

Patient and family workbook

Practical pages to use one conversation at a time

Choose only the pages that help you. You do not need to complete this workbook in order, and you may leave any question blank.

Open the downloaded PDF in a reader that supports form filling. Save a copy, close it and reopen it to check your entries. You can also print and write by hand. Some browser previews cannot save typed entries; a PDF-reader app may be needed. No online submission is required.

These downloaded files are not encrypted. They may contain sensitive health information when completed. Keep them securely, take care on a shared device or printer, and share them only with the people you choose. The website does not receive the answers you enter in your downloaded file.

Ask the treating team to check medical facts, benefits, follow-up schedules, urgent contact routes and any existing medical orders. These worksheets do not diagnose illness, prescribe treatment or replace original records, prescriptions or alert cards.

The care-preferences pages are discussion aids only. They do not create a valid DNAR order, advance medical directive, consent, representative appointment or authority to withhold or withdraw treatment. Indian legal and clinical requirements must be followed separately.

If someone is seriously unwell, seek urgent help. Do not wait to finish a form or for an online message to be read.

Included tools

Your next cancer-care conversation (3 pages)

Comparing treatment choices (4 pages)

Talking with children (3 pages)

Later-life cancer care (3 pages)

Checking a cancer-treatment claim (2 pages)

Your survivorship passport (4 pages)

Care preferences and medical decisions (4 pages)

Home comfort and contact plan (3 pages)

Practical support after a death (2 pages)

Your next cancer-care conversation

Name / initials:

1 / 3 What do we know so far?

Ask the team to confirm medical details. A symptom, marker or scan phrase alone may not explain a treatment change. If someone is seriously unwell, seek urgent help; do not wait to complete this sheet.

Type in a form-capable PDF reader, save a copy, then close and reopen it to check. Completed files are not encrypted; keep them securely. Text boxes can scroll: for long answers, keep the full text in your own document labelled with this worksheet and question, and enter "See attached notes" here. Print your completed copy from the reader and check print preview. If your language does not display correctly, use a document that supports it, or print and write by hand.

Date / person completing this / who the patient wants involved

What the team has confirmed, in plain words

What is still uncertain; tests or reports needed and who will obtain them

Current symptoms or difficulties; medicine instructions while waiting, confirmed by the team

The three questions that matter most to us

For long answers, enter "See attached notes" and print the full response separately. Check that all intended text is visible in print preview.

Your next cancer-care conversation

Name / initials:

2 / 3 What could the next step achieve?

Use this page with the treatment-choice sheet if there is more than one reasonable option. Ask about symptom support even while tests or treatment are being considered.

What matters most to the patient now: daily life, comfort, independence, time or other priorities

Goal of the proposed treatment, confirmed by the clinician

Options, likely benefit and uncertainty; clinician recommendation and why; supportive care alone if relevant

Burdens, visits, costs and help likely to be needed

Questions about another opinion, molecular testing or a clinical trial, if relevant

For long answers, enter "See attached notes" and print the full response separately. Check that all intended text is visible in print preview.

Your next cancer-care conversation

Name / initials:

3 / 3 Leave with a clear plan

Ask the team to explain how urgent the decision is. Do not delay urgent care while completing a worksheet or seeking another opinion.

Agreed next step / person responsible / date

When results will be reviewed; who contacts whom if there is no news

When benefit and side effects will be reassessed; what could change the plan

Team-confirmed symptoms needing an urgent call; daytime and out-of-hours contact routes

What we understood / what still needs explaining / next conversation date

For long answers, enter "See attached notes" and print the full response separately. Check that all intended text is visible in print preview.

Comparing treatment choices

Name / initials:

1 / 4 Start with the decision and your priorities

This is a conversation aid, not a recommendation, consent form or score. Ask the clinician to identify reasonable alternatives. Supportive or palliative care can accompany cancer treatment.

Type in a form-capable PDF reader, save a copy, then close and reopen it to check. Completed files are not encrypted; keep them securely. Text boxes can scroll: for long answers, keep the full text in your own document labelled with this worksheet and question, and enter "See attached notes" here. Print your completed copy from the reader and check print preview. If your language does not display correctly, use a document that supports it, or print and write by hand.

Decision being considered / date / clinician to discuss it with

What the patient hopes treatment will help them do or feel

Burdens or outcomes the patient particularly wants to avoid

Information or communication support needed; who may join the conversation

How soon a decision is needed, confirmed by the treating team; what is safe to clarify first

For long answers, enter "See attached notes" and print the full response separately. Check that all intended text is visible in print preview.

