

## Diabetic Questionnaire

To be completed by the Medical Attendant

---

Full name of applicant

1 Date of diagnosis of diabetes

---

2 Would you classify the patient as:

Un-cooperative?

reasonable cooperative?

very cooperative?

---

3 Does the patient control his condition:-

poorly?

Moderately?

well?

---

4 Has the patient ever had an insulin or diabetic coma? Yes  No   
Please give dates and results

---

5 Has an electrocardiogram or chest X-ray ever been taken? Yes  No   
Please give dates and results

---

6 State type and dosage of insulin and/or oral medication taken and indicate any changes which have been made

---

7 Are any complications of diabetes or any other impairments known to be present? Yes

If yes, please give details

---

Date..... Signature.....

## Diabetic Questionnaire

To be completed by the life Proposed

---

Full name

1 Date diabetes diagnosis

---

2 Name and address of the doctor  
or clinic now treating you

---

3 Do you follow strict diet? Yes  No

---

4 Are you now taking insulin? Yes  No

If yes, state the number of units per day:-

Plain (soluble).....

Protamine zinc or ultra-lente.....

If you are having oral treatment, state the type of drug and the dosage.....

Has your intake of insulin or oral drugs varied during the last 2 years? Yes  No

If yes, please give details of previous dosage.....

Have you, since your treatment began, stopped taking insulin or

reverted to an unrestricted diet Yes  No

---

5 How often does your urine contain sugar:

a) rarely?  b) occasionally  c) often?

---

6 Since your treatment began have you ever had a diabetic or insulin coma? Yes

No  If yes, please give details

---

7 I agree that the above questions and answers shall form part of my proposal for life  
assurance.

Date..... Signature.....