STROKE(CVA)/MINI STROKE(TIA) 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) Date of stroke _____   Age:_____   Was it a: ❒TIA or ❒CVA

(2) What follow up studies were done following the stroke (CVA) or Mini Stroke (TIA) (please check all that apply)?

❒ CT Scan   ❒ MRI Scan   ❒ Carotid ultrasound/ doppler
❒ Echocardiogram   ❒ Stress Test   ❒ Other:_____

(3) Is this the first (only) stroke? ❒Yes ❒ No   *If no, when was the prior?* _____

(4) Is there any history of diabetes, peripheral vascular disease, or smoking? ❒Yes ❒No
If "yes": a CT or MRI, carotid doppler AND stress test are required.

(5) Has the proposed insured been diagnosed with any of the following conditions:

❒ Hypertension? Avg. bp:_____   ❒ Peripheral vascular disease?
❒ Kidney/ renal disease?   ❒ Internal carotid artery stenosis?
❒ Left ventricular hypertrophy?   ❒ Cardiomyopathy?
❒ Diabetes? Avg. A1c: _____   ❒ Atrial fibrillation?
❒ Coronary artery disease (CAD)?

(6) For CVA's, is the cause:

❒ Lacunar   ❒ Atherosclerotic/thrombotic (blood clot)
❒ Cardioembolic   If so, repaired? ❒ Yes ❒ No   ❒ Other:_____

(7) Is the proposed insured taking any medications? If yes:

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

(8) Does the proposed insured have any other medical conditions? If yes, please describe.

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