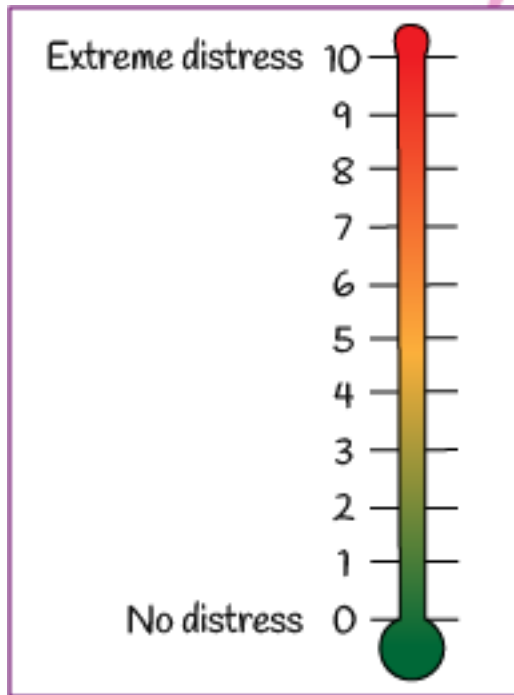


## How distressed are you?

Select 0 – 10 on the distress thermometer:



Are any of these a problem for you? Select Yes or No for each:

Practical	Yes	No
Child care		
Housing		
Insurance/financial		
Transportation		
Work/school		

Family	Yes	No
Children		
Not having children		
Partner		

Emotional	Yes	No
Depression		
Fears		
Loss of interest		
Nervousness		
Sadness		
Worry		

Spiritual/religious	Yes	No

Physical	Yes	No
Appearance		
Bathing/dressing		
Breathing		
Changes in urination		
Constipation		
Diarrhea		
Eating		
Fatigue		
Feeling swollen		
Fevers		
Getting around		
Indigestion		
Memory/concentration		
Mouth sores		
Nausea		
Nose dry/congested		
Pain		
Sexual		
Skin dry/itchy		
Sleep		
Tingling in hands/feet		

Other:

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