Distress Thermometer

Protocol ID:	Research Participant #	UPN:	Evaluation Code	Nurse ID:	Institution:
ProtocolID	RPN	UPN	EvaluationCode	NurseID	Institution

FormType

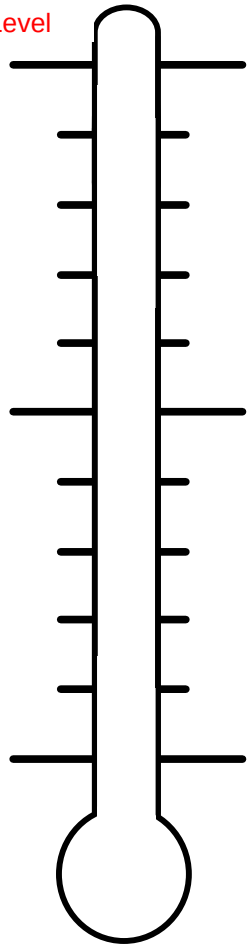
Form Type 1 Patient 2 Family Caregiver

Because this is a computer read form, please use **BLACK ink only.** Please solidly fill bubbles for choice responses.

Using the thermometer below, please fill in the bubble choice (0=no distress, 10=extreme distress) that best describes how much distress you have been experiencing in the past week, including today.

DistressLevel

Extreme Distress	**10**	10
	9	9
	8	8
	7	7
	6	6
	5	5
	4	4
	3	3
	2	2
	1	1
No Distress	**0**	0



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