

Arthritis Questionnaire - Applicant

(To be filled by the Applicant)

Name of the Life Insured	
Application Number	

1. Which form of arthritis do you suffer from? If you do not have a precise diagnosis e.g., rheumatoid arthritis, osteoarthritis, ankylosing spondylitis, reiter's syndrome, psoriatic arthritis, etc., please describe your symptoms:

2. Which joints are the most affected? E.g., left wrist, both wrists, right ankle, etc.:

3. When was the condition first diagnosed?

4. Do you still have symptoms?

☐ Yes ☐ No

If 'Yes', are they ☐ Constant ☐ Variable ☐ Improving ☐ Progressively Worsening (Please choose the right option)

If 'No', when did you last have any symptoms?

5. Treatment:

- a) Have you had an operation for this condition or is an operation being considered?

☐ Yes ☐ No

If 'Yes', please provide details of the surgery including dates, names of the hospital/s and surgeon/s, and mention for how long did you have to take time off-work post surgery:

- b) Do you, or did you require any form of medication (Including steroids) or pain killers?

☐ Yes ☐ No

If 'Yes', please provide names of the drugs, dosages and date last taken:

- c) Do you receive any other form of treatment, such as physiotherapy?

☐ Yes ☐ No

If 'Yes', please provide details:

6. Severity:

- a) Is there any restriction or limitation on your ability to work?

☐ Yes ☐ No

If 'Yes', please provide details including duration of any time taken off-work in the last 2 years:

- b) Has the arthritis caused you to change or reduce your non-occupational activities, e.g., sport, hobbies, mode of transport, etc.

☐ Yes ☐ No

If 'Yes', please provide details:

- c) Do you use a walking stick or any form of mobility aid at home or outside? E.g., stair lift.

☐ Yes ☐ No

If 'Yes', please provide details:

d) Do you require or receive any form of assistance with basic activities around the house such as dressing, preparing food, housework or bathing? ☐ Yes ☐ No

If 'Yes', please provide details: _____

e) Are you eligible for any form of disability benefit or support from the state, from insurance or from an employer? ☐ Yes ☐ No

If 'Yes', please provide details including the type of benefit and amount received: _____

7. Please provide the name and address of the doctor/specialist you consult regarding your arthritis and mention the date you last visited.

Provide prescriptions if any, and your case summary: _____

8. Please provide any additional information on your condition that would help in processing your application; including copies of all investigation reports available (ESR, RA Factor, ASO titre, etc.) and if hospitalised, please share a copy of the discharge slip:

I declare, that the answers I have given are, to the best of my knowledge, true, and that I have not withheld any material information that may influence the assessment or acceptance of this application. I agree, that this form will constitute a part of my application for insurance; and that failure to disclose any material fact known to me may invalidate the contract.

Place: _____

Date: _____

Signature of the Life Insured

Vernacular declaration: I have explained the contents of this form and have read out the responses to the Life Insured in his/her local language. He/she has confirmed that the contents are fully understood by him/her.

Name of the Declarant: _____

Address of the Declarant: _____

Signature of the Declarant

Place: _____

Date: _____

Signature of the Life Insured