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.

☐ 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

☐ I have questions about my diagnosis, treatments or effects

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Key worker to complete ☐ Copy given to patient ☐ Copy to be sent to GP
### Main concerns

<table>
<thead>
<tr>
<th>Score 1-10 (10 being highest)</th>
<th>Plan of action</th>
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<tbody>
<tr>
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<td>Patient action</td>
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<td>Key worker action</td>
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Key worker:

Date of Care and Support Plan:

Contact number:

Key worker to complete

- [ ] Copy given to patient
- [ ] Copy to be sent to GP

Next review date: