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		

III CIIC IG.	st column picase	, marcate now m	acii you need ne	ip for these concer		
Extreme	1. Distress	2. Anxiety	3. Depression	4. Anger	5. Help Desperately	
	9 — — 8 — — 7 — —	9 — — — — — — — — — — — — — — — — — — —	9 — — — — — — — — — — — — — — — — — — —	9 — — — — — — — — — — — — — — — — — — —	9 — — — — — — — — — — — — — — — — — — —	
	6 — —	6 —	6 — —	6 — —	6 —	
	5 — —	5 — —	5 — —	5 — —	5 — —	
	3 — —	3 —	3 — —	3 —	3	
	2	2 -	2 –	2 – –	2-	
	1-	1-	1-	1	1 —	
None					Can manage by myself	
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 Ph					Physical Problems	

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		ō	Fevers
		Depression	ā	ō	Skin dry/itchy
		Nervousness			Nose dry/congested
		Contribute I/D all all access	_		Tingling in hands/feet
		Spiritual/Religious			Feeling swollen
_	_	Concerns			Sexual
<u> </u>		Relating to God	_	_	Sexual
		Loss of faith			
Other	Problems	s:			