

RESPIRATORY DISORDER QUESTIONNAIRE

(Includes asthma, bronchitis, emphysema, etc.)

Full name of life to be assured

Proposal number /Application number

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PART 1 – To be completed by Life to be Assured / Proposer

1. Please state the precise diagnosis (if known)

2. When was this condition first diagnosed? (Give exact age / year of onset)

3. Have you had any x-rays, PFT or other investigations for this condition? ☐ Yes ☐ No

If YES, please provide details including dates of investigations and results and attach a copy of the reports

4. Have you been admitted to hospital for this condition? ☐ Yes ☐ No

If YES, attach attending physician's report / hospital discharge card

5. Regarding your symptoms:

A. Please describe your symptoms and how they affect you.

B. How frequently do these symptoms occur? e.g. how many attacks on an average do you have in a year.

C. Do your symptoms wake you at night? ☐ Yes ☐ No

If Yes, how often per month?

D. Are your attacks seasonal? ☐ Yes ☐ No

If YES, give number of attacks per season

E. Are you aware of any specific provoking cause(s) which trigger your symptoms? e.g. exercise, stress, allergy. ☐ Yes ☐ No

If YES, please provide details

6. Do these symptoms restrict your daily activities in any way? ☐ Yes ☐ No

If YES, please provide details

7. How many days (total) have you been away from work or routine activities due to this condition during last 2 years?

8. Please provide details of your treatment. Include names of medication (e.g. Asthalin, Bricanyl, Vent, Deriphylline etc), dosage and how often they are taken. Include details of tablets, injections and inhalers:

a. Currently :

b. In the past :

c. Have you ever taken steroids? e.g. Beclomethasone, Prednisone etc. ☐ Yes ☐ No

If YES, please provide full details including duration and type of treatment like Inhaler, tablets etc.

9. Regarding the monitoring of your condition:

a. Who is in charge of your follow-up?

b. How often do you attend for follow-up?

c. When was your last consultation?

d. Do you use a peak flow meter and record the results? ☐ Yes ☐ No

If YES, please provide your lowest and highest readings in the last 3 months.

10. Do you smoke * cigarettes / beedis / cigar / pipes?

*Strike off whichever is not applicable

If YES, nos _____ per day, since last _____ years.

11. What is the level of your exercise tolerance? Mention distance, which you can walk and number of stairs you can climb without causing breathlessness.

12. Please provide any additional information on your condition, which you feel, will be helpful in processing your application.

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

Signature of the Life to be Assured / Proposer

Place: _____

Date: _____

PART 2 – To be completed by Treating Physician / Family Physician.

1. Please give the diagnosis and date of diagnosis.

2. Please provide details of the frequency of attacks and the date of the last attack.

3. Given the classifications provided below where, would you describe your patient's condition as mild, moderate or severe?

☐ MILD ☐ MODERATE ☐ SEVERE

4. Is there any limitation of functional capacity including ability to work? If so, please give details including dates and duration of any time off work.

5. Please provide the dates and results of any investigations. e.g. pulmonary function tests, chest x-rays, etc.

6. Please give details of treatment, particularly any steroid therapy.

Signature of the Treating / Family Physician

Place: _____

Date: _____

Asthma

Mild

- Airways clear between attacks
- Attacks responding rapidly to self-administered remedies
- No acute spasmodic attacks or frequent respiratory infections within the last two years

Moderate

- More than three acute spasmodic attacks within the last two years
- More frequent use of antispasmodics
- Occasional use of oral corticosteroids during an acute spasmodic attack

Severe

- Continuous medication
- Impaired chest development
- History of status asthmaticus or hospital admission within the last two years

Bronchitis

Mild

- Regular winter bronchitis
- Rarely off work.
- Abnormal lung signs in winter, often none in summer

Moderate

- More than one month off work each year
- Undue shortness of breath on effort
- Abnormal signs in chest in all seasons

Severe

- Continuous symptoms throughout the year

- Chronic productive cough and obvious shortness of breath
- Frequent incapacity from acute exacerbations

Bronchiectasis

Mild

- Unilateral, localised, minimal
- No continuous cough
- No chronic bronchitis or emphysema

Moderate

- More extensive unilateral involvement or comparable bilateral involvement
- Regular postural drainage
- History of acute infection not more than once a year

Severe

- Extensive lesions with continuous symptoms

Emphysema

Mild

- No dyspnoea on exertion
- Pulmonary function tests slightly impaired

Moderate

- Slight dyspnoea on exertion
- Minor clinical signs
- Greater impairment of pulmonary function

Severe

- Moderate dyspnoea on exertion
- Obvious clinical signs
- Pulmonary function tests markedly impaired