

## Application for Individual and Joint Life Insurance - Part 2A

### 1. Non-Medical Questionnaire

Proposed Insured First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

**Attestation of Truth:** The responses that I will provide to the Questions below will be complete, accurate, and truthful to the best of my knowledge and belief. I acknowledge that any inaccurate or misleading statements could result in the denial of benefits or rescission of the policy.

I AGREE

1. In which country are you considered a legal citizen?

United States     Other Country, please list and complete questions below:<sup>1</sup> \_\_\_\_\_

a. How long have you been in the United States? \_\_\_\_\_

b. Which of the following best describes your immigration status?

Hold a greencard or permanent residency card: # \_\_\_\_\_

Applying for a greencard or permanent residency card

Have a VISA, plan to permanently reside in the U.S., just need to start the application process    Type of VISA held: \_\_\_\_\_

Visiting the U.S. with a VISA    Type of VISA held: \_\_\_\_\_

Other, please explain: \_\_\_\_\_

c. Do you maintain a residence or business in your home country?

No

Yes, please explain: \_\_\_\_\_

2. When was the last time you used the following tobacco and nicotine delivery products?

#### Cigar

This week     In the last 12 months - Specify amount: \_\_\_\_\_     1-2 years ago     2-3 years ago

More than 3 years ago - Date last used: \_\_\_\_\_     Never used

#### Cigarette, e-cigarette, electronic cigarette

This week     In the last 12 months - Specify amount: \_\_\_\_\_     1-2 years ago     2-3 years ago

More than 3 years ago - Date last used: \_\_\_\_\_     Never used

#### Pipe

This week     In the last 12 months - Specify amount: \_\_\_\_\_     1-2 years ago     2-3 years ago

More than 3 years ago - Date last used: \_\_\_\_\_     Never used

#### Vapor product, vaping device, hookah, shisha, bong, juuling, water pipe, e-pipe, electronic pipe

This week     In the last 12 months - Specify amount: \_\_\_\_\_     1-2 years ago     2-3 years ago

More than 3 years ago - Date last used: \_\_\_\_\_     Never used

<sup>1</sup> If a Foreign National, please complete the **Application for Individual and Joint Life Insurance - Foreign National Questionnaire**.

**Chewing tobacco**

- This week       In the last 12 months - Specify amount: \_\_\_\_\_       1-2 years ago       2-3 years ago  
 More than 3 years ago - Date last used: \_\_\_\_\_       Never used

**Betel nuts**

- This week       In the last 12 months - Specify amount: \_\_\_\_\_       1-2 years ago       2-3 years ago  
 More than 3 years ago - Date last used: \_\_\_\_\_       Never used

**Snuff**

- This week       In the last 12 months - Specify amount: \_\_\_\_\_       1-2 years ago       2-3 years ago  
 More than 3 years ago - Date last used: \_\_\_\_\_       Never used

**Nicotine patch, nicotine gum**

- This week       In the last 12 months - Specify amount: \_\_\_\_\_       1-2 years ago       2-3 years ago  
 More than 3 years ago - Date last used: \_\_\_\_\_       Never used

**Other nicotine delivery product**

- This week       In the last 12 months - Specify amount: \_\_\_\_\_       1-2 years ago       2-3 years ago  
 More than 3 years ago - Date last used: \_\_\_\_\_       Never used

3. Over the last 10 years, please indicate which of the following best describes your experience with the use of alcohol, prescription drugs, and/or non-prescription drugs?

