



FOLLOW UP QUESTIONNAIRE: ASTHMA

Employee Name _____ **Group Name** _____
Proposed Insured _____ **D.O.B.** _____

1. How old were you when you had your first attack?
2. How many attacks occur per year? _____ (An attack is characterized by wheezing, shortness of breath, and a sense of chest compression.) If you have some or all of the symptoms listed, please give a specific number.
3. Is this condition seasonal or year round?
4. How long do the attacks last?
5. What was the date of the last occurrence?
6. Are attacks becoming more frequent or prolonged? Frequent___ Prolonged___
7. Has hospitalization been required? Yes___ No___
If yes, please give date and length of stay?
8. Are you being treated for allergies? Yes___ No___
If yes, medication or shots?
9. Please provide a list of all medication currently used to treat Asthma, with dosage and and frequency.
10. Please provide a list of all medication used since first attack.
11. Give date and result of timed vital capacity test or other tests performed.
12. Give one Blood Pressure reading, if known.
13. Do you smoke? If yes, how many cigarettes per day?

I certify to the best of my knowledge that the above statements and answers are complete, true and accurate. I understand that the answers to the above questions shall be the basis of any coverage issued, and that any incorrect answers may void this insurance.

Date: _____ **Signature of proposed insured** _____

If additional space is required, please use reverse side.