

Health Needs Assessment (HNA) Concerns Checklist



Insert person's name or label

Point of contact details

Name:

Telephone Number:

What do I need to do?

Select any areas that you wish to talk about or any areas that you have questions about.

We will then speak to you about these. If required, you may be referred to another professional or service that will be better to address your concerns.

If required or requested, we will then create a Personalised Care and Support Plan to outline any actions that you and the professional spoke about.

When selecting please score each concern between 1-10, with 1 being low level of concern and 10 the highest.

Physical concerns

- Breathing difficulties
- Passing urine
- Constipation
- Diarrhoea
- Eating, appetite or taste
- Indigestion
- Swallowing
- Cough
- Sore or dry mouth or ulcers
- Nausea or vomiting
- Tired, exhausted or fatigued
- Swelling
- High temperature or fever
- Moving around (walking)
- Tingling in hands or feet
- Pain or discomfort
- Hot flushes or sweating
- Dry, itchy or sore skin
- Changes in weight
- Woundcare
- Memory or concentration
- Sight or hearing
- Speech or voice problems
- My appearance
- Sleep problems
- Sex, intimacy or fertility
- Other medical conditions

Practical concerns

- Taking care of others
- Work or education
- Money or finance
- Travel

- Housing
- Transport or parking
- Talking or being understood
- Laundry or housework
- Grocery shopping
- Washing and dressing
- Preparing meals or drinks
- Pets
- Difficulty making plans
- Smoking cessation
- Problems with alcohol or drugs
- My medication

Emotional concerns

- Uncertainty
- Loss of interest in activities
- Unable to express feelings
- Thinking about the future
- Regret about the past
- Anger or frustration
- Loneliness or isolation
- Sadness or depression
- Hopelessness
- Guilt
- Worry, fear or anxiety
- Independence

Family or relationship concerns

- Partner
- Children
- Other relatives or friends
- Other relatives or friends
- Person who looks after me
- Person who I look after

Spiritual concerns

- Faith or spirituality
- Meaning or purpose of life
- Feeling at odds with my culture, beliefs or values

Information or support

- Exercise and activity
- Diet and nutrition
- Complementary therapies
- Planning for my future priorities
- Making a will or legal advice
- Health and wellbeing
- Patient or carer's support group
- Managing my symptoms
- Sun protection

I have questions about my diagnosis, treatments or effects: