Asking the members of the healthcare team questions helps you take an active role in managing your child’s care. If you do not understand any part of the information the healthcare provider gives you, ask him or her to explain it in another way.

**Diagnosis and Testing**

What is my child’s exact diagnosis, including subtype?

_________________________________________________________________________________________

_________________________________________________________________________________________

What is the prognosis?

_________________________________________________________________________________________

_________________________________________________________________________________________

Are there any additional tests, including genetic testing, that my child needs?

_________________________________________________________________________________________

_________________________________________________________________________________________

What kind of testing will be done to monitor the disease and its treatment? How often will the testing be needed?

_________________________________________________________________________________________

_________________________________________________________________________________________

**Treatment**

What are the goals of treatment?

_________________________________________________________________________________________

_________________________________________________________________________________________

What are all of the available treatment options?

_________________________________________________________________________________________

_________________________________________________________________________________________

Is my child eligible to participate in a clinical trial?

_________________________________________________________________________________________
What is the recommended treatment? What are the benefits and risks?
_________________________________________________________________________________________
_________________________________________________________________________________________

How long will treatment last?
_________________________________________________________________________________________
_________________________________________________________________________________________

How much time do I have to make a decision about the treatment plan?
_________________________________________________________________________________________
_________________________________________________________________________________________

Will my child be in the hospital or be at an outpatient treatment center for treatment?
_________________________________________________________________________________________
_________________________________________________________________________________________

What signs and/or symptoms indicate that I should call the healthcare team?
_________________________________________________________________________________________
_________________________________________________________________________________________

What signs and/or symptoms indicate a trip to the emergency room is necessary?
_________________________________________________________________________________________
_________________________________________________________________________________________

Will my child’s fertility or sexual health be affected by treatment? What can be done to preserve my child’s fertility?
_________________________________________________________________________________________
_________________________________________________________________________________________

How will we know if my child’s treatment is effective? What options are available if treatment is not effective?
_________________________________________________________________________________________
_________________________________________________________________________________________

**Side Effects**

What are the side effects of treatment? What are the long-term and late effects of treatment?
_________________________________________________________________________________________
_________________________________________________________________________________________
Whom can I contact after hours with questions or concerns?

_________________________________________________________________________________________
_________________________________________________________________________________________

How will treatment affect my child’s physical and mental growth and development?

_________________________________________________________________________________________
_________________________________________________________________________________________

Can you refer us to palliative care for help managing side effects?

_________________________________________________________________________________________
_________________________________________________________________________________________

Will my child need to follow a special diet or avoid any specific foods?

_________________________________________________________________________________________
_________________________________________________________________________________________

Social/Financial Concerns

What kind of financial and social support services are available for my family?

_________________________________________________________________________________________
_________________________________________________________________________________________

Who is the best person to speak to about bills and insurance coverage?

_________________________________________________________________________________________
_________________________________________________________________________________________

Will my child be able to attend school during treatment? What can be done to help continue my child’s education during treatment?

_________________________________________________________________________________________
_________________________________________________________________________________________

Can we be referred to a child-life specialist or social worker for help with practical and social issues?

_________________________________________________________________________________________
_________________________________________________________________________________________
Are there local support groups available for my child and/or my family?

_________________________________________________________________________________________

_________________________________________________________________________________________

Are there resources for my other children to help them cope with their sibling’s diagnosis?

_________________________________________________________________________________________

_________________________________________________________________________________________

Follow-up Care

Will the healthcare team continue to check on my child after his or her treatment is over? If so, for how long?

_________________________________________________________________________________________

_________________________________________________________________________________________

What long-term or late effects may my child experience?

_________________________________________________________________________________________

_________________________________________________________________________________________

If my child experiences late effects, whom can we contact?

_________________________________________________________________________________________

_________________________________________________________________________________________

Can you provide me with a written follow-up care plan or a survivorship care plan?

_________________________________________________________________________________________

_________________________________________________________________________________________

Are there resources to help my child return to school?

_________________________________________________________________________________________

_________________________________________________________________________________________

Are there resources to help my child transition to adult healthcare?

_________________________________________________________________________________________

_________________________________________________________________________________________