



Symptoms Other Than Pain

Figure 18. SYMPTOM DISTRESS SCALE

Instructions:

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

Degrees of Distress

Nausea (1)

1	2	3	4	5
I seldom feel any nausea at all	I am nauseous once in a while	I am often nauseous	I am usually nauseous	I suffer from nausea almost continually

Nausea (2)

1	2	3	4	5
When I do have nausea, it is mild	When I do have nausea, it is mildly distressing	When I have nausea, I feel pretty sick	When I have nausea, I 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	My appetite is usually, but not always, pretty good	I don't really enjoy my food like I used to	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 have occasional spells of sleeplessness	I frequently have trouble getting to sleep and staying asleep	I have difficulty sleeping almost every night	It is almost impossible for me to get a decent night's sleep

Pain (1)

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

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

1 I am usually not tired at all	2 I am occasionally rather tired	3 There are frequently periods when I am quite tired	4 I am usually very tired	5 Most of the time I feel exhausted
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Bowel

1 I have my normal bowel pattern	2 My bowel pattern occasionally causes me some discomfort	3 I frequently have discomfort from my present bowel pattern	4 I am usually in discomfort because of my present bowel pattern	5 My present bowel pattern has been changed drastically from what was normal for me
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Concentration

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

1 My appearance has basically not changed	2 My appearance has gotten a little worse	3 My appearance is definitely worse than it used to be, but I am not greatly concerned about it	4 My appearance is definitely worse than it used to be, but I am not greatly concerned about it	5 My appearance has changed drastically from what it was
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Breathing

1 I usually breathe normally	2 I occasionally have trouble breathing	3 I often have trouble breathing	4 I can hardly ever breathe as easily as I want	5 I almost always have severe trouble with my breathing
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Outlook

1

I am not fearful
or worried

2

I am a little
worried about
things

3

I am quite
worried, but
unafraid

4

I am worried and
a little frightened
about things

5

I am worried and
scared about
things

Cough

1

I seldom cough

2

I have had an
occasional cough

3

I often cough

4

I often cough,
and occasionally
have severe
coughing spells

5

I often have
persistent and
severe coughing
spells