PinnacleQuote
Life Insurance Specialists

MULTIPLE SCLEROSIS 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 first diagnosis: _____ ❒ ***Definite MS diganosis?*** ***Or*** ❒ ***Possible MS?***

(2) How has the condition been diagnosed?

❒ Relapsing Remitting ❒ Primary Progressive ❒ Secondary Progressive ❒ Progressive Relapsing

(3) How is it being treated? _____

(4) If there is disability, please provide the score for the Expanded Disability Status Scale (EDSS) or otherwise describe the disability:

EDSS Score: _____ (0 through 10) ***or*** Description: _____

(5) How would your doctor characterize the severity? ❒ Mild ❒ Moderate ❒ Severe

(6) Does the proposed insured take any medications? ❒ No ❒ Yes (please list below)

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

(7) What is the average number of attacks per year? _____ ***Any related depression?*** ❒ ***Yes*** ❒ ***No***

(8) Any documented remission? ❒ ***Yes*** ❒ ***No*** ***Or diagnosis of Benign MS?*** ❒ ***Yes*** ❒ ***No***

(9) Are there any other medical conditions or factors that may be relevant to assessment of the insurability of the individua l? If yes:

_____

_____

_____