- Been advised by physician to reduce consumption, discontinue use, or to seek counseling  
 Sought advice/counseling or been a member of any self-help group such as Alcoholics Anonymous or Narcotics Anonymous  
 Received treatment/counseling  
 NONE OF THESE

4. On average, how many days per week do you typically consume alcoholic beverages?

- Daily       4-5 days per week       2-3 days per week       1 day per week  
 Periodically on a monthly basis, not every week       Periodically on an annual basis, not every month  
 I do not drink alcoholic beverages

5. On average, how many alcoholic beverages do you typically consume per sitting?

- 9 or more       7-8       4-6       1-3  
 I do not drink alcoholic beverages

6. On average, how often do you typically use marijuana?

- Daily       16-24 times per month       9-15 times per month       1-8 times per month  
 5-11 times per year       1-4 times per year       I do not use marijuana

7. On average, how often do you typically use the following narcotics, excluding usage prescribed by a physician?

**Cocaine**

- Use on a regular basis       Used once or more within the last 5 years       Used once or more within the last 6 to 10 years  
 Used more than 10 years ago       Never used

**Heroin**

- Use on a regular basis       Used once or more within the last 5 years       Used once or more within the last 6 to 10 years  
 Used more than 10 years ago       Never used

**Amphetamines (including Methamphetamine)**

- Use on a regular basis       Used once or more within the last 5 years       Used once or more within the last 6 to 10 years  
 Used more than 10 years ago       Never used

**Opium, Opiates, Opioids**

- Use on a regular basis     Used once or more within the last 5 years     Used once or more within the last 6 to 10 years
- Used more than 10 years ago     Never used

**Barbiturates**

- Use on a regular basis     Used once or more within the last 5 years     Used once or more within the last 6 to 10 years
- Used more than 10 years ago     Never used

**Morphine**

- Use on a regular basis     Used once or more within the last 5 years     Used once or more within the last 6 to 10 years
- Used more than 10 years ago     Never used

**LSD**

- Use on a regular basis     Used once or more within the last 5 years     Used once or more within the last 6 to 10 years
- Used more than 10 years ago     Never used

**PCP**

- Use on a regular basis     Used once or more within the last 5 years     Used once or more within the last 6 to 10 years
- Used more than 10 years ago     Never used

**Other Hallucinogenic, Narcotic Drug, Controlled Substance, or Habit Forming Drug**

- Use on a regular basis     Used once or more within the last 5 years     Used once or more within the last 6 to 10 years
- Used more than 10 years ago     Never used

8. Which of the following best describes your current driving habits?

- I currently drive
- I do not currently drive due to a personal choice
- I do not currently drive due to a medical condition or concern
- I do not currently drive due to a driver’s license suspension or revocation
- I do not currently drive and have never driven
- I do not currently drive because: \_\_\_\_\_

9. How do you get to work?

- I drive myself
- Someone else drives me
- Uber, Lyft, taxi, or other hired transportation
- Bus, train, or other public transportation
- I work out of my home or do not work outside of the home
- Other, please explain: \_\_\_\_\_

10. Over the last 5 years, please indicate which of the following moving/driving violations you’ve plead guilty to or been convicted of (Check ALL that apply).

- I have not had any moving/driving violations
- License suspended or revoked
- Speeding
- Careless or reckless driving
- Driving under the influence
- Other moving/driving violations, please specify: \_\_\_\_\_

11. Have you been charged with or convicted of any crimes?

No  Yes, please provide details as follows:

Criminal charges pending:  Felony  Misdemeanor

Crime(s) involved \_\_\_\_\_

Date(s) of conviction, charge, or probation period: \_\_\_\_\_

County/State involved: \_\_\_\_\_

History of criminal conviction(s):  Felony  Misdemeanor

Crime(s) involved \_\_\_\_\_

Date(s) of conviction, charge, or probation period: \_\_\_\_\_

County/State involved: \_\_\_\_\_

Currently on probation, parole, or incarceration:  Felony  Misdemeanor

Crime(s) involved \_\_\_\_\_

Date(s) of conviction, charge, or probation period: \_\_\_\_\_

County/State involved: \_\_\_\_\_

Less than one year since released from probation:  Felony  Misdemeanor

Crime(s) involved \_\_\_\_\_

Date(s) of conviction, charge, or probation period: \_\_\_\_\_

County/State involved: \_\_\_\_\_

12. Within the last 5 years have you piloted or been a student pilot, or within the next 2 years do you plan to pilot any type of aircraft?

