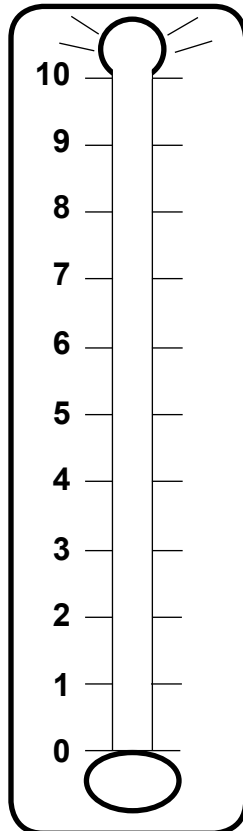


NCCN Distress Thermometer and Problem List for Patients

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

- YES NO Child care
- YES NO Housing
- YES NO Insurance/financial
- YES NO Transportation
- YES NO Work/school
- YES NO Treatment decisions

Family Problems

- YES NO Dealing with children
- YES NO Dealing with partner
- YES NO Ability to have children
- YES NO Family health issues

Emotional Problems

- YES NO Depression
- YES NO Fears
- YES NO Nervousness
- YES NO Sadness
- YES NO Worry
- YES NO Loss of interest in usual activities

- YES NO Spiritual/religious concerns

YES NO Physical Problems

- YES NO Appearance
- YES NO Bathing/dressing
- YES NO Breathing
- YES NO Changes in urination
- YES NO Constipation
- YES NO Diarrhea
- YES NO Eating
- YES NO Fatigue
- YES NO Feeling swollen
- YES NO Fevers
- YES NO Getting around
- YES NO Indigestion
- YES NO Memory/concentration
- YES NO Mouth sores
- YES NO Nausea
- YES NO Nose dry/congested
- YES NO Pain
- YES NO Sexual
- YES NO Skin dry/itchy
- YES NO Sleep
- YES NO Substance abuse
- YES NO Tingling in hands/feet

Other Problems: _____