

## 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: \_\_\_\_\_

(1) *Type of Hodgkin's lymphoma:*  Lymphocyte predominance  Nodular sclerosis  
 Mixed cellularity  Lymphocyte depletion  
 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  I  II  III  IV  
 Subcategory:  A  B  E

(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:*

\_\_\_\_\_  
 \_\_\_\_\_