

Crossroads4Hope®

Taking On Your Cancer Journey. Together.



Taking Control of My Cancer Care.

My Voice Matters Planner

*A workbook to help you decide your wishes, goals
and values for cancer care.*

A letter from our team at Crossroads4Hope.

A cancer diagnosis can bring uncertainty, difficult decisions, and more questions than answers. But you don't have to face it alone - we are here to help.

At Crossroads4Hope, we want you to feel empowered, encouraged, and equipped to take an active role in your health and well-being – allowing you, your loved ones, and caregivers to navigate the cancer journey with greater confidence.

That's why we created our My Voice Matters Planner - to help you stay organized and engaged throughout your care. Use this to keep track of medical information, write down questions for your healthcare team, record important appointments, and capture your thoughts along the way. Most importantly, it is a place for your voice - your priorities, concerns, and decisions—to be heard.

This planner is also a valuable tool for your loved ones and caregivers. Sharing it with those supporting you can help everyone stay informed, communicate more effectively, and work together to ensure your wishes and needs remain at the center of your care.

Wherever you are in your journey, we at Crossroads4Hope are here for you. If you need support, resources, or simply someone to talk to, please don't hesitate to reach out. Our services are always available at no cost.

Thank you for allowing us to walk alongside you. We hope this planner helps you feel informed, prepared, and supported - every step of the way.

The Crossroads4Hope Team

CONNECT WITH CR4H

Connect with us at Crossroads4Hope:

Email: programteam@crossroads4hope.org

Phone: 908-658-5400

Register for Future Programs:

Crossroads4Hope offers a variety of programs throughout the year focused on Mind Body, Nutrition, and Education. Participation is offered at no cost to members of our organization. To enroll, simply click on the Program Enrollment tab on our website, select the program you wish to register for from our calendar, complete the prompted questions, and click "Register."



Enroll in MyGo2Support

Crossroads4Hope's MyGo2Support (MG2S) is a complimentary, mobile support program designed to put our resources into your hands 24/7, so no matter who you are, where you live, or where you are in your journey with cancer, you have access to personalized support and resources, when and where you need it most.



No matter where you are in your cancer journey, your **My Voice Matters Planner can help you prepare to talk with your healthcare team about your treatment options, focusing on your top priorities. Let's start with identifying what may be worrying you the most.**

Indicate your level of worry or concern about each of the areas below.

Areas of Concern	Not at all worried	A little bit worried	Neutral /Unsure	I am worried	I am very worried
Health Status/Pre-existing Conditions					
Understanding details about my diagnosis (i.e., cancer type, stage, prognosis)					
Treatment Options					
Side effects from cancer and/or treatment					
Quality of Life/Ability to continue doing things I enjoy (i.e. hobbies, travel, physical activity, etc)					
Emotions (such as being sad, angry or anxious)					
Outlook on life; Religious views or spirituality					
Relationships with family and friends					
Follow-up care plan (getting tests, referrals to other doctors for help)					
Patient/doctor Relationship and coordinating my care					
Long-term Implications for my personal health and family					
Insurance/Paying for medical care (e.g. doctor's visits, medication, counseling)					
Finances (e.g. bills, health care costs or household expenses)					
Job/Employment					

A Guide to Help Make Your Decisions

Now that we have identified what may be worrying you the most, let's talk about your priorities.

Before speaking with your healthcare team about your treatment goals, you should **first consider what is most important to you**. Using the grid on the previous page, take some time to consider the **values and goals** written below. Circle the ones that stand out to you, no matter how big or small.

Living as long as possible regardless of how I may feel physically

Being independent

Letting nature take its course

Trying all medical technologies and treatment options available

Spending as much time as possible with my loved ones

Being pain-free and as comfortable as possible

Being mentally alert and competent

Being physically independent and able to take care of myself

Avoiding accumulating medical debt and expenses

Being able to leave my money to my loved ones or charities

Other _____

Other _____

Consider **experiences or examples of** other people you know who have had cancer. What choices would you make about your care that are either different or the same (*i.e., My friend travels far for her appointments to see a specific doctor, but I would like to reduce my travel time as much as possible*)?

Next, who in your life do you trust the most to help you make medical decisions?

- You may have many loved ones in your life, but of these people, who can you trust to respect your medical decisions?
- Would you be comfortable going to them for advice, or bringing them with you to healthcare appointments where decisions will need to be made?

On the next page you can summarize these wishes to share with your healthcare providers, or other important people in your life.

What about your personal/medical situation do you feel is important for your doctor to know?

What personal goals do you have for your treatment?