Comparing treatment choices

Name / initials:

2 / 4 Option A: ask the same questions

Record the clinician's explanation. Ask whether numbers apply to people like this patient. If an estimate is uncertain or unavailable, record that rather than guessing.

Name of option / treatment goal / what it involves

Expected benefit in absolute numbers if available; outcome, time period and uncertainty

Common burdens and important serious risks; impact on function and daily life

Visits, time away from home, monitoring, support and likely out-of-pocket costs

How success will be checked; reasons to pause, stop or change

For long answers, enter "See attached notes" and print the full response separately. Check that all intended text is visible in print preview.

Comparing treatment choices

Name / initials:

3 / 4 Option B: ask the same questions

Use another copy for an additional option. Where clinically relevant, ask what symptom-focused care without another cancer-directed treatment would involve.

Name of option / treatment goal / what it involves

Expected benefit in absolute numbers if available; outcome, time period and uncertainty

Common burdens and important serious risks; impact on function and daily life

Visits, time away from home, monitoring, support and likely out-of-pocket costs

How success will be checked; reasons to pause, stop or change

For long answers, enter "See attached notes" and print the full response separately. Check that all intended text is visible in print preview.

Comparing treatment choices

Name / initials:

4 / 4 Bring the comparison back to the patient

There is no total score and no automatically preferred option. The patient can ask for more explanation, a second opinion or another conversation within the clinical time available.

Which option fits the patient's priorities and why; remaining concerns

Questions the team still needs to answer / who will answer them / by when

What the patient understood about the alternatives, benefits, risks and uncertainty

Next discussion or decision step; any separate formal consent required by the hospital

Review point and situations that should prompt an earlier conversation

For long answers, enter "See attached notes" and print the full response separately. Check that all intended text is visible in print preview.

Talking with children

Name / initials:

1 / 3 Agree the facts before you talk

You do not need perfect words. Start with what is known, use simple language and make space for more conversations. Avoid names or identifying details that you do not need to record.

Type in a form-capable PDF reader, save a copy, then close and reopen it to check. Completed files are not encrypted; keep them securely. Text boxes can scroll: for long answers, keep the full text in your own document labelled with this worksheet and question, and enter "See attached notes" here. Print your completed copy from the reader and check print preview. If your language does not display correctly, use a document that supports it, or print and write by hand.

Age or developmental needs / language or communication needs

What the child already knows or may have overheard

Facts the adults have checked with the treating team; what is not yet known

Who will lead the conversation; a trusted adult available afterwards

A simple explanation of cancer, treatment and what may change at home

For long answers, enter "See attached notes" and print the full response separately. Check that all intended text is visible in print preview.

Talking with children

Name / initials:

2 / 3 Words, questions and daily routines

Reassure the child that cancer is not their fault and is not caught through ordinary contact. Do not promise a recovery or a date that nobody can know.

Words we will use; honest answers to "Will you get better?" or "Are you going to die?"

Questions the child asked / answers we gave / what we will find out

School, meals, transport, bedtime and activities: main adult and backup

With appropriate permission, what school or another trusted adult needs to know

How the child can stay connected without feeling responsible for medical care

For long answers, enter "See attached notes" and print the full response separately. Check that all intended text is visible in print preview.

Talking with children

Name / initials:

3 / 3 Keep checking in

Children may return to play, ask the same question again or want privacy. Seek professional help if distress is persistent, worsening or affecting daily life. Urgent safety concerns need prompt help.

Changes in sleep, school, mood or behaviour to discuss with a professional

Trusted support: family, school, counsellor or treating-team contact

Plan for hospital changes, a parent being less well or an unexpected absence

Next gentle check-in: when, with whom and what we will ask

Support the adults need so that they can support the child

For long answers, enter "See attached notes" and print the full response separately. Check that all intended text is visible in print preview.

Later-life cancer care

Name / initials:

1 / 3 Start with the person, not their age

This sheet does not diagnose frailty or replace a geriatric assessment. Tell the team about changes from the person's usual abilities and ask what can be improved.

Type in a form-capable PDF reader, save a copy, then close and reopen it to check. Completed files are not encrypted; keep them securely. Text boxes can scroll: for long answers, keep the full text in your own document labelled with this worksheet and question, and enter "See attached notes" here. Print your completed copy from the reader and check print preview. If your language does not display correctly, use a document that supports it, or print and write by hand.

