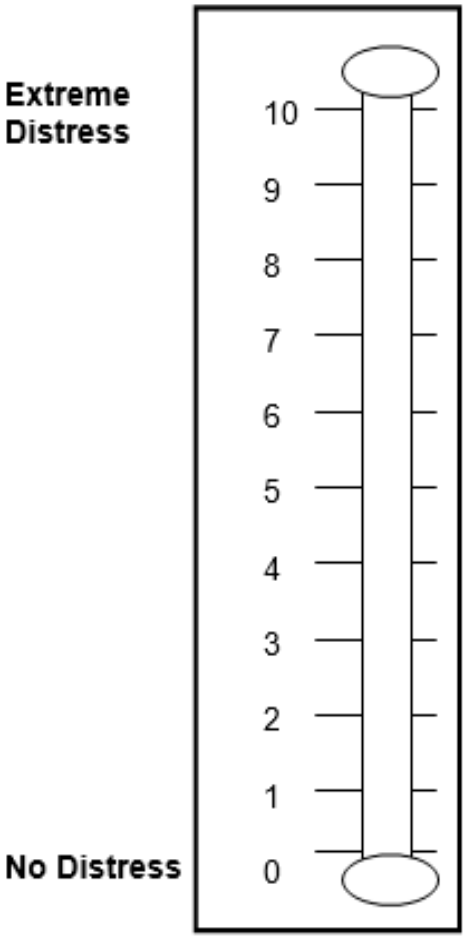
NHS
North Yorkshire and York
Community and Mental Health Services

Patient's name: _____
Hospital number: _____
Date: _____

Distress Thermometer 1

Instructions for using the Distress Thermometer

Firstly, please circle the number from zero to ten that best describes how much distress you have felt in the past week, including today.



Secondly, please tick any of the following that have been a cause of distress for you in the past week, including today.

Practical Problems
- Housing ☐
- Insurance / finance ☐
- Work / school ☐
- Transport ☐
- Child care ☐

Family Problems
- Relationship with partner ☐
- Relationship with children ☐
- Coping with elderly relatives and/or dependants ☐

Emotional Problems
- Worry ☐
- Sadness ☐
- Depression ☐
- Nervousness / anxiety ☐
- Anger ☐
- Loss of enjoyment ☐
- Concerns about the way I look ☐

Spiritual / Religious
- Concerns ☐

Physical Problems
- Bathing / dressing ☐
- Breathing ☐
- Constipation ☐
- Diarrhoea ☐
- Eating ☐
- Hair loss ☐
- Indigestion ☐
- Memory / concentration ☐
- Mouth sores ☐
- Nausea ☐
- Pain / discomfort / soreness ☐
- Sexual relations ☐
- Skin itchy / dry ☐
- Sleep ☐
- Tingling in hands / feet ☐
- Menopausal symptoms e.g. hot flushes ☐
- Weight loss / gain ☐

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Patient's name: _____
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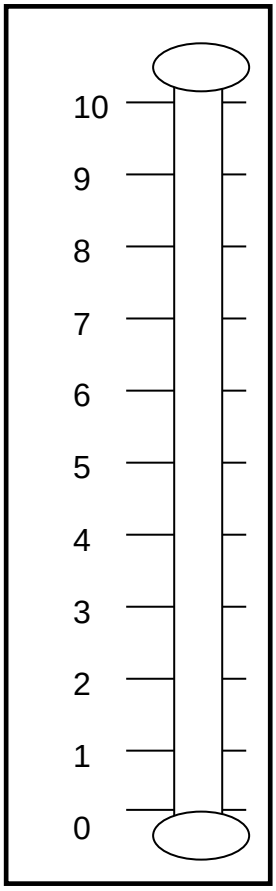
Distress Thermometer 2

Instructions for using the Distress Thermometer

Firstly, please circle the number from zero to ten that best describes how much distress you have felt in the past week, including today.

Extreme Distress



No Distress

Secondly, please tick any of the following that have been a cause of distress for you in the past week, including today.

Practical Problems
- Housing ☐
- Insurance / finance ☐
- Work / school ☐
- Transport ☐
- Child care ☐

Family Problems
- Relationship with partner ☐
- Relationship with children ☐
- Coping with elderly relatives and/or dependants ☐

Emotional Problems
- Worry ☐
- Sadness ☐
- Depression ☐
- Nervousness / anxiety ☐
- Anger ☐
- Loss of enjoyment ☐
- Concerns about the way I look ☐

Spiritual / Religious
- Concerns ☐

Physical Problems
- Bathing / dressing ☐
- Breathing ☐
- Constipation ☐
- Diarrhoea ☐
- Eating ☐
- Hair loss ☐
- Indigestion ☐
- Memory / concentration ☐
- Mouth sores ☐
- Nausea ☐
- Pain / discomfort / soreness ☐
- Sexual relations ☐
- Skin itchy / dry ☐
- Sleep ☐
- Tingling in hands / feet ☐
- Menopausal symptoms e.g. hot flushes ☐
- Weight loss / gain ☐

Feedback

1) In general, how satisfied have you been with the care you have received from the psycho-oncology service? (Please circle one number)

0 1 2 3 4 5 6 7 8 9 10

Not at all satisfied — Extremely satisfied

2) What have you found most helpful? _____

_____

3) What could be improved? _____

_____