

ASTHMA QUESTIONNAIRE

Name of Applicant _____

1. When did the asthma first attack? _____
2. How often do you have an episode of asthma? _____
3. When was the last attack? _____
4. Are the episodes seasonal? _____
5. How severe are they? _____
6. How long does an attack last? _____
7. What hospital treatment has been necessary? _____
8. How much time do you lose from work because of asthma? _____
9. Do you have wheezing or shortness of breath between attacks? _____
10. Have you changed your occupation or residence because of asthma? _____
11. Is the asthma becoming more or less severe? _____
12. What causes the asthma? _____
13. What treatment is taken? _____
 - a. For acute attacks? _____
 - b. In the interval between attacks _____
 - c. Desensitization? _____
14. Name and address of attending doctor _____

15. Any complications of asthma – i.e recurrent pneumonia, emphysema, cough, sputum, sinusitis _____
16. Any other allergies? _____

I have read the above statements and answers and they are complete and true to the best of my knowledge and belief. I understand they will form part of the application to the Manulife Chinabank Life Assurance Corporation on my life.

Signed at _____ this _____ day of _____ 20_____.

Signature of Applicant

Signature of Agent