



## CERVICAL CANCER QUESTIONNAIRE

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex: M/F

Tobacco Usage: \_\_\_\_\_

Face Amount: \_\_\_\_\_

\_\_\_\_Term 10 15 20 30

\_\_\_\_UL

1. When was ovarian cancer diagnosed? \_\_\_\_\_

2. Which stage of cervical cancer was diagnosed?

\_\_\_\_Stage 0 (Carcinoma in Situ)

\_\_\_\_Stage IA Stage 1B

\_\_\_\_Stage IIA Stage IIB

\_\_\_\_Stage IIIA Stage IIIB

\_\_\_\_Stage IVA Stage IVB

3. How was the proposed insured treated? (Check all that apply)

\_\_\_\_Surgery: Date \_\_\_\_\_ Details \_\_\_\_\_

\_\_\_\_Radiation: Date \_\_\_\_\_ Details \_\_\_\_\_

\_\_\_\_Chemotherapy Date \_\_\_\_\_ Details \_\_\_\_\_

4. What was the date of final treatment? \_\_\_\_\_

5. Is the proposed insured taking any medication for this condition or any other? \_\_\_\_Yes \_\_\_\_No

(If yes, please provide name, dosage, and frequency): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_