What are some things that help you feel heard, respected, or comfortable during appointments?

What are any cultural, spiritual, family, or personal values that your care team should know?

What does a “good day” look like?

What is your hope for this year?

Where do you go for advice? Information? Support? What role will your support system play in your care?

QUESTIONS TO ASK

On this page and the pages to follow, you will find list of questions that may be helpful for you to bring to your healthcare team. They are broken down into categories based on when and why you may want to consider them. These lists are suggestions that you can feel free to pick and choose from, and refer back to at any time. Feel free to highlight, circle or star questions that you may want to ask, and use the note pages at the back of the planner to jot down responses, or even additional questions.

BEFORE A TEST OR PROCEDURE

- Which test(s) or procedure(s) do I need? What will the results tell me?
- What are the benefits of this test or procedure?
- What are the risks of this test or procedure?
- Are there any alternative tests or procedures available, and what are the pros and cons of each?
- Where should I have this test or procedure done?
- How long will the test or procedure take? When will I know the results?
- What do I need to do to get ready for the test or procedure?
- What happens during the test or procedure? Will I be awake?
- Will I feel discomfort or pain? Will medicine be given to help me relax or sleep?
- Who should I contact if I have questions or experience symptoms after the procedure?

WHEN YOU GET TEST RESULTS

- What did the test or procedure find?
- Will you explain what the pathology report says?
- What is my diagnosis?
- What is the extent or severity (risk group, grade, or stage) of the diagnosis?
- Will more tests or procedures be needed?
- Who can give us a second opinion about the pathology report?
- What does this mean for my treatment plan or next steps?

QUESTIONS TO ASK

DIAGNOSIS AND TREATMENT QUESTIONS:

- **Diagnosis Specific**

- What type of cancer do I have, and where exactly is it located?
- What stage is the cancer?
- Should I consider a second opinion, and how would I go about getting one?

- **Treatment Specific**

- What treatment options are recommended for me?
- What is the goal of treatment (e.g. cure, control, symptom relief)?
- What are the benefits and risks of each recommended treatment option?
- What will treatment involve (e.g. surgery, chemotherapy, radiation, immunotherapy, etc.)?
- Am I eligible for any clinical trials, and should I consider them?
- How might treatment affect my daily life, work, or family responsibilities?
- How might my other medical conditions affect my treatment options or recovery?

- **Side Effect Specific Questions**

- What side effects are most common with this treatment?
- Which side effects should I report right away?
- How can side effects be managed or reduced?
- What signs or symptoms should I watch for?
- Are there nutrition, exercise, or lifestyle recommendations that may support my health during treatment?

QUESTIONS TO ASK

WHEN TREATMENT IS COMPLETE:

- What does my follow-up schedule look like (appointments, scans, blood work)?
- Which symptoms are normal during recovery, and which should require follow-up?
- Who should I contact if I notice new or concerning symptoms?
- What is my risk of recurrence, and how will it be monitored?
- How long will follow-up care continue?
- What does “remission” mean in my specific case?
- What are the next steps if cancer returns?
- Should I get a survivorship care plan, and who should I review it with?
- What side effects might continue or appear months or years later?
- Which side effects are temporary, and which could be long-term?
- What can help with fatigue, pain, brain fog, or neuropathy?
- Are there medications, therapies, or lifestyle changes that can help recovery?
- What emotional support or counseling options are available?
- How can I cope with fear of recurrence?
- Are there survivorship or peer support groups?
- When can I return to work, school, or regular activities?
- Are there any restrictions on exercise, travel, or physical activity?
- How do I explain my experience and ongoing needs to others?
- Are there specific nutrition or exercise recommendations for me?
- Are there habits I should avoid or adopt to reduce recurrence risk?

QUESTIONS TO ASK

QUESTIONS YOU CAN ASK AT ANY TIME

- Who is the best person to contact with questions between appointments?
- Are there financial assistance programs available to me?
- Are there support groups, counseling services, or peer mentors available?
- What resources exist for transportation to my appointments?
- How can I access my medical records and test results?
- What should I be most focused on right now?
- What questions am I not asking that would be important to discuss?
- What can I expect over the next few weeks or months?
- How might palliative care services be able to support me throughout my treatment?

