

Concerns Checklist – identifying your concerns

Patient's name or label

Key _____ worker:

Date: _____

Contact number: _____

This self assessment is optional, however it will help us understand the concerns and feelings you have. It will also help us identify any information and support you may need.

If any of the problems listed have caused you concern recently and you wish to discuss them with a key worker, please score the concern from 1 to 10, with 10 being the highest. Leave the box blank if it doesn't apply to you or you don't want to discuss it now.

Physical concerns

- Breathing difficulties
- Passing urine
- Constipation
- Diarrhoea
- Eating, appetite or taste
- Indigestion
- Swallowing
- Cough
- Sore or dry mouth or ulcers
- Nausea or vomiting
- Tired, exhausted or fatigued
- Swelling
- High temperature or fever
- Moving around (walking)
- Tingling in hands or feet
- Pain or discomfort
- Hot flushes or sweating
- Dry, itchy or sore skin
- Changes in weight
- Wound care
- Memory or concentration
- Sight or hearing
- Speech or voice problems
- My appearance
- Sleep problems

I have questions about my diagnosis, treatments or effects

- Sex, intimacy or fertility
- Other medical conditions

Practical concerns

- Taking care of others
- Work or education
- Money or finance
- Travel
- Housing
- Transport or parking
- Talking or being understood
- Laundry or housework
- Grocery shopping
- Washing and dressing
- Preparing meals or drinks
- Pets
- Difficulty making plans
- Smoking cessation
- Problems with alcohol or drugs
- My medication

Emotional concerns

- Uncertainty
- Loss of interest in activities
- Unable to express feelings
- Thinking about the future
- Regret about the past
- Anger or frustration

- Loneliness or isolation
- Sadness or depression
- Hopelessness
- Guilt
- Worry, fear or anxiety
- Independence

Family or relationship concerns

- Partner
- Children
- Other relatives or friends
- Person who looks after me
- Person who I look after

Spiritual concerns

- Faith or spirituality Meaning or purpose of life Feeling at odds with my culture, beliefs or values

Information or support

- Exercise and activity
- Diet and nutrition
- Complementary therapies
- Planning for my future priorities
- Making a will or legal advice
- Health and wellbeing
- Patient or carer's support group
- Managing my symptom

Key worker to complete

Copy given to patient

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