

Brief Needs Assessment Tool (BNAT)
 (A No for #1 or Yes for #'s 2-9 Identifies A Palliative Need)

1. Would you be surprised if this patient passed away within the next year?	Y	N
2. Does the patient or care partner have a severely reduced quality of life because of their illness?	Y	N
3. Does the patient have motor or non-motor symptoms that are resistant to treatment, such as postural instability, pain, fatigue, constipation, or dysphagia?	Y	N
4. Is the patient experiencing mood problems (e.g. depression, anxiety, apathy) or behavioral issues (e.g. hallucinations, delusions, agitation)?	Y	N
5. Is the care partner struggling with feeling overwhelmed?	Y	N
6. Is the patient or care partner struggling with difficult emotions such as guilt, grief, or anger?	Y	N
7. Is the relationship between the patient and care partner strained due to illness?	Y	N
8. Does the patient or care partner have spiritual or existential concerns such as loss of hope or feeling demoralized?	Y	N
9. Does the patient or care partner have significant concerns or worries about the future?	Y	N