

ASTHMA QUESTIONNAIRE

Name of the Life to be Insured

Quotation No.

1. With regard to your chest complaint:
- a) Describe the nature of these attacks _____
 - b) At what age did you have the first attack? _____
 - c) What was the date of the most recent attack? _____
 - d) Have any attacks confined you to bed or home? YES NO

If "YES", when and for how long?

- e) How frequently do these attacks occur? State number per year _____
2. During the past two years have you on any occasion had shortness of breath, tightness of the chest, wheeziness or any other symptoms of asthma?
 YES NO

If "YES", state full details as to frequency, severity and duration

3. Do you receive treatment for these attacks? YES NO
- If "YES", please state:
- a) Nature of treatment (bronchodilators, aerosol inhalants, steroid therapy) _____

State brand name, if known _____

- b) In which category mentioned below does such treatment fall?

Please tick	Further information (if relevant):	Most recent dates/periods:
<input type="checkbox"/> Occasional treatment during attacks	_____	_____
<input type="checkbox"/> Treatment over a period of months	_____	_____
<input type="checkbox"/> Continuous treatment	_____	_____
<input type="checkbox"/> Hospitalisation	_____	_____
<input type="checkbox"/> Short courses of steroids	_____	_____

4. Is your chest clear between attacks? YES NO
- If "NO", please provide details

5. Have you ever been absent from work as a result of an attack?

YES NO

If "YES", please state number of days _____

6. Have you ever had your chest X-rayed or undergone any pulmonary function tests?

YES NO

If "YES", please state date and result _____

7. Please state name and address of personal medical attendants consulted re asthma and any further relevant particulars

I hereby declare that the above statements are full, complete and true and agree that this shall form part of my application for the Policy.

Signature _____

Date

D	D	M	M	Y	Y	Y	Y
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