

Patient Values Screen for Treatment Planning: WMTM Version 4

<p>There are many decisions that you and your cancer care team will make together regarding your cancer treatment plan. Please tell us what <u>matters to you or concerns you most</u>, so together we can think about these important considerations as we discuss the best plan for you.</p>					<p>Please check the 3 top concerns for you, today.</p>
	Not at All	Not Much	Some-what	Very Much	
Continuing to work at my job					
Caregiving responsibilities (children, adults, pets)					
Being able to pay for medical expenses					
Schedule of treatments such as number of times per week or total number of weeks					
Transportation to/from treatment					
Continuing to do my hobbies					
My exercise activities					
Special events or vacations planned					
Sexual intimacy and/or family planning					
Household responsibilities that others don't or can't do					
Physical symptoms such as pain or fatigue					
Emotional symptoms such as depression or anxiety					
Mental changes such as memory loss or difficulty concentrating					
Visible changes in my appearance such as weight gain/loss or hair loss					
Being able to live independently					
Religious / Cultural beliefs					
Access to or comfort with smart phone or computer for health care visits					
Food and nutrition choices					
Other health-related concerns					
Vitamin supplements and other remedies I take					
Being part of a research study or clinical trial					
Having a stable and safe place to live					

Please let us know if there are other considerations or priorities you'd like us to know about: