

## Asking questions will help get the information you and your doctor both need!

☑ Check off the questions important to you and your family.
 (Some questions may not apply to you.)

Bring the list of questions to your doctor visits. You Are A Partner In Your Own Care!





YOUR BEST CHANCE.

1-800-KARMANOS KARMANOS.ORG

# ASQ: ASK QUESTIONS

Questions
To Ask My
Doctor About
My Cancer
Treatment

(Before or After Surgery)



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#### 1. Where do I stand with my cancer now?

- □ a. What is my diagnosis and stage?
- □ b. Has my cancer spread anywhere?
- $\Box$  c. Is it possible to cure my cancer?
- □ d. Is it possible that my siblings or children will also get this cancer? Should I consider genetic testing?

CHANCE.

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### 2. What treatment is right for me?

a. What is the goal of treatment? Why do I need treatment now if I had (	or wi
have) surgery?	

□ b. What might happen if I decide not to have more treatment?

□ c. How wi	ill this treatment	affect oth	er prob	lems, such	n as dia	oetes o	r high
blood p	ressure?						

□ d. Are there guidelines for treating this kind of cancer?

□ e. Are there any other options for people with the kind of cancer I have?

☐ f. What clinical trials are there for me? What about alternative treatments?

□ g. Do you have any other patients on this treatment? How are they doing?

□ h. Can I stop treatment if I want to?

□ i. Do I need to decide right away, or can I wait?

□ j. Where can I find more information about this treatment?

 $\hfill \square$  k. Should I get a second opinion or ask my family doctor?

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#### 3. What is chemotherapy?

- □ a. How is chemotherapy different from other treatments, such as immunotherapy, radiation or hormonal treatment?
- □ b. How will you decide what kind of chemotherapy to give me, or how much?
- □ c. How will I receive it? What is a port, and will I need one?
- $\hfill\Box$  d. Is the chemotherapy I will receive the same as other people with my condition?

#### 4. How will I feel during treatment?

- □ a. Will I have side effects (such as hair loss, skin and hair changes, weight gain or loss, pain, changes in my sex life or fertility)? Is there anything I can do to prevent them or manage them?
- □ b. Will side effects get better or worse during treatment?
- □ c. Will I have the side effects for the rest of my life?
- ☐ d. What can I do to take care of myself?
- □ e. What foods should I try to eat or avoid? What about alcohol or marijuana?
- ☐ f. Who can I call if I have questions or problems anytime, day or night?

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### 5. What about my daily life during treatment?

a. What can I do and not do during treatment? Can I work, take care of my family, drive, eat, drink, and exercise?	
□ b. How much help will I need at home? How can I get more help if I need it?	
□ c. Can I take my other medications (such as prescriptions for diabetes or aspirin for pain)?	
☐ d. Can I take vitamins or other supplements?	



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#### 6. What is my treatment plan & schedule?

- □ a. When will my treatment start?
- $\ \square$  b. How much time will my treatment take? (For example, how often will I come for treatment?)
- □ c. How long will I be here each time? Can I bring a friend or family member?
- □ d. For how many months or weeks will I have treatment?
- □ e. Will I have to stay overnight?
- ☐ f. Can I take breaks for holidays or vacations?
- ☐ g. What tests will I need before I start treatment?
- □ h. What about during or after treatment?
- □ i. Do I need to have treatment here or are there other places I can go?
- □ j. Will I be able to drive myself?
- □ k. What will happen after I finish the treatment?



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#### 7. Where can I get help with costs and coping?

□ a. Is there someone I can talk to about the costs or what my insurance will cover? What if I need help with paying my bills?
□ b. Where can I find other services, such as massage therapy?
☐ c. Where can I find support groups or people my family and I can talk to?
□ d. What should I do if I feel anxious or depressed?
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### **Other Questions and Notes**

Is there anything else I should ask?			





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