

## ASTHMA QUESTIONNAIRE

Name of applicant \_\_\_\_\_ Date of birth \_\_\_\_\_

Policy number \_\_\_\_\_

1. a) When did symptoms of asthma first occur? .....
- b) What was the date of the most recent attack? .....
- c) How long does an attack last? .....
- d) What causes an attack? .....
2. a) How frequently do these attacks occur?.....
- b) State how many attacks per year .....
- c) Do you experience wheezing or tightness of the chest? 

YES	NO
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3. Do you receive treatment for your asthma? 

YES	NO
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- a) If so, state the nature of the treatment .....
- b) What other treatment did / do you receive? (e.g. cortisone, Aerosol spray etc.) .....
- c) How often do you take treatment? .....
4. Have you ever been off work as a result of an attack? 

YES	NO
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- If so, state when and for how long .....
5. Have you ever changed your place of residence or occupation 

YES	NO
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- because of asthma? If so, please supply details .....
- |     |    |
|-----|----|
| YES | NO |
|-----|----|

6. Have you ever had your chest x-rayed? If so, when and what was the result? .....

7. Are you or have you ever been a smoker?

YES	NO
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Please supply details .....

8. Have you ever had hay fever, urticarial or other allergic ailments?

YES	NO
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9. Please state any further relevant particulars including name and address of personal medical attendant(s) or hospital(s) attended .....

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I declare that the above information is true and complete and agree that it shall form part of the basis of the proposed contract with the AXA Mansard Insurance plc.

Date ..... Signature .....