



ORAL CAVITY & THROAT CANCER QUESTIONNAIRE

Client _____ Age/DOB _____

Date diagnosed? _____

Date all treatment completed? _____

Location of tumor in the mouth or throat (be specific): _____

How was the cancer treated (check all that apply)?

- Surgery
- Chemotherapy
- Radiation

What was the Stage (check all that apply)?

- 0 or Tis
- T1 (Stage I)
- T2 (Stage II)
- T3 (Stage III)
- T4 (Stage IV)
- Any stage with lymph nodes involved (How many? _____)
- Metastatic disease (Location: _____)

What was the Grade?

- 1 (well differentiated or low grade)
- 2 (moderately well differentiated or intermediate grade)
- 3 (poorly differentiated or high grade)

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? _____

*You are strongly encouraged to provide pathology reports from any biopsy and/or subsequent surgery along with this questionnaire.