DLBCL Shared Decision-Making Planner I am discussing my loved one's treatment optic My Visit Checklist Can you record the audio of the visit? Bring supplies to take notes Confirm access to patient portal Discuss the visit on the way home Pamphlets or other printed disease info	Appt. Date: Appt. Time: Location:	Patient Empowerment Network
Questions to Ask the Doctor		
What are my loved one's treatment options, and which o	option do you recommend? W	/hy?
What are the goals of the treatment plan? To cure or man	nage the DLBCL?	
What is the duration of this treatment, and how is it adm	ninistered?	
What are the potential side effects? How could this treat	tment impact my loves one's	health and lifestyle?
How can I help support my loved one during treatment?	Is there support for me availa	able?
What are the costs associated with this treatment? Is fin	ancial support available?	

What is the plan if treatment isn't effective or if their DLBCL relapses?

Is there a support staff member that I can meet with (patient navigator, social worker) to help with decisions?