

## CANCER—CERVICAL CANCER QUESTIONNAIRE

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Proposed Insured Name: \_\_\_\_\_  M  F Date of Birth: \_\_\_\_\_  
 Face Amount: \_\_\_\_\_ Max. Premium: \$ \_\_\_\_\_/year  UL  WL  Term  Survivorship  
 Do you currently smoke cigarettes?  Y  N If no, did you ever smoke:  Never  Quit (Date): \_\_\_\_\_  
 Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...):  Y  N  
 If Yes, please provide details: \_\_\_\_\_  
 When did you last use any form of tobacco: \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) Type used last: \_\_\_\_\_

(1) a) Please provide date of diagnosis: \_\_\_\_\_ b) Please provide date of last treatment: \_\_\_\_\_

(2) What was the Stage of the cancer diagnosed (this information should be contained in the pathology report)?

IA  IB  IIA  IIB  III  IVA  VIBB  
 Other staging method used: \_\_\_\_\_

(3) If the cancer was graded, what grade was assigned?

I  II  III  IV  Other grading method used: \_\_\_\_\_

(4) How has the cancer been treated?

Surgery: type of surgery and list what was removed: \_\_\_\_\_  
 Radiation  Chemotherapy  Biological Therapy  Hormone Therapy  
 Other: \_\_\_\_\_

(5) What is the current frequency for checkups? \_\_\_\_\_

(6) a) Approximate date of most recent Pap smear? \_\_\_\_\_ b) Approximate date of most recent full pelvic exam? \_\_\_\_\_

(7) Please describe any recurrence or other cancer that may have occurred: \_\_\_\_\_  
 \_\_\_\_\_

(8) Has the proposed insured taken any medications to treat the cancer in the past and/or is he currently taking any medications?

Name of Medication (Prescription or Otherwise)	Dates used	Quantity Taken	Frequency Taken

(9) Does the proposed insured have any other medical conditions? If yes, please describe:

\_\_\_\_\_  
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