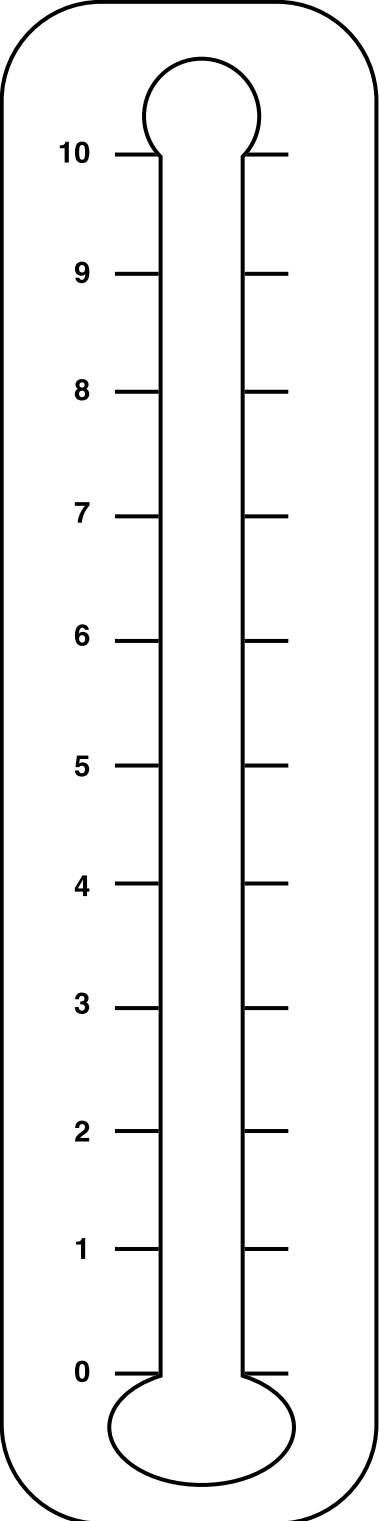


Stress Thermometer

Name: _____ Gender: Male Female Other: _____

Date of assessment: _____ Contact information: _____

Stress thermometer	Problem list																																																															
<p>Instructions: Please tick the number that best describes how much stress you have been experiencing in the past week, including today.</p>  <p>10 Extreme stress</p> <p>9</p> <p>8</p> <p>7</p> <p>6</p> <p>5</p> <p>4</p> <p>3</p> <p>2</p> <p>1</p> <p>0 No stress</p>	<p>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.</p>																																																															
	<table border="1"> <thead> <tr> <th>Practical problems</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Child care</td> <td></td> <td></td> </tr> <tr> <td>Housing</td> <td></td> <td></td> </tr> <tr> <td>Insurance/financial</td> <td></td> <td></td> </tr> <tr> <td>Transportation</td> <td></td> <td></td> </tr> <tr> <td>Work/school</td> <td></td> <td></td> </tr> <tr> <td>Treatment decisions</td> <td></td> <td></td> </tr> <tr> <th>Family problems</th> <th>Yes</th> <th>No</th> </tr> <tr> <td>Dealing with children</td> <td></td> <td></td> </tr> <tr> <td>Dealing with partner</td> <td></td> <td></td> </tr> <tr> <td>Ability to have children</td> <td></td> <td></td> </tr> <tr> <td>Family health issues</td> <td></td> <td></td> </tr> <tr> <th>Emotional problems</th> <th>Yes</th> <th>No</th> </tr> <tr> <td>Depression</td> <td></td> <td></td> </tr> <tr> <td>Fears</td> <td></td> <td></td> </tr> <tr> <td>Nervousness</td> <td></td> <td></td> </tr> <tr> <td>Sadness</td> <td></td> <td></td> </tr> <tr> <td>Worry</td> <td></td> <td></td> </tr> <tr> <td>Loss of interest in usual activities</td> <td></td> <td></td> </tr> <tr> <th>Spiritual / religious problems</th> <th>Yes</th> <th>No</th> </tr> <tr> <td>Spiritual / religious concerns</td> <td></td> <td></td> </tr> </tbody> </table>	Practical problems	Yes	No	Child care			Housing			Insurance/financial			Transportation			Work/school			Treatment decisions			Family problems	Yes	No	Dealing with children			Dealing with partner			Ability to have children			Family health issues			Emotional problems	Yes	No	Depression			Fears			Nervousness			Sadness			Worry			Loss of interest in usual activities			Spiritual / religious problems	Yes	No	Spiritual / religious concerns		
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Physical problems	Yes	No	Physical problems	Yes	No
Appearance			Indigestion		
Bathing/dressing			Memory/concentration		
Breathing			Mouth sores		
Changes in urination			Nausea		
Constipation			Nose dry/congested		
Diarrhea			Pain		
Eating			Sexual		
Fatigue			Skin dry/itchy		
Feeling swollen			Sleep		
Fevers			Substance use		
Getting around			Tingling in hands/feet		
Other problems					
Reference					
Ownby K. K. (2019). Use of the Distress Thermometer in clinical practice. <i>Journal of the Advanced Practitioner in Oncology</i> , 10(2), 175–179.					