

Arthritis, Back, Joints Questionnaire

1. Your details

Full Name (Mr/Mrs/Miss/Ms/other)

Date of birth (DD MM YYYY)

Policy Number

2. Health details

Please confirm the name of your condition and the date you first suffered symptoms (e.g. back pain, rheumatoid arthritis, hip pain etc).

Which joint/joints are affected (e.g. right knee, back, both ankles etc)?

Have you had or are you awaiting surgery?

☐ Yes ☐ No☐ awaiting surgery on (MM YYYY)

Are you currently awaiting any tests or investigations?
If yes, please specify.

How many times have you suffered from this condition?

Please describe your symptoms and confirm the date of your last symptoms.

What treatment or medication have you received?
Please confirm if any is ongoing.

In the last 2 years have you required treatment with oral steroids, methotrexate or anti-TNF agents?

☐ Yes ☐ No

In the last 5 years, how many days in total have you been unable to perform the core duties of your occupation or experienced limitations in performing daily activities?

How much time off work have you had as a result of this condition?

3. Declaration

- I declare that the above information is true and complete to the best of my knowledge and belief.
- I understand that this shall form part of my application with my Scottish Widows plan as stated in section 1 above.

Signature

Date (DD MM YYYY)

