

Letting us know your concerns



Name:

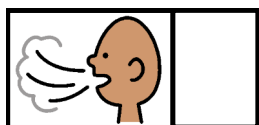


Date:

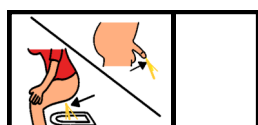


Tick if you have had the concern in the past week and would like to speak to a healthcare professional about it.

1. Concerns about your body ...



Breathing problems



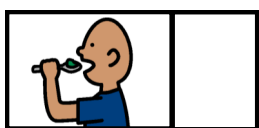
Problems weeing



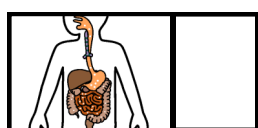
Hard to poo



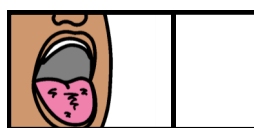
Diarrhoea



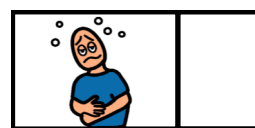
Eating / appetite



Indigestion



Sore/dry mouth



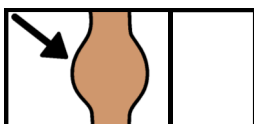
Feeling/being sick



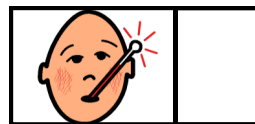
Sleep problems



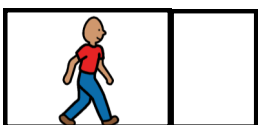
Tiredness



Swollen tummy/arm/leg



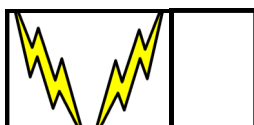
High temperature



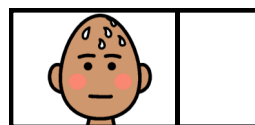
Walking/getting about



Tingling hands/feet



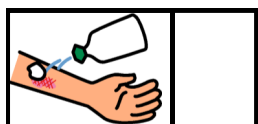
Pain



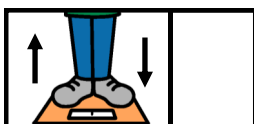
Hot flushes/sweaty



Dry, itchy or sore skin



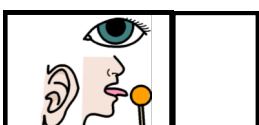
Wound care



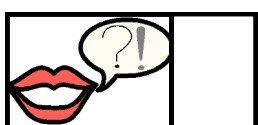
Weight changes



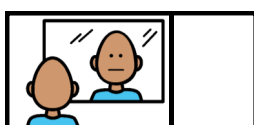
Memory or concentration



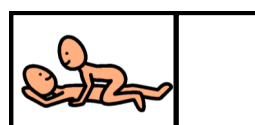
Taste/Eyes/Hearing



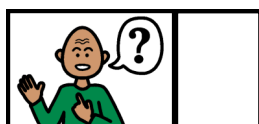
Speech problems



What I look like

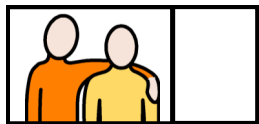


My sex life

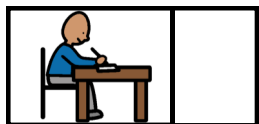


I have some questions about my diagnosis or treatment.

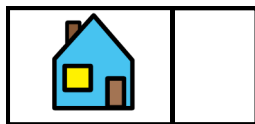
2. Concerns about everyday life ...



