



BLADDER CANCER QUESTIONNAIRE

Client _____ Age/DOB _____

Date diagnosed? _____

Type of bladder cancer (check all that apply):

- Transitional Cell Carcinoma or Urothelial Cell Carcinoma
- Squamous Cell Carcinoma
- Adenocarcinoma
- Sarcoma
- Small Cell Carcinoma

Tumor Classification (check one):

- Superficial
- Invasive

Stage (check all that apply)?

- T0, Ta or Tis
- T1
- T2a
- T2b
- T3a
- T3b
- T4
- Any stage with lymph nodes involved
- Any stage with metastatic disease

Grade (check any that apply)?

- 1 (well differentiated or low grade)
- 2 (moderately well differentiated or medium grade)
- 3 (poorly differentiated or high grade)
- Urothelial Papilloma
- Papillary Urothelial Neoplasm of low malignant potential
- Low Grade Papillary Urothelial Carcinoma
- High Grade Papillary Urothelial Carcinoma

Treatment (check all that apply)?

- Tumor resection (Date: _____)
- BCG therapy (Date of last treatment: _____)
- Chemotherapy (Date of last treatment: _____)
- Radiation (Date of last treatment: _____)
- Partial Cystectomy (Date: _____)
- Complete Cystectomy (Date: _____)

Date of last cystoscopy? _____

Results? _____

Any history of recurrence? YES NO If yes, date: _____

Do you currently use any type of nicotine/tobacco products? YES NO

If yes, type of tobacco used? Cigarettes Cigars Chew Pipe Patch/gum

Have you ever used nicotine/tobacco in the past? YES NO

Type used & date quit: _____

Any other major health impairments? _____

Any medications? _____