

Symptom Distress Scale

Date completed: ___/___/___

Instructions to complete assessment: Below are 5 different numbered statements. Think about what each statement says, then place a circle the statement that most closely indicates how you have been feeling lately. The statements are ranked from 1 to 5, where number 1 indicates no problems and number 5 indicates the maximum amount of problems. Numbers 2 through 4 indicate you feel somewhere in between these two extremes.

Nausea (1)

1	2	3	4	5
I seldom if ever have nausea	I have nausea once in a while	I have nausea fairly often	I have nausea half the time at least	I have nausea continually

Nausea (2)

1	2	3	4	5
When I do have nausea, it is very mild	When I do have nausea, it is mildly distressing	When I have nausea, I feel pretty sick	When I have nausea, I usually feel very sick	When I have nausea, I am as sick as I could possibly be

Appetite

1	2	3	4	5
I have my normal appetite and enjoy good food	My appetite is usually, but not always, pretty good	I don't really enjoy my food	I have to force myself to eat my food	I cannot stand the thought of food

Insomnia

1	2	3	4	5
I sleep as well as I always have	I occasionally have trouble getting to sleep and staying asleep	I frequently have trouble getting to sleep	I have difficulty getting to sleep and staying asleep almost every night	It is almost impossible for me to get a decent night's sleep

Pain (1)

1	2	3	4	5
I almost never have pain	I have pain once in a while	I have pain several times a week	I am usually in some degree of pain	I am in some degree of pain almost constantly

Pain (2)

1	2	3	4	5
When I do have pain, it is very mild	When I do have pain, it is mildly distressing	When I do have pain, it is usually fairly intense	The pain I have is very intense	The pain I have is almost unbearable

Fatigue

1	2	3	4	5
I seldom feel tired or fatigued	There are periods when I am rather tired or fatigued	There are periods when I am quite tired and fatigued	I am usually very tired and fatigued	Most of the time, I feel exhausted

Bowel

1	2	3	4	5
I have my normal bowel pattern	My bowel pattern occasionally causes me some discomfort	My present bowel pattern occasionally causes me considerable discomfort	I am usually in considerable discomfort because of my present bowel pattern	I am in almost constant discomfort because of my bowel pattern

Concentration

1	2	3	4	5
I have my normal ability to concentrate	I occasionally have trouble concentrating	I occasionally have considerable trouble concentrating	I usually have considerable difficulty concentrating	I just can't seem to concentrate at all

From McCorkle R, Cooley ME, She JA. A user's manual for the Symptom Distress Scale. Philadelphia: University of Pennsylvania

Instructions to interpret assessment: The presence of any symptom should be discussed with your health professional (2 or above). The more intense these are (3 and above), the more it may become urgent for you to discuss these with your health professionals.