



CHEST PAIN QUESTIONNAIRE

(To be filled by the Life To Be Assured)

Name of Life To Be Assured: \_\_\_\_\_ Proposal No.: \_\_\_\_\_

- 1. What was the date of the first attack of chest pain?
2. How long did the pain last?
3. What was the nature and severity of the pain? I.e. very severe, crushing, vice-like, sharp, stabbing, dull ache, vague discomfort.
4. Have any attacks occurred subsequently?
5. Mention 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.
6. Did the pain radiate outside the chest? E.g. to the shoulders, arms, jaw abdomen.
7. 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.
8. Were you given any treatment or did you undergo any investigations e.g. stress test?
9. Are you awaiting any further investigations or treatment? If yes, pls advise what and when this is expected.
10. Are you undergoing periodic preventive check-up for heart disease?
11. How many days have you been away from work due to chest pain?
12. Please provide any additional information on your condition, which you feel, will be helpful in processing your application.

Declaration by the Life To Be Assured:

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.

Date & Place: \_\_\_\_\_ Signature of Life to be Assured

Declaration in case Life To Be Assured signs in Vernacular / Uses Thumb Impression:

I have read out and fully explained the contents of the questionnaire and he/she has understood the same. I have truthfully recorded the replies given by the Life to be Assured and that the Life to be Assured has affixed the signatures/thumb impression above after fully understanding the contents thereof.

Date & Place \_\_\_\_\_ Name and Signature of Declarant