North Star Radiation / Fairbanks Cancer Care Physicians

DISTRESS THERMOMETER

Patient Label

		☐ Initial Consult ☐ Pre-	
			ate of Birth: / /
			lay We Leave a Message? ☐ Yes ☐ No
Preferred Phone Number:			
Patient Signature:		Today's Date:	
NCCN Distress Thermometer Distress is an unpleasant experience of a mental, physical, social, or spiritual nature. It		PROBLEM LIST Have you had concerns about any of tincluding today? (Mark all that apply)	he items below in the past week,
can affect the way you think, feel or act.			Booking London
Distress may make it harder to cope with		Physical Concerns	Practical Concerns
having cancer, its symptoms, or its treatment.		☐ Pain	☐ Taking care of myself
Instructions: Please circle the number		☐ Sleep	☐ Taking care of others
(0-10) that best describes how much		☐ Fatigue	□ Work
distress you have been experiencing in		☐ Tobacco use	☐ School
the past week, including today.		☐ Substance use	☐ Housing
		☐ Memory or concentration	☐ Finances
		☐ Sexual health	☐ Insurance
Extreme distress	(10-()-	☐ Changes in eating	☐ Transportation
Extreme distress		☐ Loss or change of physical abilities	☐ Childcare
	9_	Emotional Concerns	☐ Having enough food
			☐ Access to medicine
	8	☐ Worry or anxiety	☐ Treatment decisions
	7	☐ Sadness or depression	Spiritual or Baligious Concerns
	'	☐ Loss of interest or enjoyment	Spiritual or Religious Concerns
	6 -	☐ Grief or loss	☐ Sense of meaning or purpose
		☐ Fear	☐ Changes in faith or beliefs
	5 —	Loneliness	☐ Death, dying, or afterlife.
	4	☐ Anger	☐ Conflict between beliefs and
	*	☐ Changes in appearance	cancer treatments
	3 -	☐ Feeling of worthlessness or being a burden	☐ Relationship with the sacred☐ Ritual or dietary needs
	2		Other Concerns
		Social Concerns	
	1 - -	Relationship with spouse or partner	·
No distress	0	☐ Relationship with children	
140 01311633		☐ Relationship with family members	
		Relationship with friends or coworke	
		☐ Communication with health care tea	am
		☐ Ability to have children	
	1	o Be Completed by Medical Staff	
Primary Diagnosis:			☐ + Cancer Dx
Provider Signature:			
Provider Name (printed):			Date:
Modified form for local populati	on 10/2023, based on NCCN	Guidelines Version 2.2023 Distress Management, 12/22/20.	22 © 2022 National Comprehensive Cancer Network®

