

HEPATITIS C 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 diagnosis:** _____ **Age at onset (if known):** _____

(2) **Known cause?** No Yes: _____ **Any cirrhosis?** Yes No

(3) **Has the Hepatitis been diagnosed as:**

- Acute Viral Hepatitis C Chronic Persistent Hepatitis C
 RNA Undetectable Chronic Active Hepatitis C

(4) **If biopsied, fibrosis stage:** _____ **Date of last biopsy:** _____

(5) **What are the most current liver enzyme levels:**

Date	GGTP	ALT/SGPT	AST/SGOT

(6) **Which studies have been undertaken to diagnose/treat the condition:**

- Liver ultrasound , CT scan, or MRI (circle which one): Date: _____ Normal Abnormal
 Results: _____
 Liver biopsy Date: _____ Normal Abnormal
 Results: _____
 Other: _____
 Studies Recommended/Pending: _____ Date Planned: _____

(7) **Does the proposed insured use any medications, such as alpha interferon or ribavirin? If yes, please complete the table below:**

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

(8) Does the proposed insured consume any alcohol? No Yes Describe: _____

(type, frequency, quantity)

(9) How frequently does a physician monitor liver functions: Quarterly Semiannually Annually Other: _____

(10) Please advise of any additional information that may help us provide you with a more accurate preliminary assessment:
