



## LUNG CANCER QUESTIONNAIRE

Client \_\_\_\_\_ Age/DOB \_\_\_\_\_

Date lung cancer was first diagnosed? \_\_\_\_\_

Type of lung cancer, if known:

- Non-small cell
- Small cell (oat cell)

Stage of cancer if non-small cell type?

- Stage I (includes Stage IA & IB)
- Stage II (includes Stage IIA & IIB)
- Stage III
- Stage IV

Stage of cancer if small cell type?

- Limited Stage
- Extensive Stage

Treatment (check all that apply)?

- Surgery (Date: \_\_\_\_\_)
- Radiation (Date of last treatment: \_\_\_\_\_)
- Chemotherapy (Date of last treatment: \_\_\_\_\_)

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

Have you ever used tobacco? YES  NO

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

Date of last use: \_\_\_\_\_

Any other health impairments? \_\_\_\_\_

\_\_\_\_\_

Please list all medications? \_\_\_\_\_

\_\_\_\_\_