

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

- 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 care support group
- Managing my symptoms

I have questions about my diagnosis, treatments, or effects

Key worker to complete

Copy given to patient

Copy to be sent to GP

Concerns Checklist – What matters to you?

This plan isn't just about your concerns or worries; it's about what matters to you.

In this section there are a number of questions that can help us find out about the things that matter to you the most. We will ask you about the important people in your life, what makes a good day for you, what helps if you are having a bad day, and what your important routines and possessions are.

This information will help us provide the best support for you. Please answer as many questions as you can.

Who are the most important people in your life?

(How often do you see them and what do you like to do together? This could be partners, family, friends or even pets!)

What would make a good day for you?

(Think about what would make it a good day - what it would be like, who you would be with, or what you would do)

When you are having a bad day what can help to make it better?

(Think about the things that you or others can do to help you if you are having a bad day)

What are the daily or weekly things you enjoy doing?

(Think about the important activities and routines that you have)

What would you never leave home without?

(Think about the important possessions you have and always like to have with you)

What do you think the people who know you well would say your best qualities are?

(For example your sense of humour, honesty, loyal friendship, kindness and caring)
