



Bladder Cancer Questionnaire

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Sex: M/ F

Tobacco Usage: _____ Face Amount: _____

State of Residence: _____

___Term 10 15 20 30 ___UL

1. When was the bladder cancer first diagnosed? _____

2. What stage bladder cancer was diagnosed?

Superficial bladder cancer ___TX ___T0 ___Ta ___Tis ___T1 I

Invasive bladder cancer ___T2a ___T2b ___T3a ___T3b ___T4a ___T4b

3. What stage lymph node involvement was diagnosed?

___NX ___N0 ___N1 ___N2 ___N3

4. What stage of metastasis was diagnosed?

___MX ___MO ___M1

5. What grade of bladder cancer was diagnosed?

___GX ___G1 ___G2 ___G3-4

6. What treatments did the proposed insured receive (surgery, chemotherapy, radiation)?

How long did it last? _____

7. Is the proposed insured taking any medication for this condition or any others? ___Yes ___No
(If yes, please provide name, dosage, and frequency): _____

