My Contacts

Cancer care provider: **Contact information:** Name Phone #_____ Fax #_____ Email Name_____ Phone # Fax #_____ Email_____ Name_____ Phone # Fax# Email Name Phone # Fax # _____ Email_____ Name_____ Phone #_____ Fax# Email

My Contacts

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	Phone #
	Fax #
	Email

My Questions

How to use this section

Read the questions on the next few pages to think about what you would like to ask your cancer care team.

Note that your appointment time is short. Be sure to ask the questions that are most important to you first. If you do not get all of your questions answered by your oncologist (cancer doctor), you can ask other members of your cancer care team. Visit the Princess Margaret Patient & Family Library to get more information.

Write down questions you would like to ask at your appointments in the "My Appointments" section of this Planner (page 17).

Just Diagnosed: List of Questions

The list of questions here is meant to help you think about what you would like to know when you are given your diagnosis (told you have cancer).

Questions to ask about cancer and treatment during your appointment

- What type of cancer do I have?
- What do 'staging' and 'grading' mean? What stage and grade of cancer do I have?
- What are my treatment options?
- What are the reasons for and against these treatment options?
- Are these treatments covered by my health insurance plan?
- Will this treatment prevent me from getting a different type of treatment in the future?
- Are there any more tests that need to be done before I can start treatment?
- Will there be tests to find out how my disease responds to treatment?
- How often will I get these tests done during and after treatment?
- How will I know if my treatment is working?
- Will you change my treatment if it does not seem to be working?

- What is the total amount of time needed to complete treatment?
- How often will I see you during treatment?
- What signs or symptoms should I tell you about?

Questions about prognosis (likely outcome) and survival

- Do you expect to cure my cancer with these treatments?
 If not, what is the goal of these treatments?
- What portion of patients with my type of cancer live five years or more?

Questions about my cancer care team

- Who are the members of my cancer care team and what is their role?
- Do I have access to a dietitian at this cancer centre?
- Do I have access to a social worker at this cancer centre?
- Do I have access to a pharmacist at this cancer centre?
- Are there any support groups for me at this cancer centre?
- Are there other services to help me and my family cope?

Questions to ask when making an appointment

- Will I be able to go to work after the appointment?
- Can I drive after the appointment?
- Should I bring someone with me?

During Treatment: List of Questions

The list of questions here is meant to help you think about what you would like to know about your treatment.

Questions to ask before your treatment appointment

- How can I prepare for my treatment appointment?
- Are there things I should know about getting this type of treatment?
- What side effects can I expect?
- What problems should I report to you? For example: fever, diarrhea (loose poo), nausea (feeling like you will throw-up), vomiting (throwing up)
- How do I reach someone if I have problems in the evening or on the weekends?
- What can I do to prevent or manage side effects?
- Have any of my medicines been added, stopped or changed, and why?
- What medicines do I need to continue and why?
- How do I take my medicine and for how long?
- Can I drive myself to and from my treatment appointments?
- Do I need to take any special safety measures at home (for example, with regard to children, pets)?
- Will I be able to do my normal activities?
- Will I feel well enough to go to work?

- Will this treatment affect my sex life?
- Will this treatment affect my ability to have children?
- Do I need a special diet during or after my treatment?
- Do you have any pamphlets about my type of cancer and treatment?
- Can you suggest any websites about my treatment?
- How will I know if my treatment is working?

Questions to ask about complementary therapies

- Are complementary therapies suitable for my cancer or symptoms?
- What are the benefits of the complementary therapy?
- What are the possible side effects?
- Can I use the therapy along with standard treatments (for example: chemotherapy, radiation therapy, or surgery)?
- Will the complementary therapy interact with food, alcohol or other prescription drugs?
- How is the complementary therapy given?
- How will I know if the complementary therapy is working?
- How much does the complementary therapy cost? Will
 my health care plan cover the cost of the therapy?
- Will the complementary therapy affect my ability to have standard treatment in the future?
- Where can I find reliable information about the therapy or other complementary therapies?

After Treatment: List of Questions

At the end of treatment, many people expect to life to go back to 'normal,' like it was before cancer. However, the effect cancer has had on you, your family and friends may persist.

