



Breast Cancer Questionnaire

Name: _____

Date of Birth: _____

Height: _____ Weight: _____

Sex: M/F

Tobacco Usage: _____

Face Amount: _____

___Term 10 15 20 30

___UL

1. When was, the cancer, first diagnosed? _____

2. What stage of cancer was diagnosed?

___ Ductal Carcinoma in situ

___ Lobular Carcinoma in situ

___ I

___ II

___ III

___ IV

3. Did the cancer spread to the lymphnodes or any other organs? ___Yes ___No
(If yes, where, and how many)?

4. What treatments did the proposed insured receive (surgery, chemotherapy, radiation)?

How long did it last? _____

5. Is the proposed currently taking medications for this condition or any other? ___Yes ___No
(If yes, please provide name, dosage, and frequency): _____