QUESTIONS TO ASK

IF I AM A CAREGIVER:

- What is my loved one's diagnosis and treatment plan? What educational materials would you suggest I read to better understand the diagnosis?
- Will care and medication instructions be written out for me?
- Who are key care team members of my loved one's treatment? Do I have access to contact them all?
- Who is the best person to contact if I have any questions about treatment or side effects?
- What side effects or symptoms are cause for an immediate call to a doctor or a visit to the emergency room?
- Are there lifestyle, nutrition, or activity recommendations that may support treatment and recovery?
- What are important medical/legal documents to consider?
- What additional resources can the medical/care team provide to assist with treatment?
- What support services are available to me as a caregiver?
- What can I do to support my loved one without becoming overwhelmed myself?

QUESTIONS TO ASK

IF CHILDREN ARE INVOLVED

- What staff or resources are available to help me understand the best way to explain cancer to my children?
- How do we talk to our child(ren) about this in an age-appropriate way?
- How might this affect our child's schooling, routines, or social life?
- What support is available for our child(ren)?
- How do you suggest we maintain a sense of normalcy as a family?
- What behaviors should we look out for that may suggest my child is not coping well?
- How can we best advocate for ourselves or our child during care?
- What should caregivers or teachers know?
- What questions might my child ask, and how can I best respond?
- How can I continue to support my child when I am not feeling well?
- What books about cancer would you recommend I read with my child?

Documents to Capture Medical Wishes

Most of the below documents are specific to the State of New Jersey. If you live in a different state, there are documents specific to your state. Of note, completed documents are reciprocal between states.

Advance Directive

An Advance Directive is a written statement of a person's wishes regarding medical treatment, often including a living will, made to ensure those wishes are carried out should the person be unable to communicate them to a doctor.



Healthcare Proxy

A health care proxy is a legal document that allows you to designate someone you trust to make medical decisions for you if you are unable to communicate your wishes.



Five Wishes

The Five Wishes document is a legal advance directive that allows individuals to express their wishes regarding medical treatment, comfort care, and end-of-life care when they are unable to make decisions for themselves. It's a comprehensive document that addresses not only medical needs but also personal, emotional, and spiritual concerns.



POLST (New Jersey)

A POLST (Physician Orders for Life-Sustaining Treatment) is a medical order form that helps people with serious illnesses express their wishes about medical treatment, particularly at the end of life. While it's often used in conjunction with advance directives, a POLST focuses on specific medical orders during a crisis. *Please reach out to Crossroads4Hope for help finding a comparable form for your state.*



DNR Form

An out-of-hospital DNR (Do Not Resuscitate) order is a legal document that instructs emergency medical services personnel not to perform CPR or other life-sustaining procedures on an individual if their heart or breathing stops, specifically when they are outside of a hospital setting.





The following pages of this tool are designed to help you feel in control of your medical care and symptoms, while organizing important information into one place. Depending on what is most helpful for you, please use any or all of the following tracker pages. We encourage you to bring any pages you use to your healthcare appointments as a tool to assist you and your healthcare team in navigating your care and managing your symptoms.

HEALTHCARE TEAM CONTACT LIST

Name: _____ Specialty: _____

Hospital/Facility: _____

Phone: _____ Email: _____

Name: _____ Specialty: _____

Hospital/Facility: _____

Phone: _____ Email: _____

Name: _____ Specialty: _____

Hospital/Facility: _____

Phone: _____ Email: _____

Name: _____ Specialty: _____

Hospital/Facility: _____

Phone: _____ Email: _____

Name: _____ Specialty: _____

Hospital/Facility: _____

Phone: _____ Email: _____

Name: _____ Specialty: _____

Hospital/Facility: _____

Phone: _____ Email: _____

SUPPORT TEAM CONTACT LIST

Name: _____ Type of Support _____

Phone: _____ Email: _____

Name: _____ Type of Support _____

Phone: _____ Email: _____

Name: _____ Type of Support _____

Phone: _____ Email: _____

Name: _____ Type of Support _____

Phone: _____ Email: _____

Name: _____ Type of Support _____

Phone: _____ Email: _____

INSURANCE INFORMATION

Insurance Provider: _____ Phone: _____

ID: _____ Group #: _____

Insurance Provider: _____ Phone: _____

ID: _____ Group #: _____

MEDICATION TRACKER

Week of: _____

Medication and Time

_____	_____
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Chronic Conditions:

Serious Illnesses & Surgeries		
DATE	DESCRIPTION	MEDICATIONS

Allergies		
ALLERGY	SYMPTOMS	TREATMENT PROTOCOL

[illegible]

[illegible]

MEDICAL APPOINTMENT LOG

TREATMENT FOR:
HOSPITAL:

Date	Doctor/specialty	Reason for Appointment	Key Takeaways	Next Steps

YEAR:

MONTH:



YEAR:

MONTH:

YEAR:

MONTH:



NOTES

