



**INSURANCE
DESIGNERS**

Rheumatoid Arthritis
Questionnaire

Insurance Designers of Central Texas, LLC

12466 Los Indios Trail #100 Austin, TX 78729
Phone 512-257-9700 FAX 512-257-9701

Today's Date: _____ Agent: _____
Full Name: _____ Male or Female? _____
Height and weight: _____ Date of Birth: _____

1. List month/year diagnosed and age at diagnosis: _____

2. When was the last time you experienced any of the following:

- Weight Loss: Fever:
- Low blood counts: Lung disease:
- Liver enzyme abnormality: Kidney disease:
- Heart disease:

Please list details to answers checked above:

3. Which joints are involved?

4. Do you see a rheumatoid arthritis specialist? Yes No
If yes, how often?

5. Please check functional ability:

- Fully active Uses wheelchair
- Sedentary Uses walker, cane, etc.

6. Has your weight remained stable in the past year? Yes No
If no: Lost _____ pounds OR Gained _____ pounds

7. Please indicate type of tobacco EVER used:

Type:	Amount per (circle frequency):	Date last used:	Still use?
<input type="checkbox"/> Smokeless	<input type="checkbox"/> daily/monthly/yearly	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cigarettes	<input type="checkbox"/> per day/month/year	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cigar	<input type="checkbox"/> per day/month/year	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Patch/Gum	<input type="checkbox"/> per day/month/year	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No