



Congestive Heart Failure 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 diagnosed? _____

2. What classification has been diagnosed?

___Class I (Mild) ___Class II (Mild) ___Class III (Moderate) ___Class IV (Severe)

3. Does the proposed insured suffer from any of the following symptoms? (Check all that apply)

___Shortness of Breath ___Swelling of feet or legs ___Chronic lack of energy
___Difficulty sleeping ___Swollen abdomen ___Cough with frothy sputum
___Increased urination ___Confusion or impaired memory

4. What is the proposed insured's most recent ejection fraction: _____

5. Is there a family history of heart disease? ___Yes ___No

(If yes, please provide relationship to proposed insured, and date of onset and/or death):

6. Is the proposed insured taking any medication? ___Yes ___No

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

