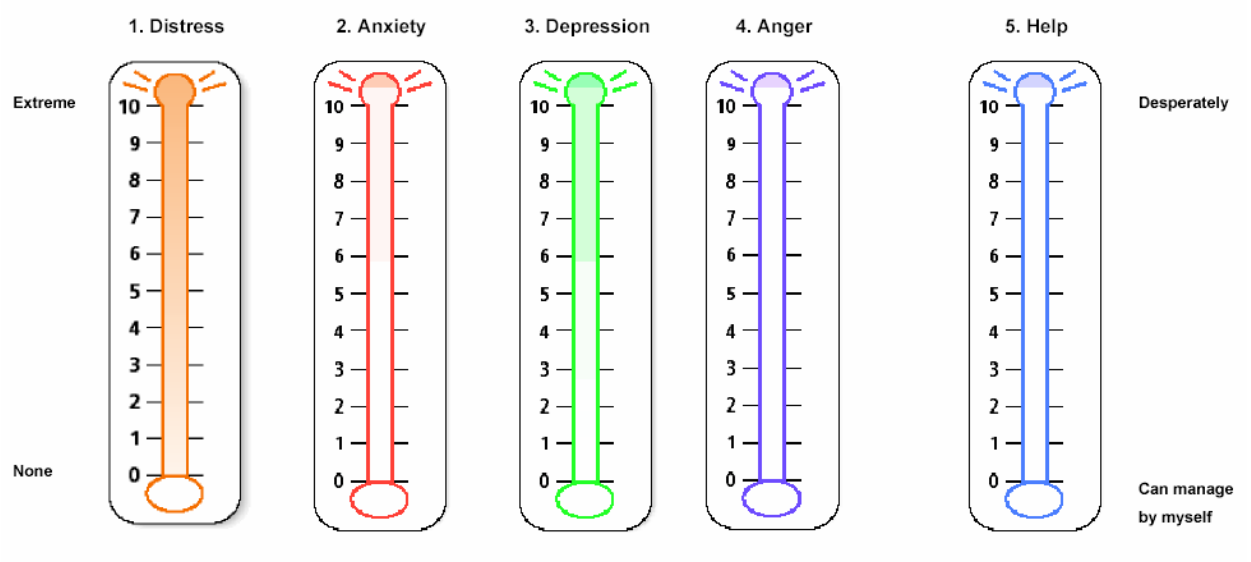
In the first four columns, please circle the number that best describes how much emotional upset you have been experiencing in the past week, including today. In the last column please indicate how much you need help for these concerns

Study No._____
Date._____



Please indicate if any of the following has been a cause of distress in the past week, including today. Be sure to check NO or YES for each.

NO	YES		NO	YES	
		Practical Problems			**Physical Problems**
❑	❑	Housing	❑	❑	Pain
❑	❑	Insurance	❑	❑	Nausea
❑	❑	Work/school	❑	❑	Fatigue
❑	❑	Transportation	❑	❑	Sleep
❑	❑	Child care	❑	❑	Getting around
			❑	❑	Bathing/dressing
		Family Problems	❑	❑	Breathing
❑	❑	Dealing with partner	❑	❑	Mouth sores
❑	❑	Dealing with children	❑	❑	Eating
			❑	❑	Indigestion
		Emotional Problems	❑	❑	Constipation
❑	❑	Worry	❑	❑	Diarrhea
❑	❑	Fears	❑	❑	Changes in urination
❑	❑	Sadness	❑	❑	Fevers
❑	❑	Depression	❑	❑	Skin dry/itchy
❑	❑	Nervousness	❑	❑	Nose dry/congested
			❑	❑	Tingling in hands/feet
		Spiritual/Religious Concerns	❑	❑	Feeling swollen
❑	❑	Relating to God	❑	❑	Sexual
❑	❑	Loss of faith			

Other Problems: _____

_____

_____