

Below are thoughts many people have during or after treatment. Some of the events below may distress or worry you, even if they have not happened.

For each statement, please circle how much **distress or worry** (such as feeling upset, tense, sad, frustrated) it caused you **in the PAST WEEK**.

WHETHER OR NOT THE EVENT HAS OCCURRED, rate how much **DISTRESS** or **WORRY** it caused you in the **PAST WEEK**:

	None	Mild	Moderate	Severe
1. The patient's medical problems.	0	1	2	3
2. Dealing with the medical system.	0	1	2	3
3. Having new responsibilities in the family.	0	1	2	3
4. Not knowing what the future will bring.	0	1	2	3
5. Changes in patient's appearance.	0	1	2	3
6. Work needs that conflict with being a caregiver.	0	1	2	3
7. Getting the patient to do things for his or her health.	0	1	2	3
8. Long term effects of treatment.	0	1	2	3
9. Getting information when I need it.	0	1	2	3
10. Feeling tired or worn out.	0	1	2	3
11. Taking time away from my regular job.	0	1	2	3
12. Changes in my sex life because of treatment.	0	1	2	3
13. Wishing for more help to take care of all my responsibilities.	0	1	2	3
14. Thinking about possible things that could go wrong.	0	1	2	3
15. Getting the patient to take medications he or she needs.	0	1	2	3
16. Keeping track of medications, appointments and other medical responsibilities.	0	1	2	3
17. Communicating with medical people.	0	1	2	3
18. Not feeling as intimate or close with the patient.	0	1	2	3
19. Thoughts about the possibility of the patient dying.	0	1	2	3
20. The cost of treatment and other health care.	0	1	2	3

DATE: \_\_\_\_\_

WHETHER OR NOT THE EVENT HAS OCCURRED, rate how much **DISTRESS** or **WORRY** it caused you in the **PAST WEEK**:

	None	Mild	Moderate	Severe
21. Seeing the patient sick or suffering.	0	1	2	3
26. Managing my children's needs while being a caregiver.	0	1	2	3
23. The patient losing his or her hair.	0	1	2	3
22. Dealing with insurance issues.	0	1	2	3
27. Managing my work and other responsibilities while being a caregiver.	0	1	2	3
26. Making sure the patient does his or her day to day health tasks.	0	1	2	3
27. Thinking about the possibility of relapse.	0	1	2	3
26. Finding time and energy to take care of everything I need to do.	0	1	2	3

Please list and rate other events that have been distressing to you, if any.

Rate how much **DISTRESS** or **WORRY** it caused you in the **PAST WEEK**:

	None	Mild	Moderate	Severe
28. _____	0	1	2	3
29. _____	0	1	2	3

In the **PAST WEEK**, how much did your **DISTRESS** or **WORRY** INTERFERE with:

	Interfered Not at all	Interfered A Little	Interfered Moderately	Interfered A Lot
30. General activities.	0	1	2	3
31. Work.	0	1	2	3
32. Sleep.	0	1	2	3
33. Enjoyment of life.	0	1	2	3
34. Relations with other people.	0	1	2	3