

## CHEST PAIN QUESTIONNAIRE

(To be completed by the Life to be Assured)

Full name of life to be assured

Application number

--	--	--	--	--	--	--	--	--	--

1. Have you ever experienced a chest pain?  Yes  No

2. What was the date of the first attack of chest pain

---

3. How long did the pain last?

---

4. Have any attacks occurred subsequently?  Yes  No

If yes, please provide dates.

---

5. What was the nature and severity of the pain? e.g. very severe, crushing, vice-like, sharp, stabbing, dull ache, vague discomfort.

---



---

6. What was the location of the pain? e.g. central, in the left or right side of the chest, across the front of the chest, elsewhere in the chest.

---



---

7. Did the pain radiate outside the chest? e.g. to the shoulders, arms, jaw, abdomen.

---

8. What was the mode of onset? e.g. sudden, gradual, at rest, only on exertion ceasing with rest, only with certain postures, worsened by deep inspiration.

---



---

9. Were you given any treatment or undergo any investigations e.g. Stress Test?  Yes  No

If yes, please provide details including names of any medication.

---

10. Are you undergoing periodic preventive check-up for prevention of heart disease?  Yes  No

If yes, please provide all check-up reports.

11. Have your father, mother, brother, sister suffered from coronary artery disease?  Yes  No

If yes, please provide details like age, treatment details etc.

---

12. Have you been diagnosed as having

A. Hypertension (high blood pressure)  Yes  No

B. Diabetes  Yes  No

C. Ischemic / Coronary Heart Disease  Yes  No

D. Chronic Obstructive Lung Disease (COPD)  Yes  No

13. How many days you have been away from work due to chest pain?

---

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

---

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 forgoing 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

\_\_\_\_\_  
Signature of the Medical Examiner / Code No.