

INDIGESTION QUESTIONNAIRE

Name of the Life to be Insured

Policy No.

Kindly answer, as fully as possible, the following questions relating to indigestion, whether it to be of unknown origin or due to duodenal or gastric ulcer or other cause. By "indigestion" is meant pain, heartburn, flatulence, belching and any other discomfort in the digestive tract.

1. What are the symptoms? Indicate by X Pain Belching Heartburn Nausea

2. When did you first suffer from indigestion? _____

3. a) How often do the attacks occur? _____

b) How long do the attacks last? _____

4. How severe are the attacks? _____

5. Specify the exact situation of the discomfort

Did the discomfort spread:

a) to other parts of the abdomen or back? YES NO

b) to the chest or arms? YES NO

If "YES" in a) or b) state details.

6. Did you have shortness of breath with any of the attacks? YES NO

If "YES", state details

7. Have you ever vomited blood or passed black stools? YES NO

If "YES", state details

8. Have you ever consulted a doctor for the indigestion? YES NO

If "YES", state date and name and address of doctor

What was the doctor's diagnosis?

9. Have you had X-rays of the gastro-intestinal track or gall bladder?

YES NO

If "YES", what was the result?

Give the name and address of the radiologist and date(s) of examination(s)

10. When last did you have indigestion _____

11. Have you ever altered your diet because of the indigestion?

YES NO

If "YES", state for what periods and whether you still watch your diet

12. Have you had medical or surgical treatment for the indigestion?

YES NO

If "YES", give details and state whether you still take medicines.

13. Have you ever had an electrocardiogram done?

YES NO

If "YES", state by whom and when

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

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