

Colonial Life Insurance Company (Trinidad) Limited
29 ST VINCENT STREET, PORT OF SPAIN
ASTHMA QUESTIONNAIRE

NAME **DATE OF BIRTH**

1. When did the asthma first start?
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 the 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? (Insert the name of drugs used)
 - (a) For the acute attacks
 -
 - (b) In the interval between attacks?
 -
 - (c) Desensitisation?.....
14. Name and address of attending doctor
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15. Any complications of asthma - i.e. recurrent pneumonia, emphysema, cough, sputum, sinusitis
.....
16. Any other allergies.....

I, the undersigned, declare that I have read over the answers to the questions contained on this page, and they are full, complete and true, and are correctly recorded, and are in continuation of and form part of my application for Insurance to Colonial Life Insurance Company (Trinidad) Limited.

DATED ATTHISDAY OF..... 20.....

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Applicant's Signature

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Examiner's Signature