
Chest Pain Questionnaire

to be completed by the life proposed

Full name

- 1 Have you ever had an attack of chest pain or discomfort? If so:-
 - a) What was the site of the pain or discomfort? e.g. central, in the left or right side of the chest, across the front of the chest, elsewhere in the chest?
 - b) What was the severity of the pain or discomfort? e.g. very severe, crushing, vice-like, sharp, stabbing, dull ache, vague discomfort
 - c) Did the pain radiate outside the chest? e.g. to the shoulders, arms, jaw, abdomen

- 2
 - a) How frequently do these attacks occur?
 - b) What was the date of the most recent attack?

- 3
 - a) What is the average duration
 - b) If any attacks lasted for more than 15 minutes, please state date or dates

- 4 How do the attacks occur? e.g. sudden, gradual, at rest, only on exertion ceasing with rest, only with certain postures, worsened by deep inspiration

- 5
 - a) Do you obtain relief from trinitrin or glyceryl trinitrate tablets?
 - b) If so, how quickly does the relief occur?

- 6 Have you been treated, or are you now being treated with any anticoagulant or other drug? If so, state, so far as possible, the nature of the drug, the dosage and the duration of the treatment

7 Have your medical advisers suggested you restrict your activity:

a) at work?

b) Otherwise?

If so, please give some indication of the extent and duration of the restriction

8. Has an electrocardiogram or an X-ray of your chest been taken?

If so, state the date of the most recent:-

a) electrocardiogram

b) chest X-ray

9 Please state the name and address of your personal medical attendant(s)

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

Date..... Signature.....