



Cancer-Hodgkin's Disease Questionnaire

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Sex: M/F

Tobacco Usage: _____ Face Amount: _____

____ Term 10 15 20 30 ____ UL

1. Type of Hodgkin's lymphoma? (Check one)

____ 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 Subcategory:

____ I ____ A
____ II ____ B
____ III ____ E
____ IV

5. Is the proposed insured taking any medication for this condition or any other? ____ Yes ____ No
(If yes, please provide the name, dosage, and frequency):

Name: _____ Dosage: _____ Frequency: _____
Name: _____ Dosage: _____ Frequency: _____
Name: _____ Dosage: _____ Frequency: _____
Name: _____ Dosage: _____ Frequency: _____

6. Has there been any evidence of recurrence? ____ Yes ____ No

(If yes, please provide details): _____

(7) Are there any other medical issues for which the proposed insured has sought medical advice in the past five to ten years? ____ Yes ____ No (If yes, please provide details) _____