U.S. FINANCIAL LIFE Insurance Co.

DIABETES QUESTIONNAIRE

Name: _____ Date of Birth: _____

Height _____ Weight _____ Cigarette Smoker: ☐ Yes ☐ No Quantity per day: _____

1. Age at onset of diabetes? _____

2. What is the method of control? _____

3. Please indicate if you have had any of the following:
   - ☐ EKG Abnormality
   - ☐ insulin reaction
   - ☐ diabetic coma
   - ☐ eye trouble
   - ☐ protein in urine
   - ☐ skin ulceration
   - ☐ amputation
   - ☐ neuropathy / loss of feeling
   - ☐ other _____

4. How often do you monitor blood sugar levels and what was the most recent reading?

   _____

5. Indicate most recent blood pressure reading (to the best of your knowledge): _____/_____

6. Last time you visited a physician? _____

7. Is your cholesterol below 200? _____

Name and address of all physicians/hospitals with medical records: _____

_____

_____

Notes/comments: _____

_____

_____

Signature of Proposed Insured: _____ Date: _____

Witnessed by: _____

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