Clinical trials are an important part of the health system and a discussion about them as part of your potential treatment plan can help you clarify what options are or are not available to you.

|  |  |  |
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| **Questions about the Clinical Trials** | | |
|  | |  |
|  |  | Is there a clinical trial for me? |
|  |  |  |
|  |  | What is the purpose of the trial? |
|  |  |  |
|  |  | Why do the researchers believe that the treatment being studied may be better than the one being used |
|  |  | now? |
|  |  | Why may it not be better? |
|  |  |  |
|  |  | How long will I be in the trial? |
|  |  |  |
|  |  | What kinds of tests and treatments are involved? |
|  |  |  |
|  |  | How will the doctor know if the treatment is working? |
|  |  |  |
|  |  | How will I be told about the trial’s results? |
|  |  |  |
|  |  | How long do I have to make up my mind about joining this trial? |
|  |  |  |
|  |  | Who can I speak with about questions I have during and after the trial? |
|  |  |  |
|  |  | Who will be in charge of my care? |
|  |  |  |
|  |  | Is there someone I can talk to who has been in the trial? |

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| **Questions about Risks and Benefits** | | |
|  | |  |
|  |  | What are the possible side effects or risks of the new treatment? |
|  |  |  |
|  |  | What are the possible benefits? |
|  |  |  |
|  |  | How do the possible risks and benefits of this trial compare to those of the standard treatment? |
|  |  |  |
|  |  | Who will be in charge of my care? |
|  |  |  |
|  |  | Is there someone I can talk to who has been in the trial? |

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| **Questions about Your Rights** | | |
|  | |  |
|  |  | How will my health information be kept private? |
|  |  |  |
|  |  | What happens if I decide to leave the trial? |
|  |  |  |

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| **Questions about Costs** | | |
|  | |  |
|  |  | Will I have to pay for any of the treatments or tests? |
|  |  |  |
|  |  | What costs will my health insurance cover? |
|  |  |  |
|  |  | Who pays if I’m injured in the trial? |
|  |  |  |
|  |  | Who can help answer any questions from my insurance company? |
|  |  |  |
|  |  | Are there any costs that I will need to pay out of pocket? |
|  |  |  |
|  |  | If I have travel costs, are these covered in the trial? |
|  |  |  |
| **Questions about Daily Life** | | |
|  | |  |
|  |  | How could the trial affect my daily life? |
|  |  |  |
|  |  | How often will I have to come to the hospital or clinic? |
|  |  |  |
|  |  | Will I have to stay in the hospital during the clinical trial? If so, how often and for how long? |
|  |  |  |
|  |  | Will I have to travel long distances? |
|  |  |  |
|  |  | Will I have check-ups after the trial? |
|  |  |  |
| **Questions about Comparing Choices** | | |
|  | |  |
|  |  | What are my other treatment choices, including standard treatments? |
|  |  |  |
|  |  | How does the treatment I would receive in this trial compare with the other treatment choices? |
|  |  |  |
|  |  | What will happen to my condition without treatment? |
|  |  |  |

**Your notes**

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| Information prepared by the Centre for Community-Driven Research (CCDR). Contact [npon@cc-dr.org](mailto:npon@cc-dr.org) [Version:10 January 2024] |