

Problem List

If you've experienced any of the following issues in the past week, check the box next to each one.

Physical Concerns

- Pain
- Sleep
- Fatigue
- Tobacco use
- Substance use
- Memory or concentration
- Sexual health
- Changes in eating
- Loss or change of physical abilities

Physical Concerns

- Worry of anxiety
- Sadness or depression
- Loss of interest or enjoyment
- Grief or loss
- Fear
- Loneliness
- Anger
- Changes in appearance
- Feelings of worthlessness or being a burden

Social Concerns

- Relationship with spouse or partner
- Relationship with children
- Relationship with family members
- Relationship with friends or coworkers
- Communication with health care team
- Ability to have children
- Prejudice or discrimination

Practical Concerns

- Taking care of myself
- Taking care of others
- Work
- School
- Housing
- Finances
- Insurance
- Transportation
- Child care
- Having enough food
- Access to medicine
- Treatment decisions

Spiritual Religious Concerns

- Sense of meaning or purpose
- Change in faith or beliefs
- Death, dying, or afterlife
- Conflict between beliefs and cancer treatment
- Relationship with the sacred
- Ritual or dietary needs

Other Concerns
