SENTARA® EVMS Eastern Virginia Medical School

Name: ____________________

Date of Birth: ____________________

Date of Service: ____________________

Medical Record Number: ____________________

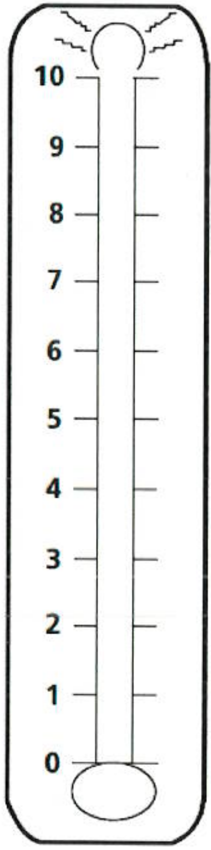
Distress Thermometer and Problem Checklist

I am: ☐ The Patient ☐ Relative/Caregiver (please specify) ____________________

My Diagnosis is: ____________________ Reviewed by: ____________________

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

Extreme Distress



No Distress

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2. If any of the following has been a problem for you over the past week, including today, please check the box next to it. Leave it blank if it does not apply to you.

Practical Problems
- ☐ Child Care
- ☐ Housing
- ☐ Finances/Insurance
- ☐ Transportation
- ☐ Work/School
- ☐ Treatment Decisions

Family Problems
- ☐ Dealing with children
- ☐ Dealing with partner
- ☐ Ability to have children
- ☐ Family health Issues

Emotional Problems
- ☐ Anger
- ☐ Depression
- ☐ Fears
- ☐ Nervousness
- ☐ Sadness
- ☐ Worry
- ☐ Loss of interest in usual activities
- ☐ Hopelessness
- ☐ Unresolved guilt
- ☐ Sense of loss
- ☐ Loss of meaning or purpose of life

Spiritual Concerns
- ☐ Loss of faith
- ☐ Relating to God
- ☐ Tensions between treatment options & beliefs

Communication Problems
- ☐ Amount of information
- ☐ Quality/Clarity of information
- ☐ Communicating with staff

Physical Problems
- ☐ Alteration in taste
- ☐ Appearance
- ☐ Bathing/dressing
- ☐ Breathing
- ☐ Changes in urination
- ☐ Constipation
- ☐ Diarrhea
- ☐ Eating
- ☐ Fatigue
- ☐ Feeling swollen/bloated
- ☐ Fevers
- ☐ Getting around
- ☐ Hot flashes
- ☐ Indigestion
- ☐ Memory/Concentration
- ☐ Mouth sores
- ☐ Nausea and/or Vomiting
- ☐ Nose dry/congested
- ☐ Pain
- ☐ Sexual
- ☐ Skin dry/itchy
- ☐ Sleep
- ☐ Substance abuse
- ☐ Tingling in hands/feet
- ☐ Weight Changes

Other ____________________

☐ I decline to complete this form

Referred for Follow-up: Internal: ☐ Social Worker ☐ Nurse Navigator ☐ Dietician ☐ Chaplain ☐ Financial Counselor ☐ Other ____________________

External: ____________________