

安老按揭計劃借款人健康問卷

Health Questionnaire of the Borrower under Reverse Mortgage Programme

健康問卷重要備註： 每位借款人須於貸款起始日前填寫此健康問卷。貸款人須向借款人告知按揭保險公司將於收到相關安老按揭申請後 5 個工作天內透過電話聯絡借款人進行健康問卷。

Important Note of the Health Questionnaire: The completion of this Health Questionnaire by each Borrower is mandatory before the date of Closing. Lender must draw the attention of the Borrower that the HKMCI would contact the Borrower for conducting the Health Questionnaire through telephone enquiry within 5 business days following the receipt of reverse mortgage loan application, where applicable.

借款人姓名 **Name of Borrower:** _____

健康資料

HEALTH DETAILS

1. 身高 Height _____ 厘米 cm / _____ 尺寸 ft & in

體重 Weight _____ 磅 lb / _____ 公斤 kg

a) 在過去 12 個月內，閣下的體重有否非故意地減輕超過 10 磅 / 4.5 公斤？
Have you unintentionally lost more than 10 lb / 4.5 kg in the last 12 months?

沒有 No

有 (減輕 10 - 20 磅 / 4.5 - 9 公斤)
Yes (lost 10 - 20 lb / 4.5 kg - 9 kg)

有 (減輕超過 20 磅 / 9 公斤)
Yes (lost more than 20 lb / 9 kg)

2. 身體活動 **Physical Activity**

| 運動水平 Level of Physical Activity | 每週運動次數 No. of Times of Physical Activity Per Week | 運動例子 Example of Exercise | 身體反應 Kind of Body Response |
|--|---|---|---|
| <input type="checkbox"/> a) 沒有任何運動 None | | | |
| <input type="checkbox"/> b) 一些／中等運動 Some / Moderate Exercise | 1或2次 (每次持續時間10分鐘或以上) 1 or 2 times (each with duration 10 mins or more) | 輕步行 Light walking 急步行 Brisk walking 休閒踏自行車 Bicycling for pleasure 高爾夫球 Golf 園藝 Gardening | 少量出汗和呼吸或 心率有輕度至中度 增加 Light sweating and slight to moderate increase in breathing or heart rate |
| <input type="checkbox"/> c) 一些／中等運動 Some / Moderate Exercise | 3次或以上 (每次持續時間10分鐘或以上) 3 times or more (each with duration 10 mins or more) | 跳舞 Dancing 太極 Tai Chi 氣功 QiGong 瑜伽 Yoga 行山活動 Hiking | |
| <input type="checkbox"/> d) 劇烈運動(可以幫助心 肺臟功能) Vigorous Exercise (Cardiovascular) | 1或2次 (每次持續時間20分鐘 或以上) 1 or 2 times (each with duration 20 mins or more) | 跑步 Running 泳池來回游泳 Lap swimming 健美操 Aerobics classes | 大量出汗和／或呼 吸或心率大幅增加 Heavy sweating and / or large increases in breathing or heart rate |
| <input type="checkbox"/> e) 劇烈運動(可以幫助心 肺臟功能) Vigorous Exercise (Cardiovascular) | 3次或以上 (每次持續時間20分鐘 或以上) 3 times or more (each with duration 20 mins or more) | 快速踏自行車 Fast cycling | |

3. 吸用煙草史 (香煙、雪茄或煙斗) Smoking History (Cigarette, Cigar or Pipe Smoker)

- 從未吸用煙草產品
Never Smoke
 - 現時吸煙者*
Current Smoker*
 - 前吸煙者(戒除少於或等於2年)*
Former Smoker (Quit less than or equal to 2 years ago) *
- * 如果是現時吸煙者或前吸煙者(戒除少於或等於2年), 請同時填寫以下 3(a)部分
If Current Smoker OR Former Smoker (Quit less than or equal to 2 years ago), please also fill in section 3(a) below.

