

## Smoking Questionnaire

Name of the Life Insured	
Application Number	

Please answer each question and, where appropriate, provide details and copies of reports.

1. Do you consume tobacco in any of the following forms?

☐ Yes ☐ No

Form/Type	Cigarette/Bidi	Chew (Gutkha, Mava, Raw Tobacco)	Cigar	Pipe/Hukka	Others (Please Specify)
Quantity	_____ sticks per day	_____ gm packets per day	_____ times per day	_____ times per day	_____ per day
Duration	_____ years	_____ years	_____ years	_____ years	_____ years

2. When did you first develop this habit? (First consumption): \_\_\_\_\_

3. Have you ever received medical or any other treatment for:

☐ Yes ☐ No

Excessive tobacco consumption; or have you ever been medically advised to reduce or discontinue tobacco use?

If 'Yes', please provide details and attach copies of medical reports: \_\_\_\_\_

4. a) Have you made any attempts to give-up the habit?

☐ Yes ☐ No

b) If 'Yes', why and how? What were the results? \_\_\_\_\_

5. Do you have a history of hypertension / diabetes / heart problem / stroke / depression or anxiety?

☐ Yes ☐ No

b) If 'Yes', please specify: \_\_\_\_\_

I hereby declare, that the above answers and statements are true and complete; and agree that this questionnaire together with the proposal dated \_\_\_\_\_ shall form a part of the contract between me and the company.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of the Life Insured

Please enclose a self-attested copy of any medical reports, if available.

Vernacular declaration: I have explained the contents of this form and have read out the responses to the Life Insured in his/her local language. He/she has confirmed that the contents are fully understood by him/her.

Name of the Declarant: \_\_\_\_\_

Address of the Declarant: \_\_\_\_\_

Signature of the Declarant

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of the Life Insured