



Sarcoidosis Questionnaire

Name: _____

Date of Birth: _____

Height: _____ Weight: _____

Sex: M/F

Tobacco Usage: _____

Face Amount: _____

___ Term 10 15 20 30

___ UL

1. When was Sarcoidosis first diagnosed? _____

2. What stage of Sarcoidosis has been diagnosed?

___ State I

___ Stage II

___ Stage III

3. Does the proposed insured suffer any of the following symptoms? (Check all that apply)

___ Fatigue

___ Fever

___ Night sweats

___ Skin rash

___ Blurred Vision

___ Coughing

___ Chest Pain

___ Wheezing

___ Joint stiffness or swelling

___ Irregular heartbeat

___ Enlarged lymph nodes

___ Loss of appetite or weight

4. What organ systems are involved? (Check all that apply)

___ Lungs

___ Eyes

___ Skin

___ Lymph Nodes

___ Liver

___ Blood

___ Heart

___ Musculoskeletal

___ Nervous System

___ Kidneys/Urinary Tract

5. Is the proposed insured now, or have they in the past, received any of the following treatments?

___ Prednisone

Date(s): _____

___ Plaque nil

Date(s): _____

___ Methotrexate

Date(s): _____

___ Imuran

Date(s): _____

___ Cytoxan

Date(s): _____

6. Is the proposed insured currently taking any medication for this condition, or any other?

___ Yes ___ No (If yes, please provide name, dosage, and frequency):