- 前吸煙者(戒除多於2年)#
Former Smoker (Quit more than 2 years ago) #
- * 如果是前吸煙者(戒除多於2年), 請同時填寫以下 3(b)部分
If Former Smoker (Quit more than 2 years ago), please also fill in section 3(b) below.

| 3(a) | |
|---|---|
| i) 閣下現在或戒除前, 平均每天吸用多少煙草產品? On average, how much do you or did you (before you quit) smoke per day? | |
| 香煙: Cigarettes: | 雪茄或煙斗: Cigar or Pipe: |
| <input type="checkbox"/> 1-5 支 1-5 sticks | <input type="checkbox"/> 少於 1 支 / 斗 less than 1 stick / pipe |
| <input type="checkbox"/> 6-20 支 6-20 sticks | <input type="checkbox"/> 1 支 / 斗 1 stick / pipe |
| <input type="checkbox"/> 多於 20 支 more than 20 sticks | <input type="checkbox"/> 多於 1 支 / 斗 more than 1 stick / pipe |

| 3(b) | |
|--|---|
| i) 在閣下戒除吸煙前, 平均每天吸用多少煙草產品? On average, before you quit, how many did you smoke per day? | |
| 香煙: Cigarettes: | 雪茄或煙斗: Cigar or Pipe: |
| <input type="checkbox"/> 1-5 支 1-5 sticks | <input type="checkbox"/> 少於 1 支 / 斗 less than 1 stick / pipe |
| <input type="checkbox"/> 6-20 支 6-20 sticks | <input type="checkbox"/> 1 支 / 斗 1 stick / pipe |
| <input type="checkbox"/> 多於 20 支 more than 20 sticks | <input type="checkbox"/> 多於 1 支 / 斗 more than 1 stick / pipe |

| |
|--|
| ii) 閣下吸用煙草產品已有多長時間? How long did you smoke for? |
| <input type="checkbox"/> 少於1年 less than 1 year |
| <input type="checkbox"/> 1年或以上但10年或以下 more than or equal to 1 year and less than or equal to 10 years |
| <input type="checkbox"/> 10年以上但20年或以下 more than 10 years and less than or equal to 20 years |
| <input type="checkbox"/> 20年以上 more than 20 years |

