

Questions for _____ *Fill in the team member name*

Appointment Date _____ Time _____

Follow-up Appointment Date _____ Time _____

(Initial Diagnosis) What type of cancer do I have?

(Initial Diagnosis) What is the stage of my cancer?

(Initial Diagnosis) Has it spread to other areas of my body?

(Initial Diagnosis) How serious is my cancer?

(Initial Diagnosis) Will I need more tests before treatment begins? Which ones?

(Initial Diagnosis) Can I receive a 2nd opinion before treatment begins?

(Initial Diagnosis) Should I consider a clinical trial before treatment begins?

Questions for _____ *Fill in the team member name*

Appointment Date _____ Time _____

Follow-up Appointment Date _____ Time _____

(Lab Tests - Purpose) What tests will you be conducting on my blood?

(Lab Tests - Purpose) What is considered normal range for these tests?

(Lab Tests - Purpose) Why run those particular tests?

(Lab Tests Results) How long will it take to get the results?

(Lab Tests Results) What does this test result mean for me?

(Lab Tests Results) What does it mean if the results are negative or not clear?

(Lab Tests - Treatment Plan) How will the results affect my treatment?

(Lab Tests - How Often) Will I need these blood tests again? If so, why and when?

(Lab Tests - Insurance) Will these tests be covered by my insurance?

(Imaging - Purpose) Why do I need to have this imaging?

(Imaging - Purpose) What are the benefits?

(Imaging - Purpose) Are there any complications or side effects from the recommended imaging?

(Imaging Results) How long will it take to get the imaging results?

(Imaging Results) What does it mean if the image results are negative or not clear?

(Imaging - Treatment Plan) What does this mean for me? How will the results affect my treatment?

(Imaging - How Often) Will I need these images again? If so, why and when?

(Imaging - Insurance) Will these imaging diagnostics be covered by my insurance?

(Biopsy - Purpose) What are you trying to find with the biopsy?

(Biopsy - Purpose) Are there any complications or side effects from having a biopsy?

(Biopsy - Purpose) Are there any alternatives to having a biopsy?

(Biopsy - Logistics) Is this done in your office or a hospital?

(Biopsy - Logistics) How long is the procedure?

(Biopsy - Logistics) How long is my recovery time?

(Biopsy - Logistics) Do I need to bring someone with me to the appointment?

(Biopsy - Results) How long will it take to get the test results?

(Biopsy - Treatment Plan) What does this mean for me? How will the results affect my treatment?

(Biopsy - How Often) How often will I have to have a biopsy?

(Biopsy - Insurance) Will the biopsy be covered by my insurance?

(Biomarker Testing - Purpose) What are you trying to find with the biomarker tests?

(Biomarker Testing - Purpose) Are there any complications or side effects from these tests?

(Biomarker Testing - Purpose) Are there any limitations of biomarker testing?

(Biomarker Testing - Logistics) How are the tests performed?

(Biomarker Testing - Logistics) Can I have a liquid biopsy at the same time as biomarker testing?

(Biomarker Testing - Results) How long will it take to get the test results?

(Biomarker Testing - Results) Have I already had any biomarker tests? Which ones? If so, what are my results?

(Biomarker Testing - Results) What does it mean if the test results are negative or not clear?

(Biomarker Testing - Treatment Plan) What does this mean for me? How will the results affect my treatment?

(Biomarker Testing - How Often) Will I need these tests again? If so, why and when?

(Biomarker Testing - Insurance) Will these tests be covered by my insurance?

Questions for _____ *Fill in the team member name*

Appointment Date _____ Time _____

Follow-up Appointment Date _____ Time _____

(Choosing Providers- Qualifications) Are you board certified or licensed in your field?

(Choosing Providers - Qualifications) How much experience do you have treating my type and stage of cancer? Can you provide me with any results or outcomes?

(Choosing Providers - Treatment Style) Do you like to tackle lung cancer head-on, or do you typically take a more conservative 'wait and see' approach?

