



Name: _____

Date: _____

MRN: _____

QUEEN'S CANCER CENTER

Distress Screening

Please circle the answers to the following questions

1. In general, how would you rate your physical health? (Prior to your recent diagnosis)

Excellent Very Good Good Fair Poor

2. In general, would you say your quality of life is?

Excellent Very Good Good Fair Poor

3. In general, how would you rate your level of financial stress?

None Mild Moderate Severe Very Severe

4. In general, how would you rate your mental health, including your mood and your ability to think?

Excellent Very Good Good Fair Poor

5. In general, how would you rate your satisfaction with your social activities and relationships?

Excellent Very Good Good Fair Poor

6. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?

Completely Mostly Moderately A little Not at all

7. In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)

Excellent Very Good Good Fair Poor

8. In the past 7 days how would you rate your fatigue on average?

None Mild Moderate Severe Very Severe

9. In the past 7 days how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?

Never Rarely Sometimes Often Always

10. DISTRESS THERMOMETER: Select the number that best describes how much stress you have been experiencing in the past week including today. 0=No Distress, 10=Extreme Distress

0 1 2 3 4 5 6 7 8 9 10