

Clinical Trial Patient Worksheet

Your Name:
Name of Study:

Your Doctor:

It is important that you get as much information as you can before deciding whether or not to participate in a clinical trial. Be familiar with your options and ask as many questions as you need to make sure you are comfortable with your decision. The following standard questions will get you started, but feel free to write down some of your own.

Questions to Ask About Clinical Trials:

- Why is this study being done?
- What is likely to happen in my case if I decide to participate/not to participate?
- 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 continue to be under the care of my doctor, or will I be seeing a different one (or both)?
- Will I have to travel somewhere to receive treatment? Will I be compensated for travel expenses?
- 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 be hospitalized? If so, how often and for how long?

You can find more information about clinical trials in our document [Clinical Trials – What You Need to Know](#).

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- Will I have any costs? Will any of the treatment be free? Will 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 choose to continue to get this treatment, even after the study ends?
- Are there other sources of information about the study (for example, the Internet)?
- Are there others participating in the study I could speak to?

Your Questions:

Notes:

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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 document is called a Consent Form. You do not waive 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 informed consent form.

Date Inform Consent Signed:

Date Copy of Form Received:

Date Started on Study:

Research coordinators are people (usually nurses) who will help you and your doctor to keep track of any tests and other activities that may need to be done during the study. They are 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 is important to let your doctor know if you experience any symptoms that may be related to the study. Such symptoms may be associated with a new form of treatment or may have other causes, but you need to let your doctor know about them, especially if they are bothersome. Make sure you know whom to contact at all times.

Doctor:

Office Hours:

Contact Number:

After Hours Number:

Occasionally, as with many cancer patients, you may need to be hospitalized because of your symptoms. Be sure to let the hospital staff know if you are taking part in a study involving a new type of therapy and whom they can contact for more information if they need to. You may want to keep a copy of this worksheet with you in case such a situation arises.