PinnacleQuote
Life Insurance Specialists

SLEEP APNEA 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) Please provide date of diagnosis: ______________________ Height: ________ Weight: _____ lbs.

(2) Has the Sleep Apnea been diagnosed as:

❒ Mild ❒ Moderate ❒ Severe

❒ Obstructive ❒ Central ❒ Mixed ❒ Unknown

(3) Has the severity of the Sleep Apnea been:

❒ Stable ❒ Increasing ❒ Decreasing ❒ Fluctuating up and down ❒ Unknown

(4) Has an overnight sleep study (Polysomnogram) been done?

❒ No ❒ Yes, date: __________ Apnea Index: _______ Apnea/Hypopnea Index: _______ Oxygen saturation: _____%

(5) Date Treatment began: __________________

(6) How is the Sleep Apnea being treated?

❒ No treatment ❒ Medicated ❒ Weight Loss ❒ CPAP Mask

❒ Surgery (UPPP) ❒ Surgery (tracheotomy) ❒ Other: ________________

(7) Does the proposed insured have any of the following? If yes, provide details below under question (9) below:

❒ Overweight ❒ Arrhythmia ❒ Coronary Artery Disease

❒ Stroke ❒ Depression ❒ Lung Disease

❒ Other: ________________

(8) Does the proposed insured use any medications for any reason?

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

(9) Please provide any additional information that may help us determine a likely rating:

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