



Asthma Info and Questionnaire

Bronchial asthma is characterized by shortness of breath and wheezing due to constriction (narrowing) of the smaller airways. Asthma occurs in one to two percent of the population, and allergic or presumed allergic factors are responsible for most cases. It is a chronic inflammatory disease and management is directed towards controlling the inflammation. Those with continuous asthma symptoms can develop scarring of the lung with permanent changes on pulmonary function tests (PFT's) and chest x-ray due to the chronic inflammation. Chronic use of steroid inhalers may be required to decrease the inflammation and prevent acute attacks.

Symptoms of an asthmatic attack include chest tightness, coughing, wheezing, and labored breathing. They may last a few minutes to several hours and vary in severity. Fatigue, cold air inhalation and stress can cause asthma symptoms in individuals whose airways are hyperactive. Status asthmaticus is characterized by a intense, continuous state of asthma with a lack of response to normal treatment efforts. It requires hospitalization. Status asthmaticus can lead to death.

Lung function in asthma is measured by formal pulmonary functions tests (PFTs) or by the simpler peak flow meter. This meter is an inexpensive apparatus, often used to follow office-based patients. Asthmatic patients are encouraged to measure peak flow at home to follow their own progress. Peak flow variability is an important clue to risky asthma.

Except for the individual who is clinically classified as moderate persistent or severe persistent, PFTs and peak flow are essentially normal between attacks. Continual symptoms imply persistent airway inflammation, which as stated above can lead to lung scarring. In cases of permanent damage, there may be fixed changes on PFTs or on Chest X-ray. These people have a prognosis similar to Chronic Obstructive Pulmonary Disease.

Mild intermittent asthmatics require no daily medications and may use short acting inhalers intermittently for relief of brief attacks. Persistent asthmatics require daily medications (either inhaled or oral) to control their disease.

In determining a rating for asthma, the frequency and severity of attacks are important considerations. See the Asthma Underwriting Classification Table on the next page.



Underwriting Specific Conditions

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Underwriting Classification Table:

Severity	Significant episode/year	Description and Therapy
Mild	≤2	<ul style="list-style-type: none"> • Any number of inhalers of any kind, including steroids • No injections of epinephrine • No aerosolized (nebulized) bronchodilator • One continuous oral medication, but no steroid • Short course tapering oral steroid up to 1 per year • No hospitalization for asthma or other respiratory disease in past 2 years
Moderate	≤4	<ul style="list-style-type: none"> • Any number of inhalers of any kind, including steroids • Injections of epinephrine ≤4 per year • Short course of aerosolized (nebulized) bronchodilator ≤4 per year • Any number of continuous oral medications, but no steroid • Short course tapering oral steroid <2 per year • No hospitalization for asthma or other respiratory disease in past 1 year
Moderately severe	≤5	<ul style="list-style-type: none"> • Any number of inhalers of any kind, including steroids • Injections of adrenaline ≤5 per year • Short course of aerosolized (nebulized) bronchodilator up to 5 per year • Any number of continuous oral medications, which may include low dose oral steroid (≤10 mg daily) • Short course oral steroid boost ≤4 per year • No hospitalization for asthma or other respiratory disease in past six months
Severe	≥6	<ul style="list-style-type: none"> • Persistent wheezing or dyspnea that limits activity • FEV 1 ≤1 liter at all times, including between episodes • Home oxygen

Example of Underwriting Guidelines for asthma history based on above classification:
(Carriers will vary with underwriting decisions; this is only an example of one carrier)

Mild	No adverse rating
Moderate	Table B
Moderately Severe	Table D to G
Severe	Decline



Underwriting Specific Conditions

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Asthma Questionnaire

Producer _____ Phone _____

Client _____ Age/DOB _____ Sex _____

Height _____ Weight _____

If your client has a history of Asthma, please answer the following:

1. Please list date when first diagnosed: _____
2. Has your client ever been hospitalized for this condition?
 Yes, please provide details _____
 No
3. How many episodes of asthma has your client had in the past year that required him/her to go to the ER or see their physician for treatment? _____
4. Has your client ever smoked?
 Yes, and currently smokes _____ (amount/day)
 Yes, smoked in the past but quit _____ (date)
 No, never smoked
5. Is your client on any other medications (include inhalers) or any medications taken on an "as needed" basis?
 Yes, please provide details _____
 No
6. Have pulmonary function tests (a breathing test) ever been done?
 Yes, please give most recent results _____
 No
7. Does your client have any abnormalities on an ECG or x-ray?
 Yes, please give details _____
 No
7. Does your client have any other major health problems (ex: stroke, etc.)?
 Yes, please give details _____
 No