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

(1) Date of first diagnosis: _____

(2) How was the condition diagnosed? ❒ MRI ❒ Evoked Potentials ❒ Other: _____

(3) Please complete the following table as much as possible:

Approximate Date of Attack(s)	Duration of the Attack(s)	Residual Effects	Specify Impairment for Residual Effects
		❒ None ❒ Minimal ❒ Moderate ❒ Severe	
		❒ None ❒ Minimal ❒ Moderate ❒ Severe	
		❒ None ❒ Minimal ❒ Moderate ❒ Severe	
		❒ None ❒ Minimal ❒ Moderate ❒ Severe	

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

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

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

_____

_____

_____

_____

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