



Acoustic Neuroma Questionnaire

Name: _____

Date of Birth: _____

Height: _____ Weight: _____

Sex: M/ F

Tobacco Usage: _____

Face Amount: _____

___Term 10 15 20 30 ___UL

1. When was the proposed insured diagnosed? _____

2. Does the proposed insured experience any of the following symptoms: (Check all that apply)

___ Hearing Loss

___ Ringing in the ears

___ Dizziness

___ Difficulty in balance

___ Fullness or pressure in the ears

___ Facial numbness or paralysis

3. What type of Acoustic Neuroma was diagnosed?

___ **Small** (A small tumor is also called intracanalicular because it is confined within the bony internal auditory canal. A PI with such a tumor may have hearing loss, ringing in the ear or dizziness.)

___ **Medium** (A medium sized acoustic neuroma is one which has extended from the bony canal into the brain cavity, but has not yet produced pressure on the brain itself. A PI with such tumors have worsening of their hearing, difficulty in balance, dizziness, and occasionally, the onset of headaches. Some PIs may experience numbness of the mid-face or diminished sensation in the eye)

___ **Large** (A large tumor is one which is extended out of the internal auditory canal in to the brain cavity and is sufficiently large to produce pressure on the brain and disturb vital centers in the brain). During this stage, all previous symptoms worsen; facial twitch and weakness may occur, and finally a PI may develop hydrocephalus-the resultant symptoms are headache, visual loss and double vision)

4. How was the proposed insured treated?

___ Observation

___ microsurgical removal (partial or total)

___ Stereotactic radiation therapy

5. Is the proposed insured taking medication for this condition or any other? ___Yes ___No

(If yes, please provide the name, dosage, and frequency): _____
