

KNIGHTS OF COLUMBUS FRATERNAL ASSOCIATION OF THE PHILS, INC.

Fr. George J. Willmann, S.J. Center  
Gen. Luna cor' Sta. Potenciana Sts.,  
Intramuros, Manila

ASTHMA QUESTIONNAIRE

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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 an 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? \_\_\_\_\_
  - a.) For the acute attacks? \_\_\_\_\_
  - b.) In the interval between attacks? \_\_\_\_\_
  - c.) Desensitization? \_\_\_\_\_
14. Name and address of attending doctor? \_\_\_\_\_
15. Any complications of asthma i.e. recurrent pneumonia, emphysema, cough, sputum, sinusitis \_\_\_\_\_
16. Any other allergies? \_\_\_\_\_

I have read the above statements and answers and they are complete and true to the best of my knowledge and belief. I understand they will form a part of the application to KC Fraternal Assoc. of the Phil. for insurance on my life.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

If completed by a Medical or Paramedical Examiner, Please give:

|                |
|----------------|
| Name: _____    |
| Address: _____ |
| _____          |

SIGNATURE OF THE PROPOSED ASSURED