

ASTHMA QUESTIONNAIRE

NAME OF APPLICANT: _____ DATE OF BIRTH: _____

POLICY #: _____ REFERENCE #: _____

Please provide the answers to the following questions. Include as much information as you can. You **do not** need to take this form to a doctor.

1 Have you ever had asthma or bronchitis? Yes No

a) What are the symptoms, any wheezing? _____

b) Are they seasonal or any symptoms year round? _____

c) Do you know what causes these symptoms? _____

2 a) When did first episode occur? _____

b) How often do you have episodes? _____

c) How long do they last? _____

d) When was the last episode? _____

3 a) Do you require medication on a daily basis? Yes No

If yes, state medications used and dosage _____

b) Do you use an inhaler? Yes No

How often? _____

c) Have you ever been prescribed cortisone or steroids either in tablet form or injection? Yes No

For how long? _____

What dosage? _____

When last? _____

4 a) Have you ever had to report to the hospital for treatment? Yes No

b) How often? _____

c) When last? _____

d) Were you admitted or how long did you stay? _____

e) Nature of treatment (oxygen? inhalation treatment? injections? intravenous medication? _____

5 a) How much time have you lost from school or work due to asthma over the past three years? _____

b) Do you have any sports restriction? Yes No

(See Over)

