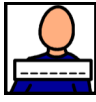




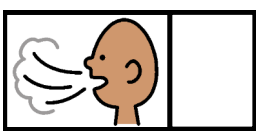
# Letting us know your concerns

 **Name:** .....

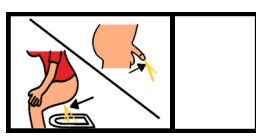
 **Date:** .....

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

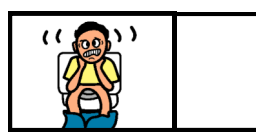
## 1. Concerns about your body ...



Breathing problems



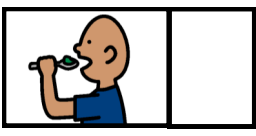
Problems weeing



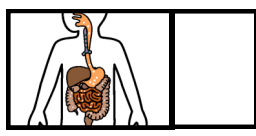
Hard to poo



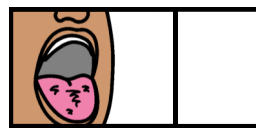
Diarrhoea



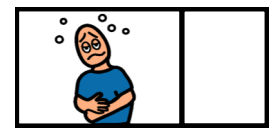
Eating /appetite



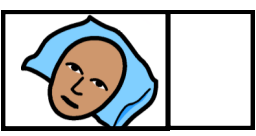
Indigestion



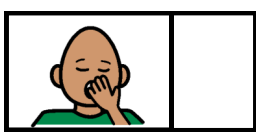
Sore/dry mouth



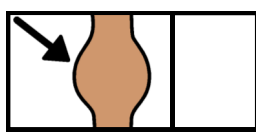
Feeling/being sick



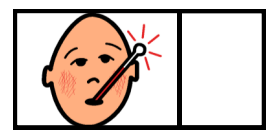
Sleep problems



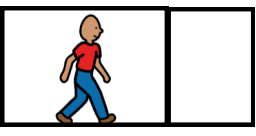
Tiredness



Swollen tummy/arm/leg



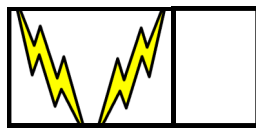
High temperature



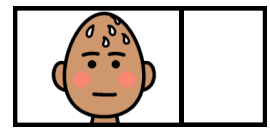
Walking/getting about



Tingling hands/feet



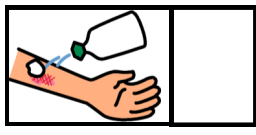
Pain



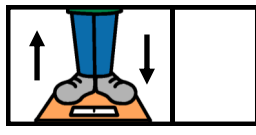
Hot flushes/sweaty



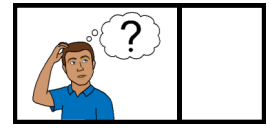
Dry, itchy or sore skin



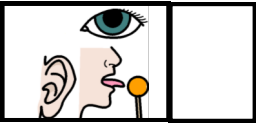
Wound care



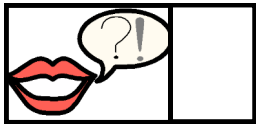
Weight changes



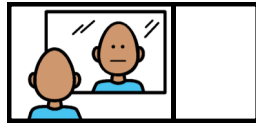
Memory or concentration



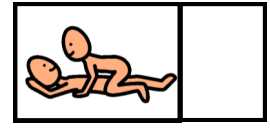
Taste/Eyes/Hearing



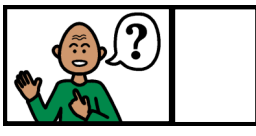
Speech problems



What I look like

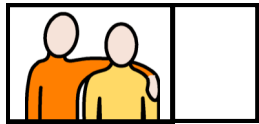


My sex life



**I have some questions about my diagnosis or treatment.**

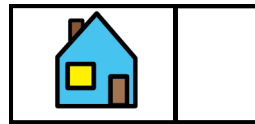
## 2. Concerns about everyday life ...



