



COLORECTAL CANCER QUESTIONNAIRE

Name: _____ M F Date of Birth: _____

Face Amount: _____ Max. Premium: \$ _____/year UL WL Term Survivorship

Do you currently smoke cigarettes? Y N If no, did you ever smoke: Never Quit (Date): _____

Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): Y N

If Yes, please provide details: _____

When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

1. Date of diagnosis: _____ Date of last treatment: _____

2. Exact name of the type of colorectal cancer that has been diagnosed: _____

3. What was the stage of the cancer?

- In situ Dukes' Stage B1 Dukes' Stage C1 Dukes' Stage D
 Dukes' Stage A Dukes' Stage B2 Dukes' Stage C2 Other: _____

4. How has the cancer been treated (please check all that apply)?

- Radiation Therapy Surgery Chemotherapy Other: _____

5. Are you currently taking any medications or have you in the last 5 years (related or not related to your cancer)?

Name of Medication (Prescription or Otherwise)	Dates used	Quantity taken	Frequency taken

6. How often do you receive cancer screenings to detect possible recurrence?

- Every 3 months Every 6 months Yearly Every 2 years Every 5 years

7. Has there been any evidence of recurrence? If yes, please provide details:

8. Do you have any other medical conditions?