



## MY DIAGNOSIS

My **oncologist's** name is: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of my **nurse** or other office staff: \_\_\_\_\_

Where has the tumor spread? (Tick all that apply)

☐ Brain    ☐ Bone    ☐ Lymphatic system    ☐ Liver    ☐ Lung    ☐ Other

What stage is my cancer and what does this mean?

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What type of lung cancer do I have? (Tick all that apply)

☐ Non-small cell lung cancer (NSCLC)    ☐ Small cell lung cancer (SCLC)

☐ Other types of lung cancer: \_\_\_\_\_

Will I need any other tests before we can decide on treatment?

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Is there anything I should know about my diagnosis?

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## MY TREATMENT

What treatment options would you recommend for me and why? Are these the best treatment options for me?

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What risks or side effects are there to the treatments you suggest? Are there things I can do to reduce these side effects?

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What would the goal of the treatment be?

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Do I need to change my diet?

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I am worried about losing my hair, is there anything I can do to prevent this?

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## MY TREATMENT

How long will treatment last? What will it be like? Where will it be done?

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Will I need an intravenous infusion?

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How often do I need to follow up with you?

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How do I know if I am doing well or if my cancer has progressed?

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Will I be getting any radiation or surgery?

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## MY EMOTIONS

Does your hospital provide any psychosocial support or are there any patient support groups I can join?

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Do you know of any counselors experienced in helping people with advanced cancer?

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Would you be able to provide any recommendations for patient support groups?

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Is there any patient assistance program for the treatment that I am taking or financial aid for advanced cancer available in Malaysia?

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## MY HEALTH

I am concerned about my diet. Do you know of any dieticians experienced in working with people who are taking anticancer medicines and chemotherapy?

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Is there anything I can do to help myself feel stronger/less exhausted?

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Are there any complementary therapies or specific centers that you would recommend for patients diagnosed with cancer?

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## MY WORK



How will treatment affect my daily activities?

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Can I still work full-time?

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## NOTES

What did I learn?

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What matters to me?

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What questions do I have?

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