You may feel many emotions like:

- Relief that treatment is over
- Fear that your cancer will come back (fear of recurrence)
- Feeling unwell from side effects that began after treatment
- Anger or guilt about the cancer
- Grief and loss for the old life or body

This section contains questions to guide you as you adjust to life after treatment.

You may have many questions about:

- Late and long-term effects of treatments
- Ways to deal with emotional ups and downs
- Diet and exercise concerns
- Practical issues such as going back to work

You will need to work with your primary care provider (family doctor or nurse practitioner) and other members of your cancer care team to find answers to these questions. Remember: no question is silly or not important.

Questions to ask after you have finished treatment

- What treatments and drugs have I been given?
- Have any medicines been added, stopped or changed, and why?
- What medicines do I need to continue and why?
- How do I take my medicine and for how long?
- What side effects should I tell you about?
- How will I know if my medicine is working?
- Do I need any follow-up care?
- Who will do my follow-up care after treatment?
- Will my cancer come back?
- What should I do to maintain my health and well-being?
- Even though I survived cancer, will I feel different physically?
- Will I have trouble getting health insurance or keeping a job because of my cancer?
- Are there support groups I can turn to?
- Will I have any side effects after treatment ends?
- What are the signs of late side effects?
- What symptoms do I need to watch for that could mean my cancer has come back?
- How can I cope with fear of recurrence (fear that cancer will come back)?

- Will I be able to return to work?
- Will I have any limits on what job duties I can do?
- Is my body able to perform the duties my job requires?
- What can I do to prepare to return to work?

continued >

My Diagnosis

The word "cancer" is used to refer to over 200 diseases that affect many parts of the body. Cancer occurs when cells in the body grow and divide without control. When cancer cells grow and divide without stopping, many types of cancers form solid tumours. Some cancers like blood cancers (for example, leukaemia or lymphoma) do not form tumours. Every patient and every cancer is different. Cancer care providers have many systems they use to describe cancers.

How to use this section

Write down details about your diagnosis (type of cancer) here during your first appointment with your oncologist (cancer doctor).

You can find more information about types of cancer at the Princess Margaret Patient & Family Library.

Diagnosis given by:	
Date of diagnosis:	
3	

Cancer type

What is my cancer called? ______ Where is the cancer in my body? _____

Appointment Notes

Date:	Cancer Care Provider:
Instructions for appo	pintment:
Questions I want to	ask:
Notes:	

Appointment Notes

Date:	Cancer Care Provider:
Instructions for app	pointment:
Questions Lwant t	o ask:
Questions i want to	U USK.
Notes:	

Medicine or Supplement Name and Purpose	Dosage and Date Started	How Many Taken and When	Reactions/Side Effects and Date Stopped

Medicine or Supplement Name and Purpose	Dosage and Date Started	How Many Taken and When	Reactions/Side Effects and Date Stopped

Chemotherapy

Medicine/Drug:	
How often?	How many cycles?
Start date:	End date:
How will I get it?	
Natas	
Notes:	

Chemotherapy

Medicine/Drug:	
How often?	How many cycles?
Start date:	_ End date:
How will I get it?	
Notes:	

Other Systemic Therapy

Medicine/Drug:	
How often?	How many cycles?
Start date:	_ End date:
How will I get it?	
Notes:	

Other Systemic Therapy

Medicine/Drug:	
How often?	How many cycles?
Start date:	End date:
How will I get it?	
Notes:	

Radiation Therapy

Area to be treated:	
Number of treatments:	
Start date:	_ End date:
Notes:	
Notes:	

Radiation Therapy

Area to be treated:				
Number of treatments:				
Start date:	_ End date:			
Natas				
Notes:				

Surgery

Type of surgery:
Date of surgery:
How long will I stay in the hospital?
Notes:

Surgery

Type of surgery:				
Date of surgery:				
How long will I stay in the hospital?				
Notes:				
Notes.				

Side Effects Tracker

How I am feeling	What can I do to manage side effects?
Date:	
Date:	
Date:	
Date:	

How I am feeling	What can I do to manage side effects?
Date:	
Date:	
Date:	
Notes:	

My Calendar

Sunday	Monday	Tuesday	Wednesday

Thursday	Friday	Saturday	Key Dates:
			Notes: