



## Breast Cancer Questionnaire

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

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

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

Sex: M/F

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

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

\_\_\_Term 10 15 20 30

\_\_\_UL

1. When was, the cancer, first diagnosed? \_\_\_\_\_

2. What stage of cancer was diagnosed?

\_\_\_ Ductal Carcinoma in situ

\_\_\_ Lobular Carcinoma in situ

\_\_\_ I

\_\_\_ II

\_\_\_ III

\_\_\_ IV

3. Did the cancer spread to the lymphnodes or any other organs? \_\_\_Yes \_\_\_No  
(If yes, where, and how many)?

\_\_\_\_\_

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

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): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_