



## Prostatitis Questionnaire

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex: M/F

Tobacco Usage: \_\_\_\_\_

Face Amount: \_\_\_\_\_

\_\_\_Term 10 15 20 30

\_\_\_UL

1. When was Prostatitis first diagnosed? \_\_\_\_\_

2. What was the proposed insured's PSA at the time of diagnosis? \_\_\_\_\_

3. Does the proposed insured experience now or in the past any of the following symptoms:  
(Check all that apply)

\_\_\_Frequent urge to urinate

\_\_\_Burning sensation when urinating

\_\_\_Excessive urinating at night

\_\_\_Pain

\_\_\_Difficult starting urination

4. How is the proposed insured being treated? \_\_\_\_\_

5. What is the proposed insured's PSA now? \_\_\_\_\_

6. Is the proposed insured taking any medications? \_\_\_Yes \_\_\_No

(If yes, please provide name, dosage, and frequency):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_