

# Treatment Decision Making Worksheet

Complete this worksheet alone or with your doctor to get the information you need to make the best treatment decision.

**1. My lung cancer type:**

a. My tumor biomarkers:

**2. My lung cancer stage:**

**3. Does my current health status affect my treatment options?**

**4. What are the overall goals of my treatment?**

For more lung cancer support, please visit [www.mylungcancersupport.org](http://www.mylungcancersupport.org).

If you'd like to speak to someone call the American Lung Association Lung HelpLine at [1-800-LUNGUSA](tel:1-800-LUNGUSA) or [1-800-586-4872](tel:1-800-586-4872) to speak to someone directly. The helpline is staffed with nurses and respiratory questions that can answer your lung cancer questions.



# Treatment Decision Making Worksheet (continued)

Treatment Option	Goal of Treatment	Suggested Treatment Schedule	Possible Side Effects

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# Treatment Organizer

Work with your care team to fill in the log below.

Type of Treatment	Start Date	Where do I go? What time? How long will it take?	Will I need assistance getting to my appointment?	Possible Side Effects	What do I do if I experience a side effect?	Special Instructions/ Comments/Questions
Example: Chemotherapy	11/1/14	3 <sup>rd</sup> floor of medical center Arrive at 11:15 am About 1 hour	Yes. Jane will pick me up at 10:45.	Nausea, Vomiting	Call my oncology nurse	Eat small meals Remember to ask my doctor about seeing a nutritionist!

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# Medication Tracker

Name of the medication	What is the medication for?	Date the medication was prescribed	Doctor who prescribed the medication	How much? (dose)	How often?	Directions for taking medication	Side Effects
Example: Tylenol	Pain Relief	10/08/2014	Dr. Smith	400 mg	Every 4 hours	Taking with food	Nausea

**\*Remember to cross out any medications you are no longer taking!**

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