

CHRONIC HEPATITIS B 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 list age of diagnosis: _____ Country of Birth _____

2. Please give the date and results of the most recent liver enzyme tests:

- a) AST/SGOT _____
- b) ALT/SGPT _____
- c) GGTP _____

3. Is your client on any medications?

- Yes, please give details _____
- No

4. Does your client drink alcohol?

- Yes, please note amount and frequency _____
- No

5. Please check if any of the following studies have been completed:

- a) Liver ultrasound or CT scan Normal Abnormal
- b) Liver Biopsy Normal Abnormal
- c) Viral Load, i.e. PCR, HBV-DNA _____

6. Has your client been diagnosed with any of the following:

- Fibrosis Stage? _____
- Cirrhosis

7. Has your client been treated with interferon or other anti-viral drugs?

- Yes, please give details _____
- No

8. Does your client have any other major health problems (ex: cancer, etc.)?

- Yes, please give details _____
- No

Please submit a copy of the hepatitis studies and liver biopsy report if available.