

# MY TREATMENT, MY LIFE

Cancer choices for young adults (23-29 years old)

Name: \_\_\_\_\_ Current Age: \_\_\_\_\_

When I was diagnosed: \_\_\_\_\_ Type of cancer: \_\_\_\_\_

## Family and friends

Who is in my family and my friend group? \_\_\_\_\_

If someone needs to take care of me, it's likely to be: \_\_\_\_\_

How will my family and friends handle me having cancer? \_\_\_\_\_

Where else can I get emotional support? \_\_\_\_\_

Where else can I get help? \_\_\_\_\_

If I have children, who can help take care of them? \_\_\_\_\_

Other notes about my family and friends: \_\_\_\_\_

## Money and work

I am currently working.	Yes	No
I am currently in school.	Yes	No
I plan to keep working.	Don't know	Yes No
I know how to apply for time off if I need it.	Yes	No
I get sick time or disability pay.	Don't know, but will find out	Yes No
I need help with child care.	Yes	No
I have a spouse or partner who can take time off.	Yes	No
My parents or other caregivers can support me financially.	Yes	No
I have insurance.	Yes Not sure	No Need help finding insurance

## Money and work

I need to talk to someone about paying for treatment.	Yes	No
I need to talk to someone about how much I can work.	Yes	No
I need to talk to someone about staying in school.	Yes	No
Other notes about money and work:		

## Relationship and sex

I am currently in a relationship.	Yes	No
I live with my spouse or partner.	Yes	No
Dating or finding a partner was a high priority before my diagnosis.	Yes	No
I'm concerned about cancer affecting my appearance or ability to find a partner.	Yes	No
I'm concerned about cancer affecting my ability to have children.	Yes	No
I'm concerned about cancer affecting my ability to enjoy sex.	Yes	No
I'm concerned about cancer affecting my ability to have an orgasm.	Yes	No
I'm concerned my cancer and treatment will hurt my relationship.	Yes	No
Other notes about relationships and sex:		

## Mental and spiritual health

I am religious.	Yes	No
I am spiritual.	Yes	No
I currently attend religious or faith-based services.	Yes	No
I am concerned about cancer and treatment affecting my mental health now.	Yes	No
I am concerned about cancer and treatment affecting my long-term mental health.	Yes	No
I would like to talk with a spiritual adviser or therapist.	Yes	No
Other notes about mental and spiritual health:		

## Other notes

Please use this space to write any other thoughts or concerns you may have and would like to discuss with your care team.

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