Help for distress

Distress is an unpleasant emotional state that may affect how you feel, think, and act. It can include feelings of unease, sadness, worry, anger, helplessness, guilt, and so forth. Everyone with cancer has some distress at some point of time. It is normal to feel sad, fearful, and helpless.

Feeling distressed may be a minor problem or it may be more serious. You may be so distressed that you can’t do the things you used to do. Serious or not, it is important that your treatment team knows how you feel.

The Distress Thermometer is a tool that you can use to talk to your doctors about your distress. It has a scale on which you circle your level of distress. It also asks about the parts of life in which you are having problems. The Distress Thermometer has been tested in many studies and found to work well. Please complete the Distress Thermometer and share it with your treatment team at your next visit.

The Distress Thermometer helps your treatment team know if you need supportive services. You may be referred to supportive services at your cancer center or in your community. Supportive services can include help from support groups, chaplains, social workers, counselors, and many other experts. Supportive services can also be found through the support services at right.

Support Services

**National Cancer Institute’s Cancer Information Service**
- **Telephone**: 1-800-4-CANCER
- **Website**: www.cancer.gov/aboutnci/cis/page1

**Cancer Support Community**
- **Telephone**: 1- 888-793-9355
- **Website**: www.cancersupportcommunity.org/MainMenu/Cancer-Support

**U.S. Health Resources and Services Administration**
- **Website**: www.findahealthcenter.hrsa.gov/Search_HCC.aspx

**U.S. Substance Abuse and Mental Health Services Administration**
- **Website**: www.findtreatment.samhsa.gov
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The NCCN Distress Thermometer for Patients

Instructions: First 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

Second, 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 Practical Problems**
- Child care
- Housing
- Insurance/financial
- Transportation
- Work/school
- Treatment decisions

**YES NO Physical Problems**
- Appearance
- Bathing/dressing
- Breathing
- Changes in urination
- Constipation
- Diarrhea
- Eating
- Fatigue
- Feeling Swollen
- Fevers
- Getting around
- Indigestion
- Memory/concentration
- Mouth sores
- Nausea
- Nose dry/congested
- Pain
- Sexual
- Skin dry/itchy
- Sleep
- Substance abuse
- Tingling in hands/feet

**Family Problems**
- Dealing with children
- Dealing with partner
- Ability to have children
- Family health issues

**Emotional Problems**
- Depression
- Fears
- Nervousness
- Sadness
- Worry
- Loss of interest in usual activities

**Spiritual/religious concerns**

Other Problems: ___________________________________________