(Choosing Providers - Treatment Style) Will you support integrative treatment approaches, such as complementary therapies and lifestyle modifications, for the management of side effects? (*for your Western medicine providers*)

(Choosing Providers - Treatment Style) Will you support my Oncology treatment choices and help me manage side effects? (*for your Complementary and Alternative providers*)

(Choosing Providers - Communication) How can I communicate with you outside of appointment times? What is your availability?

(Choosing Providers - Communication) Who can I contact with any questions or problems I may experience?

(Choosing Providers - Communication) Should a family member or friend come with me to my appointments?

(Choosing Providers - My Team) Do you have a Dietitian/Nutritionist on staff? If not, will you refer me to one?

(Choosing Providers - My Team) Will you help me find a social worker/patient navigator to help guide me through treatment?

(Choosing Providers - Second Opinion) Will you help me find a doctor to give me another opinion on the best treatment plan for me?

Questions for _____ *Fill in the team member name*

Appointment Date _____ Time _____

Follow-up Appointment Date _____ Time _____

(Treatment-general) What are the ways to treat my type and stage of cancer?

(Treatment-general) What are the benefits and risks of each of these treatments?

(Treatment-general) What treatment do you recommend? Why do you think it is best for me?

(Treatment-general) When will I need to start treatment?

(Treatment-general) Will I need to be in the hospital for treatment? If so, for how long?

(Treatment-general) What is my chance of recovery with this treatment?

(Treatment-general) How will we know if the treatment is working?

(Treatment-general) Would a clinical trial (research study) be right for me?

(Chemotherapy) What type of chemotherapy will I receive and how long will the treatment last?

(Chemotherapy) What are the benefits and risks of chemotherapy?

(Chemotherapy) What are the side effects of chemotherapy?

(Chemotherapy) How often do patients experience these side effects?

(Chemotherapy) How are the side effects managed?

(Immunotherapy) What is immunotherapy?

(Immunotherapy) Is immunotherapy right for me? Do I need to be tested in order to be put on an immunotherapy treatment?

(Immunotherapy) What are the potential benefits?

(Immunotherapy) What are the potential side effects?

(Immunotherapy) How is immunotherapy given, and how often do I undergo treatment? Where do I undergo treatment?

(Immunotherapy) How long will I have to receive immunotherapy treatment?

(Targeted Therapy) What is targeted therapy?

(Targeted Therapy) Are there any medications that target my type of lung cancer?

(Targeted Therapy) What type of targeted therapy will I receive and how long will the treatment last?

(Targeted Therapy) What are the benefits and risks of targeted therapy?

(Targeted Therapy) What are the side effects of targeted therapy?

(Targeted Therapy) How often do patients experience these side effects?

(Targeted Therapy) How are the side effects managed?

(Targeted Therapy) Will this therapy be covered by my insurance?

(Surgery) Is surgery an option for me? If so, what kind of surgery do you suggest?

(Surgery) What are the risks, benefits and alternatives to surgery?

(Surgery) How much of the lung will be removed?

(Surgery) How will removal of the lung affect my breathing?

(Surgery) What is my recovery time in the hospital and at home?

(Surgery) If I have pain, how will it be controlled?

(Surgery) Do I need to arrange to have someone to help me with daily activities after surgery?

(Radiation Therapy) Why do I need radiation therapy?

(Radiation Therapy) What is my treatment regimen and how long will it last?

(Radiation Therapy) Can I miss a few treatments?

(Radiation Therapy) How often do patients experience these side effects?

(Radiation Therapy) How are the side effects managed?

(Radiation Therapy) Can I continue my usual work and exercise schedule?

Questions for _____ *Fill in the team member name*

Appointment Date _____ Time _____

Follow-up Appointment Date _____ Time _____

(Clinical Trial) What is the purpose of the trial?

(Clinical Trial) Why do the researchers believe that the treatment being studied may be better than the one being used now? Why may it not be better?

(Clinical Trial) How long will I be in the trial?

(Clinical Trial) What kinds of tests and treatments are involved?

(Clinical Trial) How will the doctor know if the treatment is working?

(Clinical Trial) How will I be told about the trial's results?

(Clinical Trial) How long do I have to make up my mind about joining this trial?

(Clinical Trial) Who can I speak with about questions I have during and after the trial?

(Clinical Trial) Who will be in charge of my care during the trial?

