



**CANCER QUESTIONNAIRE**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex: M/F

Tobacco Usage: \_\_\_\_\_

Face Amount: \_\_\_\_\_

\_\_\_Term 10 15 20 30

\_\_\_UL

1. When was, the cancer, first diagnosed? \_\_\_\_\_

2. Where was the cancer? \_\_\_\_\_

3. If prostate cancer:

A. What was your PSA prior to surgery? \_\_\_\_\_

B. What was your Gleason Score? \_\_\_\_\_

C. What is the proposed insured's PSA now? \_\_\_\_\_

4. Was there any spreading of the cancer (to lymph nodes, other organs, etc.)? \_\_\_Yes \_\_\_No  
(If yes, where and how many)? \_\_\_\_\_

5. What was the character of the malignancy?  
\_\_\_Sarcoma \_\_\_ Carcinoma \_\_\_ Epithelinoma

6. What was the grade, stage, and size of the cancer? \_\_\_\_\_

7. What treatments did the proposed insured receive (surgery, chemotherapy, radiation)?

How long did it last? \_\_\_\_\_

8. Is the proposed insured taking any medications? \_\_\_Yes \_\_\_No  
(If yes, please provide name, dosage, and frequency): \_\_\_\_\_