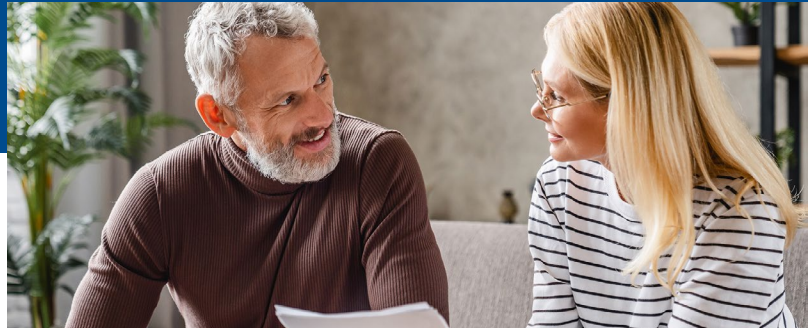


CANCER SURVIVORSHIP CHECKLIST

What you need to know when you are **in treatment**.



NAME

AGE

CANCER TYPE

SHARED DECISION-MAKING

Have a family member or friend attend appointments with me to provide support, ask questions, and take notes.

Get a full explanation of my diagnosis and chance of recovery.

Share with my doctor what is most important to me, so my goals can be included in my treatment plan.

Discuss my treatment options, including the benefits and side effects (both short-term and long-term) of each.

Discuss the pros and cons of participating in a clinical trial.

Seek a second (or third) opinion if it will make me feel more comfortable about my decisions.

If I may wish to have children in the future, discuss my fertility options before treatment.

Discuss options for Cancer Rehabilitation Therapy to help prepare for treatment and proactively manage potential side effects.

CARE PLAN

Ask for a written plan of care, including:

- Frequency of treatments and tests,
- Side effects I should expect and how to manage them,
- Any disruptions I should expect to my work, family or other responsibilities,
- Resources I can use to understand the diagnosis and treatment better,
- How and when to contact my care team if I have questions or concerns.

Have plan clearly explained by a member of my oncology care team so that I can understand it.

Discuss involvement of caregivers and my preferences for how I would like to be treated.

CAREGIVER(S)

Ask how a caregiver can get help or training if needed to care for me at home.

HEALTH CARE

Ask if I will need someone to drive me to the treatment(s), and ask for help if transportation is an issue.

Discuss diet, exercise, or other health recommendations.

Discuss any medications I am taking and how they will interact with my treatment.

Schedule all necessary appointments and get a copy for reference.

EMOTIONAL/MENTAL HEALTH

Discuss my emotional or psychological concerns (including anxiety, depression, or other worries).

Ask for support or counseling for emotional, sexual, or relationship issues.

Identify support groups or patient advocacy groups where I can get support.

FINANCIAL HEALTH

Ask for information about the costs of treatment.

Discuss financial concerns with my care team if financial concerns may make it hard to follow my treatment plan.

Ask for resources for financial support, if needed.

Discuss any concerns regarding getting or keeping health insurance.

Talk to my employer or school if I need to take time off.

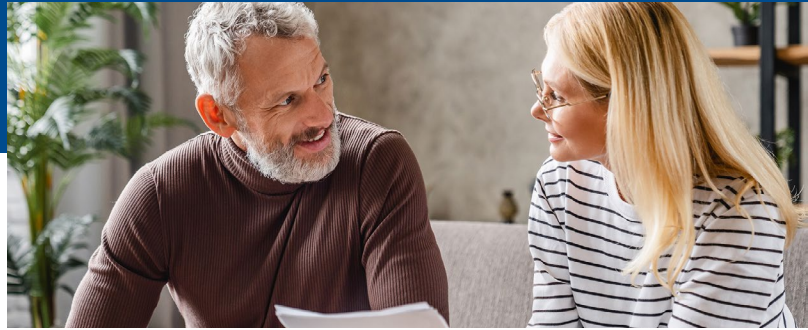
Request information regarding my rights under the Family and Medical Leave Act (FMLA). This also applies to my caregivers.

Discuss whether I am facing any problems at work or school that may get in the way of my treatment.

Discuss whether I am dealing with any discrimination.

CANCER SURVIVORSHIP CHECKLIST

What you need to know when you have **finished treatment**.



NAME

AGE

CANCER TYPE

CARE PLAN

Ask for a written treatment summary and care plan for me and my primary care provider. This should include what my treatment was and plans for future tests and visits.

Discuss with my health care team important topics, including:

- What recovery from my treatment will be like,
- Any physical or emotional concerns I still have after treatment ends,
- Short- and long-term treatment side effects and actions to take when symptoms arise,
- Screening for recurrence or for new cancers,
- Diet, exercise, or other health recommendations.

Have plan clearly explained by a member of my oncology care team so that I can understand it.

HEALTH CARE

Discuss with my oncology team who will manage my care after treatment ends — a member of the oncology team, my primary care physician, or both — using the care plan.

Discuss how my care will be coordinated with my primary care doctor. Ensure my primary care provider understands required follow-up care specific to my diagnosis and treatment.

Discuss options for Cancer Rehabilitation Therapy to proactively manage and overcome potential side effects.

Schedule all necessary appointments and get copy for reference.

EMOTIONAL/MENTAL HEALTH

Discuss my emotional or psychological concerns (including anxiety, depression, or other worries).

Ask for support or counseling for emotional, sexual, or relationship issues.

Identify support groups or patient advocacy groups where I can get support.

FINANCIAL HEALTH

Discuss financial concerns with my care team, especially if financial concerns may make it difficult for me to follow my post-treatment care recommendations.

Ask for resources for financial support, if needed.

Discuss any concerns regarding getting or keeping health insurance.

Request information regarding my rights under the Family and Medical Leave Act (FMLA). This also applies to my caregivers.

Discuss whether I am facing any problems at work or school as a result of my treatment.

Discuss whether I am dealing with any discrimination.