| | | | | | | | | | | | |
|--|--|------------------------------------|---------------------------------|---|--|---------------------------------------|--------------------------------------|---|---------------------------------------|-----------------------------------|------------------------------------|
| | <p>iii) 閣下何時停止吸用煙草產品？ When did you stop smoking?</p> <p><input type="checkbox"/> 39歲或以前 At age 39 or before</p> <p><input type="checkbox"/> 40歲至68歲 At age 40 to 68</p> <p><input type="checkbox"/> 69歲或以後 At age 69 or after</p> <hr/> <p>iv) 閣下目前有否使用任何尼古丁產品， 例如電子煙、尼古丁香口膠或貼劑？ Do you currently use any nicotine products such as a vaping, nicotine gum or patch?</p> <p><input type="checkbox"/> 有 Yes</p> <p><input type="checkbox"/> 否 No</p> | | | | | | | | | | |
| <p>4. 在過去的 10 年，閣下是否患有以下於左欄列出的醫療狀況／疾病？如『是』，請回答右欄中的問題。 In the past 10 years, have you had the below medical condition / disease (left column of table below)? If “Yes”, please also complete questions in the right column.</p> | | | | | | | | | | | |
| <p>a) 癌症／惡性腫瘤 Cancer / Tumours</p> <p><input type="checkbox"/> 否 No</p> <p><input type="checkbox"/> 是 Yes</p> | <p>如果閣下所患的癌症／惡性腫瘤不屬於下列的十種，則無須回答4(a)(i)至4(a)(v) 的問題</p> <p>If Borrower has cancer history but the malignant tumour is NOT under one of the 10 listed at Q4 (a)(i), Borrower does not require to answer Q4(a)(i) to Q4(a)(v)</p> <p>i) 閣下患有何種癌症／惡性腫瘤或癌症／惡性腫瘤涉及身體哪個器官？(選 擇所有適用項)</p> <p>What type of cancer / tumours have you had or Which was the organ involved cancer / tumours? (Pick all that apply)</p> <table border="0"> <tr> <td><input type="checkbox"/> 乳房 Breast</td> <td><input type="checkbox"/> 肺 Lung</td> </tr> <tr> <td><input type="checkbox"/> 結腸或直腸 Colon or Rectum</td> <td><input type="checkbox"/> 淋巴(非霍奇金淋巴瘤) Non-Hodgkin's Lymphoma</td> </tr> <tr> <td><input type="checkbox"/> 食道 Esophagus</td> <td><input type="checkbox"/> 胰腺 Pancreas</td> </tr> <tr> <td><input type="checkbox"/> 血(白血病) Leukaemia</td> <td><input type="checkbox"/> 前列腺 Prostate</td> </tr> <tr> <td><input type="checkbox"/> 肝臟 Liver</td> <td><input type="checkbox"/> 胃 Stomach</td> </tr> </table> | <input type="checkbox"/> 乳房 Breast | <input type="checkbox"/> 肺 Lung | <input type="checkbox"/> 結腸或直腸 Colon or Rectum | <input type="checkbox"/> 淋巴(非霍奇金淋巴瘤) Non-Hodgkin's Lymphoma | <input type="checkbox"/> 食道 Esophagus | <input type="checkbox"/> 胰腺 Pancreas | <input type="checkbox"/> 血(白血病) Leukaemia | <input type="checkbox"/> 前列腺 Prostate | <input type="checkbox"/> 肝臟 Liver | <input type="checkbox"/> 胃 Stomach |
| <input type="checkbox"/> 乳房 Breast | <input type="checkbox"/> 肺 Lung | | | | | | | | | | |
| <input type="checkbox"/> 結腸或直腸 Colon or Rectum | <input type="checkbox"/> 淋巴(非霍奇金淋巴瘤) Non-Hodgkin's Lymphoma | | | | | | | | | | |
| <input type="checkbox"/> 食道 Esophagus | <input type="checkbox"/> 胰腺 Pancreas | | | | | | | | | | |
| <input type="checkbox"/> 血(白血病) Leukaemia | <input type="checkbox"/> 前列腺 Prostate | | | | | | | | | | |
| <input type="checkbox"/> 肝臟 Liver | <input type="checkbox"/> 胃 Stomach | | | | | | | | | | |

| | | 請指明癌症／惡性腫瘤種類或所涉及的身體器官 Specify cancer type or the organ involved cancer / tumours | | |
|--|--|--|---|--|
| | | ii) 閣下在多少年前 發現／診斷患上癌 症／惡性腫瘤？ How many years ago was your cancer / tumours found? | <input type="checkbox"/> 0 - 5 年 0 - 5 years <input type="checkbox"/> 6 - 10 年 6 - 10 years <input type="checkbox"/> 10 年以上 more than 10 years | <input type="checkbox"/> 0 - 5 年 0 - 5 years <input type="checkbox"/> 6 - 10 年 6 - 10 years <input type="checkbox"/> 10 年以上 more than 10 years |
| | | iii) 閣下患上的癌症 ／惡性腫瘤處於哪 個階段？ What stage was the cancer / tumours? | <input type="checkbox"/> 第1期 Stage 1 <input type="checkbox"/> 第2期 Stage 2 <input type="checkbox"/> 第3期 Stage 3 <input type="checkbox"/> 第4期 Stage 4 <input type="checkbox"/> 不知道 Don't know | <input type="checkbox"/> 第1期 Stage 1 <input type="checkbox"/> 第2期 Stage 2 <input type="checkbox"/> 第3期 Stage 3 <input type="checkbox"/> 第4期 Stage 4 <input type="checkbox"/> 不知道 Don't know |
| | | iv) 閣下是否已經完成 治療患上的癌症／惡 性腫瘤？ Was your cancer / tumours treated? | <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No | <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No |
| | | v) 閣下目前是否有任 何癌症或惡性腫瘤 的症狀？ Do you currently have any evidence of cancer / tumours? | <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No | <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No |
| | | b) 腎臟疾病 Kidney Disease <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes | i) 閣下是否有慢性腎病？ Do you have chronic kidney disease? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No ii) 閣下是否正在接受透析治療？ Are you on dialysis? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No | |

