

**ARTHRITIS 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. nicotine patch, cigars, pipe, snuff, 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 Diagnosis:** \_\_\_\_\_

(2) **What type of arthritis has been diagnosed:** \_\_\_\_\_

(3) **Which tissues have been involved:**

Joints only - which: \_\_\_\_\_  Heart  Lungs  Central Nervous System

Other: \_\_\_\_\_

(4) **Has the condition ever completely disappeared?**  No  Yes If Yes, when did it disappear? \_\_\_\_\_

(5) **If the condition has ever disappeared, has it relapsed?**  No  Yes If it has relapsed, please give some idea of regarding the dates the condition has disappeared and reappeared. Are there any known variables that trigger the onset of the condition or can lead to remission (such as a change in climate, location etc.):

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

(6) **Please list any other medical information that may help provide a more realistic preliminary assessment:**

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

(7) **What medications were/are being used to control the arthritic condition or any other condition affecting the proposed insured?**

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