PINNEY
INSURANCE CENTER, INC.

A LifeMark Partner

Providing all the tools for your success

SLEEP APNEA QUESTIONNAIRE

Agent: Phone: Fax:

Proposed Insured Name: _____ ❒ M ❒ F Date of Birth: _____
Face Amount: _____ Max. Premium: $_____/year ❒ UL ❒ WL ❒ Term ❒ Survivorship
Do you currently smoke cigarettes? ❒ Y ❒ N If no, did you ever smoke: ❒ Never ❒ Quit (Date): _____
Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): ❒ Y ❒ N
If Yes, please provide details: _____
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

(1) Please provide date of diagnosis: _____ Height: _____ Weight: _____ lbs.

(2) Has the Sleep Apnea been diagnosed as:

❒ Mild ❒ Moderate ❒ Severe

❒ Obstructive ❒ Central ❒ Mixed ❒ Unknown

(3) Has the severity of the Sleep Apnea been:

❒ Stable ❒ Increasing ❒ Decreasing ❒ Fluctuating up and down ❒ Unknown

(4) Has an overnight sleep study (Polysomnogram) been done?

❒ No ❒ Yes, date: _____ Apnea Index: _____ Apnea/Hypopnea Index: _____ Oxygen saturation: _____%

(5) Date Treatment began: _____

(6) How is the Sleep Apnea being treated?

❒ No treatment ❒ Medicated ❒ Weight Loss ❒ CPAP Mask

❒ Surgery (UPPP) ❒ Surgery (tracheotomy) ❒ Other: _____

(7) Does the proposed insured have any of the following? If yes, provide details below under question (9) below:

❒ Overweight ❒ Arrhythmia ❒ Coronary Artery Disease

❒ Stroke ❒ Depression ❒ Lung Disease

❒ Other: _____

(8) Does the proposed insured use any medications for any reason?

Name of Medication (Prescription or Otherwise)	Dates used	Quantity Taken	Frequency Taken

(9) Please provide any additional information that may help us determine a likely rating:

_____

_____

_____

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