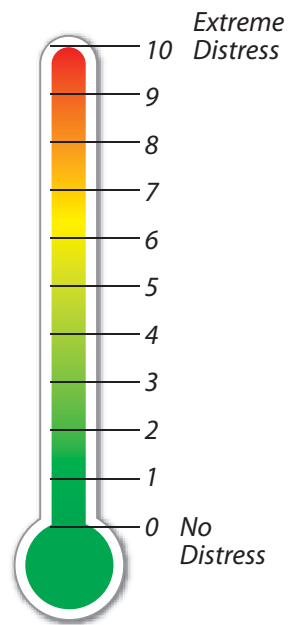


Distress Thermometer

Step 1

Please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.



Step 2

Please indicate if any of the following has been a problem for you in the past week. Please tick either YES or NO for every question.

Do you have any problem dealing with:

	Yes	No
1. the patient's symptoms	<input type="radio"/>	<input type="radio"/>
2. the patient's day to day care	<input type="radio"/>	<input type="radio"/>
3. the patient's emotions	<input type="radio"/>	<input type="radio"/>
4. family members and friends	<input type="radio"/>	<input type="radio"/>
5. healthcare providers (e.g. doctors and nurses)	<input type="radio"/>	<input type="radio"/>
6. your daily living	<input type="radio"/>	<input type="radio"/>
7. finances	<input type="radio"/>	<input type="radio"/>
8. your own emotions	<input type="radio"/>	<input type="radio"/>
9. uncertainty about the future	<input type="radio"/>	<input type="radio"/>

Other problems :