

MY TREATMENT, MY LIFE

Cancer choices for teens and new adults (15–22 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: _____

School and work

I am currently working.		Yes	No
I am currently in school.		Yes	No
I plan to stay in school.		Don't know	Yes No
I plan to keep working.		Yes	No
My parents or other caregivers can support me financially.		Yes	No
I have insurance.		Yes	No
	Not sure	Need help finding insurance	
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 school and work: _____

Relationship and sex			
I am currently in a relationship.		Yes	No
I am concerned that cancer will affect my current relationship.	Not in a relationship	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 periods.	I don't have periods	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
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.
