

## CANCER—PROSTATE 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)?

A1  A2  B1  B2  C1  C2  D1  D2  Recurrent

(3) What was the Prostate Cancer's Gleason Score? \_\_\_\_\_ or What was the Prostate Cancer's Grade? \_\_\_\_\_

(4) a) Please give the result and date of the last PSA test prior to treatment (if any): \_\_\_\_\_ (result) \_\_\_\_\_ (date)

b) Please give the result and date of the most recent PSA test: \_\_\_\_\_ (result) \_\_\_\_\_ (date)

(5) How has the Prostate Cancer been treated?

Observation Only  Transurethral prostatectomy (TURP)  Radical Prostatectomy  Biological Therapy  
 Radiation Therapy  Hormone Therapy  Castration (physical)  Castration (chemical)

(6) 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

(7) Has there been any evidence of recurrence?

No  Yes Details: \_\_\_\_\_

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

\_\_\_\_\_  
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