



Arthritis Questionnaire

Name: _____

Date of Birth: _____

Height: _____ Weight: _____

Sex: M/F

Tobacco Usage: _____

Face Amount: _____

___Term 10 15 20 30

___UL

1. When was the proposed insured first diagnosed with arthritis? _____

2. What type of arthritis does the proposed insured have? _____

3. Does the proposed insured use any devices to assist them due to arthritis? ___Yes ___No

(If yes, please provide details): _____

4. Is the proposed insured able to care for themselves? ___Yes ___No

(If no, please provide details): _____

5. Is the proposed insured able to work? ___Yes ___No

6. Has the proposed insured had any type of surgery due to arthritis? ___Yes ___No

(If so, please provide details): _____

7. Is the proposed insured taking medications for this condition or any other? ___Yes ___No

(If yes, please provide name, dosage, and frequency): _____