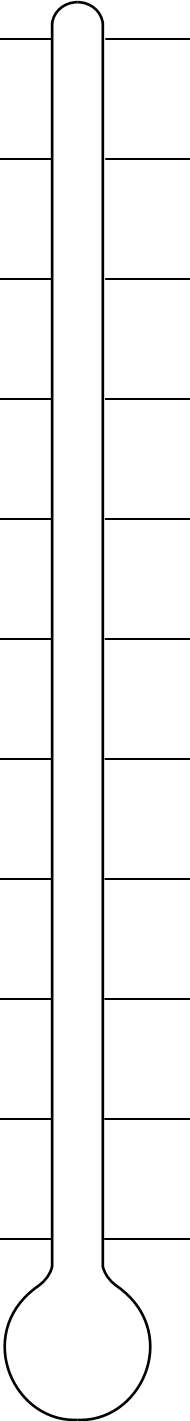


# Stress Thermometer

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of assessment: \_\_\_\_\_ Contact information: \_\_\_\_\_

Stress thermometer		Problem list		
<p><b>Instructions:</b> Please tick the number that best describes how much stress you have been experiencing in the past week, including today.</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.		
		<b>Practical problems</b>	<b>Yes</b>	<b>No</b>
10		Child care		
9		Housing		
8		Insurance/financial		
7		Transportation		
6		Work/school		
5		Treatment decisions		
4		<b>Family problems</b>	<b>Yes</b>	<b>No</b>
3		Dealing with children		
2		Dealing with partner		
1		Ability to have children		
0		Family health issues		
		<b>Emotional problems</b>	<b>Yes</b>	<b>No</b>
		Depression		
		Fears		
		Nervousness		
		Sadness		
		Worry		
		Loss of interest in usual activities		
		<b>Spiritual/religious problems</b>	<b>Yes</b>	<b>No</b>
		Spiritual/religious concerns		

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		
<b>Other problems</b>					

Ownby K. K. (2019). Use of the distress thermometer in clinical practice. *Journal of the Advanced Practitioner in Oncology*, 10(2), 175–179. <https://pmc.ncbi.nlm.nih.gov/articles/PMC6750919>