

Adolescent and Young Adult (AYA) Cancer Care Education Checklist

Name of AYA Keyworker/ Champion responsible for completion of the checklist:

Surname: _____ NHI _____

DOB: _____ SEX _____



The young person.....	Comments	KEY
Is able to describe their cancer diagnosis in their own words		<input type="checkbox"/>
Is able to describe in their own words their protocol/ treatment plan		<input type="checkbox"/>
Is able to describe tests and procedures and reasons for them		<input type="checkbox"/>
Is able to demonstrate a knowledge of their chemotherapy drugs and other medications; including side effects, how to refill prescriptions, how often they should take the medications and instructions for administration		<input type="checkbox"/>

The young person.....	Comments	KEY
Is able to describe their chemotherapy/ radiotherapy side effects and management of these.		
Bone Marrow Suppression		<input type="checkbox"/>
Nausea and Vomiting		<input type="checkbox"/>
Hair Loss		<input type="checkbox"/>
Constipation / Diarrhoea		<input type="checkbox"/>
Infection		<input type="checkbox"/>
Fatigue		<input type="checkbox"/>

The young person.....	Comments	KEY
Mouth Problems		<input type="checkbox"/>
Urinary Problems		<input type="checkbox"/>
Nutrition / Food Safety		<input type="checkbox"/>
Weight Loss		<input type="checkbox"/>
Weight Gain		<input type="checkbox"/>
Pain		<input type="checkbox"/>
Has chosen a method to record/ remember to take their medications		<input type="checkbox"/>

The young person.....	Comments	KEY
Is able to describe steps to care for their line.		<input type="checkbox"/>
Is able to name and describe the role of their main health care providers.		<input type="checkbox"/>
Is able to describe symptoms of unwellness, has a plan for whom to call and can describe their emergency plan.		<input type="checkbox"/>
Knows they can participate in all health care discussions.		<input type="checkbox"/>
Is aware of their rights and responsibilities to information; to privacy; and to participate in decision-making and consent.		<input type="checkbox"/>