

## Hypertension Questionnaire Pertanyaan Hipertensi

To be completed by Proposed Insured/Proposed Owner  
Untuk dilengkapkan oleh Hayat Diinsuranskan Yang Dicapadangkan /Pemunya Yang Dicapadangkan

PROPOSED LIFE / PENCADANG : _____ POLICY OWNER / PEMEGANG POLISI	PROPOSAL NO / NO CADANGAN : _____ POLICY NO / NO POLISI
NRIC NO./ NO KP : _____	AGE / UMUR : _____ SEX / JANTINA: <input type="checkbox"/> MALE / LELAKI <input type="checkbox"/> FEMALE / PEREMPUAN
<p><b>We would appreciate if you could kindly complete this questionnaire</b>  <b>Kami amat menghargai sekiranya tuan/puan dapat melengkapkan daftar pertanyaan ini</b></p>	
1. When was high blood pressure measured first diagnosed? <i>Bilakah pertama kali tekanan darah tinggi dikesan?</i>	
2. Why was your blood pressure measured at that particular time? eg routine examination due to symptoms, etc <i>Kenapakah bacaan tekanan darah tinggi diambil pada masa itu?          Contohnya pemeriksaan rutin, akibat petanda dll.</i>	
3. Do you know what your blood pressure readings were at diagnosis? If YES, please provide details. <i>Adakah anda tahu paras bacaan tekanan darah tinggi semasa didiagnosiskan?          Jika jawapan "YA" sila beri butir-butir lanjut.</i>	<input type="checkbox"/> YES / YA <input type="checkbox"/> NO / TIDAK
4. Have you had an ECG, x-ray, blood lipid test or others investigations? If YES, please provide details including dates of investigations and result. <i>Pernahkah anda membuat ECG, X-ray, ujian lipid darah atau lain-lain siasatan?          Jika jawapan "YA", sila beri butir-butir lanjut termasuk tarikh-tarikh siasatan dan keputusan.</i>	<input type="checkbox"/> YES / YA <input type="checkbox"/> NO / TIDAK
5. Provide your details of your treatment, include name of medication (eg Modureric, Navidrex, Aldomet, Inderal, Tenorenic, Tenormin, Trasicor etc), dosage and how often taken: <i>Sila berikan butir-butir terperinci tentang rawatan yang diberikan, termasuk nama-nama ubat (contoh, "Modureric", "Navidrex", "Aldomet", "Inderal", "Tenorenic", "Tenormin", "Trasicor" dll), dos dan kekerapan diambil:</i>	A Currently / Sekarang
	B In the past / Dahulu
6. Regarding the monitoring of your condition: <i>Berkeenaan pengawasan keadaan anda:</i> A Who is in charge of your follow-up? <i>Siapakah yang menjaga rawatan susulan anda?</i>	
B How often do you attend for follow-up? <i>Berapa kerapnya anda membuat rawatan susulan?</i>	
C When was your last consultation? Please provide details of your blood pressure reading at the time, if known. <i>Bilakah rundingan terakhir anda? Sila beri butir terperinci bacaan tahap tekanan darah tinggi anda pada masa itu, sekiranya tahu.</i>	
7. Have any abnormalities (eg protein, blood, etc) ever been found in your urine? If YES, please provide date(s) and full details. <i>Pernahkan keanehan (cth protein, darah, dll) didapati di dalam air kencing anda? Jika Jawapan "YA", sila beri tarikh-tarikh dan butir terperinci.</i>	<input type="checkbox"/> YES / YA <input type="checkbox"/> NO / TIDAK

<p>8. Do you smoke cigarettes? If YES, how many per day?  <i>Adakah anda merokok? Jika jawapan "YA", berapa batang dalam sehari?</i></p>	<p><input type="checkbox"/> YES / YA    <input type="checkbox"/> NO / TIDAK    <input type="checkbox"/> stick/day  batang/hari</p>
<p>9. Have you lost significant time (eg weeks) off work with this condition? If YES, please provide details including dates and durations of times off work. <i>Pernahkan anda kehilangan masa yang ternyata penting (cth berminggu-minggu) dari kerja dalam keadaan sebegini? Jika jawapan "YA", sila beri butir terperinci termasuk tarikh dan tempoh masa tidak bekerja.</i></p>	<p><input type="checkbox"/> YES / YA    <input type="checkbox"/> NO / TIDAK</p>
<p>10. Please provide any additional information on your condition which you feel will be helpful in processing your application.  <i>Sila beri maklumat tambahan berkaitan keadaan anda sekiranya anda rasa ia boleh membantu dalam proses permohonan anda.</i></p>	

**I declare that the answer I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.**

***Saya mengakui bahawa jawapan yang telah saya beri, adalah pada pengetahuan saya benar dan saya tidak menyimpan apa-apa maklumat penting yang boleh mempengaruhi penilaian atau penerimaan permohonan ini.***

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

***Saya bersetuju bahawa borang ini akan menjadi sebahagian daripada permohonan saya untuk insurans hayat dan kegagalan untuk mengemukakan apa-apa fakta penting yang saya tahu mungkin akan menjadikan kontrak ini tidak sah.***

**Signature of applicant** : \_\_\_\_\_  
**Tandatangan permohon**

**Date** : \_\_\_\_\_  
**Tarikh**