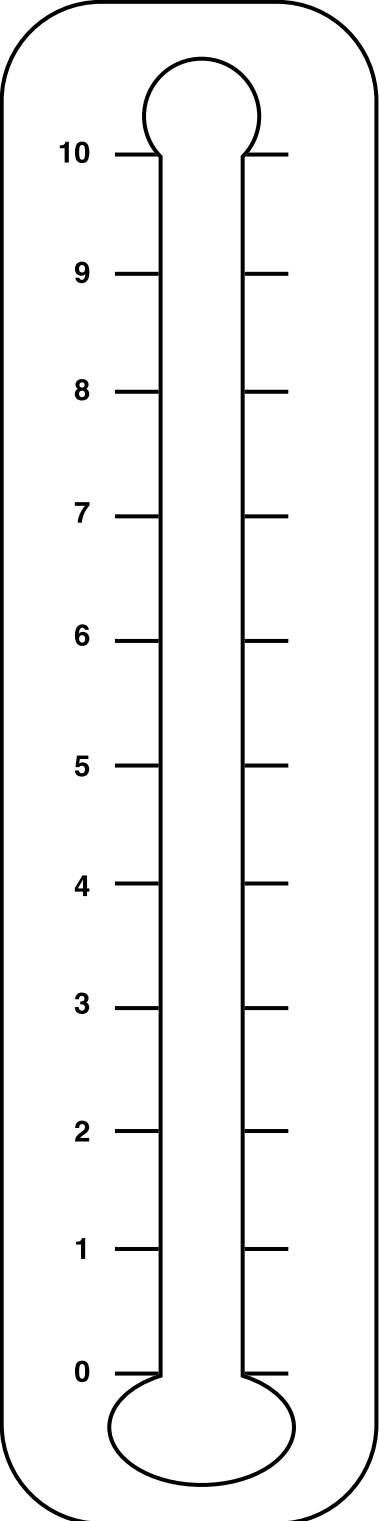


Stress Thermometer

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 data-bbox="802 555 1273 618">Practical problems</th> <th data-bbox="1273 555 1401 618">Yes</th> <th data-bbox="1401 555 1528 618">No</th> </tr> </thead> <tbody> <tr> <td data-bbox="802 618 1273 692">Child care</td> <td></td> <td></td> </tr> <tr> <td data-bbox="802 692 1273 766">Housing</td> <td></td> <td></td> </tr> <tr> <td data-bbox="802 766 1273 840">Insurance/financial</td> <td></td> <td></td> </tr> <tr> <td data-bbox="802 840 1273 913">Transportation</td> <td></td> <td></td> </tr> <tr> <td data-bbox="802 913 1273 987">Work/school</td> <td></td> <td></td> </tr> <tr> <td data-bbox="802 987 1273 1061">Treatment decisions</td> <td></td> <td></td> </tr> <tr> <th data-bbox="802 1061 1273 1135">Family problems</th> <th data-bbox="1273 1061 1401 1135">Yes</th> <th data-bbox="1401 1061 1528 1135">No</th> </tr> <tr> <td data-bbox="802 1135 1273 1209">Dealing with children</td> <td></td> <td></td> </tr> <tr> <td data-bbox="802 1209 1273 1283">Dealing with partner</td> <td></td> <td></td> </tr> <tr> <td data-bbox="802 1283 1273 1357">Ability to have children</td> <td></td> <td></td> </tr> <tr> <td data-bbox="802 1357 1273 1431">Family health issues</td> <td></td> <td></td> </tr> <tr> <th data-bbox="802 1431 1273 1505">Emotional problems</th> <th data-bbox="1273 1431 1401 1505">Yes</th> <th data-bbox="1401 1431 1528 1505">No</th> </tr> <tr> <td data-bbox="802 1505 1273 1579">Depression</td> <td></td> <td></td> </tr> <tr> <td data-bbox="802 1579 1273 1653">Fears</td> <td></td> <td></td> </tr> <tr> <td data-bbox="802 1653 1273 1727">Nervousness</td> <td></td> <td></td> </tr> <tr> <td data-bbox="802 1727 1273 1800">Sadness</td> <td></td> <td></td> </tr> <tr> <td data-bbox="802 1800 1273 1874">Worry</td> <td></td> <td></td> </tr> <tr> <td data-bbox="802 1874 1273 1948">Loss of interest in usual activities</td> <td></td> <td></td> </tr> <tr> <th data-bbox="802 1948 1273 2022">Spiritual / religious problems</th> <th data-bbox="1273 1948 1401 2022">Yes</th> <th data-bbox="1401 1948 1528 2022">No</th> </tr> <tr> <td data-bbox="802 2022 1273 2094">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.					