



KAISER PERMANENTE®

Distress Screening Tool

Name: _____ Date: _____

MRN: _____

Step One:

Please indicate if any of the following has been a problem for you in the past week, including today.

Practical Problems

- Child Care
- Housing
- Insurance/Financial
- Transportation
- Work/School
- Treatment Decisions

Family Problems

- Dealing with children
- Dealing with partner
- Ability to have children
- Family health issues

Physical Problems

- Pain
- Nausea
- Memory/concentration
- Tingling in hands/feet
- Sexual
- Sleep

Emotional Problems

- Depression/sadness
- Fears/worry
- Loss of interest in usual activities

Spiritual/Religious Concerns

- Challenged belief systems
- Loss of faith
- Isolation from religious community

Other concerns: _____

I decline to fill out this form

Step Two:

Based on your responses in Step 1, on a scale of 0-10, how much distress have you been experiencing in the past week, including today? Please circle the number on the scale below.

