

# Be Prepared for Medical Appointments

## Build Your Question List



### Did your clinician give you a prescription?

☐ What is the name of the medicine?

---

☐ How do you spell the name?

---

☐ Can I take a generic version of this medicine?

---

☐ What is the medicine for?

---

☐ How am I supposed to take it?

---

☐ When should I take my medicine?

---

☐ How much medicine should I take?

---

☐ How long do I need to take the medicine?

---

☐ When will the medicine start working?

---

☐ Can I stop taking my medicine if I feel better?

---

☐ Can I get a refill?

---

☐ Are there any side effects?

---

☐ When should I tell someone about a side effect?

---

☐ Do I need to avoid any food, drinks, or activities?

---

☐ Does this new prescription mean I should stop taking any other medicines I'm taking now?

---

☐ Can I take vitamins with my prescription?

---

☐ What should I do if I forget to take my medicine?

---

☐ What should I do if I accidentally take more than the recommended dose?

---

☐ Is there any written information I can take home with me?

---

☐ Are there any tests I need to take while I'm on this medicine?

---

### Are you scheduled to have medical tests?

☐ What is the test for?

---

☐ How is the test done?

---

☐ Will the test hurt?

---

## Are you scheduled to have medical tests? (cont'd)

- ☐ Are there any side effects?
- ☐ How accurate is the test?
- ☐ Is this test the only way to find out that information?
- ☐ What are the benefits and risks of having this test?
- ☐ What do I need to do to prepare for the test?
- ☐ How many times have you performed the test?
- ☐ When will I get the results?
- ☐ What will the results tell me?
- ☐ What's the next step after the test?

## Did you recently receive a diagnosis?

- ☐ What is my diagnosis?
- ☐ What is the technical name of my disease or condition, and what does it mean in plain English?
- ☐ What is my prognosis (outlook for the future)?
- ☐ What changes will I need to make?
- ☐ Is there a chance that someone else in my family might get the same condition?

- ☐ Will I need special help at home for my condition?
- ☐ Is there any treatment?
- ☐ What are my treatment options?
- ☐ How soon do I need to make a decision about treatment?
- ☐ What are the benefits and risks associated with my treatment options?
- ☐ Is there a clinical trial (research study) that is right for me?
- ☐ Will I need any additional tests?
- ☐ What organizations and resources do you recommend for support and information?

## Are you considering treatment for an illness or condition?

- ☐ What are my treatment options?
- ☐ What do you recommend?
- ☐ Is the treatment painful?
- ☐ How can the pain be controlled?
- ☐ What are the benefits and risks of this treatment?



☐ How much does this treatment cost?

☐ Will my health insurance cover the treatment?

☐ What are the expected results?

☐ When will I see results from the treatment?

☐ What are the chances the treatment will work?

☐ Are there any side effects?

☐ What can be done about them?

☐ How soon do I need to make a decision about treatment?

☐ What happens if I choose to have no treatment at all?

### Did your clinician recently recommend surgery?

☐ Why do I need surgery?

☐ What kind of surgery do I need?

☐ What will you be doing?

☐ What are the benefits and risks of having this surgery?

☐ Have you done this surgery before?

☐ How successful is this surgery?

☐ Which hospital is best for this surgery?

☐ Will the surgery hurt?

☐ Will I need anesthesia?

☐ How long will the surgery take?

☐ How long will it take me to recover?

☐ How long will I be in the hospital?

☐ What will happen after the surgery?

☐ How much will the surgery cost?

☐ Will my health insurance cover the surgery?

☐ Is there some other way to treat my condition?

☐ What will happen if I wait or don't have this surgery?

☐ Where can I get a second opinion?



## Are you choosing a health plan?

- ☐ What are my options?
- ☐ Does this health plan provide the benefits and services I need?
- ☐ Does this health plan offer the clinicians and hospitals I want?
- ☐ Can I afford this health plan?

## Are you choosing a clinician?

- ☐ Is this clinician part of my health plan?
- ☐ Does this clinician have the background and training I need?
- ☐ Is this clinician able to work at the hospital I like?
- ☐ Can I talk to this clinician and ask questions easily?
- ☐ Does this clinician listen to me?
- ☐ Does this clinician wash his or her hands between examining each patient?

## Are you choosing a hospital?

- ☐ Which hospital has the best care for my condition?
- ☐ Is this hospital covered by my health insurance?

- ☐ Does the hospital meet national quality standards?
- ☐ How does the hospital compare with others in my area?
- ☐ Has the hospital had success with treating my condition?
- ☐ Does my clinician have privileges (is allowed to work) at this hospital?
- ☐ How well does the hospital check and improve on its own quality of care?

## Are you choosing long-term care?

- ☐ What kind of services do I need?
- ☐ What are my care options?
- ☐ Will my health insurance cover long-term care?
- ☐ Will this facility meet my needs?
- ☐ How is this care facility rated?

For more information, go to:  
[www.ahrq.gov](http://www.ahrq.gov)