The patient's own goals, valued activities and acceptable trade-offs

Usual ability and recent changes: washing, dressing, meals, shopping and money tasks

Walking, balance, falls, stairs or equipment that helps

Memory or concentration changes; hearing, sight, language or reading support

What the patient would like to manage independently; help they are comfortable accepting

For long answers, enter "See attached notes" and print the full response separately. Check that all intended text is visible in print preview.

Later-life cancer care

Name / initials:

2 / 3 Medicines, food and real-world support

Attach the current medicine list or caregiver-toolkit record. Include over-the-counter, herbal and traditional products. Do not stop medicines or change doses yourself.

Medicine-list location; allergies; problems taking medicines or collecting prescriptions

Appetite, weight change, swallowing, teeth, shopping or cooking difficulties

Other medical conditions, pain, sleep or mood concerns to discuss

Who is realistically available; transport, finances, home access and caregiver limits

Questions for pharmacy, nutrition, rehabilitation or other assessment

For long answers, enter "See attached notes" and print the full response separately. Check that all intended text is visible in print preview.

Later-life cancer care

Name / initials:

3 / 3 Turn assessment into an agreed support plan

A different dose or schedule may be considered for clinical reasons. Ask about the goal and evidence rather than assuming age alone determines treatment.

Team-confirmed options and effects on independence, symptoms and expected benefit

Actions to improve function or safety before or during treatment / owner / date

Support and transport arranged; backup if the main caregiver is unavailable

Team-confirmed urgent symptoms and contact route

Review date; what to monitor and when the plan should be reconsidered

For long answers, enter "See attached notes" and print the full response separately. Check that all intended text is visible in print preview.

Checking a cancer-treatment claim

Name / initials:

1 / 2 Find out what is actually being claimed

A testimonial, laboratory finding, licence or registration number is not proof that a treatment cures cancer. This sheet gives no trust score and cannot authenticate a product.

Type in a form-capable PDF reader, save a copy, then close and reopen it to check. Completed files are not encrypted; keep them securely. Text boxes can scroll: for long answers, keep the full text in your own document labelled with this worksheet and question, and enter "See attached notes" here. Print your completed copy from the reader and check print preview. If your language does not display correctly, use a document that supports it, or print and write by hand.

Exact claim / product or procedure / who is offering it / date

Original source link or document; who pays for or benefits from the claim

Evidence in people with this cancer: study, comparison group, outcomes and limitations

Regulatory claim to verify: regulator, product, specific indication and actual document

Pressure, secrecy, guaranteed cure, "no side effects" or advice to stop standard treatment

For long answers, enter "See attached notes" and print the full response separately. Check that all intended text is visible in print preview.

Checking a cancer-treatment claim

Name / initials:

2 / 2 Bring the claim and product details to the team

Ask for help before taking a product or delaying treatment. A food or supplement authorisation does not establish a cancer-treatment benefit. Report suspected harm to the clinical team promptly.

Brand, strength, ingredients, dose; date started, last taken and any suspected symptoms; attach the label

Current cancer treatment and other medicines the team should check for interactions

What the patient hopes it will help; questions about evidence, safety, costs and delays to proven care

What the clinician or pharmacist explained; what could and could not be verified

Agreed next step / person to check remaining questions / date

For long answers, enter "See attached notes" and print the full response separately. Check that all intended text is visible in print preview.

Your survivorship passport

Name / initials:

1 / 4 Your verified treatment summary

Ask the oncology team to check this summary. Attach official reports or the existing caregiver-toolkit treatment-history record. You do not need to copy every result here.

Type in a form-capable PDF reader, save a copy, then close and reopen it to check. Completed files are not encrypted; keep them securely. Text boxes can scroll: for long answers, keep the full text in your own document labelled with this worksheet and question, and enter "See attached notes" here. Print your completed copy from the reader and check print preview. If your language does not display correctly, use a document that supports it, or print and write by hand.

Patient identifier chosen by you / plan date / team that checked this summary

Confirmed diagnosis, site, pathology and stage; key report dates and location

Surgery and dates; radiotherapy site, dates and dose from official summary

Cancer medicines and dates; important doses or cumulative exposure from the team

Major treatment complications, allergies, devices or alert cards

For long answers, enter "See attached notes" and print the full response separately. Check that all intended text is visible in print preview.

Your survivorship passport

Name / initials:

2 / 4 Ongoing treatment and possible late effects

Do not stop ongoing treatment because a main course has ended. Risks depend on the particular treatment and person; there is no universal scan or blood-test schedule.

