

CANCER—HODGKIN'S DISEASE QUESTIONNAIRE

Agent: _____

Phone: _____

Fax: _____

Proposed Insured 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: _____

Height: _____ ft. _____ in. Weight: _____ lbs.

- (1) *Type of Hodgkin's lymphoma:*
- | | |
|--|---|
| <input type="checkbox"/> Lymphocyte predominance | <input type="checkbox"/> Nodular sclerosis |
| <input type="checkbox"/> Mixed cellularity | <input type="checkbox"/> Lymphocyte depletion |
| <input type="checkbox"/> Other: _____ | |

(2) *Date of initial diagnosis:* _____ *b) Date of last treatment:* _____

(3) *How has the Hodgkin's lymphoma been treated (please check all that apply)?*

- Chemotherapy Chemotherapy with alkylating agents Radiation Therapy Bone marrow transplant
- Other: _____

(4) *What was the Stage and Subcategory of the Hodgkin's lymphoma?*

- | | |
|----------------------------------|---|
| Stage <input type="checkbox"/> I | Subcategory: <input type="checkbox"/> A |
| <input type="checkbox"/> II | <input type="checkbox"/> B |
| <input type="checkbox"/> III | <input type="checkbox"/> E |
| <input type="checkbox"/> IV | |

(5) *Does the proposed insured take any medications at this time?* No Yes:

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

(6) *Has there been any evidence of recurrence?*

- No Yes Details: _____
- _____
- _____

(7) *Are there any other medical issues for which the proposed insured has sought medical advice in the past five to ten years:*
