QUESTIONNAIRE – CHEST PAIN

SSQ, Life Insurance Company Inc.
1225 Saint-Charles Street West, Suite 200, Longueuil, Quebec J4K 0B9

GENERAL INFORMATION

FIRST NAME	NAME
DATE OF BIRTH	POLICY NUMBER

1. Have you ever suffered from chest pain? ☐ YES ☐ NO

   Date of first occurence: _____ Date of the last occurence: _____

   Interval between occurences: _____ Average duration: _____

2. If you answered Yes to question 1, is the pain:
   - ☐ in the left shoulder, arm or hand
   - ☐ in both shoulders or arms
   - ☐ mid chest
   - ☐ accompanied by perspiration
   - ☐ on the left side of the chest
   - ☐ accompanied by pressure

3. Have you experienced this pain:
   - ☐ while exerting yourself or exercising
   - ☐ while experiencing emotion or straining
   - ☐ while being exposed to cold weather
   - ☐ after eating

4. Have you consulted a doctor due to this pain? ☐ YES ☐ NO

   Prescribed treatment: _____

   Current medications: _____

   After taking the medication, how long until the pain disappears? _____

5. a) Did you stop working because of the pain? ☐ YES ☐ NO
   Date of cessation: _____ Date of return to work: _____

   b) Have you been hospitalized? ☐ YES ☐ NO
   From _____ to _____ Name of the hospital: _____

   c) How long did your convalescence last? From _____ to _____

   d) Have you changed your lifestyle or work habits? ☐ YES ☐ NO
   Please specify: _____

   e) How many hours do you work daily? _____

6. What has been the diagnosis concerning your chest pain? _____

7. Have you ever suffered from: If yes, give date of consultation and doctor's name:

palpitations	☐ YES	☐ NO	_____
shortness of breath	☐ YES	☐ NO	_____
blood pressure	☐ YES	☐ NO	_____

8. Please give the names and addresses of all doctors consulted:

9. a) Do you use tobacco (in any form)? ☐ YES ☐ NO If yes, daily quantity: _____

   b) Have you ever used tobacco (in any form)? ☐ YES ☐ NO If yes, last date: _____

I declare that the above information is true and complete and shall form part of my application.

SIGNATURE OF THE WITNESS	SIGNATURE OF THE INSURED
NAME OF THE WITNESS	DATE