NON-SPECIFIC CANCER QUESTIONNAIRE

Note: This questionnaire is intended for use in cases where there is no specific list of questions in this Guide.

- When was the cancer diagnosed?
- What is the precise name of the type of cancer?
- Did the cancer spread to lymph nodes or elsewhere?
- What kinds of treatment were used?
  - If surgery, was the tumor completely removed?
  - If radiation, was it done via external beam or radiation emitting implant?
  - If chemotherapy, what drugs were used?
  - Were any other kinds of treatment used?
- Did the cancer recur? If yes:
  - When did it recur; if more than once, list the approximate dates of each recurrence.
  - What further treatment was done?
  - Was the additional treatment successful in eradicating the recurrent cancer?
- How often does the applicant see their oncologist for followup and when was the last visit?
- Did the applicant have any delayed side effects from treatment? If yes, what were they and when did they occur?