The Thompson Agency of New England

Field Underwriting Questionnaire - Diabetes

Name: Male / Female DOB: ____/____/____

Height ____' ____" Weight _____lbs. Smoker? [ ] Yes [ ] No

Other Company(s) Actions: [ ] Rated table _____ [ ] Postponed [ ] Declined

1. Age at onset of diabetes?

2. What is the method of control? [ ] Diet only [ ] Diet and oral medication (list medications)
[ ] Diet and insulin injections

3. How many times per day do you administer your insulin? [ ] I am on an insulin pump
[ ] One or two times per day [ ] Three or more times per day

4. How often do you monitor sugar levels? [ ] One or two times per day [ ] Three or more times per day

5. Please indicate below if you have had any of the following: [ ] EKG abnormalities [ ] insulin reactions
[ ] diabetic coma [ ] any eye trouble [ ] heart trouble [ ] protein in urine [ ] skin ulcerations
[ ] amputations [ ] neuropathy or loss of feelings [ ] Other

6. In the past 6 months have you had a glycohemoglobin (A1C) test? [ ] Yes [ ] No

7. If "yes" to question #6, what was the level? [ ] below 7.5 [ ] 7.6 to10 [ ] 10.1 to 13 [ ] above 13

8. Are you receiving treatment or are you under supervision now? [ ] Yes [ ] No

9. How long has the glycohemoglobin level remained constant?

10. Indicate most recent blood pressure reading with or without medication (to the best of your knowledge)
B.P. Reading _____/_____ Medication (if any)

11. Last time you visited a physician?
[ ] 0 to 6 months [ ] 6 to 12 months [ ] 12 to 24 months [ ] 24 months or longer

12. Is cholesterol level below 200? [ ] Yes [ ] No

13. Do you exercise 3 or more times per week on a regular basis? [ ] Yes [ ] No

14. Has either parent or any brother or sister died before age 65, other than by accident? [ ] Yes [ ] No

Agent

Address

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