My Cancer Questions Map

My parent has cancer. I can ask questions and have all my feelings.

Name: _____ **Date:** _____

1 How I feel about my parent's cancer

Tick all that fit. Feelings can change every day

- [ ] Sad
- [ ] Scared
- [ ] Angry
- [ ] Confused
- [ ] Worried
- [ ] Lonely
- [ ] Hopeful
- [ ] Okay sometimes

2 True things about cancer

Tick the ones I want to remember

- [ ] I cannot catch it
- [ ] I did not cause it
- [ ] Hugs are still okay
- [ ] Treatment can help
- [ ] Side effects change
- [ ] I will be cared for
- [ ] I can still have fun
- [ ] I can ask anything

3 My questions

Write or tell a grown up who can write it for me

The name of the cancer: _____

Where it is in the body: _____

A question I have: _____

Something I am worried about: _____

4 Draw my family

Draw my family doing something we still love to do together

My family:

Original layout by Lotus & Tulip. A support tool, not a test, a diagnosis or therapy. All feelings are okay.

My Family Cancer Plan

What stays the same, ways to stay close and my feelings week.

Name: _____ **Date:** _____

1 What stays the same for me

Tick the ones that are true. Ask if you are not sure

- [ ] My school
- [ ] My bedtime
- [ ] My friends
- [ ] My activities
- [ ] My pet or my toys
- [ ] Someone picks me up
- [ ] Someone tucks me in
- [ ] I am still loved

2 Ways to stay close

Tick the ones I want to try, even on treatment days

- [ ] Read together
- [ ] Watch a movie
- [ ] Draw a get well card
- [ ] Video call
- [ ] Quiet cuddle time
- [ ] Help with a chore
- [ ] Share my day
- [ ] Ask my questions

3 My feelings week

Color a box each day. There is no wrong answer

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
I felt worried a lot	☐	☐	☐	☐	☐	☐	☐
I talked or drew about it	☐	☐	☐	☐	☐	☐	☐
I did something fun	☐	☐	☐	☐	☐	☐	☐

4 For the adult helper

Honest words, small amounts, steady routines

Name the cancer and where it is. Say clearly: you cannot catch it, nothing you did caused it, and someone will always take care of you.

Share small amounts over time and prepare your child for changes such as hair loss or tiredness. Expect the same questions again.

Tell the teacher or school counselor what your child knows. Ask your care team's social worker for help. ACS: 1-800-227-2345.

Crisis: call or text 988. Danger: 911.

Adult notes: what my child asked, what helped, who else should know (teacher, counselor)

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