

## ASTHMA QUESTIONNAIRE

Application No:

Name of life to be assured:

1. Occupation and exact nature of duties

2. Was your first attack in childhood  or in adulthood  ? (Please give exact age at onset)

3. Have the attacks of childhood asthma disappeared on reaching age 20 yrs?  
(to be answered in case of childhood asthma)

YES  NO

If not, are they of same frequency and severity as earlier childhood attacks?

4. Are your attacks seasonal?

If yes, number of attacks per season

5. Have you been admitted to hospital for Asthma?

If yes, attach attending physicians report on the episode.

6. How many attacks on an average do you have in a year and when was the last episode?

7. How long do the attacks usually last?

8. Does your work environment have high level of pollution?

9. How many days (total) you have been away from work due to asthma during last two years?

10. Have you been subjected to Pulmonary Function Tests?

If so, submit the reports.

11. Give details of drug treatment taken if any

12. Are you a smoker?

If yes, please specify the form & quantity of smoking per day

13. What is the level of exercise tolerance? (Mention distance, which you can walk & number of stairs you can climb without causing breathlessness)

I hereby agree that the forgoing questions and answers shall form part of the proposal for insurance made by me to the Company.

Date:

Place:

Signature of the Life to be assured/Proposer