

# AYA CANCER SERVICES CONCERNS & WORRIES CHECKLIST

Name \_\_\_\_\_

There are many areas in a young person's life that are impacted by having a cancer diagnosis. The AYA cancer 'Concerns and Worries Checklist' helps to identify and understand your current concerns and needs so the right support can be put in place in partnership with your AYA Cancer Keyworker.

In recognition that things change over time depending on where you are in your treatment schedule, or whether there are other events happening in your life, you will be asked regularly to complete this form. This can be filled out online or by hand prior to or at your next appointment.

**Please tick below in the different aspects of your life any areas that have been an issue for you over the last 2 weeks.**



## Housing, Transport and Finance

- Transport or parking difficulties
- Housing and/ or living arrangements
- Money worries
- The scheduling of appointments
- Benefits and allowances



## Faith, Spirituality and Culture

- Challenging my faith and/or spirituality
- Uncertainties around the purpose and meaning of life
- Why me?
- Complementary/ alternative therapy
- Cultural values and beliefs not being respected



## Physical Concerns

- Constipation or Diarrhoea
- Nausea or vomiting
- Pain
- Extreme exhaustion or tiredness
- Memory and concentration
- Tingling in hands or feet
- High temperatures/ fevers
- Periods/ menstruation
- Dizziness
- Other medical worry
- Hot flushes
- Breathing difficulties
- Sore or dry mouth
- Reduced muscle power and strength



## Schooling/ Education/ Work

- Work/ educational commitments
- Rethinking what I want to do



## Interests and Social life

- Isolated from my friends
- Missing important events
- Friends not understanding
- Wanting to meet others in a similar situation
- Difficulties participating in activities and events



## Family and Relationships

- Childcare
- Relationship/ partner worries
- Family relationships
- Family needs/ support
- Family overprotectiveness



## Thoughts and Feelings

- Feeling alone or isolated
- Guilt
- Boredom
- Anger, irritability or frustration
- Fears, worries or anxiety
- Extreme moodiness
- Feeling down, sad or depressed
- Confusion
- Little interest in doing things that normally provide pleasure
- Overwhelmed
- Suicidal

## Lifestyle

- Use of alcohol, drugs and smoking
- Sleeping difficulties
- Nutrition, appetite and eating
- Fitness and sporting ability
- General appearance and hair loss



## Information/ Treatment

- Understanding information - too much, too little, confusing
- Not feeling involved in decision making
- Not feeling listened to by my health care team
- My rights to privacy and confidentiality
- Difficulties sticking to my treatment plan
- Procedural anxiety/ worries

## Sex, Sexuality and Fertility

- Pain/ difficulty when having sex
- Loss of interest in sex/ intimacy
- Fertility worries
- Sexual health/ contraception
- Sexual orientation/ gender identity



## Other areas of concern not listed

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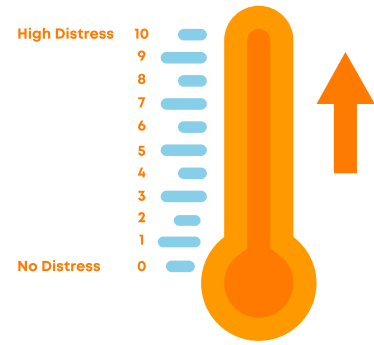
### General Distress

In summary how much distress have you been feeling over the past week?

Circle a number from 1 to 10 (#1 being No Distress and #10 being High Distress)

By ranking your distress, this can be used as a tool to talk with your keyworker about where you're at.

**Number =**



### What support will I receive?

Together with your key worker a plan can be made below to address any issues identified.

I have been involved in the development of this plan and agree with the actions listed above.

**AYA signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**AYA Keyworker/ Champion signature** \_\_\_\_\_ **Date** \_\_\_\_\_