Asthma Questionnaire - Tentative offers obtained are not binding and could be subject to change – Final offers are subject to formal application and review of all required age/face requirements, paramedical requirements and review of complete medical records.

Agent/Advisor Name: _____
Proposed Insured: _____ Date Of Birth: _____ Gender: Male☐ or ☐Female
Build: Height_____ Weight_____ Any Weight Loss In Last Year? If so how much _____
Product Desired: Term ☐ Guarantee UL☐ Index UL☐ Whole Life☐Survivorship Life ☐
Face Amount Desired: Option 1 $_____ Option 2 $_____ Option 3$_____
Maximum Premium Tolerance Per Year: _____ Has Client Ever Used Any Form Of Nicotine? No ☐ Yes ☐
Type: ☐ Cigarettes ☐ Cigars ☐ Pipe ☐ Chew ☐ Patch ☐ Nicorette Gum ☐ E-Cigarette ☐ Vape
Frequency: _____ Date Last Used_____
Current Alcohol Use: Type_____ Number of Drinks: _____ Per _____Day ____Week Date Last Used: _____

1) When was asthma diagnosed? _____ What was date of last attack? _____
2) When were your most recent symptoms/episodes of asthma? _____
   Approximately how many episodes of asthma do you have per year? _____
3) Do you suffer from ongoing symptoms of wheezing or shortness of breath between attacks? ☐Yes☐ No
4) In the past two years, have you taken time off work as a results of asthma? ☐Yes ☐No If yes; provide details
   How much _____ When_____
5) Do you use any medication to control your asthma? ☐Yes ☐No If yes; provide details below examples preventers, relievers, controllers and or oral steroids

Name	Dosage	Frequency

6) Are your symptoms triggered by external factors (e.g. seasonal change, exercise, allergens etc.)?
   ☐Yes ☐No If yes; provide details including dates?
   _____
   _____
7) Have you ever been hospitalized or required emergency medical treatment for this condition?
   ☐Yes ☐No If yes; provide details including dates
   _____
8) Have you had a chest x-ray or lung function test? ☐Yes ☐No
   If yes, were results normal? ☐Yes ☐No If no; provide details on results
   _____
   How does your doctor describe your condition? ☐Mild ☐Moderate ☐Severe
9) Do you exercise three or more times per week on a regular basis? ☐Yes ☐No If yes; provide details
   _____
10) Have you made any lifestyle changes to improve your overall health? ☐Yes ☐No If yes; provide details
    _____
11) Are you being treated for any other medical conditions? ☐Yes ☐No If yes; provide details
    _____
12) Is there family history of heart disease or cancer? ☐Yes ☐No If yes; provide details including relationship to yourself, age of onset, type and current age or date of death
    _____
13) When did you last see your physician for evaluation and what were results?
    _____
14) Please list all current medications, dosages and what condition the medication is treating
    _____

Please use additional pages if needed

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