

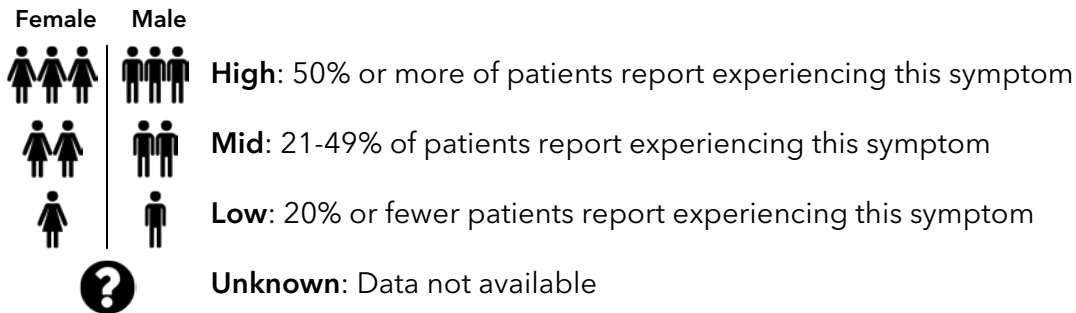
COLORECTAL CANCER SURVIVORSHIP CARE VISIT CHECKLIST

Here is a checklist to help you talk with your doctor. You should ask about the treatments and cancer type you had and their possible effects as well as any other issues you may be experiencing. These issues may not all be relevant to you. If you are unsure of what treatments you had or what symptoms to watch out for, ask your doctor.




When you talk with your doctor, you should discuss:

- Your survivorship care plan
- Care coordination and communication with cancer treatment team and primary care provider
- Screening or watching for recurrence or new cancers
- Looking out for and managing physical, emotional and social effects
- Getting referrals to medical rehabilitation care (e.g., physical or occupational therapy), mental health care or palliative care (symptom management) as needed
- Information about healthy behaviors


Some of these issues affect many patients, some affect very few. The icons below correspond to prevalence, or how many patients report having each of the symptoms:






Sexual Health











<input type="checkbox"/> Dyspareunia (painful intercourse)	
<input type="checkbox"/> Vaginal dryness	
<input type="checkbox"/> Sexual dysfunction*	

Urinary/Bladder Health

<input type="checkbox"/> Stress urinary incontinence	
<input type="checkbox"/> Urge urinary incontinence	
<input type="checkbox"/> Hematuria (blood in urine)	

<input type="checkbox"/> Frequency	
<input type="checkbox"/> Dysuria (painful urination)	
<input type="checkbox"/> Overflow incontinence	



Bowel Health

<input type="checkbox"/> Chronic diarrhea	
<input type="checkbox"/> Bowel obstruction	
<input type="checkbox"/> Rectal incontinence	
<input type="checkbox"/> Rectal bleeding	
<input type="checkbox"/> Increased stool frequency	
<input type="checkbox"/> Bowel incontinence	
<input type="checkbox"/> Perianal irritation	
<input type="checkbox"/> Decreased stool	
<input type="checkbox"/> Flatus discrimination (gas)	
<input type="checkbox"/> Incomplete evacuations	







Fatigue

<input type="checkbox"/> Short-term (before 5 years) or long-term fatigue (after 5 years)	
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Neuropathy and Pain

<input type="checkbox"/> Neuropathy (weakness, numbness, pain, often in hands/feet)*	
<input type="checkbox"/> Chronic proctitis (rectal pain)	




Cognitive Health

<input type="checkbox"/> Memory problems (e.g., memory loss or impairment)*	
<input type="checkbox"/> Decreased executive functioning skills	
<input type="checkbox"/> Slower processing time or reaction response	
<input type="checkbox"/> Diminished organizational skills	
<input type="checkbox"/> Loss of language or math skills	
<input type="checkbox"/> Difficulty with concentration or attention	



Distress, Depression and Anxiety

<input type="checkbox"/> Depression	
<input type="checkbox"/> Anxiety*	
<input type="checkbox"/> Distress	





Fertility

<input type="checkbox"/> Ovarian failure and premature menopause	
<input type="checkbox"/> Infertility	
<input type="checkbox"/> Azoospermia (absence of motile/viable) sperm in the semen	










Dental/Oral Health

<input type="checkbox"/> Loss of taste	
<input type="checkbox"/> Dry mouth	
<input type="checkbox"/> Mucositis	

Rectal Cancer

<input type="checkbox"/> Ejaculatory problems	
<input type="checkbox"/> Erectile dysfunction	
<input type="checkbox"/> Sexual dysfunction	
<input type="checkbox"/> Depression*	

Ostomy and Stoma

<input type="checkbox"/> Urinary retention	
<input type="checkbox"/> Urinary incontinence	
<input type="checkbox"/> Bowel regularity	
<input type="checkbox"/> Leakage	
<input type="checkbox"/> Gas	
<input type="checkbox"/> Odor	
<input type="checkbox"/> Skin irritations at the ostomy site	
<input type="checkbox"/> Issues that impact your quality of life (e.g., distress, depression, anxiety, ostomy and appliance issues and care)	
<input type="checkbox"/> Issues that impact your sexual function (e.g., sexual dysfunction)	

Emotional and Social Health

<input type="checkbox"/> Challenges with body image (secondary to surgery, hormonal therapy)	?
<input type="checkbox"/> Challenges with self-image	?
<input type="checkbox"/> Changes in sexual function and/or desire	?
<input type="checkbox"/> End-of-life concerns: death and dying	?
<input type="checkbox"/> Fear of recurrence	?
<input type="checkbox"/> Fear of pain	?
<input type="checkbox"/> Relationship and other social role difficulties	?
<input type="checkbox"/> Return to work concerns and financial challenges	?

*Prevalence is listed for cancer survivors in general; not just colorectal cancer survivors

View the American Cancer Society Colorectal Cancer Survivorship Care Guideline at: bit.ly/acscolorc