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.

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.

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1" alt="Arrows" /></td>
<td><img src="image2" alt="Arrows" /></td>
</tr>
</tbody>
</table>

**Practical Problems**
- Housing
- Insurance
- Work/school
- Transportation
- Child care

**Family Problems**
- Dealing with partner
- Dealing with children

**Emotional Problems**
- Worry
- Fears
- Sadness
- Depression
- Nervousness

**Spiritual/Religious Concerns**
- Relating to God
- Loss of faith

**Physical Problems**
- Pain
- Nausea
- Fatigue
- Sleep
- Getting around
- Bathing/dressing
- Breathing
- Mouth sores
- Eating
- Indigestion
- Constipation
- Diarrhea
- Changes in urination
- Fevers
- Skin dry/itchy
- Nose dry/congested
- Tingling in hands/feet
- Feeling swollen
- Sexual

Other Problems: ________________________________
____________________________________________