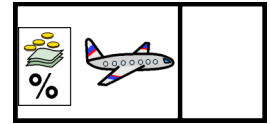
Caring responsibilities



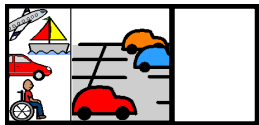
Work / college



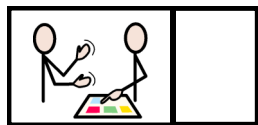
My home



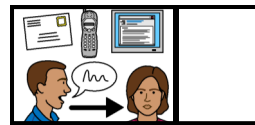
Insurance or travel



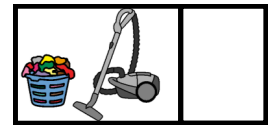
Transport or parking



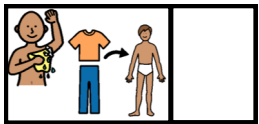
Communication



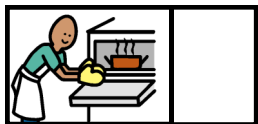
Contacting NHS staff



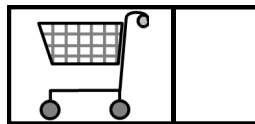
Laundry / housework



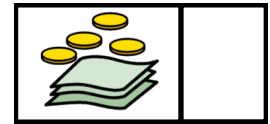
Washing and dressing



Making meals/drinks

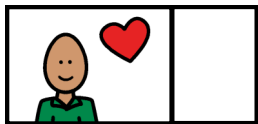


Shopping

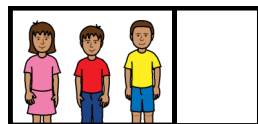


Money

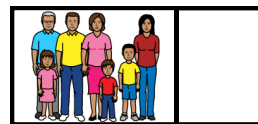
## 3. Concerns about family / relationship ...



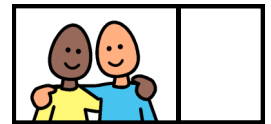
Partner



Children

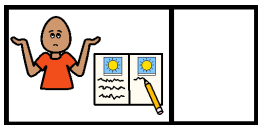


Other family

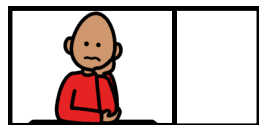


Friends

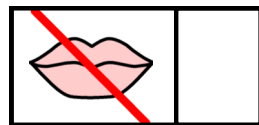
## 4. Concerns about your feelings ...



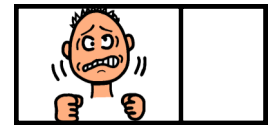
Hard to make plans.



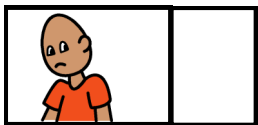
Loss of interest.



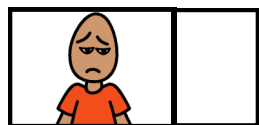
Can't say how I feel.



Angry or frustrated.



Guilt.



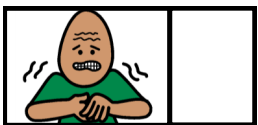
Feel hopeless.



Lonely / isolated.



Sad / depressed.

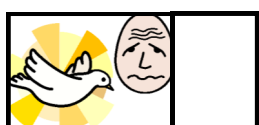


Worried / frightened.

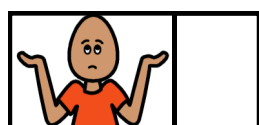
## 5. Spiritual or religious concerns ...



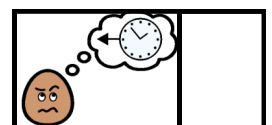
Loss of faith.



Other spiritual concerns.

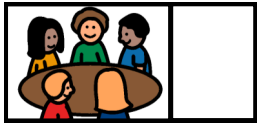


Loss of meaning and purpose in life.

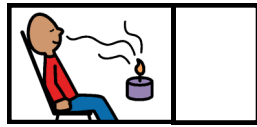


Not at peace with the past.

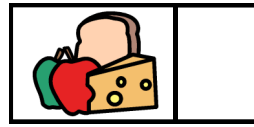
## 6. Other concerns and needs ...



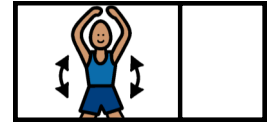
Support groups.



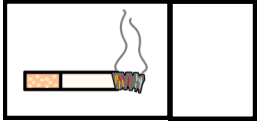
Other therapies.



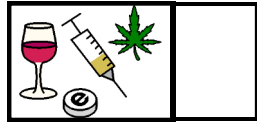
Eating.



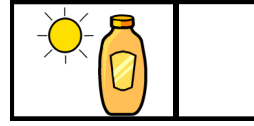
Exercise and activity.



Smoking.



Alcohol or drugs.



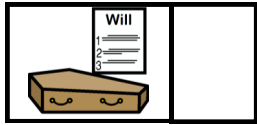
Sun protection.



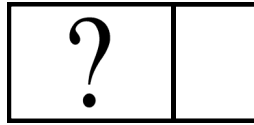
Hobbies.



Stay in work / college.



Making a will.



Other.

## 7. How do you feel right now?



0



1-3



4-6



7-9



10