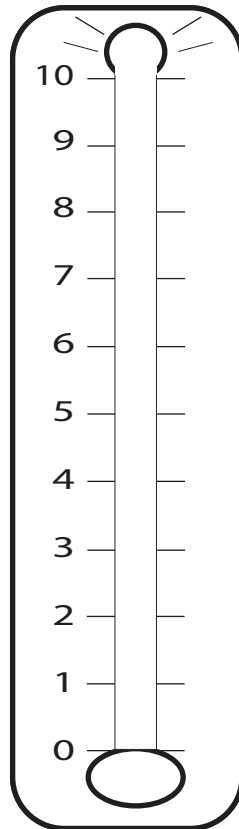


## SCREENING TOOLS FOR MEASURING DISTRESS

**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**

**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

**Other Problems:** \_\_\_\_\_