No

Yes, please provide details as follows:

a. Type of certificate held (Check ALL that apply):

Commercial pilot  Airline transport

Private pilot  Visual Flight Rules (VFR) Rating

Student pilot  Instrument Flight Rules (IFR) Rating

Recreational  Other, please specify: \_\_\_\_\_

b. Annual flying hours in the last 12 months: \_\_\_\_\_

c. Expected annual flying hours in the next 12 months: \_\_\_\_\_

d. Number of solo hours of experience: \_\_\_\_\_

e. Date last piloted: \_\_\_\_\_

f. Purpose(s) of flying (Check ALL that apply):

Private/pleasure  Flight Instruction

Commercial  Crop spraying

Military  Aerial photography

Test pilot  Stunt flying

Survey work  Aerobatic

Other, please specify: \_\_\_\_\_

g. Type of aircraft(s) flown (Check ALL that apply):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Single-Engine                | <input type="checkbox"/> Helicopter              | <input type="checkbox"/> Balloons                          |
| <input type="checkbox"/> Business Jets                | <input type="checkbox"/> Ultralights             | <input type="checkbox"/> Commercial Aircraft               |
| <input type="checkbox"/> Amphibians                   | <input type="checkbox"/> Gliders                 | <input type="checkbox"/> Military Aircraft                 |
| <input type="checkbox"/> Light Sport Aircraft         | <input type="checkbox"/> Gyroplanes              | <input type="checkbox"/> Antique/Military/High Performance |
| <input type="checkbox"/> Multi-Engine                 | <input type="checkbox"/> Kitbuilts or Homebuilts | <input type="checkbox"/> Airships (Blimps & Dirigibles)    |
| <input type="checkbox"/> Turboprops                   | <input type="checkbox"/> Powered Parachutes      | <input type="checkbox"/> Floatplanes or Seaplanes          |
| <input type="checkbox"/> Other, please specify: _____ |  |  |

h. Which of the following have you experienced? (Check ALL that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Aviation violation | <input type="checkbox"/> License suspension or revocation |
| <input type="checkbox"/> Been grounded      | <input type="checkbox"/> Aviation accident                |
| <input type="checkbox"/> None of the above  |   |

If not "None of the above", please provide details for each event:

Date of event \_\_\_\_\_ Were drugs or alcohol involved?  Yes  No

Details about event (location, violation, description, fault assigned): \_\_\_\_\_

Date of event \_\_\_\_\_ Were drugs or alcohol involved?  Yes  No

Details about event (location, violation, description, fault assigned): \_\_\_\_\_

Date of event \_\_\_\_\_ Were drugs or alcohol involved?  Yes  No

Details about event (location, violation, description, fault assigned): \_\_\_\_\_

i. Do you anticipate that your future participation will be different?

- No
- Yes, please explain: \_\_\_\_\_

13. Over the last 5 years have you participated in or do you have plans to participate in within the next 2 years, automobile racing, aircraft racing, dirt bike racing, dune buggy racing, kart racing, motor boat racing, motorcycle racing, powered vehicle racing or snowmobile racing?

- No
- Yes, please provide details as follows:

a. What type of vehicle(s) is driven? (Check ALL that apply)

- |   |                                     |                                     |                                     |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Automobile                   | <input type="checkbox"/> Aircraft   | <input type="checkbox"/> Dirt bike  | <input type="checkbox"/> Dune buggy |
| <input type="checkbox"/> Kart                         | <input type="checkbox"/> Motor boat | <input type="checkbox"/> Motorcycle | <input type="checkbox"/> Snowmobile |
| <input type="checkbox"/> Other, please specify: _____ |                                     |                                     |                                     |

b. What type of racing do you participate in? (Check ALL that apply)

