

Prostate Cancer Distress Screen

U.R Number	The experience of prostate cancer is for many men a difficult time. I would like to ask you a few brief questions to check how you have been feeling and ask about your main concerns.
Surname	
Given Name(s)	
Date of Birth	
Affix Patient Label Here	Thinking about how you have been feeling over the past week including today, how distressed do you feel on a scale of '0', no distress to '10', extreme distress? (circle)

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

This is a list of problems that some men with prostate cancer experience. Do any of these problems apply to you? (Read the list below, tick if yes)

Practical Problems

Work	<input type="checkbox"/>
Financial/Insurance	<input type="checkbox"/>

Family Problems

Partner	<input type="checkbox"/>
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Emotional Problems

Depression	<input type="checkbox"/>
Uncertainty about the future	<input type="checkbox"/>
Nervousness	<input type="checkbox"/>
Sadness	<input type="checkbox"/>
Worry	<input type="checkbox"/>
Loss of interest in usual activities	<input type="checkbox"/>

Treatment Problems

Understanding treatments	<input type="checkbox"/>
Making a decision	<input type="checkbox"/>
Information about my illness	<input type="checkbox"/>

Physical Problems

Pain	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Sexual	<input type="checkbox"/>
Urinary	<input type="checkbox"/>
Bowel	<input type="checkbox"/>
Hot Flashes	<input type="checkbox"/>
Weight Gain	<input type="checkbox"/>
Weight Loss	<input type="checkbox"/>
Loss of Muscle Mass	<input type="checkbox"/>
Memory/Concentration	<input type="checkbox"/>
Sleep	<input type="checkbox"/>

Other Problems (please list)

Which of these are the **most important concerns** for you right now? (please list)

Which of these concerns would you like help with

Person completing form (please tick)

Date	
Patient	<input type="checkbox"/>
Patient with clinician or interpreter (Name & designation)	<input type="checkbox"/>
Family member/carer (Name & relationship to patient)	<input type="checkbox"/>



Adapted from National Comprehensive Cancer Network (NCCN) Guidelines Version 2.2103 Distress management – Distress Thermometer and Problem. Checklist http://www.nccn.org/professionals/physician_gls/pdf/distress.pdf. Developed as a collaboration between Griffith University, Prostate Cancer Foundation of Australia and Cancer Council Queensland. We acknowledge with thanks advice and support of Professor Jimmie Holland.