1 <input type="radio"/> Yes → | 1 <input type="radio"/>                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 8.  | Sleep poorly   | 2 <input type="radio"/> No 1 <input type="radio"/> Yes → | 1 <input type="radio"/>                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 9.  | Have confusion, disorientation, personality changes  | 2 <input type="radio"/> No 1 <input type="radio"/> Yes → | 1 <input type="radio"/>                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 10. | Have decreased ability to get around   | 2 <input type="radio"/> No 1 <input type="radio"/> Yes → | 1 <input type="radio"/>                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 11. | Have swelling of the ankles and legs   | 2 <input type="radio"/> No 1 <input type="radio"/> Yes → | 1 <input type="radio"/>                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 12. | Have itchy skin  | 2 <input type="radio"/> No 1 <input type="radio"/> Yes → | 1 <input type="radio"/>                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 13. | Have loss of appetite, nausea or vomiting  | 2 <input type="radio"/> No 1 <input type="radio"/> Yes → | 1 <input type="radio"/>                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 14. | Have ascites (fluid build up in the abdomen/belly)   | 2 <input type="radio"/> No 1 <input type="radio"/> Yes → | 1 <input type="radio"/>                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 15. | Have easy bruising, bleeding, thinning of the skin   | 2 <input type="radio"/> No 1 <input type="radio"/> Yes → | 1 <input type="radio"/>                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 16. | Have side effects of treatment (e.g. frequent or loose bowel motions, bloating and abdominal discomfort) | 2 <input type="radio"/> No 1 <input type="radio"/> Yes → | 1 <input type="radio"/>                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 17. | Make lifestyle changes to increase exercise, lose weight, stop or limit alcohol                          | 2 <input type="radio"/> No 1 <input type="radio"/> Yes → | 1 <input type="radio"/>                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 18. | Make diet changes (e.g. low salt diet or decrease portion size)  | 2 <input type="radio"/> No 1 <input type="radio"/> Yes → | 1 <input type="radio"/>                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |

**With respect to how you have been feeling, in the past month, did you:**

|     |   |  | <b>How much additional help did/do you need?</b> |                         |                         |                         |
|-----|---|--|--|-------------------------|-------------------------|-------------------------|
|     |   |  | <b>None</b>                                      | <b>A little</b>         | <b>Some</b>             | <b>A lot</b>            |
| 19. | Have fear of the unknown or uncertainty about the future              | 2 <input type="radio"/> No 1 <input type="radio"/> Yes → | 1 <input type="radio"/>                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 20. | Have any feelings about death and dying                               | 2 <input type="radio"/> No 1 <input type="radio"/> Yes → | 1 <input type="radio"/>                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 21. | Feel down or depressed  | 2 <input type="radio"/> No 1 <input type="radio"/> Yes → | 1 <input type="radio"/>                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 22. | Feel lonely   | 2 <input type="radio"/> No 1 <input type="radio"/> Yes → | 1 <input type="radio"/>                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 23. | Feel confused about managing your liver condition                     | 2 <input type="radio"/> No 1 <input type="radio"/> Yes → | 1 <input type="radio"/>                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 24. | Feel frustrated   | 2 <input type="radio"/> No 1 <input type="radio"/> Yes → | 1 <input type="radio"/>                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 25. | Have anxiety and/or stress  | 2 <input type="radio"/> No 1 <input type="radio"/> Yes → | 1 <input type="radio"/>                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 26. | Have aggression, irritability, anger                                  | 2 <input type="radio"/> No 1 <input type="radio"/> Yes → | 1 <input type="radio"/>                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 27. | Have lack of interest, no “get up and go”                             | 2 <input type="radio"/> No 1 <input type="radio"/> Yes → | 1 <input type="radio"/>                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 28. | Feel ashamed or embarrassed because of social stigma                  | 2 <input type="radio"/> No 1 <input type="radio"/> Yes → | 1 <input type="radio"/>                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 29. | Have fears about losing your independence                             | 2 <input type="radio"/> No 1 <input type="radio"/> Yes → | 1 <input type="radio"/>                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 30. | Fear being a burden to those close to you                             | 2 <input type="radio"/> No 1 <input type="radio"/> Yes → | 1 <input type="radio"/>                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 31. | Worry about the worries of those close to you                         | 2 <input type="radio"/> No 1 <input type="radio"/> Yes → | 1 <input type="radio"/>                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 32. | Worry about your illness getting worse (e.g. developing liver cancer) | 2 <input type="radio"/> No 1 <input type="radio"/> Yes → | 1 <input type="radio"/>                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |

**PLEASE NOTE THAT THIS SECTION IS DIFFERENT**

In this section, you should answer **parts a) and b)** for **every question**. Please answer **YES** or **NO** to **part a)**. Then **also answer part b)** to tell us how much additional help you need. Here are two examples:

**Examples**

With respect to information about liver disease, in the past month, did you:

1. a) Have the benefits and side-effects of treatments explained  Yes  No  
b) How much additional help did/do you need?  None  A little  Some  A lot
2. a) Access professional help/counselling (e.g. from social worker, psychologist, nurse specialist)  Yes  No  
b) How much additional help did/do you need?  None  A little  Some  A lot

**In example 1**, it means that you received information about the benefits and side-effects of treatments, but you felt that the information received was not enough. Therefore you needed some more help with this.

**In example 2**, it means that you have not received information about how to access professional help/counselling such as with a social worker, psychologist, or nurse specialist, but you felt that you did not need to access any of these health professionals. Therefore you did not need any more help with this.

With respect to information about liver disease, in the past month, did you:

33. a) Obtain information to use at home about how to manage your illness and complications  Yes  No  
b) How much additional help did/do you need?  None  A little  Some  A lot
34. a) Have tests/procedures explained  Yes  No  
b) How much additional help did/do you need?  None  A little  Some  A lot
35. a) Have the benefits and side-effects of treatments explained  Yes  No  
b) How much additional help did/do you need?  None  A little  Some  A lot
36. a) Access professional help/counselling (e.g. from a social worker, psychologist, nurse specialist)  Yes  No  
b) How much additional help did/do you need?  None  A little  Some  A lot
37. a) Know who to call and when to call for medical help  Yes  No  
b) How much additional help did/do you need?  None  A little  Some  A lot
38. a) Were you informed about things you can do to help yourself to get well  Yes  No  
b) How much additional help did/do you need?  None  A little  Some  A lot
39. a) Were you informed about support groups in your area  Yes  No  
b) How much additional help did/do you need?  None  A little  Some  A lot

40. **With respect to your liver disease**, were there any other things that you needed **additional help** with in the past month that we have not asked you about? **IF YES**, please tell me about them.



 Extra space for question 40 or comments.

**Thank you for completing this form!**

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There is no charge for administering the Supportive Needs Assessment tool for Cirrhosis (SNAC). Any publications that describe the use of SNAC should cite the following publication:

Valery PC, Bernardes CM, Stuart KA, Hartel G, McPhail SM, Skoien R, Rahman T, Clark PJ, Horsfall L, Hayward K, Gupta R, Powell EE. Development and evaluation of the Supportive Needs Assessment tool for Cirrhosis (SNAC). *Patient Preference & Adherence*. In Press 2020. doi: 10.2147/PPA.S236818.

Requests for information about the administration, scoring and analysis procedures should be addressed to:  
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