

# ARTHRITIS QUESTIONNAIRE

Rohrer & Associates

Insured's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ State: \_\_\_\_\_ Sex: M / F  
Height: \_\_\_\_\_ Ft. \_\_\_\_\_ In. \_\_\_\_\_ Weight: \_\_\_\_\_ Face Amount: \_\_\_\_\_  
Tobacco use in the past 5 years: No Yes Details: \_\_\_\_\_  
Producer: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Proposed Insured please answer the following:

1. When were you first diagnosed with arthritis?
  
2. What type of arthritis do you have?  
Details: \_\_\_\_\_
  
3. Do you have to use any devices to assist you due to your arthritis? Yes No  
Details: \_\_\_\_\_
  
4. Are you able to take care of yourself? Yes No  
Details: \_\_\_\_\_
  
5. Are you able to work? Yes No  
Details: \_\_\_\_\_
  
6. Have you had any type of surgery due to arthritis? Yes No  
Date(s): \_\_\_\_\_  
Details: \_\_\_\_\_
  
7. Are you on any medication(s)? Yes No  
Name(s) and dosage(s): \_\_\_\_\_
  
8. Name, address & phone number of your physician(s) and the date last consulted:

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Additional Information (please use reverse side for additional space):

Date: \_\_\_\_\_ Insured's Signature: \_\_\_\_\_