- |   |  |   |                                      |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Crash/demolition             | <input type="checkbox"/> Championship/Indy car       | <input type="checkbox"/> Derby                        | <input type="checkbox"/> Drag        |
| <input type="checkbox"/> Dune/Sand                    | <input type="checkbox"/> Stock                       | <input type="checkbox"/> Sports car                   | <input type="checkbox"/> Solo events |
| <input type="checkbox"/> Kart:                        | <input type="checkbox"/> FKE                         | <input type="checkbox"/> Enduro and Sprint            |                                      |
| <input type="checkbox"/> Midget:                      | <input type="checkbox"/> Full                        | <input type="checkbox"/> Other, please specify: _____ |                                      |
| <input type="checkbox"/> Modified:                    | <input type="checkbox"/> Modified, Super and Limited | <input type="checkbox"/> Other, please specify: _____ |                                      |
| <input type="checkbox"/> Sprint:                      | <input type="checkbox"/> Modified, Super             | <input type="checkbox"/> Compact                      |                                      |
| <input type="checkbox"/> Other, please specify: _____ |  |   |                                      |

- c. What type of event(s) do you participate in? (Check ALL that apply)
- Sprint Cup     Craftsman Truck Series     Nationwide Series  
 World of Outlaws     NASCAR     Baby Grand National  
 Other, please specify: \_\_\_\_\_
- d. What type of course(s) do you race on? (Check ALL that apply)
- Paved track     Dirt     Drag strip     Off road/desert     Ice  
 Other, please specify: \_\_\_\_\_
- e. Are you affiliated with any of the following racing organizations? (Check ALL that apply)
- ARCA (Automobile Racing Club of America)     ASA (American Speed Association)  
 IMSA (International Motor Sports Association)     NASCAR (National Association of Stock Car Auto Racing)  
 NHRA (National Hot Rod Association)     SCCA (Sports Car Club of America)  
 SVRA (Sportscar Vintage Association)     I am not affiliated with any racing organizations  
 Other, please specify: \_\_\_\_\_
- f. Have you attended a competition driver's school or hold a competition driver's license?
- No  
 Yes, please provide details: \_\_\_\_\_
- g. What class/category/division have you participated in? (Check ALL that apply)
- Stock     Street prepared     Modified     Street touring  
 Other, please specify: \_\_\_\_\_
- h. Please provide the following details for each type of racing activity you have participated in.
- |                               |   |
|-------------------------------|---|
| Vehicle Make/Model: _____     | Engine Displacement/Horsepower: _____     |
| Type of gas/fuel: _____       | Maximum speed (MPH): _____                |
| Length of track/course: _____ | Length of race (miles, laps, time): _____ |
| Vehicle Make/Model: _____     | Engine Displacement/Horsepower: _____     |
| Type of gas/fuel: _____       | Maximum speed (MPH): _____                |
| Length of track/course: _____ | Length of race (miles, laps, time): _____ |
| Vehicle Make/Model: _____     | Engine Displacement/Horsepower: _____     |
| Type of gas/fuel: _____       | Maximum speed (MPH): _____                |
| Length of track/course: _____ | Length of race (miles, laps, time): _____ |
| Vehicle Make/Model: _____     | Engine Displacement/Horsepower: _____     |
| Type of gas/fuel: _____       | Maximum speed (MPH): _____                |
| Length of track/course: _____ | Length of race (miles, laps, time): _____ |
- i. Number of races in the last 12 months: \_\_\_\_\_
- j. Number of races anticipated in the next 12 months: \_\_\_\_\_
- k. Years of racing experience: \_\_\_\_\_
- l. Date of last race: \_\_\_\_\_
- m. Do you anticipate that your future participation will be different?
- No  
 Yes, please provide details: \_\_\_\_\_

14. Over the last 5 years have you participated in or do you have plans to participate in within the next 2 years, skin or SCUBA diving?

