Health and Lifestyle Questionnaire

Answer the following questions if you will be 69 or older the date policy will be effective

Information About Your Health

Please provide your height _____ /_____ (ft /in) and weight _____ (lbs.)

Please circle the correct response to the questions below

Have you used any form of tobacco, an electronic cigarette or other nicotine products in the past 12 months? **yes no**

Within the past 24 months, have you had, been treated for, or been told by a medical professional that you have any of the following:
Chronic kidney disease (stages 3, 4 or 5); kidney failure or kidney disease requiring dialysis **yes no**

Diabetes requiring the use of insulin or any diabetes when in combination with heart disease (excluding high blood pressure) **yes no**

Arthritis that restricts mobility or daily activities, requires physical therapy, requires major joint (hip, knee, shoulder) injection(s) or you have been advised to have a joint replacement; Rheumatoid Arthritis **yes no**

Liver Disease; chronic hepatitis; cirrhosis; pancreatitis; alcoholism or drug abuse **yes no**

Bipolar disease; schizophrenia or any other psychotic disorders **yes no**

Drugs administered by intravenous (IV) infusion, other than during an emergency room visit, hospitalization, or surgery **yes no**

Within the past 36 months, have you had, been treated for, or been told by a medical professional that you have internal cancer; cancer in need of surveillance or cancer that has gone into remission within the past three years; blood cancer(s); leukemia; lymphoma; melanoma or a non-routine medical test to rule out or confirm the presence of cancer that has not been completed? **yes no**

Within the past 5 years, have you had a recurrence of a previous cancer (excluding non-melanoma skin cancers)? **yes no**

Have you ever been treated for or diagnosed with metastatic cancer (cancer that has spread to other parts of the body)? **yes no**

Do you use oxygen as treatment for diagnosed medical condition? **yes no**

Have you been admitted to the hospital within the past three months? **yes no**

Has a medical professional advised or discussed as a treatment option that you may need surgery (includes cataract surgery) or drugs administered by intravenous (IV) infusion? **yes no**

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Note: You can say no to the cataract surgery question if surgery is not scheduled in the next 12 months. Same with any other surgery.
Note: Joint replacement is ok if 6 months or more in the past with not currently undergoing PT or pain management.
Note: Macular injections are ok.

Within the past 24 months, have you had, been treated for, or been told by a medical professional that you have any of the following:

Coronary artery disease; atherosclerosis; heart attack; heart surgery (includes angioplasty, heart stent, or bypass); angina **yes no**

Congestive heart failure; cardiomyopathy; enlarged heart; heart valve disorder; atrial fibrillation or other heart rhythm disorder; implanted cardiac defibrillator; pulmonary hypertension; unoperated aneurysm; peripheral vascular disease; embolus or deep vein thrombosis (DVT) **yes no**

Stroke; transient ischemic attack (TIA); carotid artery disease; cerebrovascular disease **yes no**

Osteoporosis with fracture; degenerative bone disease; spinal stenosis; skin grafts; amputation or fracture caused by disease **yes no**

Chronic obstructive pulmonary disease (COPD); chronic bronchitis; emphysema or any chronic pulmonary disorder **yes no**

Myasthenia Gravis; Grave's Disease; wet macular degeneration; systemic lupus erythematosus (SLE) **yes no**

Multiple Sclerosis; Amyotrophic Lateral Sclerosis (ALS); Parkinson's Disease; Huntington's Disease **yes no**

Alzheimer's Disease; dementia, or any other cognitive disorder **yes no**

Acquired Immune Deficiency Syndrome (AIDS), and/or Positive HIV and/or AIDS Related Complex (ARC) **yes no**

Have you been hospitalized or confined to a nursing home or residing in an assisted-living facility within the past 90 days, or have you been hospitalized two or more times in the past 12 months? **yes no**

Are you confined to a bed, or do you require the use of a wheelchair or any motorized mobility device? **yes no**

Have you had or been recommended to have an organ or stem cell transplant (excluding cornea transplants)? **yes no**

Has a medical professional advised or discussed as a treatment option that you may need a non-routine medical procedure within the next 12 months? **yes no**

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Do you have both High Blood Pressure and Diabetes and any of the following is true: a) take three or more medications for either condition, b) increased dosage or addition of medication for either condition in the past two years, c) have diabetic complications (peripheral neuropathy; diabetic retinopathy)?

yes no

Current Medications

Please indicate if you are currently taking any of the following medications by circling all that apply:

Abilify Advair Benlysta Breo Ellipta Carbidopa-levodopa Digoxin

Embrel Flecainide Flolan Humira Imuran Methotrexate

Nitroglycerin (or Isosorbide Mononitrate) Oxygen (from a tank) Reclast Saphnelo

Seroquel Sinemet Symbicort Tepezza Trelegy Ellipta Quinidine Veletri

Voclosporin Xeljanz

IV Infusion (including but not limited to: **Imuran, Interferon, Remicade, Remodulin, Rituximab, Soliris**)

Insulin (including but not limited to: **Apidra, Humalog, Humulin, Lantus, Levemir, Novolin, Novolog**)

Aricept (or other memory-enhancing drugs live, but not limited to: **Namenda, Razadyne, Exelon**)

Blood thinner (oral or injection including but not limited to: **Coumadin, Eliquis, Heparin, Pradexa, Warfarin, Xarelto**)