



RESPIRATORY DISORDERS QUESTIONNAIRE

Name:

Proposal No.:

Please answer all questions in this questionnaire providing full details. Once you have completed all the questions and read the declaration please sign and date where applicable.

1. Please indicate the precise diagnosis of your respiratory problem, if known:

- | | |
|-------------------------------------|--------------------------|
| Asthma | <input type="checkbox"/> |
| Chronic bronchitis | <input type="checkbox"/> |
| Chronic obstructive airways disease | <input type="checkbox"/> |
| Emphysema | <input type="checkbox"/> |
| Pulmonary tuberculosis | <input type="checkbox"/> |
| Bronchiectasis | <input type="checkbox"/> |
| Obstructive sleep apnoea | <input type="checkbox"/> |
| Others (please specify below): | <input type="checkbox"/> |

2. When was this condition first diagnosed?

3. Do you experience any ongoing symptoms? Yes ☐ No ☐ If 'Yes', please describe them.

4. How frequent are the symptoms? How many attacks have you had in the last 12 months?

5. When did you last have symptoms / attack?

6. Were any investigations carried out (e.g. chest x-ray, pulmonary function test, scans, etc.)? Yes ☐ No ☐
If 'Yes', please provide details including dates and results.

7. Please provide details of your treatment, including names of medication.

8. Have you ever required steroids (e.g. Prednisilone, Pulmicort, etc.) or oxygen treatment? Yes ☐ No ☐
If 'Yes', please provide details to include dates and duration.

9. Have you ever required inpatient treatment for this condition? Yes ☐ No ☐
If 'Yes', please provide details to include dates, duration of stay and name and address of all specialists attended.

10. Have you ever been off work as a result of this condition? Yes ☐ No ☐ If 'Yes', please provide dates and details.

11. Are your daily activities restricted in any way by this condition? Yes ☐ No ☐ If 'Yes', please provide details.

12. Do you smoke or have you ever smoked? Yes ☐ No ☐ If 'Yes', please advise when you started smoking, when you stopped smoking (if applicable) and amount of tobacco you smoke/smoked a day.

13. Do you use a peak flow meter and record the results? Yes ☐ No ☐
If 'Yes', please advise the frequency and your lowest and highest readings in the last 3 months.

14. Please provide any other information about this condition that you think would be helpful to us in processing your application

I declare that:

- The answers above are true and complete to the best of my knowledge
- I have not withheld any information that may influence the assessment or acceptance of this application.

I agree that:

- This questionnaire will form part of the application to Royal London
- If the answers to any of the questions changes before Royal London assumes risk on the plan, I'll tell Royal London in writing
- If I do not give Royal London all facts that are likely to influence the assessment and acceptance of this application, any plan issued as the result of this application may be cancelled or the terms changed and any claims may be refused.

Signed:

Date:

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