Current medicines, purpose and planned review; current prescription location

Ongoing symptoms and rehabilitation or symptom-support needs

Late effects the team says are relevant; what to watch for and who manages them

Fertility, sexual health, menopause, bone or heart health questions, where relevant

Questions about vaccinations, dental care or other medical treatment

For long answers, enter "See attached notes" and print the full response separately. Check that all intended text is visible in print preview.

Your survivorship passport

Name / initials:

3 / 4 Your individual follow-up plan

Record only the tests and intervals agreed by your team. Clarify who orders each test, reviews the result and contacts you. New concerning symptoms should not wait for a routine visit.

Oncology review: purpose / timing / responsible team / contact

Tests specifically recommended: which / why / when / who reviews results

Primary-care and other condition reviews; routine screening appropriate for you

Symptoms that need an earlier call / emergency route confirmed by the team

Who to contact if an appointment or result is missing; next plan-review date

For long answers, enter "See attached notes" and print the full response separately. Check that all intended text is visible in print preview.

Your survivorship passport

Name / initials:

4 / 4 Life after treatment and sharing the plan

Recovery is not a deadline. Ask for help with physical, emotional, social or financial effects. Agree whom the patient wants to receive a copy of the plan.

Personal recovery goals: activity, fatigue, work, sleep, food or confidence

Practical and emotional support; who can help and when

Oncology, primary-care and specialist contacts; backup route

Who has the latest copy / date shared / records or alert cards to carry

Questions for the next review; changes since the last plan

For long answers, enter "See attached notes" and print the full response separately. Check that all intended text is visible in print preview.

Care preferences and medical decisions

Name / initials:

1 / 4 What matters to the patient?

This worksheet records a conversation. It is not a DNAR order, an advance medical directive, a consent form, or permission to limit treatment. The treating team must assess and document the clinical plan and follow the applicable legal process.

Type in a form-capable PDF reader, save a copy, then close and reopen it to check. Completed files are not encrypted; keep them securely. Text boxes can scroll: for long answers, keep the full text in your own document labelled with this worksheet and question, and enter "See attached notes" here. Print your completed copy from the reader and check print preview. If your language does not display correctly, use a document that supports it, or print and write by hand.

Date / who is recording this / who the patient wants present

What gives life meaning; priorities, comfort, independence and personal concerns

How much information the patient wants, in what language and with what communication support

Who the patient wants information shared with; any limits they want discussed

Questions about the illness, uncertainty and what might happen next

For long answers, enter "See attached notes" and print the full response separately. Check that all intended text is visible in print preview.

Care preferences and medical decisions

Name / initials:

2 / 4 Supporters, next of kin and existing documents

A next of kin or emergency contact is not automatically a person with blanket authority to consent. A patient who has decision-making capacity makes their own decisions. Ask the team to verify any representative's authority and the applicable process.

Chosen contact or next of kin / relationship / contact; patient's permission to involve them

Chosen supporter for discussions / contact / practical role; not an authority appointment

Any documented representative: name/contact, authority and document scope/location; team to verify

Existing advance medical directive: present / none / unsure; latest copy/date/location, whom it names, updates or revocation

Questions for the hospital or legal adviser; who will verify current legal requirements

For long answers, enter "See attached notes" and print the full response separately. Check that all intended text is visible in print preview.

Care preferences and medical decisions

Name / initials:

3 / 4 CPR and a formal DNAR plan are a separate discussion

CPR is attempted when the heart or breathing stops. DNAR means not attempting CPR; it does not mean no treatment, no comfort care or automatic refusal of ICU, antibiotics, oxygen or other care. The clinician must discuss what is appropriate for the individual.

CPR conversation status

- ☐ Would like to discuss CPR
- ☐ Discussed with the treating team
- ☐ Still unsure or want more information
- ☐ Prefer not to record here

Questions about what CPR could realistically achieve and its burdens for this patient

Patient's wishes to discuss with the treating team; not an instruction to stop treatment

If a separate clinician-documented DNAR plan exists: location, date, responsible clinician

Who will verify and explain that plan; when it should be reviewed

For long answers, enter "See attached notes" and print the full response separately. Check that all intended text is visible in print preview.

Care preferences and medical decisions

Name / initials:

4 / 4 Discuss escalation, review and where care may be provided

Discuss each treatment on its own merits, including potentially reversible problems. Formal withholding or withdrawal of life-sustaining treatment has separate Indian safeguards; a tick or signature on this sheet cannot authorise it. If someone is acutely unwell, seek assessment rather than relying on an unverified worksheet.

