

INTRODUCING THE QUESTIONNAIRE KIOSK!

Complete your Questionnaires,
while you wait!

Distress Screening

Please answer all the questions below.
An asterisk (*) denotes required questions.

1. Please tell us who referred you to our distress program?*

- ☐ Family Doctor
- ☐ Radiation Oncologist
- ☐ Survivorship Nurse
- ☐ Hospital Navigator
- ☐ Other

Are you experiencing trouble or problems in any of the following area's?

	Not at all	A little	A lot
2. Family Issues*	☐	☐	☐
3. Treatment Decisions*	☐	☐	☐
4. Practical problems such as housing or transportation*	☐	☐	☐
5. Emotional Issues*	☐	☐	☐

6. Are there other area's that are causing you problems? Tell us about them in the section below.

On a scale of 0 to 10, indicate the number that best describes how much distress you have been experiencing in the past week including today.

7. Click on the number or slide the blue ball on the slider to indicate your answer.*

0 1 2 3 4 5 6 7 8 9 10
No Distress Extreme Distress

Questionnaire Kiosk

Complete your questionnaires while you wait for your appointment, or do it ahead of time if you receive email notifications. using the new Questionnaire Kiosk.

If you don't have a patient portal account, don't worry — you can still use the kiosk!

Your Cancer Center Name
123 Sesame Street
City Name, Province

1 800 XXX XXXX
email@email.com
www.centername.com