Section 6: Questions & Answers

In this section:

- Questions for the Doctor
- Questions for Your Healthcare Team
- Patient Health Goals

How to use this section:

- Keep track of questions you’ve asked and the answers you received.
- We’ve included some questions you may want to ask your care team.
- Share your questions and answers with your own caregiving team, who may have the same questions.
- Discuss with the patient their health goals, and share this information with physicians and other medical professionals, as well as other caregivers.

Notes:
Questions for the Doctor

Ever draw a blank when the doctor asks if you have any questions? Or, you asked a question, but don’t remember the answer? Keep track here.

Examples of questions:

- What should I expect when/from...
- Are there any side effects to the medication(s)?
- What “red flags” should I watch out for?
- I’m worried about...
- I’m confused about...

Date Asked: _____________________________

Your Question: ______________________________________________________________________
___________________________________________________________________________________

Doctor’s Answer: ____________________________________________________________________
___________________________________________________________________________________

Date Asked: _____________________________

Your Question: ______________________________________________________________________
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Doctor’s Answer: ____________________________________________________________________
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Date Asked: _____________________________

Your Question: ______________________________________________________________________
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Doctor’s Answer: ____________________________________________________________________
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Questions for your Health Care Team

Asking the members of the healthcare team questions helps you take an active role in managing your loved one’s 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 loved one’s exact diagnosis?

________________________________________________________________________

What is the stage of the disease?

________________________________________________________________________

**Treatment**

What are all of the treatment options available to my loved one?

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Is my loved one eligible to participate in a clinical trial?

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What are the goals of treatment?

________________________________________________________________________

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

________________________________________________________________________

How long will treatment last?

________________________________________________________________________
How much time does my loved one have to make a decision about the treatment plan?

Will my loved one 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 loved one’s 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?
Are there any activities the patient should NOT be doing? For example: driving, walking, living alone.

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

Will my loved one 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 my loved one and me?

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

If my loved one does not have insurance coverage, whom can we speak to for assistance?

**Follow-up Care**

Will the healthcare team continue to check on my loved one after his or her treatment is over? If so, for how long?

If my loved one experiences long-term effects in survivorship, whom can we contact?

Can you give my loved one (or me) a written follow-up care plan or a survivorship care plan?
Setting attainable goals helps improve health and wellness. Patient and physician goals are often the same, but described in different ways.

For example, 76-year-old Helen’s goal is to wear her good shoes again, but her feet and ankles are so swollen, she can’t. Her doctor wants her to reduce her sodium (salt) intake and exercise 30 minutes every day. Helen doesn’t see the point, but Helen and her doctor have the same goal: To reduce swelling. A reduced sodium diet and daily exercise help reduce swelling in the feet and legs, which would enable Helen to wear her good shoes.

**Get on the Same Page**

**Step 1:** Use the space below to write down your health, wellness and lifestyle goals. For example: Go bowling or dancing, play golf, drive a car, take a trip, lose weight, walk a mile, play on the floor with children/grandchildren, sleep better, or reduce stress.

**Step 2:** Share this page with your doctor.

**Step 3:** Talk to your doctor about how your treatment plan will help you achieve your goals.

**My Goals**

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