No

Yes, please provide details as follows:

a. Highest level of certification:

Basic       Rescue diver       Open water       Dive guide       Advanced open water

Dive instructor       Master diver       Other, please specify: \_\_\_\_\_

b. Organization that provided your last certification:

PADI - Professional Association of Diving Instructors

NAUI – National Association of Underwater Instructors

BSAC – British Sub Aqua Club

CMAS – Confederation of Mondiale des Activites Subaquatiques/The World Underwater Federation

SSI – Scuba Schools International

Other, please specify: \_\_\_\_\_

c. What is the purpose of your diving? (Check ALL that apply):

Recreation       Commercial       Instruction       Photography

Hunting       Wreck/salvage/retrieval       Other, please specify: \_\_\_\_\_

d. Which of the following specialty/technical diving do you do? (Check ALL that apply):

Cave       Wreck       Ice       Deep

Nitrox       Free diving       Depth record attempts

Other, please specify: \_\_\_\_\_

I do not participate in specialty/technical diving.

e. Do you dive with someone or alone?

With someone       Alone       Both

f. In which of the following do you dive? (Check ALL that apply)

Coastal waters       Lakes

Other, please specify: \_\_\_\_\_

g. Average depth of your dives:

Less than or equal to 75 ft.       76-100 ft.       101-130 ft.       131-150 ft.       Greater than 150 ft.

h. When was your last dive? \_\_\_\_\_

i. When do you anticipate diving again? \_\_\_\_\_

j. Number of dives made in the last 12 months: \_\_\_\_\_

k. Number of dives anticipated in the next 12 months: \_\_\_\_\_

l. Number of dives made in your lifetime: \_\_\_\_\_

m. Which of the following have you experienced? (Check ALL that apply)

Decompression Illness       Arterial Gas Embolism (AGE)/air embolism       Decompression Sickness (CDs)

Bends       Diving Accident       None of these

For each experience specified above, please provide:

Date: \_\_\_\_\_ Treatment: \_\_\_\_\_

Doctor/Facility Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City/State: \_\_\_\_\_

Date: \_\_\_\_\_ Treatment: \_\_\_\_\_  
Doctor/Facility Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
City/State: \_\_\_\_\_

Date: \_\_\_\_\_ Treatment: \_\_\_\_\_  
Doctor/Facility Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
City/State: \_\_\_\_\_

n. Do you anticipate that your future participation will be different?

- No  
 Yes, please explain: \_\_\_\_\_

15. Over the last 5 years have you participated in or do you have plans to participate in within the next 2 years, sky diving or sky surfing?

- No  
 Yes, please provide details as follows:

a. What is the nature of your participation?

- Amateur     Student     Professional     Jump Master     Military  
 Other, please specify: \_\_\_\_\_

If Military, please provide:

- Date of Last Jump: \_\_\_\_\_  Current Jump Status: \_\_\_\_\_  
 Static Line or Halo:     Static Line     Halo     Both  
 Branch of Military: \_\_\_\_\_  Unit Assigned: \_\_\_\_\_

b. Are you affiliated with a club?

- No  
 Yes, please list the club(s): \_\_\_\_\_

c. Number of jumps you have made in the last 12 months: \_\_\_\_\_

d. Number of jumps you plan to make in the next 12 months: \_\_\_\_\_

e. Date of your last jump: \_\_\_\_\_

f. Do you anticipate that your future participation will be different?

- No  
 Yes, please explain: \_\_\_\_\_

16. Over the last 5 years have you participated in or do you have plans to participate in within the next 2 years, mountain climbing or rock climbing (excluding indoor rock climbing)?

- No     Yes, please provide details as follows:

a. Type of climbing (Check ALL that apply):

- Trail     Hiking     Rock     Free-Climbing  
 Snow & Ice     Technical/Secured Climbing     Mountain     Bouldering  
 Other, please specify: \_\_\_\_\_

b. What is your climbing skill level?

- Amateur     Competitive Amateur     Professional

c. Have you received formal training by an instructor?

