

Distress Thermometer

Part 1: Distress Rating

Please circle the number from 0 (no distress) to 10 (extreme distress) that best describes how much distress you have experienced in the past week (including today).

0 1 2 3 4 5 6 7 8 9 10

Part 2: Problem List

Check any items below that have been problems or concerns for you in the past week. Feel free to write in any "other" concerns too.

PRACTICAL / LOGISTICAL

- ☐ Transportation
- ☐ Housing / living situation
- ☐ Insurance / financial issues
- ☐ Work / school
- ☐ Childcare or caregiving demands
- ☐ Access to medications or treatment
- ☐ Treatment decisions / uncertainty

FAMILY / RELATIONSHIP / SOCIAL

- ☐ Communication with family
- ☐ Role changes (e.g. dependency)
- ☐ Impact on spouse / partner / children
- ☐ Relationship stress or tension
- ☐ Support from friends

SPIRITUAL / MEANING / EXISTENTIAL

- ☐ Questions about meaning or purpose
- ☐ Conflict between beliefs and medical choices
- ☐ Worries about death / dying / afterlife
- ☐ Spiritual distress or isolation

EMOTIONAL / PSYCHOLOGICAL

- ☐ Worry / anxiety
- ☐ Sadness / depression
- ☐ Fear of recurrence
- ☐ Loneliness / social isolation
- ☐ Loss of interest or enjoyment
- ☐ Anger / irritability
- ☐ Feeling like a burden
- ☐ Changes in appearance / body image
- ☐ Guilt / regret / existential distress

PHYSICAL / SYMPTOM RELATED

- ☐ Pain
- ☐ Fatigue / lack of energy
- ☐ Sleep problems
- ☐ Difficulty with memory or concentration
- ☐ Changes in appetite or weight
- ☐ Nausea or upset stomach
- ☐ Breathing difficulty
- ☐ Mobility / getting around
- ☐ Sexual health issues

Please use the space below to specify more about any of the checked items above or share additional concerns: