



## LUNG 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 Lung Cancer, first diagnosed?

\_\_\_\_\_

2. What stage lung cancer was diagnosed?

\_\_\_\_ Stage 0; Tis, N0, M0

\_\_\_\_ Stage IIB; T2, N1, M0 or T3, N0, M0

\_\_\_\_ Stage IA; T1, N0, M0

\_\_\_\_ Stage IIIA; T1 or 2, N2, M0 or T3, N1 or 2, M0

\_\_\_\_ Stage IB; T2, N0, M0

\_\_\_\_ Stage IIIB; T1, 2 or 3, N3, M0 or T4, N1, 2 or 3, M0

\_\_\_\_ Stage IIA; T1, N1, M0

\_\_\_\_ Stage IV; Any T, Any N, M1

3. Was there any spreading, of the Lung Cancer, to lymph nodes, other organs, etc.? \_\_\_\_Yes \_\_\_\_No  
(If yes, where and how many?)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

5. How long did the treatment last? \_\_\_\_\_

6. Is the proposed insured taking any medications? \_\_\_\_Yes \_\_\_\_No  
(If yes, please provide name, dosage, and frequency):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_