

SMOKING QUESTIONNAIRE

(To be completed by the life to be assured)

Full name of life to be assured

Proposal number /Application number

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1. Do you consume tobacco in any of the following forms?

a) Tobacco chewing ☐ Yes ☐ No

If Yes, nos of packets /day _____

b) Smoking ☐ Yes ☐ No

If yes, nos /day _____ since _____ yrs

• Cigarettes ☐ Yes ☐ No

If yes, number smoked per day.

nos _____ cigarettes/day since _____ yrs

• Bidi ☐ Yes ☐ No

If yes, number smoked per day

nos _____ Bidis/day since _____ yrs

• Pipe ☐ Yes ☐ No

nos _____ times /day since _____ yrs

• Cigar ☐ Yes ☐ No

nos _____ cigars /day since _____ yrs

• Any other form ☐ Yes ☐ No

Please specify the quantity _____ since _____ yrs

c) Snuff ☐ Yes ☐ No

If yes, number of times used per day since _____ yrs

2. State the year of starting the habit?

3. Have you made any attempt to give up the habit?

4. If so with what results?

5. If given up completely, since when?

6. Do you have smoking related persistent cough, wheezing or hoarseness of voice?

7. Have any ECG, chest X-ray been done if yes please attach a copy?

8. Have you ever suffered from TB/Bronchitis/asthma/breathlessness, please attach relevant medical reports if any.

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

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

Place: _____

Date: _____

Signature of the Life to be Assured / Proposer