

## CANCER—BLADDER 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: \_\_\_\_\_  
 Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs.

(1) *Date of diagnosis:* \_\_\_\_\_ *Date of last treatment:* \_\_\_\_\_

(2) *Exact name of the type of bladder cancer that has been diagnosed:* \_\_\_\_\_

(3) *What was the Stage of the cancer?*

- Stage I     Stage II     Stage IIIA     Stage IIIB     Stage IV  
*or*  
 Stage 0     Stage A     Stage B1     Stage B2     Stage C     Stage D1     Stage D2  
*or*  
 Tis     T1N0M0     T2N0M0     T3N0M0     T3BN0M0     T4N1-3M0-1

(4) *Was the cancer Graded? If yes, what Grade was assigned?*

- Grade I     Grade II     Grade III     Grade IV

(5) *How has the cancer been treated (please check all that apply)?*

- surgery     radiation therapy     chemotherapy     immunotherapy/biological therapy     photodynamic therapy

(6) *Has there been any evidence of recurrence?*

- No     Yes Details: \_\_\_\_\_

(7) *Has there ever been any other kind of other cancer diagnosed for the proposed insured?*

- No     Yes Details: \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(10) *Please list all current medications that are being taken for any reason:*

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