



## Alzheimer's 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 with Alzheimer's? \_\_\_\_\_

2. Please indicate the actual diagnosis:

\_\_\_ Early Onset Alzheimer's (Diagnosed prior to Age 65)

\_\_\_ Late-Onset Alzheimer's (Most common – Diagnosed after age 65)

\_\_\_ Familial Alzheimer's Disease (FAD)

3. Does the proposed insured experience any of the following symptoms: (Check all that apply)

\_\_\_ Short term memory loss

\_\_\_ Long term memory loss

\_\_\_ Inability to use judgment/make decisions

\_\_\_ Loss of Language Skills

\_\_\_ Difficulty learning/remembering new information

\_\_\_ Decline in ability to perform everyday tasks

\_\_\_ Inability to draw simple, familiar objects

\_\_\_ Other: (Please describe)

\_\_\_\_\_  
\_\_\_\_\_

4. Is the proposed insured currently able to perform everyday tasks without assistance?

\_\_\_ Yes \_\_\_ No (If no, please describe): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Is the proposed currently taking medication for this condition or any other? \_\_\_ Yes \_\_\_ No

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_