1	Doses under investigation?	
2	Target toxicity level (TTL)?	
3	Skeleton? If no skeleton, which dose do you expect to be the MTD? You can use dfcrm::getprior to generate a prior. E.g. `getprior(halfwidth = 0.05, target = 0.2, nu = 4, nlevel = 5)` will generate prior that anticipates dose-level 4 of 5 is the sought dose with associated Prob(DLT) = 0.2. Tweak `halfwidth` to get a prior that you agree with.	
4	Starting dose? This might be lower than your guess at MTD. Do you have doses to de-escalate to, if your assumptions are wrong? Painful to stop a trial due to poor planning.	
5	Model type?	
6	Model parameters, including prior hyperparameters?	
7	How to select dose? Describe constraints, like “no skipping in escalation” or “at least two complete negative DLT evaluations before escalation”	
8	How to know when to stop? Describe constraints like “use no more than 30 patients” or “stop early if lowest dose is too toxic”	
9	Length of DLT assessment window	
	If using non-time-to-event method:	
10	How to select cohort size?	
	If time-to-event method:	
11	How to calculate weight of observation from length of follow-up?	
	For simulation:	

12	What is assumed true Prob(Tox)?	
	If time-to-event method:	
13	How to sample time between consecutive patients?	
14	How to sample time of toxicity, given that toxicity happened?	