

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.	Not sure	Yes	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:		

