

---

**CHEST PAIN QUESTIONNAIRE**

---

**To be completed by the Life To Be Assured**

Full Name of Life To Be Assured : \_\_\_\_\_

Policy Number : \_\_\_\_\_

1. What was the date of the attack? \_\_\_\_\_

2. Have any attacks occurred subsequently? If "Yes", when?  
\_\_\_\_\_

3. Where was the location of pain?  
(e.g. central, in the left or right side of the chest, across the front of the chest, elsewhere in the chest)  
\_\_\_\_\_

4. What was the nature and severity of the pain?  
(e.g. very severe, crushing, vice-like, sharp, stabbing, dull ache, vague discomfort)  
\_\_\_\_\_

5. Did the pain radiate outside the chest? (e.g. to the shoulders, 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? \_\_\_\_\_

8. Was there any treatment given or investigation done? If "Yes", please give details.  
\_\_\_\_\_

**I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assesment or acceptance of my proposal.**

**I agree that this form will constitute part of my proposal for life assurance and that failure to disclose any material fact known to me may invalidate the contract.**

\_\_\_\_\_  
Signature of Life To Be Assured

\_\_\_\_\_  
Date