



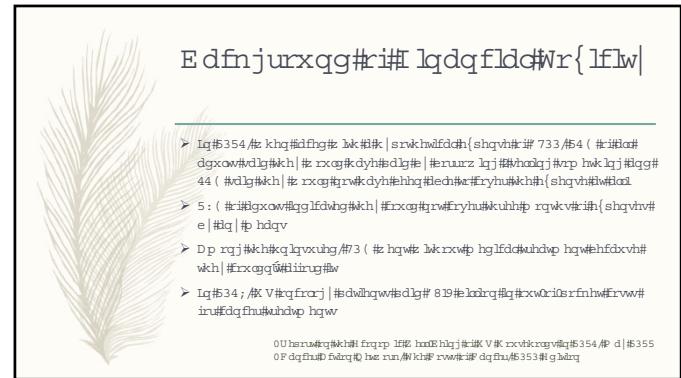
1



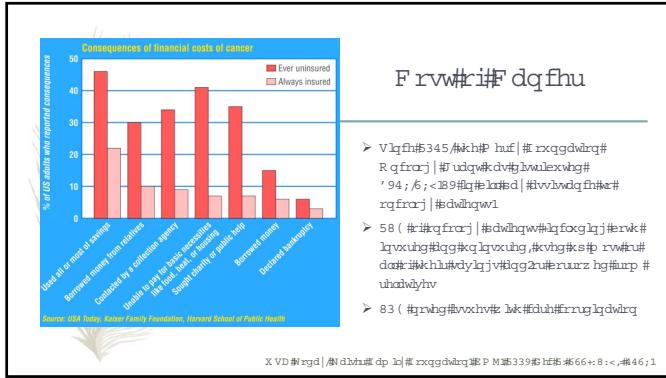
2



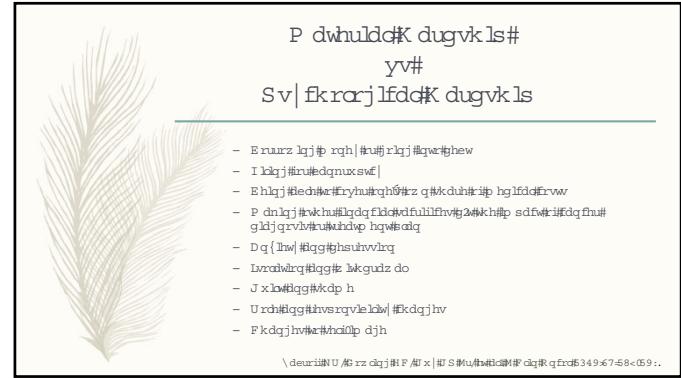
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 National Comprehensive Cancer Network® <hr/> NCNN DISTRESS THERMOMETER <p>The Distress Thermometer is a measure of emotional, physical, social, or spiritual distress. It can affect the way you think, feel, and act. It is a quick way to check how you are coping with cancer, its symptoms, or its treatment.</p> <p>Using a scale from 0 to 10, where 0 = "no distress" and 10 = "worst distress imaginable," please indicate how much distress you have been experiencing in the past week, including today:</p> <div style="text-align: center; margin-top: 10px;">  <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Extreme distress 10 9 8 7 6 5 4 3 2 1 0 No distress </div> </div>	<div style="text-align: right; margin-bottom: 10px;"> NCNN Guidelines Index Search Feedback Logout </div> <div style="border: 1px solid black; padding: 10px; background-color: #f9f9f9;"> <h2 style="margin: 0;">NCNN Guidelines Version 2.2022</h2> <h3 style="margin: 0;">Distress Management</h3> <hr/> <p>PROBLEM LIST Please indicate how much distress you are experiencing about any one of the items in the past week, including today? (check all that apply)</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; vertical-align: top;"> <input type="checkbox"/> Harm <input type="checkbox"/> Isolation <input type="checkbox"/> Anger <input type="checkbox"/> Substance use <input type="checkbox"/> Sexual health <input type="checkbox"/> Emotional well-being <input type="checkbox"/> Worry or anxiety <input type="checkbox"/> Loss of interest or enjoyment <input type="checkbox"/> Depression <input type="checkbox"/> Loneliness <input type="checkbox"/> Hopelessness <input type="checkbox"/> Changes in appearance <input type="checkbox"/> Concerns about being or being a parent <input type="checkbox"/> Relationships with partner or spouse <input type="checkbox"/> Relationships with family members <input type="checkbox"/> Relationships with friends <input type="checkbox"/> Communication with health care team <input type="checkbox"/> Ability to have children </td> <td style="width: 15%; vertical-align: top;"> <input type="checkbox"/> Taking care of myself <input type="checkbox"/> Worry about care of others <input type="checkbox"/> Worry <input type="checkbox"/> Work <input type="checkbox"/> Housing <input type="checkbox"/> Finance <input type="checkbox"/> Insurance <input type="checkbox"/> Health care <input type="checkbox"/> Food <input type="checkbox"/> Treatment decisions <input type="checkbox"/> Spiritual or Religious Concerns <input type="checkbox"/> Concerns about being a parent <input type="checkbox"/> Death, dying or death <input type="checkbox"/> Concerns about care and service placement <input type="checkbox"/> Concerns about the medical record <input type="checkbox"/> Ritual or dietary needs </td> </tr> </table> <p>Other Concerns:</p> <hr/> <hr/> <hr/> </div>	<input type="checkbox"/> Harm <input type="checkbox"/> Isolation <input type="checkbox"/> Anger <input type="checkbox"/> Substance use <input type="checkbox"/> Sexual health <input type="checkbox"/> Emotional well-being <input type="checkbox"/> Worry or anxiety <input type="checkbox"/> Loss of interest or enjoyment <input type="checkbox"/> Depression <input type="checkbox"/> Loneliness <input type="checkbox"/> Hopelessness <input type="checkbox"/> Changes in appearance <input type="checkbox"/> Concerns about being or being a parent <input type="checkbox"/> Relationships with partner or spouse <input type="checkbox"/> Relationships with family members <input type="checkbox"/> Relationships with friends <input type="checkbox"/> Communication with health care team <input type="checkbox"/> Ability to have children	<input type="checkbox"/> Taking care of myself <input type="checkbox"/> Worry about care of others <input type="checkbox"/> Worry <input type="checkbox"/> Work <input type="checkbox"/> Housing <input type="checkbox"/> Finance <input type="checkbox"/> Insurance <input type="checkbox"/> Health care <input type="checkbox"/> Food <input type="checkbox"/> Treatment decisions <input type="checkbox"/> Spiritual or Religious Concerns <input type="checkbox"/> Concerns about being a parent <input type="checkbox"/> Death, dying or death <input type="checkbox"/> Concerns about care and service placement <input type="checkbox"/> Concerns about the medical record <input type="checkbox"/> Ritual or dietary needs
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Lq QK rxvh#U hvrxuhhv

