

## Living with and beyond cancer – Identifying your concerns

This self assessment is optional however it will help us understand the concerns and feelings that you have and identify any further information and support that you may need in the future.

Patients name or label

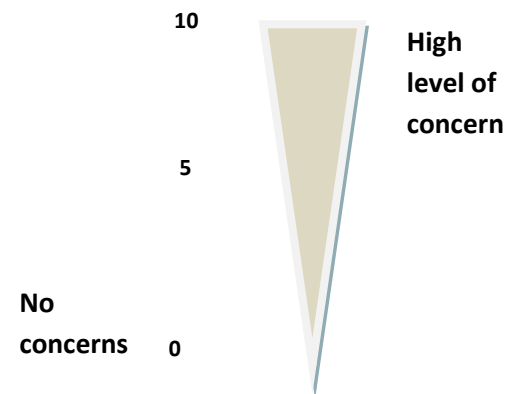
### Instruction for the tick boxes.

If any of the following problems have caused you concern in the past week and if you wish to discuss them with a health care professional please tick the box. Leave the box blank if it does not apply or you or you do not want to discuss at this time.

I have questions about my diagnosis /treatment I would like to discuss

### Instructions for using the steps.

Please use the scale to indicate the level of concern you have experienced over the past week. You may also wish to score the concerns you have ticked from 1 to 10.



### Physical Concerns

- Breathing difficulties
- Passing urine
- Constipation
- Diarrhoea
- Eating or appetite
- Indigestion
- Sore or dry mouth
- Nausea or vomiting
- Sleep problems / nightmare
- Tired/exhausted or fatigued
- Swollen tummy or limb
- High temperature or fever
- Getting around (walking)
- Tingling in hands and/or feet
- Pain
- Hot flushes/sweating
- Dry, itchy or sore skin
- Wound care after surgery
- Memory or concentration
- Taste/sight/hearing
- Speech problems
- My appearance
- Sexuality
- 

### Practical Concerns

- Caring responsibilities
- Work and education
- Money or housing
- Insurance and travel
- Transport or parking
- Contact/communication with NHS staff
- Housework or shopping
- Washing and dressing
- Preparing meals/ drinks

### Family/relationship concerns

- Partner
- Children and/or
- Other relatives / friends

### Emotional Concerns

- Difficulty making plans
- Loss of interest/activities
- Unable to express feelings
- Anger or frustration
- Guilt
- Hopelessness
- Loneliness or isolation
- Sadness or depression
- Worry, fear or anxiety

### Spiritual or Religious

- Loss of faith or other spiritual concern
- Loss of meaning or purpose of life
- Not being at peace with or feeling regret about the past

### Lifestyle or Information

- Support Groups
- Complementary Therapies
- Diet and nutrition
- Exercise and Activity
- Smoking
- Alcohol or drugs
- Sun protection
- Hobbies

--	--	--