- No     Yes

d. What is the average altitude that you have climbed? \_\_\_\_\_



e. Where have you climbed or do you plan to climb (Please provide specific areas or Mountains)? \_\_\_\_\_

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f. Please provide the following details for the type of climbing indicated above:

**Type of climbing:**

**Trail:**

# of climbs made in your lifetime \_\_\_\_\_ Highest altitude you have climbed \_\_\_\_\_  
Highest altitude you intend to climb \_\_\_\_\_ Date of last climb \_\_\_\_\_  
Date you anticipate climbing again \_\_\_\_\_ # of climbs made in the last 12 months \_\_\_\_\_  
# of climbs anticipated in the next 12 months \_\_\_\_\_

**Hiking:**

# of climbs made in your lifetime \_\_\_\_\_ Highest altitude you have climbed \_\_\_\_\_  
Highest altitude you intend to climb \_\_\_\_\_ Date of last climb \_\_\_\_\_  
Date you anticipate climbing again \_\_\_\_\_ # of climbs made in the last 12 months \_\_\_\_\_  
# of climbs anticipated in the next 12 months \_\_\_\_\_

**Rock:**

# of climbs made in your lifetime \_\_\_\_\_ Highest altitude you have climbed \_\_\_\_\_  
Highest altitude you intend to climb \_\_\_\_\_ Date of last climb \_\_\_\_\_  
Date you anticipate climbing again \_\_\_\_\_ # of climbs made in the last 12 months \_\_\_\_\_  
# of climbs anticipated in the next 12 months \_\_\_\_\_

**Snow & Ice:**

# of climbs made in your lifetime \_\_\_\_\_ Highest altitude you have climbed \_\_\_\_\_  
Highest altitude you intend to climb \_\_\_\_\_ Date of last climb \_\_\_\_\_  
Date you anticipate climbing again \_\_\_\_\_ # of climbs made in the last 12 months \_\_\_\_\_  
# of climbs anticipated in the next 12 months \_\_\_\_\_

**Mountain:**

# of climbs made in your lifetime \_\_\_\_\_ Highest altitude you have climbed \_\_\_\_\_  
Highest altitude you intend to climb \_\_\_\_\_ Date of last climb \_\_\_\_\_  
Date you anticipate climbing again \_\_\_\_\_ # of climbs made in the last 12 months \_\_\_\_\_  
# of climbs anticipated in the next 12 months \_\_\_\_\_

**Other:**

# of climbs made in your lifetime \_\_\_\_\_ Highest altitude you have climbed \_\_\_\_\_  
Highest altitude you intend to climb \_\_\_\_\_ Date of last climb \_\_\_\_\_  
Date you anticipate climbing again \_\_\_\_\_ # of climbs made in the last 12 months \_\_\_\_\_  
# of climbs anticipated in the next 12 months \_\_\_\_\_

17. Over the last 5 years have you participated in or do you have plans to participate in within the next 2 years, BASE jumping, street lugging, zorbing, canyoneering, white water rafting, ultimate fighting, cage fighting, hang gliding, parasailing, rodeos, or bungee jumping?

No     Yes, please provide details as follows:

**Sport:**

**BASE Jumping:**

# of times participated in last 12 months \_\_\_\_\_ # of times plan to participate in the next 12 months \_\_\_\_\_  
Date of last participation \_\_\_\_\_

**Street Lugging:**

# of times participated in last 12 months \_\_\_\_\_ # of times plan to participate in the next 12 months \_\_\_\_\_  
Date of last participation \_\_\_\_\_

**Zorbing:**

# of times participated in last 12 months \_\_\_\_\_ # of times plan to participate in the next 12 months \_\_\_\_\_  
Date of last participation \_\_\_\_\_

**Canyoneering:**

# of times participated in last 12 months \_\_\_\_\_ # of times plan to participate in the next 12 months \_\_\_\_\_  
Date of last participation \_\_\_\_\_

**White Water Rafting:**

# of times participated in last 12 months \_\_\_\_\_ # of times plan to participate in the next 12 months \_\_\_\_\_  
Date of last participation \_\_\_\_\_

**Ultimate Fighting:**

# of times participated in last 12 months \_\_\_\_\_ # of times plan to participate in the next 12 months \_\_\_\_\_  
Date of last participation \_\_\_\_\_

**Cage Fighting:**

# of times participated in last 12 months \_\_\_\_\_ # of times plan to participate in the next 12 months \_\_\_\_\_  
Date of last participation \_\_\_\_\_

