

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



How worried are you about money or your home?

Not at all



A little bit



Quite a bit



Very much



Overwhelmingly



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

