**Things that are bothering me…**

|  |  |
| --- | --- |
| **Name**  | **Completed with** |
| **Date**  |  |

This tool is to help you, and your family and carers, think about how things are working for you at the moment and help your health and care team understand more about the kinds of support you need. Please complete it to identify any concerns, things that matter to you and any issues you want to discuss at your appointment.

|  |  |  |
| --- | --- | --- |
| **Activities of daily living**  | **Not a problem** | **Causes me concern** |
| Bathing and washing  |  |  |
| Getting dressed |  |  |
| Going to the toilet  |  |  |
| Preparing a meal  |  |  |
| Shopping |  |  |
| Eating and drinking |  |  |
| Doing housework |  |  |
| Using the telephone |  |  |
| Remembering things  |  |  |
| Driving |  |  |
|  |
| **Physical health** | **Not a problem** | **Causes me concern** |
| Being able to see things |  |  |
| Being able to hear things |  |  |
| Being able to go outside (with or without help) |  |  |
| Being steady on your feet |  |  |
| Getting around your home |  |  |
| Getting out to social activities  |  |  |
| Falls – how many in the last year? |  |  |
| Slowing down |  |  |
| Keeping warm |  |  |
| Coping with pain  |  |  |
| Losing weight without dieting  |  |  |
| Sleeping  |  |  |
| Continence  |  |  |
| Constipation  |  |  |
|  |

|  |  |  |
| --- | --- | --- |
| **Thoughts and feelings** | **Not a problem**  | **Causes me concern**  |
| Feeling down and depressed  |  |  |
| Feeling tired |  |  |
| Feeling anxious  |  |  |
| Feeling lonely  |  |  |
| Worrying about the future  |  |  |
|  |
| **Care and support**  | **No** | **Yes** |
| Do you live on your own? |  |  |
| Do you have a relative or carer helping you regularly at home? |  |  |
| Would you like more support? |  |  |
| Are you receiving services, treatment or support you no longer need or want? |  |  |
| Are you a carer? |  |  |
| Do you feel your housing is a problem? |  |  |
| Do you want advice on work or volunteering? |  |  |
| Do you need support with benefits or finance? |  |  |
|  |
| **Lifestyle** | **Not a problem** | **Causes me concern** |
| Hobbies and interests  |  |  |
| Wanting to lose weight  |  |  |
| Smoking (how many cigarettes each day…………) |  |  |
| Relationships (e.g., companionship/ sex life) |  |  |
| Alcohol consumption  |  |  |
| Being active  |  |  |
|  |
| **Health care** | **Not a problem** | **Causes me concern** |
| Attending appointments  |  |  |
| Knowing who to contact  |  |  |
| Knowing what to do if things get worse |  |  |
| Your medications |  |  |
|  |
| **Any other comments or questions** |