**Hang Gliding:**

# of times participated in last 12 months \_\_\_\_\_ # of times plan to participate in the next 12 months \_\_\_\_\_  
Date of last participation \_\_\_\_\_

**Parasailing:**

# of times participated in last 12 months \_\_\_\_\_ # of times plan to participate in the next 12 months \_\_\_\_\_  
Date of last participation \_\_\_\_\_

**Rodeos:**

# of times participated in last 12 months \_\_\_\_\_ # of times plan to participate in the next 12 months \_\_\_\_\_  
Date of last participation \_\_\_\_\_

**Bungee Jumping:**

# of times participated in last 12 months \_\_\_\_\_ # of times plan to participate in the next 12 months \_\_\_\_\_  
Date of last participation \_\_\_\_\_

18. Do you have plans to travel outside of the U.S. or Canada in the next 2 years?

- No       Yes, please provide details as follows:

Where you plan to travel: \_\_\_\_\_ Anticipated departure date: \_\_\_\_\_

Length of travel time:  
 Less than 2 weeks     2-4 weeks     1-3 months     3-6 months     6-12 months     1-2 years     More than 2 years

Reason for travel:  
 Business     Mission work     Pleasure     Visit family/friends     Education

Where you plan to travel: \_\_\_\_\_ Anticipated departure date: \_\_\_\_\_

Length of travel time:  
 Less than 2 weeks     2-4 weeks     1-3 months     3-6 months     6-12 months     1-2 years     More than 2 years

Reason for travel:  
 Business     Mission work     Pleasure     Visit family/friends     Education

Where you plan to travel: \_\_\_\_\_ Anticipated departure date: \_\_\_\_\_

Length of travel time:

Less than 2 weeks    2-4 weeks    1-3 months    3-6 months    6-12 months    1-2 years    More than 2 years

Reason for travel:

Business    Mission work    Pleasure    Visit family/friends    Education

Where you plan to travel: \_\_\_\_\_ Anticipated departure date: \_\_\_\_\_

Length of travel time:

Less than 2 weeks    2-4 weeks    1-3 months    3-6 months    6-12 months    1-2 years    More than 2 years

Reason for travel:

Business    Mission work    Pleasure    Visit family/friends    Education

19. Which of the following best describes your exercise routine of the last 12 months?

Check ALL applicable activity(ies) and specify activity details.

I do not follow a regular exercise routine

**Activity:**

**Yoga, Pilates, or Other Flexibility with Strength Exercise:**

Frequency:    1-2 days per week    3-4 days per week    5 or more days per week

Average duration per session:    Less than 20 minutes    20-30 minutes    30-45 minutes    45 minutes or more

Specify activity: \_\_\_\_\_

**Low Intensity Cardio/Aerobic Activity/Walking (less than 60% of maximum heart rate):**

Frequency:    1-2 days per week    3-4 days per week    5 or more days per week

Average duration per session:    Less than 20 minutes    20-30 minutes    30-45 minutes    45 minutes or more

Specify activity: \_\_\_\_\_

**Medium Intensity Cardio/Aerobic Activity/Jogging (60-80% of maximum heart rate):**

Frequency:    1-2 days per week    3-4 days per week    5 or more days per week

Average duration per session:    Less than 20 minutes    20-30 minutes    30-45 minutes    45 minutes or more

Specify activity: \_\_\_\_\_

**High Intensity Cardio/Aerobic Activity/Running (greater than 80% of maximum heart rate):**

Frequency:    1-2 days per week    3-4 days per week    5 or more days per week

Average duration per session:    Less than 20 minutes    20-30 minutes    30-45 minutes    45 minutes or more

Specify activity: \_\_\_\_\_

**Weight Lifting or Weight Training Exercise:**

Frequency:    1-2 days per week    3-4 days per week    5 or more days per week

Average duration per session:    Less than 20 minutes    20-30 minutes    30-45 minutes    45 minutes or more

Specify activity: \_\_\_\_\_