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

☑ ☐ 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: __________________________________________

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