

# Prostate Cancer Distress Screen

**OFFICE USE ONLY**

PCaDS  
 SURNAME.....  
 FIRST NAME.....  
 DOB.....  
 PHYSIO'S INITIALS.....

The experience of prostate cancer is for many men a difficult time. I would like to ask you a few brief questions to check how you have been feeling and ask about your main concerns.

Thinking about how you have been feeling over the past week including today, how distressed do you feel on a scale of '0', no distress to '10', extreme distress? (circle)

0	1	2	3	4	5	6	7	8	9	10
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No distressExtreme distress

This is a list of problems that some men with prostate cancer experience. Do any of these problems apply to you? (Read the list below, tick if yes)

**Practical Problems**

Work

Financial/Insurance

**Family Problems**

Partner

**Emotional Problems**

Depression

Uncertainty about the future

Nervousness

Sadness

Worry

Loss of interest in usual activities

**Treatment Problems**

Understanding treatments

Making a decision

Information about my illness

**Physical Problems**

Pain

Fatigue

Sexual

Urinary

Bowel

Hot Flushes

Weight Gain

Weight Loss

Loss of Muscle Mass

Memory/Concentration

Sleep

**Other Problems (please list)**

Which of these are the most important concerns for you right now? (please list)

Which of these concerns would you like help with

**Person completing form (please tick)**

Date

Patient

Patient with clinician or interpreter (Name & designation)

Family member/carer (Name & relationship to patient)



Adapted from National Comprehensive Cancer Network (NCCN) Guidelines Version 2.2103 Distress management – Distress Thermometer and Problem. Checklist [http://www.nccn.org/professionals/physician\\_gls/pdf/distress.pdf](http://www.nccn.org/professionals/physician_gls/pdf/distress.pdf). Developed as a collaboration between Griffith University, Prostate Cancer Foundation of Australia and Cancer Council Queensland. We acknowledge with thanks advice and support of Professor Jimmie Holland.