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| <p>c) 心臟疾病 (胸痛、心絞痛、心臟病發作、心血管阻塞或心臟功能衰竭) Heart Disease (Chest Pain, Angina, Heart Attack, Blockage of Heart Vessel or Heart Failure)</p> <p><input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes</p> | <p>i) 閣下是否曾被診斷患有心臟血管(冠狀動脈) 疾病或曾進行心臟搭橋或支架手術? Have you been diagnosed with coronary artery disease or had heart bypass surgery or stents? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> <p>ii) 閣下是否有心臟雜音或患有心臟瓣膜疾病，例如瓣膜返流或狹窄，或閣下是否曾更換了心臟瓣膜? Do you have a heart murmur or heart valve problem, such as valve regurgitation or stenosis, or have you had a heart valve replaced? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> <p>iii) 閣下是否曾被診斷患有充血性心臟功能衰竭? Have you been diagnosed with congestive heart failure? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> <p>iv) 閣下是否患有心律不正或房顫? Do you have an irregular heart beat or atrial fibrillation? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> <p>v) 閣下是否被診斷患有高血壓或接受高血壓治療? Have you been diagnosed or treated for high blood pressure? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> <p>vi) 如果是，閣下目前的血壓是否已得到控制(少於140/90毫米水銀柱)? If Yes, is your blood pressure now under control (less than 140 / 90mmHg)? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> |
| <p>d) 腦／神經科疾病 (創傷性腦損傷(TBI) 中風、腦血管意外(CVA) 或短暫性腦缺血(TIA)) Brain / Neurological Disease (Traumatic Brain Injury (TBI) Stroke, Cerebral Vascular Accident (CVA) or Transient Ischemic Attack (TIA))</p> <p><input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes</p> | <p>i) 閣下是否患有腦血管或頸動脈阻塞疾病? Have you been told you have blockage of the blood vessels to the brain or carotid artery disease? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> <p>ii) 閣下是否曾進行腦血管或頸動脈手術? Have you had surgery to the brain vessels or a carotid artery? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> <p>iii) 閣下是否曾有創傷性腦損傷 (TBI)? Have you had a traumatic brain injury (TBI)? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> <p>iv) 閣下是否曾中風或短暫性腦缺血? Have you had a stroke or TIA? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> <p>v) 閣下是否因創傷性腦損傷，中風或短暫性腦缺血而致殘障? Are you disabled as a result of TBI, stroke or TIA? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> |

