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ASTHMA QUESTIONNAIRE

Name of Proposed Insured: _____ Date of Birth: _____

1. Name and address of physician treating you:

2. Date of last attack: _____ How many attacks a year? _____

3. Are lungs clear between attacks? YES NO

4. Present medication(s) used: _____

5. Have you ever been on oxygen? YES NO

⇒ If "yes," please give full details:

Last date used and duration: _____

6. Have you ever been hospitalized? YES NO

⇒ If "yes," please give details:

Date and duration of stay: _____

Name and address of hospital: _____

I hereby represent that all of the above statements and answers to all the above questions are complete and true.

Signature of Proposed Insured

Date