



Underwriting Specific Conditions

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Chronic Obstructive Pulmonary Disease (COPD) Info and Questionnaire

Chronic obstructive pulmonary disease is a degenerative disorder of the lungs in which there is a reduced ability to expire air. COPD includes a combination of lung diseases such as asthma, chronic bronchitis, and emphysema.

Chronic obstructive pulmonary disease affects at least 15 million Americans. The majority of people diagnosed with COPD can be directly related to former heavy or current cigarette use. However, not all who smoke get COPD. Obstructive lung disease develops in 10-15% of all cigarette smokers and individuals who continue to smoke cigarettes are more likely to sustain a rapid progression of the disease than non-smokers.

The most accurate method of diagnosing COPD is the pulmonary function test, otherwise known as a spirometry test. It measures the amount of forced air exhaled into a tube. FEV1 is the maximum amount of air exhaled during the first second of a forced exhalation. The results help determine the severity of the COPD for the underwriter. The average non-smoking adult shows a decline in FEV1 of 20-25 ml per year whereas the average heavy smoker declines 40-45 ml per year.

For underwriting purposes, it is imperative to determine the severity of COPD by having the ability to review the results of a spirometry test. COPD is classified into four groups: mild, moderate, severe, and extreme. The chart below helps define each group of COPD by symptoms, medication, % FEV1 compared to normal, and includes the expected rating class.

Example of Underwriting Guidelines for COPD are:

(Carriers will vary with underwriting decisions; this is only an example of one carrier)

Degree	Symptoms	Rx	FEV1	Rating
Mild	None—except for occasional throat clearing and respiratory infection	None	60-80%	B
Moderate	Airway obstruction on moderate exertion such as climbing two flights of stairs	Inhaler	50-60%	D
Severe	Shortness of breath with activity such as dressing, walking one block	Steroids, multiple medications	40-50%	G
Extreme	Disabled, shortness of breath at rest or minimal activity	Home oxygen	<40%	Decline



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COPD Questionnaire

Producer _____ Phone _____

Client _____ Age/DOB _____ Sex _____

Height _____ Weight _____

If your client has a chronic pulmonary (lung) disease, please answer the following:

1. Type of lung disease:

- chronic bronchitis
- emphysema
- restrictive lung disease
- asthma

2. Please list date when first diagnosed: _____

3. Has your client ever been hospitalized for this condition?

- Yes, please give details _____
- No

4. Has your client ever smoked?

- yes, and currently smokes _____ (amount/day)
- yes, smoked in the past but quit _____ (date)
- no

5. Is your client on any medications (include inhalers)?

- yes
- no

6. Have pulmonary function tests (a breathing test) ever been done?

- yes, please give most recent test results _____
- no

7. Please note client's build:

Height _____ Weight _____

8. Does your client have any abnormalities on an ECG or x-ray?

- yes, please give details _____
- no

9. Does your client have any other major health problems (ex: heart disease, etc.)?

- yes, please give details _____
- no