

KNIGHTS OF COLUMBUS FRATERNAL ASSOCIATION OF THE PHILS, INC.
 Fr. George J. Willmann, S.J. Center
 Gen. Luna cor Sta. Potenciana Sts.,
 Intramuros, Manila

CHEST PAIN QUESTIONNAIRE

To be completed by the life proposed

Full Name:

1. a) What was the date of the first attack _____ Last attack _____
 b) Frequency of attack _____

2. Have any attacks occurred subsequently? If so, when? _____

3. What was the location of discomfort or pain e.g. central, in the left or right side of the chest, across the front of the chest or elsewhere in the chest _____

4. What was the nature and severity of the pain?
 Crushing _____ Burn _____ Ache _____ Sharp _____ Vague discomfort _____

5. Did the pain radiate outside the chest e.g. to the shoulder, arms, jaw, abdomen. _____

6. 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. _____

7. What was the duration of the pain? If the attack lasted for more than 15 minutes, please state the date. _____

8. Was any treatment given or consultation done? If so, please give details. _____

9. Are you taking any of the following drugs: 1. Anti-coagulant _____ 2. Intended to control Blood Pressure _____ 3. Any drug to improve circulation _____

I agree that the above questions and answers shall from the part of my proposal for life insurance.

_____ Applicant's name and signature _____ Date