

## LUNG CANCER QUESTIONNAIRE

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

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: M F

Tobacco Usage: \_\_\_\_\_ Cigarette Amount: \_\_\_\_\_

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

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

2. What stage lung cancer was diagnosed:

\_\_\_\_ **Stage 0; Tis, N0, M0**

\_\_\_\_ **Stage IIB; T2, N1, M0 or T3, N0, M0**

\_\_\_\_ **Stage IA; T1, N0, M0**

\_\_\_\_ **Stage IIIA; T1 or 2, N2, M0 or T3, N1 or 2, M0**

\_\_\_\_ **Stage IB; T2, N0, M0**

\_\_\_\_ **Stage IIIB; T1, 2 or 3, N3, M0 or T4, N1, 2 or 3, M0**

\_\_\_\_ **Stage IIA; T1, N1, M0**

\_\_\_\_ **Stage IV; Any T, Any N, M1**

3. Was there any spreading of the cancer (to lymphnodes, other organs, etc.)?

\_\_\_\_\_

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 insured taking any medications? If yes, please provide name, dosage and frequency.

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