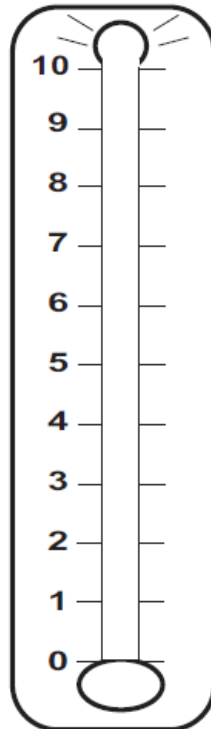


Distress Screen

Instructions: First 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

Second, 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

Other Problems: _____

Help for Distress

Feeling distressed may be a minor problem or it may be more serious. Serious or not, it is important that your treatment team knows how you feel.

The Distress Screen is a tool that you can use to talk to your doctors and nurses about your distress. It has a scale on which you circle your level of distress. It also asks about the parts of life in which you are having problems.

Please complete the Distress Screen and share it with your treatment team today. One of our team will follow up with you.

Patient label

Staff Only:
DS reviewed by _____
Signed: _____ Date: _____