# ASTHMA AND BRONCHITIS QUESTIONNAIRE

Includes asthma, bronchitis, emphysema, chronic obstructive airways disease etc.

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<th>Name of Proposed Insured:</th>
<th>Policy No:</th>
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1. Do you suffer, or have you ever suffered from Bronchitis or Asthma? ☐ Yes ☐ No  
   If "Yes", please explain

2. When did you first have an attack?

3. (a) How many attacks have occurred in the past 12 months?  
   (b) How many attacks occurred 1-2 years ago?

4. What was the date of the last attack?

5. Are the attacks: Mild? ☐ Moderate? ☐ Severe? ☐  
   (a) Are you productive of Sputum? ☐ Yes ☐ No  
   (b) Have you lost time from work? ☐ Yes ☐ No  
   (c) Have you ever coughed up blood? ☐ Yes ☐ No  
   If "Yes", when

6. Have you ever been Hospitalised? ☐ Yes ☐ No  
   If "Yes", when, where and length of time?

7. (a) Are you under treatment or taking medication? ☐ Yes ☐ No  
   If so, include names of medication, dosage and how often taken. Include details of tablets, injections & inhalers.

   (b) Have you ever used steroids? ☐ Yes ☐ No  
   If "Yes", give type and daily dosage

   (c) Have you ever taken steroids by mouth? ☐ Yes ☐ No  
   If "Yes", when did you last take pills?
8. (a) Please give names and addresses of all doctors consulted and dates for any of the above:

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<th>Name(s)</th>
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(b) Please give date and results of any Chest X-Rays or Pulmonary Function tests done:
________________________________________________________

(c) Do you use a Peak Expiratory Flow Rate Meter? ............................................
□ Yes □ No
If so, please state results of last test:
________________________________________________________

9. Are you short of breath or do you wheeze on exertion? ............................................
□ Yes □ No
If "Yes", explain
________________________________________________________

10. Do you smoke? .................................................................
□ Yes □ No
If, "Yes", state daily consumption
________________________________________________________

I hereby agree that this supplement shall form a part of the application and of the policy issued thereunder, if any, and that it shall be binding on any person or persons who shall have or claim any interest under such policy. I have carefully read the above questions, statements, and answers and all such statements and answers are correctly recorded and are true as written above.

Dated this _______________________________day of ___________________________, 20_____________

_________________________________________   ______________________   ______________________
Advisor/Witness                        Signature of Proposed Insured           Applicant (if other than Proposed Insured)

UND70002 – 11 August 2011