



## QUESTIONNAIRE CHART LIFE APPLICATION QUESTIONNAIRES 17AP-LIFE

<b>GENERAL RISK QUESTIONS</b>		
	<b>If 'YES' on Application:</b>	<b>Then use this Questionnaire:</b>
<b>QUESTION 1</b>	'Yes'	Driving History
<b>QUESTION 4</b>	'Yes'	Aviation
<b>QUESTION 5</b>	'Yes'	Sport, Amusement, or Avocation
<b>QUESTION 6</b>	'Yes' Marijuana	Marijuana
	'Yes' Narcotic	Drug Use
	'Yes' Intravenous	Drug Use
	'Yes' Cocaine	Drug Use
	'Yes' Barbiturates	Drug Use
	'Yes' Hallucinogens	Drug Use
<b>QUESTION 7</b>	'Yes' Drug Abuse	Drug Use
	'Yes' Alcohol Abuse	Alcohol
<b>QUESTION 8</b>	'Yes' 25-50	Alcohol
	'Yes' 50 or more	Alcohol
<b>QUESTION 9</b>	'Yes'	Criminal History
<b>QUESTION 10</b>	'Yes'	Foreign Travel and Residence
<b>QUESTION 11</b>	'Yes'	Military
<b>MEDICAL QUESTIONS</b>		
	<b>If 'YES' on Application:</b>	<b>Then use this Questionnaire:</b>
<b>QUESTION 15</b>	'Yes' Asthma/Bronchitis	Respiratory
	'Yes' High Blood Pressure	Hypertension
	'Yes' Emphysema	Respiratory
	'Yes' Sleep Apnea	Sleep Apnea
	'Yes' COPD	Respiratory
	'Yes' Depression/Anxiety	Mental/Nervous Disorder
	'Yes' Diabetes	Diabetes
	'Yes' Chronic Fatigue Syndrome	Mental/Nervous Disorder
<b>QUESTION 16</b>	'Yes' Psychological Disorder	Mental/Nervous Disorder
	'Yes' Lungs/Respiratory System	Respiratory
	'Yes' Brain/Nervous System	Mental/Nervous Disorder and/or Seizure