General treatment questions

1. If I need surgery, what type is it and how is the recovery?
   ___________________________________________________________
   ___________________________________________________________

2. If I need radiation therapy, what type is it and how long will it take?
   ___________________________________________________________
   ___________________________________________________________

3. If I need chemotherapy, what medications will be used and for how long? When will I need it to begin?
   ___________________________________________________________
   ___________________________________________________________

4. What type of side effects should I expect from radiation and/or chemotherapy?
   ___________________________________________________________
   ___________________________________________________________

5. How are these side effects managed? Can they be prevented?
   ___________________________________________________________
   ___________________________________________________________

6. Are any side effects permanent, such as not being able to have children?
   ___________________________________________________________
   ___________________________________________________________

7. Will I be able to work during chemotherapy?
   ___________________________________________________________
   ___________________________________________________________

8. Should I go out on disability?
   ___________________________________________________________
   ___________________________________________________________

9. Will my health insurance cover the treatments?
   ___________________________________________________________
   ___________________________________________________________

10. If I feel sad or overwhelmed by everything that is happening, who can I go to?
    ___________________________________________________________
    ___________________________________________________________
11. Will I need blood or medications to raise my white cells or red cells?
_____________________________________________________________________________
_____________________________________________________________________________

12. Do I need advice on diet and vitamins or supplements?
_____________________________________________________________________________
_____________________________________________________________________________

13. Am I allowed to drink alcohol during my treatment?
_____________________________________________________________________________
_____________________________________________________________________________

14. Should I and my family take any special precautions against infection while I am being treated?
_____________________________________________________________________________
_____________________________________________________________________________

15. Can you help with quitting smoking?
_____________________________________________________________________________
_____________________________________________________________________________

16. Should I get a flu shot or pneumonia shot?
_____________________________________________________________________________
_____________________________________________________________________________

17. What tests are done to check on my cancer during and after treatment?
_____________________________________________________________________________
_____________________________________________________________________________

18. What are the office numbers to call for routine and after-hours calls?
_____________________________________________________________________________
_____________________________________________________________________________

19. What signs or symptoms do you want to be called for? For what signs or symptoms should I go right to the emergency room?
_____________________________________________________________________________
_____________________________________________________________________________