

# Support and recovery plan worksheet

We hope this worksheet helps you prepare for recovery. Please complete this and return it to us so we know more about your recovery plan and can help you if needed.

Your name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**HOUSING:** You will need to have stable housing for the first 6 weeks after surgery. This should be a place that is physically and emotionally safe. If you are having vaginoplasty, you should also have a comfortable, private space where you can perform dilation for 30 minutes, 3 times per day.

Do you currently have stable, safe housing? Yes No

What is your plan for stable, safe housing during recovery from surgery?

Your own home

A friend or family member's home

Hotel

Rood Family Pavilion (*your reservation has been accepted and confirmed*)

Other (please specify): \_\_\_\_\_

**SUPPORT:** You will need to have someone who is physically present to help you with day-to-day activities for at least several hours a day for a week after surgery.

Do you have a "support person or team" – someone(s) to assist you in aftercare? Yes No

Is your support person(s) available to be with you for several hours or more for the first week after surgery?

Yes No

Please check all the ways your support person(s) is prepared for your recovery:

**Transportation:** Take you to and pick you up from the hospital, help you get to follow-up appointments

**Food:** Grocery shopping, meal preparation, food cleanup

**Hygiene/wound care:** Someone to help you to the bathroom, with showering and simple wound care

**Supplies/errands:** Picking up supplies such as medications or other household items

**Household chores:** Laundry, housecleaning, taking out the garbage, checking the mail

**Dependent care:** Someone to help with any responsibilities you have to provide child care, care for pets or other caregiver duties

**Companionship:** Someone to keep you company so you are not isolated or lonely during recovery



Please provide the contact information for your support(s):

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

You should have a backup support in case the person named above is unavailable to assist you as planned. Please provide the contact information for your backup support person(s):

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**FINANCIAL PLANNING:** If you are working, are you able to take up to 4 weeks, or possibly more, time off from work to recover from surgery?

Yes      No      Unsure

Please check all the ways you are financially prepared during recovery by indicating you have money set aside or expect your usual income for:

Rent/mortgage

Food

Phone and other utilities

Medication/medical supplies

Transportation

Other bills (credit cards, insurance premiums, school loans, etc.)

**SOCIAL WORK SUPPORT:** Are you interested in speaking with a Transgender Health Program social worker to assist with any of the following?

Housing

Social support

Finances

Mental health

Other (please specify): \_\_\_\_\_

**Please return this worksheet to us via email to [urologyTHP@ohsu.edu](mailto:urologyTHP@ohsu.edu) as a PDF or JPEG or fax to 503-346-1501.**