

P.O. Box 226 • 321 Mitchell Avenue Batesville, IN 47006 Phone: 812.934.6624

## **DISTRESS MANAGEMENT SURVEY**

Patient's Name: \_\_\_\_\_

\_\_ Phone Number: \_\_\_\_\_

## DISTRESS MANAGEMENT SCALE

Please indicate (0-10) how much distress you have experienced over the past week, including today.

 0
 0
 1
 0
 2
 0
 3
 0
 4
 0
 5
 0
 6
 0
 7
 0
 8
 0
 9
 10

0 = No Distress | 10 = Extreme Distress

Over the past two weeks, how often have you been bothered by any of the following problems?

No	Practical Concerns	Yes	No	Physical Concerns
	Taking care of myself			Pain
	Taking care of others			Sleep
	Work/School			Fatigue
	Housing			Tobacco use
	Finances or Insurance			Substance abuse
	Transportation			Memory or concentration
	Child Care			Sexual health
	Having enough food			Changes in eating
	Access to medicine			Loss or chance in physical abilities
	Treatment decisions			
No	Social Concerns	Yes	No	Emotional Concerns
				Worry or anxiety
				Sadness or depression
	Relationship with spouse or partner			Loss of interest or enjoyment
	Relationship with other family members			Grief or loss
	Relationship with friends or co-workers			Fear
	Communication with health care team			Loneliness
				Anger
No	Spiritual Concerns			Changes in appearance
	Sense of meaning or purpose			Feelings of worthlessness or being a
	Changes in faith or beliefs			burden
Is there anything else we should know?				
		<ul> <li>Taking care of myself</li> <li>Taking care of others</li> <li>Work/School</li> <li>Housing</li> <li>Finances or Insurance</li> <li>Transportation</li> <li>Child Care</li> <li>Having enough food</li> <li>Access to medicine</li> <li>Treatment decisions</li> </ul> No Social Concerns <ul> <li>Relationship with children</li> <li>Ability to have children</li> <li>Relationship with spouse or partner</li> <li>Relationship with other family members</li> <li>Relationship with friends or co-workers</li> <li>Communication with health care team</li> </ul> No Spiritual Concerns <ul> <li>Sense of meaning or purpose</li> <li>Changes in faith or beliefs</li> </ul>	<ul> <li>Taking care of myself</li> <li>Taking care of others</li> <li>Work/School</li> <li>Housing</li> <li>Finances or Insurance</li> <li>Transportation</li> <li>Child Care</li> <li>Having enough food</li> <li>Access to medicine</li> <li>Treatment decisions</li> </ul> No Social Concerns <ul> <li>Relationship with children</li> <li>Ability to have children</li> <li>Relationship with spouse or partner</li> <li>Relationship with other family members</li> <li>Relationship with friends or co-workers</li> <li>Communication with health care team</li> </ul>	Taking care of myself       Image: Care of others         Taking care of others       Image: Care of others         Work/School       Image: Care of others         Housing       Image: Care of others         Finances or Insurance       Image: Care of others         Transportation       Image: Care of Others         Transportation       Image: Care of Others         Child Care       Image: Care of Others         Having enough food       Image: Care of Others         Access to medicine       Image: Care of Others         Treatment decisions       Image: Care of Others         No       Social Concerns         Relationship with children       Image: Care of Others         Relationship with spouse or partner       Image: Care of Others         Relationship with spouse or partner       Image: Care of Others         Relationship with friends or co-workers       Image: Care of Others         Relationship with friends or co-workers       Image: Care of Others         No       Spiritual Concerns       Image: Care of Others         Sense of meaning or purpose       Image: Changes in faith or beliefs