

Article title: **Use of NCCN Distress Thermometer in Cancer Genetics Patients**

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NCCN DISTRESS THERMOMETER

Instructions: 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

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	<u>Practical Problems</u>	YES	NO	<u>Physical Problems</u>
☐	☐	Child care	☐	☐	Appearance
☐	☐	Housing	☐	☐	Bathing/dressing
☐	☐	Insurance/financial	☐	☐	Breathing
☐	☐	Transportation	☐	☐	Changes in urination
☐	☐	Work/school	☐	☐	Constipation
☐	☐	Treatment decisions	☐	☐	Diarrhea
			☐	☐	Eating
			☐	☐	Fatigue
		<u>Family Problems</u>	☐	☐	Feeling swollen
☐	☐	Dealing with children	☐	☐	Fevers
☐	☐	Dealing with partner	☐	☐	Getting around
☐	☐	Ability to have children	☐	☐	Indigestion
☐	☐	Family health issues	☐	☐	Memory/concentration
			☐	☐	Mouth sores
		<u>Emotional Problems</u>	☐	☐	Nausea
☐	☐	Depression	☐	☐	Nose dry/congested
☐	☐	Fears	☐	☐	Pain
☐	☐	Nervousness	☐	☐	Sexual
☐	☐	Sadness	☐	☐	Skin dry/itchy
☐	☐	Worry	☐	☐	Sleep
☐	☐	Loss of interest in usual activities	☐	☐	Substance use
			☐	☐	Tingling in hands/feet
☐	☐	<u>Spiritual/religious concerns</u>			

Other Problems: _____

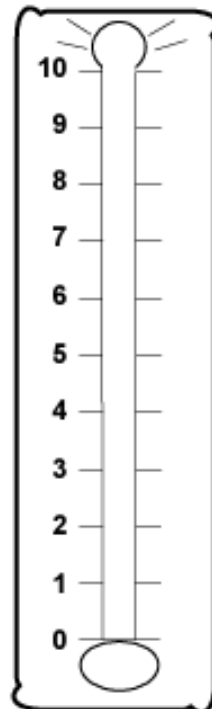
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NCCN DISTRESS THERMOMETER

Distress is an unpleasant experience of a mental, physical, social, or spiritual nature. It can affect the way you think, feel, or act. Distress may make it harder to cope with having cancer, its symptoms, or its treatment.

Instructions: 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

PROBLEM LIST

Have you had concerns about any of the items below in the past week, including today? (Mark all that apply)

Physical Concerns

- ☐ Pain
- ☐ Sleep
- ☐ Fatigue
- ☐ Tobacco use
- ☐ Substance use
- ☐ Memory or concentration
- ☐ Sexual health
- ☐ Changes in eating
- ☐ Loss or change of physical abilities

Emotional Concerns

- ☐ Worry or anxiety
- ☐ Sadness or depression
- ☐ Loss of interest or enjoyment
- ☐ Grief or loss
- ☐ Fear
- ☐ Loneliness
- ☐ Anger
- ☐ Changes in appearance
- ☐ Feelings of worthlessness or being a burden

Social Concerns

- ☐ Relationship with spouse or partner
- ☐ Relationship with children
- ☐ Relationship with family members
- ☐ Relationship with friends or coworkers
- ☐ Communication with health care team
- ☐ Ability to have children
- ☐ Prejudice or discrimination

Practical Concerns

- ☐ Taking care of myself
- ☐ Taking care of others
- ☐ Work
- ☐ School
- ☐ Housing
- ☐ Finances
- ☐ Insurance
- ☐ Transportation
- ☐ Child care
- ☐ Having enough food
- ☐ Access to medicine
- ☐ Treatment decisions

Spiritual or Religious Concerns

- ☐ Sense of meaning or purpose
- ☐ Changes in faith or beliefs
- ☐ Death, dying, or afterlife
- ☐ Conflict between beliefs and cancer treatments
- ☐ Relationship with the sacred
- ☐ Ritual or dietary needs

Other Concerns:
