



Parkinson's Disease Questionnaire

Name: _____

Date of Birth: _____

Height: _____ Weight: _____

Sex: M/F

Tobacco Usage: _____

Face Amount: _____

___Term 10 15 20 30

___UL

1. When was the proposed insured first diagnosed?

2. What stage of Parkinson's disease does the proposed insured currently have?

___Early

___Moderate

___Advanced

3. Does the proposed insured experience any of the following? (Check all that apply)

___Tremor or shaking

___Stiff muscles and achiness

___Slow, limited movement

___Weakness of face and throat muscles

___Difficult walking

___Difficulty with balance

4. How is the proposed insured currently being treated?

5. Is the proposed insured taking any medication for this condition or any other? ___Yes ___No
(If yes, please provide the name, dosage, and frequency):