(Clinical Trial) Is there someone I can talk to who has been in the trial?

(Clinical Trial) What are the possible side effects or risks of the new treatment?

(Clinical Trial) What are the possible benefits of participating in the trial?

(Clinical Trial) How do the possible risks and benefits of this trial compare to those of the standard treatment?

(Clinical Trial) How will my health information be kept private?

(Clinical Trial) What happens if I decide to leave the trial?

(Clinical Trial) Will I have to pay for any of the treatments or tests?

(Clinical Trial) What costs will my health insurance cover?

(Clinical Trial) Who pays if I'm injured in the trial?

(Clinical Trial) Who can help answer any questions from my insurance company?

(Clinical Trial) Will I be paid for participating in the trial?

(Clinical Trial) Will I be reimbursed for expenses during the trial? If yes, what type of expenses?

(Clinical Trial) How could the trial affect my daily life?

(Clinical Trial) How often will I have to come to the hospital or clinic?

(Clinical Trial) Will I have to stay in the hospital during the clinical trial? If so, how often and for how long?

(Clinical Trial) Will I have to travel long distances?

(Clinical Trial) Will I have check-ups after the trial?

Questions for _____ *Fill in the team member name*

Appointment Date _____ Time _____

Follow-up Appointment Date _____ Time _____

(Nutrition) What type of diet do you recommend for me?

(Nutrition) Should I take any vitamins or supplements to support healing?

(Nutrition) Are there any side effects from your recommended supplements?

(Nutrition) How much water or fluids should I drink each day to maintain my hydration?

(Nutrition) How many calories should I consume daily?

(Nutrition) Are there foods I should avoid during my treatment?

(Nutrition) Are there supplements or vitamins I should avoid during my treatment?

(Nutrition) How can I prepare myself before beginning therapy? Can I eat, drink, etc. before or after receiving the medicine?

(Exercise) Can I exercise during treatment?

(Exercise) Are some exercises better than others given my stage of cancer?

(Exercise) Are there exercises I should avoid while undergoing treatment?

(Daily Life) Can I work during treatment?

(Daily Life) Do I need to arrange to have someone to help me with daily activities?

(Daily Life) How can this therapy affect my daily routine and hobbies that I value?

(Daily Life) How can this therapy affect my ability to visit with family or friends?

(Daily Life) Are there any local lung cancer support programs where I can speak with other people who are receiving similar therapy?

Questions for _____ *Fill in the team member name*

Appointment Date _____ Time _____

Follow-up Appointment Date _____ Time _____

(Sexuality and Lung Cancer) "I'm curious about sexual health issues in patients with lung cancer. Could you speak more to this?"

(Sexuality and Lung Cancer) At the start of a new treatment, "How may my sexual health be affected by this new treatment?"

(Sexuality and Lung Cancer) "In my research, I have found that sexual health issues are common in patients with lung cancer, I would like to talk more about this."

(Sexuality and Lung Cancer) "I want to discuss how my cancer may affect my sexual intimacy as my sexual drive and libido have decreased. Can we discuss how this relates to my cancer?"

(Sexuality and Lung Cancer) How will this treatment affect my hormones?

(Sexuality and Lung Cancer) Will this treatment affect my fertility? What can I do about it?

(Sexuality and Lung Cancer) What changes are likely to be temporary? How long are they likely to last? Are any changes likely to be permanent?

(Sexuality and Lung Cancer) Should we take any precautions when having sex?

(Sexuality and Lung Cancer) What kind of contraception should we use and for how long?

Questions for _____ *Fill in the team member name*

Appointment Date _____ Time _____

Follow-up Appointment Date _____ Time _____

(COVID-19) Does having lung cancer increase my risk for getting COVID-19?

(COVID-19) Does having lung cancer increase my risk for dying from COVID-19?

(COVID-19) How does COVID-19 impact the lungs?

(COVID-19) Will I be tested for COVID-19 before treatment begins?

(COVID-19) Does the pandemic change my treatment plan? If yes, how?

(COVID-19) Should I be vaccinated before treatment?

(COVID-19) Does the vaccine have any negative effects on my treatment?
