

**PEPTIC ULCER QUESTIONNAIRE**  
(To be completed by the Proposer)

Name of Proposer : \_\_\_\_\_

I.C. No. : \_\_\_\_\_ Proposal No. : \_\_\_\_\_

1 State the date of onset of symptoms.	
2 How often have these symptoms appear and how long do they normally last?	
3 Was there any loss of weight during your illness? If so, how much?	
4 Has the pain been associated with meals? If so: (a) Did it occur 2 – 3 hours after meals? (b) Soon after a meal?	
5 During an attack, have you ever had the following symptoms? (a) Haematemesis (vomiting of blood) (b) Malaena (passage of black digested blood in the stools)	
6 Have you ever had a barium meal X-ray taken? If so, please state dates and result.	
7 What type of treatment did you have? If surgery was performed, please state nature of surgery done and date.	
8 Are you at present able to carry on your normal duties and consume normal foods without distress?	
9 Do you at present suffer any symptoms? If you do not, please state date of last attack.	

I declare that the answers 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 proposal.

I agree that this form will constitute part of my proposal for medical and health insurance and that failure to disclose any material fact known to me may invalidate the contract.

\_\_\_\_\_  
Signature of Proposer

\_\_\_\_\_  
Date