AXA AFFIN
redefining / standards

Headache, migraine Questionnaire

To be completed by the applicant

Name, First name: ....
Application no.: .... **Dated:** ....
This questionnaire will form part of the application.
If any questions below are answered "Yes", please supply full details below including dates and names of doctors and institutions where applicable.

1. Did or do your headaches occur in association with a neurological disorder (e.g. brain tumour), vascular disease (e.g. hypertension) or a head injury?
   - ❑ No
   - ❑ Yes - please provide details ....

2. Did or do your headaches occur in association with a psychosomatic or mental or nervous disorder?
   - ❑ No
   - ❑ Yes - please provide details ....

3. Do you have cluster headaches?
   - ❑ No
   - ❑ Yes

4. What type of headache do you experience?
   - ❑ Mostly one-sided headache
   - ❑ Throbbing headache
   - ❑ Sudden onset
   - ❑ Often associated with nausea and/or vomiting
   - ❑ Due to noise or light sensitivity
   - ❑ With aura or neurological symptoms e.g. visual disturbance, pins and needles, hearing loss, arm or leg weakness
   - ❑ Symptoms lasting not longer than 72 hours continuously
   - ❑ After eating or drinking coffee, chocolate etc.

   Result
   If more than 4 of any of the above questions answered: -> Migraine type headache
   If less than 4 questions answered: -> Tension headache

5. Last symptoms,
   - ❑ more than 3 years ago?
   - ❑ less than 3 years ago?

6. How often ?
   - ❑ once – twice a month
   - ❑ 3 – 4 times a month
   - ❑ more than 4 times a month

7. Medication
   - ❑ as required
   - ❑ continuous medication (one type only)
   - ❑ continuous medication (more than one type)

8. Absence from work
   - ❑ up to 7 days per year
   - ❑ 8 – 15 days per years
   - ❑ more than 15 days per years

9. Have you had any blood or other tests related to your headaches?

❑ No

❑ Yes - please provide dates and details ....

10. Who is currently treating you?

❑ Family doctor

❑ Orthopaedic specialist

❑ Neurologist

❑ Other

Please provide details ....

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

Signed .... **Date** ....