

## **NCCN Distress Thermometer and Problem List for Patients**

## NCCN DISTRESS THERMOMETER 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 Physical Problems Instructions: Please circle the number (0–10) that best □ Child care Appearance describes how much distress you have been experiencing in Housing Bathing/dressing the past week including today. Insurance/financial Breathing Transportation Changes in urination Constipation Work/school 10 Treatment decisions Diarrhea **Extreme distress** Eating Family Problems Fatigue ■ Dealing with children Feeling swollen Dealing with partner Fevers 7 \_ ■ Ability to have children Getting around □ Family health issues Indigestion 6 Memory/concentration 5 **Emotional Problems** Mouth sores Depression Nausea Nose dry/congested Fears Nervousness Pain 3 Sadness □ Sexual 2 -Worry Skin dry/itchy Sleep □ Loss of interest in usual activities Substance abuse No distress Tingling in hands/feet Spiritual/religious concerns Other Problems:

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