

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:*

