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"

NHS/CHI/HCN: _ _ _ _ _ _ _ _ _ _

Name: _____ **Date:** _____



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
☐	☐	☐	☐	☐

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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
☐	☐	☐	☐	☐

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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 thoughts, feelings, emotions and moods?

Not at all	A little bit	Quite a bit	Very Much	Overwhelmingly
☐	☐	☐	☐	☐

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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 diagnosis, treatment and care?

Not at all	A little bit	Quite a bit	Very Much	Overwhelmingly
☐	☐	☐	☐	☐



How worried are you about information and support?

Not at all	A little bit	Quite a bit	Very Much	Overwhelmingly
☐	☐	☐	☐	☐

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