



CERVICAL CANCER QUESTIONNAIRE

Name: _____

Date of Birth: _____

Height: _____ Weight: _____

Sex: M/F

Tobacco Usage: _____

Face Amount: _____

____Term 10 15 20 30

____UL

1. When was ovarian cancer diagnosed? _____

2. Which stage of cervical cancer was diagnosed?

____Stage 0 (Carcinoma in Situ)

____Stage IA Stage 1B

____Stage IIA Stage IIB

____Stage IIIA Stage IIIB

____Stage IVA Stage IVB

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

____Surgery: Date _____ Details _____

____Radiation: Date _____ Details _____

____Chemotherapy Date _____ Details _____

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): _____
