ASTHMA 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: _____
Height: ____ft. ____in. Weight: ____lbs.

(1) Date of Diagnosis: _____

(2) What type of asthma has been diagnosed: _____

(3) Do you know what leads to the asthmatic attacks? If so, please describe: _____

(4) Please describe the frequency of attacks and how often they have occurred:

When did the attacks occur?	**Number of attacks per year: (if continuous, please state so)**
During past year	
During past 2 years	
During past 3 years	
Four years or more	

(5) Have you ever been hospitalized due to severe asthma attacks? If so, please tell us about your hospital stay:

Date(s) of hospitalization:	**How long were you at the hospital?**	**Were there any special circumstances?**

(6) What medications were/are being used to control the asthmatic attacks (or any other condition)?

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

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

_____

_____

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