Your needs and concerns checklist

This checklist can help you identify your needs and concerns. It’s based on the kind of checklist that’s often used as part of a holistic needs assessment (HNA). See page 56 of the pack for information about HNAs.

Tick the boxes next to the concerns you want to discuss with your specialist team.

Physical concerns
- Symptoms are not well controlled
- Constipation or diarrhoea
- Indigestion
- Nausea or vomiting
- Hair loss
- Mobility
- Weight changes
- Appetite changes
- Taste changes
- Pain
- Fatigue
- Personal appearance and body image
- Menopausal symptoms
- Skin and nail problems
- Cough or breathlessness
- Concentration and memory
- Lymphoedema
- Other medical conditions

Practical concerns
- My caring responsibilities
- Household duties
- Housing

Emotional concerns
- Sad or depressed
- Worry, fear and anxiety
- Anger, frustration or guilt
- Hopelessness
- Feeling different from other people
- Feelings about the future
- Explaining my feelings to others

Information concerns
- Amount of information I prefer
- How I prefer to receive information (spoken or written)
- Information about my illness, treatment or care
- Accessing clinical trials
- Accessing other support
- Getting copies of letters about me
☐ Involvement in decisions about treatment
☐ End-of-life care

**Employment concerns**
- ☐ Continuing to work
- ☐ Support from employers
- ☐ Adjustments to work, workload or environment
- ☐ Stopping work

**Financial concerns**
- ☐ Benefits
- ☐ Pension
- ☐ Insurance or critical illness cover
- ☐ Mortgage
- ☐ Debt
- ☐ Inheritance

**Language and cultural concerns**
- ☐ Preferred language for written and spoken information
- ☐ Aids to communication
- ☐ How my cultural background affects my care

**Social concerns**
- ☐ Travel and travel insurance
- ☐ Arranging special days out
- ☐ Not being able to go places
- ☐ Hobbies and interests
- ☐ Feeling lonely or isolated

**Family and relationships**
- ☐ Children
- ☐ Partner
- ☐ Other relationships
- ☐ Sex and intimacy
- ☐ Role in the family
- ☐ Effect of your illness on others
- ☐ Needing more help

**Health and wellbeing**
- ☐ Diet
- ☐ Exercise
- ☐ Alcohol
- ☐ Smoking
- ☐ Sleeping problems

**Spiritual**
- ☐ Access to religious/spiritual leader
- ☐ Change to faith or belief
- ☐ Loss of meaning/purpose
- ☐ Requirements to practise faith
- ☐ Restrictions related to faith or culture
- ☐ Regrets about the past

**End of life**
- ☐ Making a will
- ☐ Lasting power of attorney
- ☐ Guardianship of my dependents
- ☐ Worries about dying
- ☐ Legal and personal affairs
- ☐ Advance decisions