

CHRONIC HEPATITIS B QUESTIONNAIRE

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|--------------|--------------|------------|
| 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"/> Y <input type="checkbox"/> N | | If no, did you ever smoke: <input type="checkbox"/> Never <input type="checkbox"/> Quit (Date): _____ | | |
| Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): <input type="checkbox"/> Y <input type="checkbox"/> N | | | | |
| If Yes, please provide details: _____ | | | | |
| When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____ | | | | |

1. Please list age of diagnosis: _____ **Country of Birth** _____

2. Please give the date and results of the most recent liver enzyme tests:
 a) AST/SGOT _____
 b) ALT/SGPT _____
 c) GGTP _____

3. Is your client on any medications?
 Yes, please give details _____
 No

4. Does your client drink alcohol?
 Yes, please note amount and frequency _____
 No

5. Please check if any of the following studies have been completed:
 a) Liver ultrasound or CT scan Normal Abnormal
 b) Liver Biopsy Normal Abnormal
 c) Viral Load, i.e. PCR, HBV-DNA _____

6. Has your client been diagnosed with any of the following: Fibrosis
 Stage? _____
 Cirrhosis

7. Has your client been treated with interferon or other anti-viral drugs?
 Yes, please give details _____
 No

8. Does your client have any other major health problems (ex: cancer, etc.)?
 Yes, please give details _____
 No

Please submit a copy of the hepatitis studies and liver biopsy report if available.