Multiple myeloma is a complex disease that can require planning and a team effort to navigate.

This document is designed to help you consider your goals and priorities and develop a personal strategy for managing your disease. It contains three sections:

- **My Communication Needs and Care Team**: This section will help you establish the areas you want to learn more about and who you would like to be part of your myeloma team.

- **My Priorities & Goals**: Talking to your doctor about your priorities and goals, or concerns, can be a helpful part of your treatment planning. This questionnaire can help you and your care team understand what you value most in relation to decisions about your treatment and care.

- **My Most Valuable Plan**: Managing your multiple myeloma goes beyond your doctor’s office. This worksheet can help you think through ideas for being prepared before, during and after treatment.

You can use this tool to help focus your thoughts before your next appointment. You may also wish to bring it with you for reference during your next discussion with your doctor or other healthcare professional.

### 1. My Communication Needs and Care Team:

<table>
<thead>
<tr>
<th>How much do you agree with each statement?</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel very knowledgeable about my diagnosis.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am aware of the options for multiple myeloma treatment and the impact each may have on my life now (including side effects or impact on my daily routine).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I understand how different treatment options might affect my health over time including long-term side effects, the course of my disease and future treatment plans.</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Action**: Based on your answers to the above, what do you want to learn more about?

*(For example, do you have questions about your diagnosis and treatment — now or in the future?)*

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

**Next Steps**: Speak with your doctor about your questions.
Having a support team is essential to managing multiple myeloma – mine includes:
(Put an “X” next to all that apply.)

<table>
<thead>
<tr>
<th>Healthcare</th>
<th>Doctor</th>
<th>Nurse</th>
<th>Psychologist</th>
<th>Social Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family and Friends</td>
<td>Spouse/Partner</td>
<td>Family</td>
<td>Friends</td>
<td>Neighbors</td>
</tr>
<tr>
<td>Community</td>
<td>Myeloma Support Group</td>
<td>Faith/Church</td>
<td>Other (Specify)</td>
<td></td>
</tr>
</tbody>
</table>

Is making decisions with your family or caregiver important to you?  
☐ Yes  ☐ No

**Action: Is there anyone missing from my support team that I think would be helpful?**
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

*Next Steps: Reach out to your doctor, friends, or family if you need additional support.*

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**2. My Priorities and Goals:**

When thinking about your treatment and impact on daily life, which of the following are important to you?  
(check all that apply)…

☐ I am able to be/stay physically active at my current level during treatment.
☐ I have as few changes to my daily routine as possible.
☐ I don’t miss work.
☐ I have the fewest possible/most infrequent treatments and have to visit the doctor or clinic less.
☐ I receive treatment close to home.
☐ How the treatment is given (e.g., pill at home, intravenously (IV) in the clinic, injection, etc.)

Has your disease and its treatment prevented you from doing things that are important to you?  
☐ Yes  ☐ No

If yes, what are the things that you want to be able to do again?

**Daily Routine**

- ☐ Taking care of family
- ☐ Going to work
- ☐ Driving
- ☐ Performing household tasks
- ☐ Leaving the house

**Social**

- ☐ Seeing friends/family
- ☐ Attending community events
- ☐ Going out (e.g., concerts, dining)

**Recreation**

- ☐ Light exercise (e.g., walks)
- ☐ Moderate/hard exercise (e.g., run, bike, swim, yoga)
- ☐ Gardening
- ☐ Traveling/vacations

Other (specify) ____________________________
When thinking about your treatment, which of the following are important to you?

- Living as long as possible is the most important goal of my treatment, even if this means choosing a treatment that may affect my quality of life in the short term and/or long term.

- Maintaining my current life, as much as possible, is the most important goal of my treatment. I want the treatment that has the least impact on my quality of life.

Which of the following statements best matches how you want to make decisions about your care?

- I want to understand all the treatment options available and make a decision together with my doctor.

- I want to do whatever my doctor thinks is the best. I don’t feel I need to ask a lot of questions or do research on my own.

Action: Based on your answers to the above, what do you want your doctor to take into account when making treatment recommendations?

(For example, are there daily activities or upcoming events that you want to do/attend? What’s most important to you in terms of your treatment and how you want to make decisions?)

________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Next Steps: Discuss your needs with your support team and your doctor.

3. My Most Valuable Plan

Being physically, mentally and emotionally prepared for your treatment days can help you. Think about the activities or other things that might help before, during, and after your treatment.

(For example, will you need to arrange a ride? Will you bring a book to read or a friend to talk to?)

What is your plan for treatment days?

Before my treatment, I will… ____________________________________________

When I arrive for my treatment, I will… ____________________________________________

During my treatment, I will… ____________________________________________

After my treatment, I will… ____________________________________________

What will motivate me to stick to my plan? Who will help me stick to my plan?

________________________________________________________________________________________________________

________________________________________________________________________________________________________

If you have any additional questions about multiple myeloma, visit MyelomaExplained.com