Palliative care is defined as “an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual” (World Health Organization [WHO], 2002, pp. 15–16). Cancer remains one of the leading causes of death (Ferlay et al., 2010); therefore, patients with cancer represent an important proportion of the patients in the palliative care setting.

Palliative patients with cancer suffer from multiple symptoms and, at times, with high prevalence (Teunissen et al., 2007; Van Lancker et al., 2014). Subsequently, symptom management is seen as the most important aspect of palliative care (WHO, 2002). This requires adequate symptom assessment, which allows identification of symptoms in multiple domains, such as physical, psychological, social, functional, and existential (WHO, 2002). Like palliative care, care of older adults requires a multifaceted approach. Older adults often are confronted with comorbidities, polypharmacy, functional decline, cognitive problems, and loss of homeostatic reserve, which can result in symptoms in multiple domains (Depp & Jeste, 2006; Marengoni et al., 2011). Adequate symptom assessment is essential to be able to implement appropriate interventions to control symptoms.

Patient self-reported symptoms are seen as the gold standard in symptom assessment (Pautex, Berger, Chatelain, Herrmann, & Zulian, 2003). However, patients are not always able to report their symptoms because of a variety of reasons that are particularly relevant for older adult patients in palliative care (Kaye, Baluch, & Scott, 2010). Patients are, for instance, not able to report their symptoms if they experience cognitive problems, confusion, and weakness (Kaye et al., 2010; Nekolaichuk et al., 1999). For those patients, symptoms can only be assessed indirectly or estimated by a formal (nurse and physician) or informal (proxy) caregiver. The validity and reliability of those assessments are