Asking the members of the healthcare team questions helps you take an active role in managing your care. If you do not understand any part of the information the healthcare provider gives you, ask him or her to explain it in another way.

**Diagnosis and Testing**

What is my diagnosis?

_________________________________________________________________________________________
_________________________________________________________________________________________

What is the stage of the disease?

_________________________________________________________________________________________
_________________________________________________________________________________________

**Treatment**

What are all of the treatment options available to me?

_________________________________________________________________________________________
_________________________________________________________________________________________

Am I eligible to participate in a clinical trial?

_________________________________________________________________________________________
_________________________________________________________________________________________

What are the goals of treatment?

_________________________________________________________________________________________
_________________________________________________________________________________________

What is the recommended treatment? What are the benefits and risks?

_________________________________________________________________________________________
_________________________________________________________________________________________

How long will the treatment last?

_________________________________________________________________________________________
How much time do I have to make a decision about the treatment plan?

_________________________________________________________________________________________
_________________________________________________________________________________________

Will I be in the hospital or be at an outpatient treatment center for treatment?

_________________________________________________________________________________________
_________________________________________________________________________________________

What kind of testing will be done to monitor the disease and its treatment? How often will the testing be needed?

_________________________________________________________________________________________
_________________________________________________________________________________________

How will we know if my treatment is effective? What options are available if the treatment is not effective?

_________________________________________________________________________________________
_________________________________________________________________________________________

**Side Effects**

What are the immediate- and long-term effects of treatment?

_________________________________________________________________________________________
_________________________________________________________________________________________

What signs and/or symptoms indicate that I should call the healthcare team?

_________________________________________________________________________________________
_________________________________________________________________________________________

Whom can I contact after hours with questions or concerns?

_________________________________________________________________________________________
_________________________________________________________________________________________

What signs and/or symptoms indicate a trip to the emergency room is necessary?

_________________________________________________________________________________________
_________________________________________________________________________________________
Can my fertility be preserved before treatment begins? How will treatment affect sexuality?

_________________________________________________________________________________________
_______________________________________________________________________________________

Is it possible to get a palliative care referral for help managing side effects?

_______________________________________________________________________________________

Will I need to follow a special diet or avoid any specific foods?

_______________________________________________________________________________________

Social/Financial Concerns

What kind of financial and social support services are available to me?

_______________________________________________________________________________________
_______________________________________________________________________________________

Who is the best person to speak to about bills and insurance coverage?

_______________________________________________________________________________________
_______________________________________________________________________________________

If I do not have insurance coverage, whom can I speak to for assistance?

_______________________________________________________________________________________
_______________________________________________________________________________________

Follow-Up Care

Will the healthcare team continue to check on me after treatment is over? If so, for how long?

_______________________________________________________________________________________

If I experiences long-term effects in survivorship, whom can I contact?

_______________________________________________________________________________________

Can you give me a written follow-up care plan or a survivorship care plan?