

Preparing for conversations about my care

| 1 | What do I need to know about my cancer and my overall health? (Examples: Has my cancer spread anywhere? How fast is my cancer growing? What can I expect in the future?) | What is most important to me? What gives my life meaning? What does a good day look like? (Examples: Time with family and friends, being able to exercise, being able to work, being able to do my hobbies) |
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| 2 | What fears or concerns do I have about my cancer and overall health? (Examples: Will my cancer come back? Will I have other health issues? I don't know what will happen and that scares me) | What symptoms, side-effects or situations would be hard for me to cope with? (Examples: Losing my hair, not able to have children, not able to do my daily routine, not able to think clearly or make my own decisions) |
| 3 | What information do I need to make decisions about treatment? (Examples: What is the treatment supposed to do? How will I feel? What will happen if I don't have treatment?) | Am I willing to cope with these symptoms, side effects or situations to achieve what is important to me? (Examples: I would be willing to experience side-effects to be able to attend a special event this summer, I prefer to be comfortable even if it means I would have less time to live) |
| 4 | What do I hope treatment will do for me? (Examples: Make my cancer go away, help me live longer, make my pain better, help me worry less) | What gives me strength when I think about the future? (Examples: Having the support of my family and friends, being able to attend a special event, seeing my children or grandchildren grow up) |
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