



## STOMACH CANCER QUESTIONNAIRE

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

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

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

Sex: M F

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

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

\_\_\_Term 10 15 20 30

\_\_\_UL

1. When was stomach cancer diagnosed? \_\_\_\_\_

2. What stage was diagnosed?

\_\_\_ Stage 0 \_\_\_ Stage IB \_\_\_ Stage IB \_\_\_ Stage II \_\_\_ Stage IIIA \_\_\_ Stage IIIB \_\_\_ Stage IV

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

\_\_\_ Total Gastrectomy \_\_\_ Subtotal Gastrectomy \_\_\_ Chemotherapy \_\_\_ Radiation

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

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