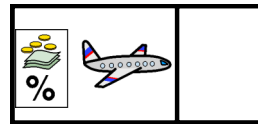
Caring responsibilities



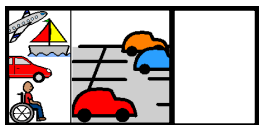
Work / college



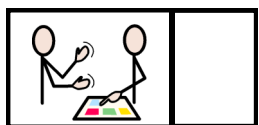
My home



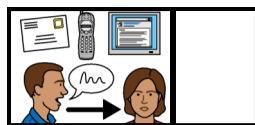
Insurance or travel



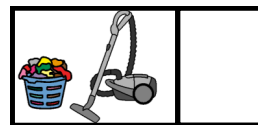
Transport or parking



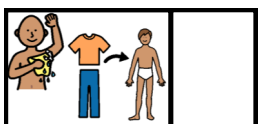
Communication



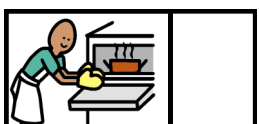
Contacting NHS staff



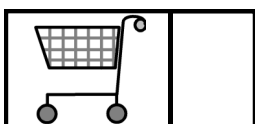
Laundry / housework



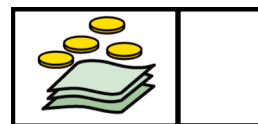
Washing and dressing



Making meals/drinks

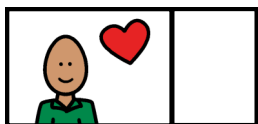


Shopping

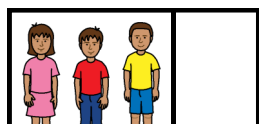


Money

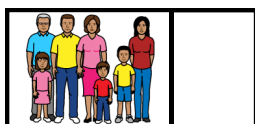
3. Concerns about family / relationship ...



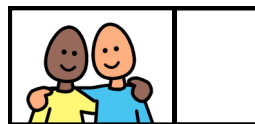
Partner



Children

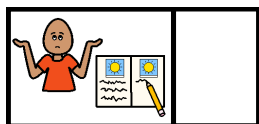


Other family

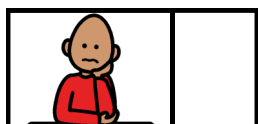


Friends

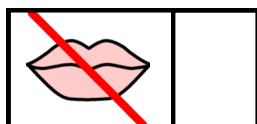
4. Concerns about your feelings ...



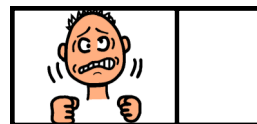
Hard to make plans.



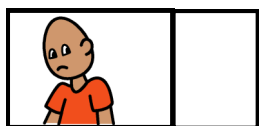
Loss of interest.



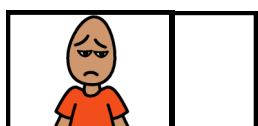
Can't say how I feel.



Angry or frustrated.



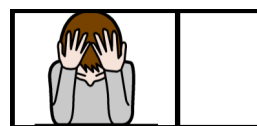
Guilt.



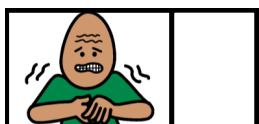
Feel hopeless.



Lonely / isolated.



Sad / depressed.

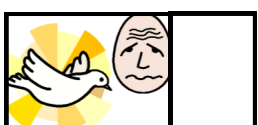


Worried / frightened.

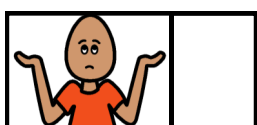
5. Spiritual or religious concerns ...



Loss of faith.



Other spiritual concerns.

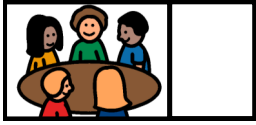


Loss of meaning
and purpose in life.

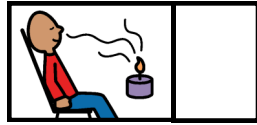


Not at peace with the past.

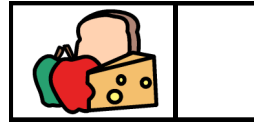
6. Other concerns and needs ...



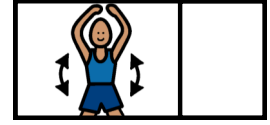
Support groups.



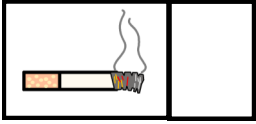
Other therapies.



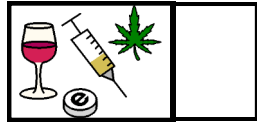
Eating.



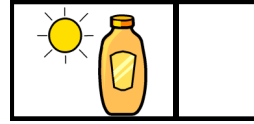
Exercise and activity.



Smoking.



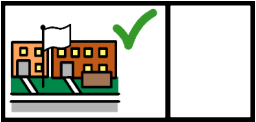
Alcohol or drugs.



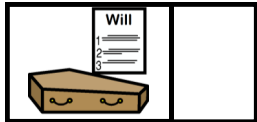
Sun protection.



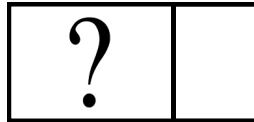
Hobbies.



Stay in work / college.



Making a will.



Other.

7. How do you feel right now?



0



1-3



4-6



7-9



10