

My Survivorship Checklist

Use this checklist as a guide to help you live your best life possible during and after cancer.

Cancer Treatment

- | | | |
|--|---|---|
| <input type="checkbox"/> Surgery | <input type="checkbox"/> Targeted therapy | <input type="checkbox"/> Clinical trials |
| <input type="checkbox"/> Chemotherapy (IV, port, oral) | <input type="checkbox"/> Immunotherapy | <input type="checkbox"/> Genetic/biomarker testing |
| <input type="checkbox"/> Radiation therapy | <input type="checkbox"/> Stem cell/bone marrow transplant | <input type="checkbox"/> Supportive/palliative care |
| <input type="checkbox"/> Hormone therapy | <input type="checkbox"/> Complementary/integrative medicine | <input type="checkbox"/> Other_____ |

Team of Support

- | | | |
|---|--|---|
| <input type="checkbox"/> Spouse/partner | <input type="checkbox"/> Neighbors/community | <input type="checkbox"/> Support group/peer support |
| <input type="checkbox"/> Family | <input type="checkbox"/> Religious/spiritual advisor | <input type="checkbox"/> Survivorship program |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Navigator/promotora | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Social worker/case manager | |

Personal Concerns and Side Effects

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|---|---|---|
| <input type="checkbox"/> Physical changes/side effects | <input type="checkbox"/> Emotional well being/mental health | <input type="checkbox"/> Caregiver/family wellbeing |
| <input type="checkbox"/> Rehabilitation (physical/occupational therapy) | <input type="checkbox"/> Genetic testing | <input type="checkbox"/> Palliative/supportive care |
| | <input type="checkbox"/> Fertility/sexuality | |

Wellness and Support Activities

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|--|---|---|
| <input type="checkbox"/> Healthy lifestyle | <input type="checkbox"/> Religious faith/spirituality | <input type="checkbox"/> Volunteering |
| <input type="checkbox"/> Nutritionist | <input type="checkbox"/> Physical activity/LIVESTRONG at the YMCA* | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Stopping smoking/limit alcohol | | |
| <input type="checkbox"/> Continued education/self-advocacy | <input type="checkbox"/> Complementary therapies/natural remedies*: acupuncture, massage, yoga, Tai Chi, stress management, meditation, relaxation techniques | <i>*check with your doctor before starting new activities</i> |
| <input type="checkbox"/> Support groups/peer support/individual counseling | | |

Everyday Concerns

- | | |
|---|---|
| <input type="checkbox"/> Life planning (powers of attorney & wills) | <input type="checkbox"/> Finances (medical/non-medical costs) |
| <input type="checkbox"/> Insurance (health, disability) | <input type="checkbox"/> Practical needs (child care, meals/groceries, in-home care, transportation, housing) |
| <input type="checkbox"/> Work/legal rights | |

Ongoing Care/Follow-up Cancer Care

- | | |
|---|---|
| <input type="checkbox"/> Long-term treatment_____ | <input type="checkbox"/> Rehabilitation (physical therapy/occupational therapy) |
| <input type="checkbox"/> Oncology follow-up care | <input type="checkbox"/> Treatment Summary & Survivorship Care Plan |
| <input type="checkbox"/> General medical/dental/vision care | <input type="checkbox"/> Survivorship program |
| <input type="checkbox"/> Supportive/palliative care | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Long-term/late side effects | |