Renal (Kidney) Cancer Questionnaire

Name: __________________________    Date of Birth: _______________________
Height: _________ Weight: _________    Sex: Male / Female
Tobacco Usage: __________________    Face Amount: _______________________

__Term 10 15 20 30 ___UL

1. When was renal (kidney) cancer diagnosed? ________________________________

2. What stage was diagnosed?
   ___ Stage I
   ___ Stage II
   ___ Stage III
   ___ Stage IV
   ___ Recurrent Renal Cell Cancer

3. What T-stage was diagnosed?
   ___T1   ___T2   ___T3a   ___T3b   ___T3c    ___T4

4. Did cancer spread to the lymph nodes near the kidneys? ___Yes ___No
   If yes, how many lymph nodes were involved? ________________________________

5. Did cancer metastasize? ___No metastasis ___Distant metastasis present

6. How was the proposed insured treated? (Check all that apply)
   ___ Surgery (Details): ____________________________ ___________________________________
   ___ Hormonal therapy  ___ Chemotherapy  ___ Radiation   ___ Immunotherapy

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): _____________________________________
   ________________________________________________________________________________