POST COVID -19 QUESTIONNAIRE (Part-I)

(to be filled by life assured)

Part –A : Covid-infection questionnaire		
Sl.No	**Questions**	**Reply**
1	Date of diagnosis of covid-19 infection	
2	Please describe symptoms experienced during covid-19 infection	
3	Please confirm nature of illness- mild(asymptomatic or did not require hospitalization, oxygen support etc)/moderate (oxygen support or hospitalization required) /severe (Hospitalization or critical care support required)	
4	Please confirm whether you were home quarantined/isolated or hospitalized	
5	If you were hospitalized, please provide date of admission & date of discharge	
6	Treatment taken during illness (name of drug, dosage, frequency)- Please share hospitalization documents, discharge summary/consultation papers	
7	Please confirm Investigations done during illness (please provide copy of reports	
Part-B: Post- covid fitness questionnaire		
1	Have you visited any doctor after completion of treatment for covid-19?	
	a. If so, please confirm reason & symptoms at time of doctor visit. Please provide all related documents including consultation papers, investigation, treatment & follow up details	
	b. Name of the doctor	
2	If you were suffering from any chronic illnesses e.g. (diabetes, hypertension, asthma, Bronchitis, TB etc). during or before covid-19? Is the condition worsened after covid-19 illnesses (e.g inadequate blood sugar/blood pressure control, increase in medication dosages etc, addition of any medications etc.) Please provide details	
3	Do you suffer from any of following (since covid-19 infection):	

	i) Chronic fatigue ii) Breathlessness at rest/light work/exercise iii) Worsening of chronic illnesses iv) Any psychological disorders including insomnia, anxiety, panic attacks, v) Chronic/continuous pain vi) Weight loss	
4	Do you consume/were you consuming tobacco in any form including smoking	

Date:

Place Signature of the life to be assured