



## Endometrial Cancer Questionnaire

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

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

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

Sex: M/ F

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

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

\_\_\_\_Term 10 15 20 30      \_\_UL

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

2. What stage of cancer was diagnosed?

\_\_\_\_ I      \_\_\_\_ II      \_\_\_\_ III      \_\_\_\_IV

3. Did the cancer spread to the lymphnodes or any other organs? \_\_\_\_Yes \_\_\_\_No

(If yes, please give details): \_\_\_\_\_

4. a. What treatments did the proposed insured receive? ( ie, surgery, chemotherapy, radiation)

\_\_\_\_\_

\_\_\_\_\_

b. How long did it last? \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_