



## OVARIAN 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. What primary tumor stage was diagnosed?

____ Stage TX	____ Stage T0	____ T1 (Stage I)	____ T1a (Stage IA)
____ T1a (Stage IB)	____ T1c (Stage IC)	____ T2 (Stage II)	____ T2a (Stage IIA)
____ T2b (Stage IIB)	____ T2c (Stage IIC)	____ T3 (Stage III)	____ T3a (Stage IIIA)
____ T3b (Stage IIB)	____ T3c (Stage IIIC)	____ Stage IV	

3. What tumor grade was diagnosed? \_\_\_\_GX    \_\_\_\_GB    \_\_\_\_G1    \_\_\_\_G2    \_\_\_\_G3

4. Which lymph node involvement stage was diagnosed? \_\_\_\_NX    \_\_\_\_N0    \_\_\_\_N1

5. What metastasis stage was diagnosed? \_\_\_\_MX    \_\_\_\_M0    \_\_\_\_M1

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

\_\_\_\_ Surgery                      Date \_\_\_\_\_

\_\_\_\_ Chemotherapy              Date \_\_\_\_\_

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

8. Is the proposed insured taking any medication for this condition or any other? \_\_\_\_Yes \_\_\_\_No  
(If yes, please provide name, dosage, and frequency):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_