

# AYA Screening Tool

**Please circle the number that best describes you:**

No concerns with work/school  
0 1 2 3 4 5 6 7 8 9 10

Significant concern with work/school

No concern with finances  
0 1 2 3 4 5 6 7 8 9 10

Significant financial concerns

I have excellent social supports  
0 1 2 3 4 5 6 7 8 9 10

I do not have individuals in my life that are supporting me

Not anxious about my future  
0 1 2 3 4 5 6 7 8 9 10

Very anxious about my future

No concern about my appearance  
0 1 2 3 4 5 6 7 8 9 10

Significant concern about my appearance

No concerns about my sexual health  
0 1 2 3 4 5 6 7 8 9 10

Significant concerns about my sexual health

No concerns about my fertility  
0 1 2 3 4 5 6 7 8 9 10

Significant concerns about my fertility

No difficulty understanding info about my cancer  
0 1 2 3 4 5 6 7 8 9 10

Significant difficulty understanding info about my cancer

No concerns with diet/nutrition  
0 1 2 3 4 5 6 7 8 9 10

Significant concern with diet/nutrition

No difficulty navigating the hospital system  
0 1 2 3 4 5 6 7 8 9 10

Significant difficulty navigating the hospital system

No concerns with physical activity/exercise  
0 1 2 3 4 5 6 7 8 9 10

Significant concerns with physical activity/exercise

Other area of concern  
0 1 2 3 4 5 6 7 8 9 10