Questions or wishes to discuss: hospital transfer, ICU, ventilation, dialysis or other escalation

Would a time-limited treatment trial be appropriate? Ask about goal, review and next steps

Preferred place of care and backup if needs cannot safely be met there

Verified clinical-plan location, responsible clinician and contact; copies held where

Review triggers: patient changes their mind, illness changes, transfer or document concerns

For long answers, enter "See attached notes" and print the full response separately. Check that all intended text is visible in print preview.

Home comfort and contact plan

Name / initials:

1 / 3 Who will help and where will we go?

Complete these details with the treating or palliative-care team before relying on home care. Availability and response times vary. An appointment or WhatsApp number must not be assumed to provide emergency or round-the-clock support.

Type in a form-capable PDF reader, save a copy, then close and reopen it to check. Completed files are not encrypted; keep them securely. Text boxes can scroll: for long answers, keep the full text in your own document labelled with this worksheet and question, and enter "See attached notes" here. Print your completed copy from the reader and check print preview. If your language does not display correctly, use a document that supports it, or print and write by hand.

Plan date / coordinating clinician / patient's preferred place of care

Daytime team: telephone, hours, what to say and expected callback route

Out-of-hours team: telephone, hours and what to do if there is no response

Urgent assessment location / agreed transport or ambulance route / documents to carry

Main caregiver / backup / who can reach the home and who has current instructions

For long answers, enter "See attached notes" and print the full response separately. Check that all intended text is visible in print preview.

Home comfort and contact plan

Name / initials:

2 / 3 Comfort care that the team has actually arranged

Keep the current prescription separately. Do not start, stop, combine or increase medicines from this worksheet. Ask a professional to demonstrate unfamiliar nursing tasks and watch you practise.

Main symptoms / current clinician instructions / when to call if not controlled

Prescription location, medicine supply, safe storage and who checks remaining stock

If swallowing or medicine administration becomes difficult: whom to call for a revised plan

Equipment, pressure care, mouth care, toileting or mobility help; who provides training

Food and drink comfort advice from the team; coughing or choking when swallowing to report

For long answers, enter "See attached notes" and print the full response separately. Check that all intended text is visible in print preview.

Home comfort and contact plan

Name / initials:

3 / 3 Make a backup plan before it is needed

Home care should not depend on one exhausted person. Say if care feels unsafe or unmanageable. New severe symptoms or an unexpected deterioration need assessment. If death is expected at home, complete the separate after-death contact plan with the team before discharge.

Daily roles, respite and overnight support; what the family cannot safely provide

How the team will review symptoms and supplies; next planned contact

Symptoms or changes needing an urgent call; what to do if serious and help is not reachable

If home care cannot continue: receiving service, transfer plan and who coordinates it

Any existing verified clinical plan or advance directive: location for the team to check

For long answers, enter "See attached notes" and print the full response separately. Check that all intended text is visible in print preview.

Practical support after a death

Name / initials:

1 / 2 Ask the local team what to do

For an expected death at home, ask the team whom to call and who can attend. For an unexpected or uncertain situation, an accident or possible injury, contact emergency services. Follow the responsible service's advice before moving the body or removing devices. This sheet cannot certify a death or replace legal procedures.

Type in a form-capable PDF reader, save a copy, then close and reopen it to check. Completed files are not encrypted; keep them securely. Text boxes can scroll: for long answers, keep the full text in your own document labelled with this worksheet and question, and enter "See attached notes" here. Print your completed copy from the reader and check print preview. If your language does not display correctly, use a document that supports it, or print and write by hand.

Local plan explained by / date / care setting

Expected death: first clinical contact, availability and backup

Who can attend, confirm the death and advise on medical certification in this setting

Registrar or hospital help desk: documents, registration process and local requirements to confirm

Family or faith/community contact and any wishes previously expressed by the patient

For long answers, enter "See attached notes" and print the full response separately. Check that all intended text is visible in print preview.

Practical support after a death

Name / initials:

2 / 2 Share the tasks and support the people

Medical certification and civil registration are different. Registration is generally reported within 21 days to the registrar for the place of death; confirm the local documents and responsible reporter. Ask about safe return or disposal of medicines and equipment.

Task / responsible adult / backup: family updates, transport and immediate arrangements

Documents, copies and receipts needed; where the originals will be kept safely

Children or other dependants: trusted adult, honest explanation and routines

Who can offer practical company, grief support or professional help if needed

Later questions for the team; support for someone who feels unable to cope

For long answers, enter "See attached notes" and print the full response separately. Check that all intended text is visible in print preview.