Concerns and Help Identifier for Medical Patients (CHIMP_neurology)

Please let us know if you are struggling with any of the following concerns and if you need help. Please answer as honestly as possible. Your answers will only be used to find appropriate help.

(optional) Patient information		Do have this concern/problem?			What help do you want for the concern (if any)?			
		NO *I don't have this or its already resolved*	**YES** *Yes, I have this unresolved issue*		**Not Now** *I prefer to deal with this myself right now*	**Info** *I need information (online or in print)*	**Clinician** *I would like help from a clinician about this*	**Other** *I want some other type of help or wish to clarify my concern (write here)*
Medical	Knowing more about my condition	❑	❑	=>	❑	❑	❑	
	Treatment options or side-effects	❑	❑	=>	❑	❑	❑	
	Issues with my medical care or staff	❑	❑	=>	❑	❑	❑	
Physical Concerns	Headaches or migraine	❑	❑	=>	❑	❑	❑	
	Blackouts, faints, dizzy or falls	❑	❑	=>	❑	❑	❑	
	Problems reading, writing or hearing	❑	❑	=>	❑	❑	❑	
	Weakness or change in sensation	❑	❑	=>	❑	❑	❑	
	Problems with walking or balance	❑	❑	=>	❑	❑	❑	
	Shaking or tremor	❑	❑	=>	❑	❑	❑	
Personal Concerns	Issues with appearance	❑	❑	=>	❑	❑	❑	
	Loss of independence or dignity	❑	❑	=>	❑	❑	❑	
	Loss of role (eg at home or at work)	❑	❑	=>	❑	❑	❑	
	Problems with sleep	❑	❑	=>	❑	❑	❑	
	Intimacy or relationship Issues	❑	❑	=>	❑	❑	❑	
Emotional Concerns	Anger, frustration or irritability	❑	❑	=>	❑	❑	❑	
	Nervousness or panic	❑	❑	=>	❑	❑	❑	
	Depression or low motivation	❑	❑	=>	❑	❑	❑	
	Memory or concentration problems	❑	❑	=>	❑	❑	❑	
	Low confidence or self-worth	❑	❑	=>	❑	❑	❑	
	Feel life is not worth living	❑	❑	=>	❑	❑	❑	
Practical issues	Issues with family, partner, children	❑	❑	=>	❑	❑	❑	
	Issues with housing or finances	❑	❑	=>	❑	❑	❑	
	Issues with finances or bills	❑	❑	=>	❑	❑	❑	
	Problems getting around (mobility)	❑	❑	=>	❑	❑	❑	
Other concerns	Worried about the future	❑	❑	=>	❑	❑	❑	
	Concerned for someone else	❑	❑	=>	❑	❑	❑	
	Difficulty coping or feel alone	❑	❑	=>	❑	❑	❑	
	Lifestyle (diet, smoking, alcohol)	❑	❑	=>	❑	❑	❑	
	Other (please tell us) _____	❑	❑	=>	❑	❑	❑	