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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?				
		 Taking care of myself Taking care of others Work/School Housing Finances or Insurance Transportation Child Care Having enough food Access to medicine Treatment decisions No Social Concerns Relationship with children Ability to have children Relationship with spouse or partner Relationship with other family members Relationship with friends or co-workers Communication with health care team No Spiritual Concerns Sense of meaning or purpose Changes in faith or beliefs 	 Taking care of myself Taking care of others Work/School Housing Finances or Insurance Transportation Child Care Having enough food Access to medicine Treatment decisions No Social Concerns Relationship with children Ability to have children Relationship with spouse or partner Relationship with other family members Relationship with friends or co-workers Communication with health care team 	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