



OVARIAN 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. What primary tumor stage was diagnosed?

____ Stage TX ____ Stage T0 ____ T1 (Stage I) ____ T1a (Stage IA)
____ T1a (Stage IB) ____ T1c (Stage IC) ____ T2 (Stage II) ____ T2a (Stage IIA)
____ T2b (Stage IIB) ____ T2c (Stage IIC) ____ T3 (Stage III) ____ T3a (Stage IIIA)
____ T3b (Stage IIB) ____ T3c (Stage IIIC) ____ Stage IV

3. What tumor grade was diagnosed? ____GX ____GB ____G1 ____G2 ____G3

4. Which lymph node involvement stage was diagnosed? ____NX ____N0 ____N1

5. What metastasis stage was diagnosed? ____MX ____M0 ____M1

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

____ Surgery Date _____

____ Chemotherapy Date _____

Details: _____

7. What was the date of final treatment? _____

8. Is the proposed insured taking any medication for this condition or any other? ____Yes ____No
(If yes, please provide name, dosage, and frequency):