- R qfrarj | #rfkldk# runhu# lfngvvhg#Nkhuds.lvw
- S dvlhq#lfldq fldd#o dylj dwlq#lqvxudq fnt#swlp l}dwlrq #Hfrsd | # dvlvldq fnt#l#txqgdwlvqvtu#kdu# dflxwlfd#frp sdq lvn,
- S dvlhq#lfldq fldd#P rxqvhvru
- D odq#d dluqhvut#f duh
- P hg#I oj lech#V shflddw#uh#kq lqvxuhg#kqghulgvxuhg #S F #AVG L,
- I lqdq fldd#l#vwdq fnt#udqwt# lkvq#rws lvd#f dqif

9

10

D uhdv#iru#J urz wk#dqg#ip suryhp hqw

- Q hq#iru#rhu#rfldde run#kxssruw
- Lqfrqp#vhq#uhvxuflhv#furvv#kh#adqd#k hdak#/#| vhph
- Odfn#i#wdi#i#dwihq#hqrz dqgjh#huj dugljj#lydlateh#uhvxuflhv
- O ip#lbg#xgqlqj#kruy#ulux#fdq fnu#lqj#qrvtvh
- Vwjjp d#xuuxxgqlqj#dumiflsdwlrq# Mkk#kxssruw#uhvxuflhv

11



U hihuhqfhv

- Uhsru#k#kh# frqrp lf# ha#E hqj#i#ik V#k rxvhkrayv#q#354#p d # 535
- 0Fdqf#ru#f#d#r#q#k#k# run#k#kh# frw#h#i#F dqf#ru#353#i#g#l#r#q
- X D#t#rgd |#d#l#h#t#dp l# rxggd#r#q#EP P Mi#339#h# h#f# #66+; 8 < ,# 446; 1
- \deurii#NU #B rz d#qj #!F A#x |#S #Mu#h#l#o#M# dq#R qfrd#349#7#58< 59;
- G luvhv#N#k#hup rp b#h#u#h#uvlrq#5355#425; 255# #355#Q d#l#r#q#d# F rp sukhq#ly#h# dq#f#u#Q h# run# Q# F# Q# ,

12



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