

# How can we help you?

You may be contacted by a member of the support services staff about this form. Completion of this form is optional. Please leave blank if you do not wish to participate.

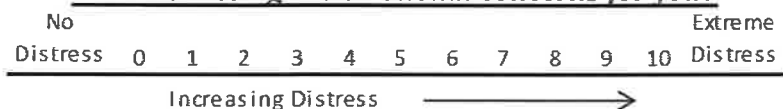
**Step 1:** Check any box next to the item(s) that is the cause of your distress.

**Step 2:** Circle the number on each scale that shows how much distress you have had in the past week.

### Emotional Concerns

- Worry / Nervousness
  - Sadness / Depression
  - Grief / Loss
  - Anger
  - Body Image
  - Addiction
- Other Concerns: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

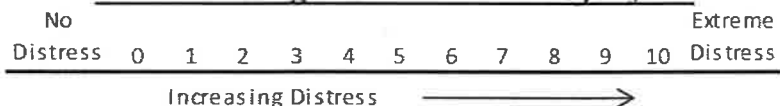
***How distressing are emotional concerns for you?***



### Health Concerns

- Weight Changes
  - Difficulty Eating
  - Loss of Appetite
  - Nausea
  - Fatigue
  - Difficulty Sleeping
  - Sexual Health & Intimacy
- Other Concerns: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

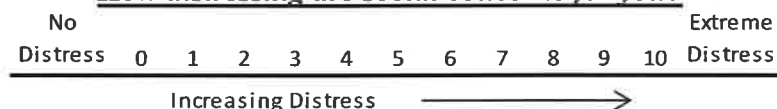
***How distressing are health concerns for you?***



### Social Concerns

- Relating with Spouse / Partner
  - Relating with Children
  - Relating with Family
  - Relating with Friends
  - Talking with Healthcare Team
- Other Concerns: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***How distressing are social concerns for you?***



### Practical Concerns

- Housing
  - Bills/Money Issues
  - Insurance
  - Transportation
  - Information/Resources
- Other Concerns: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***How distressing are practical concerns for you?***