| | |
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| <p>e) 肺 / 呼吸系統疾病(哮喘、慢性支氣管炎、肺氣腫、慢性阻塞性肺病(COPD)、睡眠窒息症) Lung / Respiratory Disease (Asthma, Chronic Bronchitis, Emphysema, Chronic Obstructive Pulmonary Disease (COPD), Sleep Apnea)</p> <p><input type="checkbox"/> 否 No</p> <p><input type="checkbox"/> 是 Yes</p> | <p>i) 閣下患的是哪一種肺／呼吸疾病？(請指定所有適用項) If Yes, which condition? (Specify all that apply)</p> <p><input type="checkbox"/> 哮喘 Asthma <input type="checkbox"/> 肺氣腫 Emphysema</p> <p><input type="checkbox"/> 慢性支氣管炎 Chronic Bronchitis <input type="checkbox"/> 睡眠窒息症 Sleep Apnea</p> <p><input type="checkbox"/> 慢性阻塞性肺病 COPD</p> <p>ii) 在過去5年中，閣下是否曾因以上任何一種疾病而住院治療？ Have you been hospitalised for any of these conditions in the past 5 years?</p> <p><input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> <p>iii) 在步行或上樓梯／斜坡時是否經常(每週一次或以上) 出現氣喘？ Do you get frequent (more than once a week) shortness of breath when walking or going up stairs?</p> <p><input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> <p>iv) 閣下現正在接受氧氣治療嗎？ Are you on oxygen therapy?</p> <p><input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> |
| <p>f) 糖尿病 Diabetes</p> <p><input type="checkbox"/> 否 No</p> <p><input type="checkbox"/> 是 Yes</p> | <p>i) 閣下患有糖尿病多少年？ How many years ago were you diagnosed with diabetes?</p> <p><input type="checkbox"/> 0-5 年 years <input type="checkbox"/> 6-10 年 years <input type="checkbox"/> 10 年以上 more than 10 years</p> <p>ii) 閣下是否需要注射胰島素作為治療糖尿病？ Are you taking insulin for your diabetes?</p> <p><input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> <p>iii) 閣下目前的糖尿病是否已得到控制(血紅蛋白A1C少於7.0)？ Is your diabetes under control (Hemoglobin A1C less than 7.0)?</p> <p><input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/> 不知道 Don't know</p> <p>iv) 閣下是否患有因糖尿病引起的併發症，例如視網膜病變(眼睛)、末梢神經病變(疼痛感覺就像刺痛、灼燒、針刺、射擊或電擊。它影響腳趾和腳，通常在晚上更嚴重)，或腎功能衰竭？ Do you have any complications due to Diabetes, such as retinopathy (eyes), peripheral neuropathy (pain feel like tingling, burning, pin shooting or electric shock. It affects toes and feet and is often worse at night) or renal insufficiency (kidneys)?</p> <p><input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> |

5. 閣下是否有以下左欄情況？如果『是』，請回答右欄中的問題。

Have you had the below condition (left column of table below)? If "Yes", please also complete questions in the right column.

| | |
|---|---|
| <p>a) 記憶力減退／ 認知障礙 Memory Loss / Dementia</p> <p><input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes</p> | <p>i) 閣下是否被診斷患有認知障礙症？(如果『是』，則無需回答以下問題 ii 和 iii)</p> <p>Have you been diagnosed with dementia? (if "Yes", no need to answer question ii and iii)</p> <p><input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> <p>ii) 閣下的同事或家人是否提及到閣下有健忘或記憶力減退的情況？</p> <p>Has anyone at work or in your family commented on your forgetfulness or memory loss?</p> <p><input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> <p>iii) 閣下是否可以在沒有其他任何人幫助的情況下進行日常活動(例如做家務、煮食、購物、管理藥物或支付賬單)？</p> <p>Are you able to perform your regular daily activities (such as housekeeping, meal preparation, grocery shopping, medicine management or paying bills) without help from anyone else?</p> <p><input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> |
| <p>b) 日常活動需要協助(例如、穿衣、洗澡、如廁或進食)</p> <p>Need Assistance with Daily Activities (e.g. dressing, bathing, toileting or eating)</p> <p><input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes</p> | <p>i) 閣下是否需要使用助行器，拐杖或輪椅等輔助設備？</p> <p>Do you use a support device such as a walker, cane or wheelchair?</p> <p><input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> |

| | |
|--|---|
| <p>c) 最近12個月內閣下是否有跌倒？ Have you fallen in the last 12 months?</p> <p><input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes</p> | <p>i) 在過去的12個月中，閣下跌倒了多少次？ How many times have you fallen in the last 12 months?</p> <p><input type="checkbox"/> 1次 1 time <input type="checkbox"/> 2次 2 times <input type="checkbox"/> 3次或以上 3 times or more</p> <p>ii) 如果閣下在最近的12個月內跌倒過，是否有骨折？ If you have fallen in the last 12 months, did you suffer a fracture?</p> <p><input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> |
|--|---|