V1.35

Lifestyle

Your Names:

Have you used cigarettes, cigars, pipes or nicotine replacements in the last 12 months?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, how many on average do you smoke per day?	Avg per day	Avg per day
Does your job involve work in any of the following / environments;Outside, Heights over 40ft (10m)? Armed Forces or T.A.? Offshore, Oil / Gas / Fishing Industry? Underwater? Underground (mining/tunneling)? Working with explosives? Sports Professional? Full time - Barman / Barmaid or Pub Landlord?	☐ Yes ☐ No Details	☐ Yes ☐ No Details
Do you take part in any Hazardeous sports or pursuits (eg.Motor Sports, Base Jumping, Mountaineering, Caving, Potholing, Flying, Hand Gliding, Parachuting, Base Jumping, Underwater Diving, Extreme Sports etc.)? **	☐ Yes ☐ No	☐ Yes ☐ No
Height?	meters or ft / in	meters or ft / in
Weight?	kgs / st & lbs	kgs / st & lbs
Waist trouser or Dress size?		
During the last 5 years have you used recreational drugs, eg. ecstasy/cocaine/heroin? **	☐ Yes ☐ No	☐ Yes ☐ No
How often to you drink alcohol?	eg.Daily/Twice a week/Weekly/Monthly	eg.Daily/Twice a week/Weekly/Monthly
On a typical day when you have alcohol, please tell us how many drinks of each type you have	☐ Normal Strength Beer ☐ Strong Beers (ABV) 6% 6%+ ☐ Glasses of wine ☐ No. of bottles eg. Alcopops	☐ Normal Strength Beer ☐ Strong Beers (ABV) 6%+ ☐ Glasses of wine ☐ No. of bottles eg. Alcopops
Have you had ANY medical treatment / tests / investigations? Or seen any Healthcare Professional / Doctor or Nurse in the last 5 years? **	☐ Yes ☐ No	☐ Yes ☐ No
In the last 5 years, have you spent 90 days or more in Africa, Carribean, Russia, Thailand or the Ukraine?	☐ Yes ☐ No	☐ Yes ☐ No
In the next 2 years are you going to spend more than 30 days outside the UK?**	☐ Yes ☐ No	☐ Yes ☐ No
Have you ever tested positive for HIV/AIDS or Hepatitis B or C or are you waiting any results? **	☐ Yes ☐ No	☐ Yes ☐ No
Have any of your natural parents, brothers, sisters - before the age of 65 died or suffered from conditions (eg. MS, Parkinson's, Alzheimer's, Cancer, Heart Attack, Strokes etc) **	☐ Yes ☐ No	☐ Yes ☐ No

If you answered Yes to the questions marked ** please give specific information, including dates, frequency, amounts, causes etc. as you can, so we may provide this to the life provider.

	Details	Details
Doctors Name		
Practice / Clinic Address		
Postcode		
Telephone Number		