

**Asthma Questionnaire**

Title  Surname

Given name(s)

Date of birth

1 When did you have your first episode?

2 How frequently do you need to use medication (inhalers, tablets, etc)?

3 Approximately how many episodes occur per year?

4 When was your most recent episode?

5 How much time have you lost from work due to asthma in the past 12 months?

6 Have you ever been hospitalised for this condition or needed to attend a hospital, casualty or doctors's surgery for urgent treatment?

No

Yes

Please provide names of hospitals, doctors and dates

7 Have you consulted any other doctor for this condition?

No

Yes

Please provide names and addresses of doctors and dates

8 Are you now taking medication or have you used any medication (including steroids) within the last 12 months?

No

Yes

Please provide name of drug, daily dosage and date ceased (if applicable)

9 Do you record your own peak flow levels?

No

Yes

Please provide details of how often you record your own peak flow levels and on average what the results are

**DECLARATION**

The answers to the questions above are true and complete and this supplementary questionnaire forms part of my application for insurance.

**Signature**

Date / /

Please return this completed form to:  
**Smartsave**  
PO Box 1282  
Albury  
NSW 2640