



STOMACH CANCER QUESTIONNAIRE

Name: _____

Date of Birth: _____

Height: _____ Weight: _____

Sex: M F

Tobacco Usage: _____

Face Amount: _____

___Term 10 15 20 30

___UL

1. When was stomach cancer diagnosed? _____

2. What stage was diagnosed?

___ Stage 0 ___ Stage IB ___ Stage IB ___ Stage II ___ Stage IIIA ___ Stage IIIB ___ Stage IV

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

___ Total Gastrectomy ___ Subtotal Gastrectomy ___ Chemotherapy ___ Radiation

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): _____

