



# HODGKINS LYMPHOMA QUESTIONNAIRE

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

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

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

Sex: M/ F

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

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

\_\_\_Term 10 15 20 30

\_\_\_UL

1. When was, lymphoma, first diagnosed? \_\_\_\_\_  
a. In what part of the body was lymphoma discovered? \_\_\_\_\_

2. What stage lymphoma was diagnosed?  
\_\_\_Stage I      \_\_\_Stage II      \_\_\_Stage III      \_\_\_Stage IV      \_\_\_Recurrent

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

\_\_\_\_\_

a. How long did the treatment last? \_\_\_\_\_

4. Is the proposed insured taking any medications for this condition, or any other? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes, please provide name, dosage, and frequency):

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