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**DIABETES QUESTIONNAIRE**

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**To be completed by the Life To Be Assured**

Full Name of Life To Be Assured : \_\_\_\_\_

Policy Number : \_\_\_\_\_

1. When was your diabetes first diagnosed?

\_\_\_\_\_

2. Please state name and address of the doctor or clinic now treating you.

\_\_\_\_\_

3. Do you follow a strict diet?

\_\_\_\_\_

4. Are you now having oral drug treatment? If "Yes", please give the name of the drug and dosage.

\_\_\_\_\_

5. Are you now taking insulin? If "Yes", please give the number of units per day.

\_\_\_\_\_

6. Has your intake of insulin or oral drugs varied during the last 2 years?  
If "Yes", please give full details.

\_\_\_\_\_

7. Do you check your urine on a regular basis? If "Yes", how often does it contain sugar?

(a) never  (b) rarely  (c) occasionally  (d) often

8. Since your treatment began, have you ever had a diabetic or insulin coma?  
If "Yes", please give details including dates.

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9. Have you ever had any illness or disease of the heart, kidneys, eyes or circulatory or nervous systems? If "Yes", please give full details.

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**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 my proposal.**

**I agree that this form will constitute part of my proposal for life assurance and that failure to disclose any material fact known to me may invalidate the contract.**

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Signature of Life To Be Assured

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Date