

Things to Ask Your Doctor

What treatment, or treatments do you recommend for me?

How does the rate of side effects in this booklet compare to the rate of side effects in your practice?

How likely is my cancer to come back in the next 5 years or 10 years?

How frequently will I have to see a doctor after being treated? _____

Will I have to have more tests? _____

Who can I talk with about problems holding urine or with having erections after treatment? _____

Where can I find a support group? _____

Do you accept my type of health insurance? _____

Things for You to Think About

My biggest worry about prostate cancer is: (Write down your main worry.)

My most important goal for treatment is: (Check the most important one.)

- Curing the cancer
- Curing any symptoms I may have
- Having the best possible sexual performance
- Having good bowel and bladder control
- Other _____

What I like the most and the least about each treatment is:

	Most	Least
Watchful waiting	_____	_____
Surgery	_____	_____
External beam radiation	_____	_____
Internal seed radiation	_____	_____

The treatment I am leaning toward is: (check one)

- Watchful waiting Surgery External beam radiation Internal seed radiation