Asthma Questionnaire
Pertanyaan Lelah

(To be completed by attending Doctor)
(Untuk dilengkapi oleh Doktor yang merawat)

Proposed Life / *Pencadang :* _____ Proposal No / *No Cadangan :* _____
Policy Owner / *Pemegang Polisi* NRIC No. / *No KP :*
NRIC No. / *No KP* : _____ Age / *Umur :* _____ Sex / *Jantina :* ☐ Male / *Lelaki* ☐ Female / *Perempuan*

We would appreciate if you could kindly complete this questionnaire
Kami amat menghargai sekiranya tuan/puan dapat melengkapkan daftar pertanyaan ini

(1) For how long has the above named been under your care for asthma? / *Berapa lamakah penama diatas dibawah penjagaan tuan/puan untuk penyakit lelah?*	
(2) Please indicate the P.E.F. determination on his/her first consultation at your clinic / *Sila tunjukkan penentuan P.E.F semasa pencadang membuat rundingan pada pertama kali ke klinik anda*	(L / MIN)
(3) Does he/she use a peak flow meter at home? / *Adakah pencadang menggunakan 'peak flow meter" di rumah?*	☐ Yes / *Ya* ☐ No / *Tidak*
(4) How many times per year on an average does the above named visit your clinic for the following: *Dalam setahun berapa kali kah penama diatas merawat klinik anda untuk berikut:*	
(a) Treatment of an attack of asthma / *Rawatan untuk lelah?*	
(b) Consultation for renewal of prescription for asthma / *Rundingan untuk mengulangi preskripsi ubat lelah*	
(5) At what age did his / her asthma begin? / *Pada umur berapakah pesakit mula menderita dari penyakit lelah?*	
(6) Does he/she suffer from concommittant C.O.A D? / *Adakah penyakit pesakit diiringi C.O.A.D?*	☐ Yes / *Ya* ☐ No / *Tidak*
(7) Is his/her asthma related to any occupational exposure? / *Adakah penyakit lelah pesakit ada kaitan dengan pendedahan pekerjaannya?*	☐ Yes / *Ya* ☐ No / *Tidak*
(8) Does he/she smoke? / *Adakah pesakit merokok?*	☐ Yes / *Ya* ☐ No / *Tidak* (a) No. of cigarettes smoked per day *Jumlah batang rokok yang dihisap dalam sehari*
(9) Does he/she have any history of a atopy? *Adakah pesakit mempunyai sejarah "atopy"*	☐ Yes / *Ya* ☐ No / *Tidak*
(10) When did he/she have an acute attack? / *Bilakah pesakit mengalami serangan yang teruk?*	
(11) What were his/her pre and post attack P.E.F values? / *Berapakah nilai serangan sebelum dan selepas demam Pel-Ebstein?*	Pre attack / *Serangan sebelum* _____ : L / MIN Post attack / *Serangan selepas* _____ : L / MIN
(12) How many acute attacks has he/she had in the last 24 months? / *Berapa kalikah pesakit telah mengalami serangan teruk dalam tempoh 24 bulan yang lepas?*	
(13) How many of these attacks required:- / *Berapa kalikah serangan-serangan ini memerlukan:-* a) attendance by a doctor / *doktor untuk merawat*	
b) admission to a hospital / *kemasukan ke hospital*	
c) use of oral steroids / *kegunaan steroid oral*	
d) absence of work / *ketidakhadiran kerja*	
(14) His/her asthma is treated by / *Penyakit lelahnya dirawati dengan:-* a) use of bronchodilators continuously / *menggunakan `bronchodilators" secara berterusan*	
b) use of bronchodilators intermittently / *menggunakan "bronchodilators" secara sekejap-sekejap*	
c) use of inhaled steroids / *menyedut steroid*	
d) use of oral steroids continuously / *menggunakan steroid oral secara berterusan*	
e) use of oral steroids intermittently / *menggunakan oral steroid secara sekejap-sekejap*	

(15) Please indicate the preparation and dosage of oral steroids that he/she requires on a continuous basis for his/her treatment
Sila tunjukkan penyediaan dan dos steroid oral yang diperlukan secara berterusan untuk merawat pesakit

(16) Please indicate the name of the preparation and dosage of the following if they are used in his/her treatment
Sila beri nama penyediaan dan dos berikut sekiranya digunakan untuk merawat pesakit

TYPE OF MEDICATION ***JENIS UBAT***	**NAME OF PREPARATION** ***NAMA PERSEDIAAN***	**DOSAGE** ***DOS***
(a) Oral bronchodilators *"Oral bronchodilators"*		
(b) Bronchodilators by inhalation *"Bronchodilators" secara sedutan*		
(c) Bronchodilators by suppository *"Bronchodilators" dengan memasukkan pepejal ubat ke dalam dubur*		
(d) Corticosteroids by inhalation "Corticosteroids" secara sedutan		
(e) Sodium cromoglycate - Intal etc *"Sodium cromoglycate - Intal" dll*		
(f) Other medication *Lain-lain ubat*		

(17) Is the abovenamed compliant with his/her treatment and medication?
Adakah penama diatas mematuhi dengan rawatan dan perubatan beliau ?

☐ Yes / *Ya* ☐ No / *Tidak*

(18) Where any of the following done in the last 2 years
Adakah apa-apa ujian dilakukan dalam tempoh 2 tahun yang lepas?

TEST ***UJIAN***	**YES** ***YA***	**NO** ***TIDAK***	**DATE** ***TARIKH***	**RESULT** ***KEPUTUSAN***
(a) Chest X-ray X-ray Dada				
(b) Pulmonary function test *Ujian fungsi " Pulmonary"*				
(c) Allergy *Alahan*				
(d) Others (Please specify) *Lain-lain (Sila nyatakan)*				

(19) Please note the last 3 REF determinations from your records
Sila catit penentuan 3 rekod terakhir penentuan P.E.F
i) (L/ *MIN*) ii) (L/*MIN*) iii) (L/ *MIN*)

(20) How would you best consider the control of his/her asthma?
Apakah pertimbangan anda tentang pengawalan penyakit lelahnaya?
a) Very well control Pengawalan balk ☐ b) Moderate control *Pengawalan sederhana* ☐ c) Poor control Pengawalan lemah ☐

This report has been prepared By :-
Laporan ini telah disediakah oleh :-

Signature of Doctor : _____
Tandatangan Doktor

Clinic rubber Stamp : _____

Dated : _____
Tarikh

Telephone No. : _____
No. Telefon

KINDLY RETURN THIS FORM IN A SEALED ENVELOPE TO THE UNDERWRITER OF OUR COMPANY SO AS TO MAINTAIN CONFIDENTIALITY OF THE INFORMATION THAT YOU HAVE PROVIDED.
SIM KEMBALIKAN BORANG IN1 DALAM SAMPUL SURAT YANG DIGAM KEPADA PENGUNDERAAIT PIHAK SYARIKAT BAGI MENJAMIN KERAHSIAAN MAKLUMAT YANG TELAH ANDA BERIKAN.