

# AYA Compass

Adolescent & Young Adult 16-35 years of age

This AYA Compass helps make clear what is on your mind right now. It helps care providers get a better picture of who you are, what you are up against, and what is important to you. This way, your care can be better tailored to your specific needs and expectations. Your healthcare provider will use the AYA Compass during a face-to-face conversation. You may find some of the themes in the Compass less relevant than others. You are free to discuss specific themes or not. You are in the driver's seat! With the AYA Compass, you control the direction of the conversation and guide your own care.

NAME:

DATE:

NOTES:

I WOULD LIKE TO DISCUSS THESE TOPICS INDIVIDUALLY WITH MY CARE PROVIDER (IN OTHER WORDS, WITHOUT MY PARTNER, PARENT(S) OR OTHER CLOSE PERSON IN ATTENDANCE):

This is definitely something I want to talk about.

How worried am I about this theme or topic?

## My illness, treatment, and follow-up

- |   | little                | much |
|---|-----------------------|------|
| <input type="radio"/> Understanding my illness              | <input type="range"/> |      |
| <input type="radio"/> My treatment                          | <input type="range"/> |      |
| <input type="radio"/> Prognosis of my illness               | <input type="range"/> |      |
| <input type="radio"/> Need for information                  | <input type="range"/> |      |
| <input type="radio"/> Follow-up during treatment            | <input type="range"/> |      |
| <input type="radio"/> Follow-up after treatment             | <input type="range"/> |      |
| <input type="radio"/> My experiences of the care received   | <input type="range"/> |      |
| <input type="radio"/> Communication with my GP              | <input type="range"/> |      |
| <input type="radio"/> Language issues                       | <input type="range"/> |      |
| <input type="radio"/> (No) participation in clinical trials | <input type="range"/> |      |
| <input type="radio"/> Genetic examinations                  | <input type="range"/> |      |
| <input type="radio"/> Use of alternative treatment(s)       | <input type="range"/> |      |
| <input type="radio"/> Seeing the treatment through          | <input type="range"/> |      |
| <input type="radio"/> What I expect from my care providers  | <input type="range"/> |      |
| <input type="radio"/> My wishes for rehabilitation          | <input type="range"/> |      |

## Practical and financial

- |  |                       |  |
|--|-----------------------|--|
| <input type="radio"/> Financial (benefits, allowances) | <input type="range"/> |  |
| <input type="radio"/> Loans                            | <input type="range"/> |  |
| <input type="radio"/> Bills and payment plans          | <input type="range"/> |  |
| <input type="radio"/> Insurance                        | <input type="range"/> |  |
| <input type="radio"/> Studies                          | <input type="range"/> |  |
| <input type="radio"/> Transport                        | <input type="range"/> |  |
| <input type="radio"/> Incapacity for work              | <input type="range"/> |  |
| <input type="radio"/> Returning to work                | <input type="range"/> |  |
| <input type="radio"/> Living situation                 | <input type="range"/> |  |
| <input type="radio"/> Need for (extra) home care       | <input type="range"/> |  |
| <input type="radio"/> Caring for animals               | <input type="range"/> |  |

## Physical well-being

- |   |                       |  |
|---|-----------------------|--|
| <input type="radio"/> Energy level        | <input type="range"/> |  |
| <input type="radio"/> Physical complaints | <input type="range"/> |  |
| <input type="radio"/> Sleep               | <input type="range"/> |  |
| <input type="radio"/> Fitness             | <input type="range"/> |  |

This is definitely something I want to talk about.

How worried am I about this theme or topic?

### Thoughts and feelings

- Positive feelings weinig veel
- Negative feelings
- Daring to talk about what concerns me
- Psychosocial support

### My child

- Caring for my child
- Talking to my child
- Time with my child

### Relationships with others

- My partner
- My ex-partner
- My children
- My parents
- My friends
- My family
- My colleagues
- Contact with other cancer patients
- Caring for others
- Starting a new relationship

### Lifestyle and interests

- Exercise
- Sports
- Alcohol
- Drugs
- Smoking
- Eating behaviour and nutrition
- Interests and hobbies
- Free time

### Faith, sense of purpose, and culture

- Culture
- Customs and traditions
- Spirituality and religion
- Sense of purpose

This is definitely something I want to talk about.

How worried am I about this theme or topic?

### Fertility

- Family planning little much
- Desire to have children
- Fertility care
- Alternative parenthood

### Intimacy and sex

- Intimacy
- Sex
- Safe sex

### Self-image and appearance

- Changes in my appearance
- My self-image
- My skin
- My hair
- My muscle mass
- My weight
- Grooming and make-up

### My future

- Life after cancer
- My dreams and ambitions
- Fear of relapse
- Late effects of treatment/disease

### The finite nature of life

- Living (longer) with an incurable disease
- Breaking bad news to others
- Worrying about the end
- Palliative (home) care
- Leaving behind memories
- Testaments and inheritance
- Preparing for my memorial
- Euthanasia or end of life
- Death