

Clinical Trial Patient Worksheet

It's important that you get as much information as you can before deciding whether to take part in a clinical trial. Know all of your options and ask as many questions as needed to make sure you are comfortable with your decision. The following questions will get you started, but feel free to write down some of your own.

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Your name:
Name of study:
Study contact:
Questions to ask: • Why is this study being done?
• What is likely to happen in my case if I decide to take part/not take part?
• What are my other options (standard treatments, other studies)? What are their advantages and disadvantages?

• What were the results of any previous studies of this treatment?

• What kinds of tests and treatments does the study involve? How often are they done?
• Will this require an extra time commitment on my part?
• Will I stay under the care of my doctor, or will I be seeing a different one (or both)?
• Will I have to travel to get treatment? Will my travel costs be paid by the study?
• How could the study affect my daily life?
• Will I still be able to work/go to school?
• What side effects might I expect from the study treatment? (Remember that there can also be side effects from standard treatments and from the disease itself.)
• Will I have to stay in the hospital? If so, how often and for how long?
• Will I have any costs? Will any of the treatment be free? Will my insurance cover the rest?

• If I am harmed as a result of the research, what treatment will I be entitled to?
• How long will the study last?
• What type of long-term follow-up care is part of the study?
• Can I keep getting this treatment, even after the study ends?
• Are there other sources of information about the study?
• Are there others participating in the study I could speak to?
Your questions:
Notes:

If you decide to participate...

Before starting the study, you will be asked to sign a form indicating your understanding of the clinical trial and your willingness to take part in it. This is called a *consent form*. You do not give up any of your rights by signing the form. Remember that your participation is voluntary, and you can withdraw from the study at any time, for any reason. Be sure to ask for a copy of the consent form.

Date consent form was signed:

Date copy of form was received:

Date I started on study:

Research coordinators are people (usually nurses) who will help you and your doctor keep track of any tests and other activities that may need to be done during the study. They're also valuable sources of information should you have any questions related to the study. Be sure to note the name of your research coordinator and how to contact him or her.

Research coordinator:

Contact info:

Once you are accepted in the study, it's important to let your doctor know if you have any symptoms that may be related to the study. Such symptoms may be linked to the treatment or may have other causes, but you need to let your doctor know about them. Make sure you know whom to contact at all times.

Doctor:
Office hours:
Contact number:

After hours number:

There may be times when you need to be hospitalized during your cancer treatment. Be sure to let the hospital staff know if you are taking part in a clinical trial. Give them contact information listed above in case they need to know more about the study. You may want to keep a copy of this worksheet with you in case this happens.

You can learn more about clinical trials in our document called *Clinical Trials: What You Need to Know*.

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