

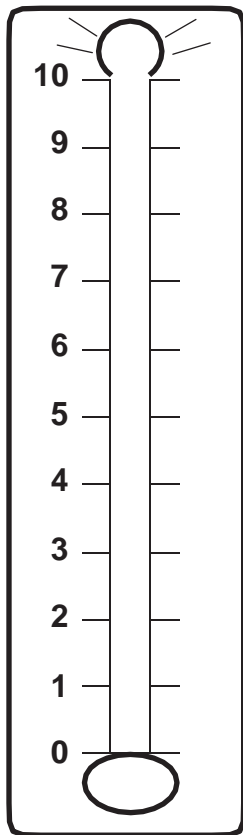
Please take a moment to complete the attached. A new diagnosis or change in treatment may be a time of increased distress for many. Distress may be related to any number of concerns. We believe it is important to care for the whole person and would like to be able to assist you with your concerns.

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_ RN Initials \_\_\_\_\_ Date \_\_\_\_\_

**NCCN DISTRESS THERMOMETER**

**Instructions: Please circle the number (0–10) that best describes how much distress you have been experiencing in the past week including today.**

**Extreme distress**



**No distress**

**PROBLEM LIST**

**Please indicate if any of the following has been a problem for you in the past week including today.**

**Be sure to check YES or NO for each.**

**YES NO Practical Problems**

- Child care
- Housing
- Insurance/financial
- Transportation
- Work/school
- Treatment decisions

**Family Problems**

- Dealing with children
- Dealing with partner
- Ability to have children
- Family health issues

**Emotional Problems**

- Depression
- Fears
- Nervousness
- Sadness
- Worry
- Loss of interest in usual activities

- Spiritual/religious concerns**

**YES NO Physical Problems**

- Appearance
- Bathing/dressing
- Breathing
- Changes in urination
- Constipation
- Diarrhea
- Eating
- Fatigue
- Feeling swollen
- Fevers
- Getting around
- Indigestion
- Memory/concentration
- Mouth sores
- Nausea
- Nose dry/congested
- Pain
- Sexual
- Skin dry/itchy
- Sleep
- Substance abuse
- Tingling in hands/feet

**Other Problems:** \_\_\_\_\_