

SARCROIDOSIS 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) *Date of initial diagnosis:* _____ *How was the sarcoidosis diagnosed (e.g. by x-ray)?* _____

(2) *Was the condition staged? If yes, please check the appropriate stage:* Stage I Stage II Stage III

(3) *Describe current symptoms, if any:* _____

(4) *Was there (is there) any treatment for the condition? If yes, describe:* _____

Date of last treatment: _____

(5) *Has there been any organ involvement?* No Yes; please check *all* that were (are) affected:

Lung Lymph Nodes Kidney Eyes Heart Liver Central Nervous System

Other: _____

(6) *Has there ever been a recurrence?* No Yes; list approximate dates of any recurrent episodes:

(7) *Please provide the results of the most recent pulmonary function tests, if available:* FVC _____ FEV1 _____

(8) *Are there any other medical conditions or factors that may be relevant to assessment of the insurability of the individual? If yes:*

(9) *Does the proposed insured take any medications or have any been taken in the past to treat the sarcoidosis? If yes, please list:*

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