

# CERVICAL CANCER QUESTIONNAIRE

Agent: _____	Phone: _____	Fax: _____
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Proposed Insured Name: _____ <input type="checkbox"/> M <input type="checkbox"/> F Date of Birth: _____
Face amount: _____ Max. Premium: \$ _____/year <input type="checkbox"/> UL <input type="checkbox"/> WL <input type="checkbox"/> Term <input type="checkbox"/> Survivorship
Do you currently smoke cigarettes? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, did you ever smoke? <input type="checkbox"/> Never <input type="checkbox"/> Quit (Date): _____
Do you currentl use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details: _____
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

1. Date of diagnosis: \_\_\_\_\_ 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. Approximate date of most recent Pap smear? \_\_\_\_\_ 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 currently takingany 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 provide details:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_