







My Concerns


We would like to know a bit more about you and your concerns so we can support you in the right way.

Please circle or mark the answer that says how you're feeling. If the question doesn't apply to you circle or mark "Not at all".








How worried are you about your body, signs and symptoms?

Not at all	A little bit	Quite a bit	Very much	Overwhelmingly
				
<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>

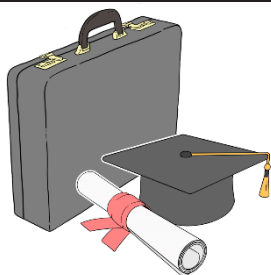


How worried are you about money or your home?

Not at all	A little bit	Quite a bit	Very much	Overwhelmingly
				
<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>

Patient Name:

Patient Hospital No:



**How worried are you
about work or education?**

Not at all

A little bit

Quite a bit

Very much

Overwhelmingly





**How worried are you
about day to day living
and looking after yourself?**

Not at all

A little bit

Quite a bit

Very much

Overwhelmingly





**How worried are you
about your friends, family
and relationships?**

Not at all

A little bit

Quite a bit

Very much

Overwhelmingly





**How worried are you
about sex, intimacy, and
fertility?**

Not at all

A little bit

Quite a bit

Very much

Overwhelmingly





**How worried are you
about your lifestyle,
interests, and social life?**

Not at all

A little bit

Quite a bit

Very much

Overwhelmingly





**How worried are you
about your thoughts,
feelings, emotions, and
moods?**

Not at all

A little bit

Quite a bit

Very much

Overwhelmingly





**How worried are you
about yourself and your
future?**

Not at all



A little bit



Quite a bit



Very much



Overwhelmingly





**How worried are you
about your diagnosis,
treatment, and care?**

Not at all



A little bit



Quite a bit



Very much



Overwhelmingly





**How worried are you
about getting
information and support?**

Not at all



A little bit



Quite a bit



Very much



Overwhelmingly

