

Based on the measures validated by Drs. Bradley Zebrack and Olga Husson

- Zebrack, Brad J., et al. "Psychosocial service use and unmet need among recently diagnosed adolescent and young adult cancer patients." *Cancer* 119.1 (2013): 201-214.
- Husson, Olga, and Bradley J. Zebrack. "Psychometric evaluation of an adolescent and young adult module of the impact of cancer instrument." *Journal of adolescent and young adult oncology* 6.1 (2017): 159-170.

Adolescent & Young Adult Cancer Patient Needs Assessment

We would like to know what kinds of services you have used since being diagnosed with cancer, and if you would or would not like to use more of them in the future. Please circle only one number for each item.

Have you ever used this service?	YES And I don't need it anymore	YES And I would like to use more	NO But I would like to	NO And I don't need to
Counseling services by a social worker, psychologist or psychiatrist	1	2	3	4
Counseling for family members	1	2	3	4
Herbal treatments, acupuncture, meditation, visualization, biofeedback, or any other complementary/alternative medicine (CAM)	1	2	3	4
Camps, retreats, adventure programs, or social activities that offer cancer education or support	1	2	3	4
Treatment to help me have children after cancer (including sperm or egg banking)	1	2	3	4
Adoption services	1	2	3	4
Counseling related to sexuality or intimacy	1	2	3	4
The internet to get cancer education or support	1	2	3	4
A support group	1	2	3	4
Help with understanding health insurance, disability or social security	1	2	3	4
Child care	1	2	3	4
Transportation assistance (such as taxi vouchers, bus passes, American Cancer Society or other medical transportation)	1	2	3	4
Alcohol or drug abuse counseling	1	2	3	4
Religious or spiritual support	1	2	3	4

Now we would like to know what kinds of information you have used since being diagnosed with cancer, and if you would or would not like to use more of them in the future. Please circle only one number for each item.

Have you received...	YES And I don't need anymore	YES And I would like more	NO But I would like to	NO And I do not need to
Information about your cancer, treatment, or possible health problems related to cancer	1	2	3	4
Information about having children after cancer	1	2	3	4
Information about diet and nutrition	1	2	3	4

Information about exercise and physical fitness	1	2	3	4
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