Your chemotherapy

Drug name	Dose	When do I take it?	How do I take it? (E.g. injection or liquid tablet)	Any special instructions? (E.g. with food or on an empty stomach?)	Possible side effects	
Number of cycle	es planned:		If there are a • In clinic hours	nny problems, contact:		
Dates:		• In clinic nours • At other times ————————————————————————————————————				

Questions you can ask about chemotherapy

Here are some questions you may want to ask your cancer doctor or specialist nurse.

	What are the contact telephone numbers I should use, and who do contact if I have problems during the night?			
How I	ong will my whole course of chemotherapy take?			
How r	nany cycles of chemotherapy will I have?			
Will I	have to stay in hospital?			
Can I	have the treatment closer to home?			

Will I need any tests before or after chemotherapy?
What are the likely side effects of the chemotherapy?
What can I do to help myself or prevent side effects?
Are there any long-term effects I should know about?
Will the chemotherapy drugs affect my fertility?
Any other questions you may have: