香港按證保險有限公司
HKMC Insurance Limited

樣本
Sample

保單逆按計劃借款人健康問卷
Health Questionnaire of the Borrower under Policy Reverse Mortgage Programme

重要備註：借款人必須於貸款起始日前完成此健康問卷。如有任何查詢，請致電香港按證保險有限公司熱線 2536 0136。

Important Note: The Borrower must complete this Health Questionnaire before the date of Closing. In case of any enquiries, please contact the hotline of HKMC Insurance Limited at 2536 0136.

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，您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
□ a) 沒有任何運動 None			
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 跳舞 Dancing 太極 Tai Chi 氣功 QiGong 瑜伽 Yoga 行山活動 Hiking	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
	□ 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)		
c) 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 快速踏自行車 Fast cycling	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
	□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)		

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*

□ 已戒煙少於或等於2年*
Quit 2 years or less*

* 如果是現時吸煙者或已戒煙少於或等於 2 年，請同時填寫以下 3(a)部分

If Current Smoker OR Former Smoker (Quit 2 years or less), please also fill in section 3(a) below.

□ 已戒煙多於2年#
Quit more than 2 years#

如果是已戒煙多於 2 年，請同時填寫以下 3(b) 部分

If Former Smoker (Quit more than 2 years, please also fill in section 3(b) below.

3(a)

i) 您現在或戒煙前，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:
□ 1-5 支 1-5 sticks	□ 少於 1 支／斗 less than 1 stick / pipe
□ 6-20 支 6-20 sticks	□ 1 支／斗 1 stick / pipe
□ 多於 20 支 more than 20 sticks	□ 多於 1 支／斗 more than 1 stick / pipe

3(b)

i) 在您戒煙前，平均每天吸用多少煙草產品？

On average, before you quit, how much did you smoke per day?

香煙： Cigarettes:	雪茄或煙斗： Cigar or Pipe:
□ 1-5 支(只需回答(iv)) 1-5 sticks(Only answer(iv))	□ 少於或 1 支／斗(只需回答(iv)) less than or equal to 1 stick / pipe(Only answer(iv))
□ 6-20 支 6-20 sticks	□ 多於 1 支／斗 more than 1 stick / pipe
□ 多於 20 支 more than 20 sticks	

ii) 您吸用煙草產品已有多長時間？
How long did you smoke for?

□ 10年或以下
less than or equal to 10 years

□ 10年以上但20年或以下
more than 10 years and less than or equal to 20 years

□ 20年以上
more than 20 years

iii) 您何時停止吸用煙草產品？
When did you stop smoking?

□ 39歲或以前 At age 39 or before
□ 40歲至68歲 At age 40 to 68
□ 69歲或以後 At age 69 or after

iv) 您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?

□ 有 Yes
□ 否 No

4. 在過去的 10 年，您是否曾患有以下醫療狀況／疾病？

In the past 10 years, have you had the following medical condition / diseases?

如曾患有以下任何一種醫療狀況 / 疾病，請回答附件第六條問題。

If you suffered from any medical condition / disease below, please complete question 6 in Annex.

□ 癌症 / 惡性腫瘤
Cancer / Tumours

□ 腎臟疾病
Kidney Disease

□ 心臟疾病
Heart Disease

□ 腦 / 神經科疾病
Brain / Neurological Disease

□ 肺 / 呼吸系統疾病
Lung / Respiratory Disease

□ 糖尿病
Diabetes

□ 高血壓
High Blood Pressure

如果您患有高血壓 ， 您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)?

□ 是 Yes □ 否 No

□ 因創傷/中毒而住院治療
Hospitalised for injury or poisoning

□ 因敗血病而住院治療
Hospitalised for Septicaemia

□ 您沒有以上醫療狀況／疾病
You do not have above medical conditions/ diseases

5. 您是否有以下左欄情況？如果『是』，請回答右欄。

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

a) 記憶力減退 / 認知障礙 Memory Loss / Dementia □ 否 No □ 是 Yes	i) 您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) Have you been diagnosed with dementia? (if "Yes", no need to answer question ii and iii) □ 是 Yes □ 否 No ii) 您的同事或家人是否提及到您有健忘或記憶力減退的情況? Has anyone at work or in your family commented on your forgetfulness or memory loss? □ 是 Yes □ 否 No iii) 您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) ？ 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? □ 是 Yes □ 否 No
b) 日常活動需要協助(例如、穿衣、洗澡、如廁或進食) Need Assistance with Daily Activities (e.g. dressing, bathing, toileting or eating) □ 否 No □ 是 Yes	i) 您是否需要使用助行器，拐杖或輪椅等輔助設備？ Do you use a support device such as a walker, cane or wheelchair? □ 是 Yes □ 否 No

	c) 最近12個月內您是否有跌倒？ Have you fallen in the last 12 months? □ 否 No □ 是 Yes	i) 您跌倒了多少次？ How many times have you fallen? □ 1次 1 time □ 2次或以上 2 times or more ii) 您是否因此而有骨折？ Did you suffer a fracture? □ 是 Yes □ 否 No	

附件

Annex

在過去的 10 年，如您曾患有上述第四條問題於左欄列出的醫療狀況／疾病，才需要完成以下第六條右欄中相關的問題。

In the past 10 years, if you had the medical condition / disease in the left column of question 4, please complete the relevant questions in the right column of question 6 below.

6.

a) 癌症 / 惡性腫瘤 Cancer / Tumours	i) 您患有何種癌症 / 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) What type of cancer / tumours have you had or which was the organ involved cancer / tumours? (Please tick all that apply) □ 乳房 Breast □ 結腸或直腸 Colon or Rectum □ 食道 Esophagus □ 血(白血病) Leukaemia □ 肝臟 Liver □ 子宮頸和子宮的其他部位 Cervix uteri and other parts of uterus □ 其他 Other □ 肺 Lung □ 淋巴(非霍奇金淋巴瘤) Non-Hodgkin's Lymphoma □ 胰腺 Pancreas □ 前列腺 Prostate □ 胃 Stomach □ 甲狀腺 Thyroid gland

	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) 您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?	□ 是 Yes (只需回答(iv)) (Only answer (iv)) □ 否 No (需回答(iii)至 (v) (need to answer (iii) to (v)	□ 是 Yes (只需回答(iv)) (Only answer (iv)) □ 否 No (需回答(iii)至 (v) (need to answer (iii) to (v)
iii) 您在多少年前發現 / 診斷患上癌症 / 惡性腫瘤？ How many years ago was your cancer / tumours found?	□ 0 - 5 年 0 - 5 years □ 6 - 10 年 6 - 10 years □ 10 年以上(不需回答(iv)及(v)) More than 10 years (no need to answer (iv)&(v))	□ 0 - 5 年 0 - 5 years □ 6 - 10 年 6 - 10 years □ 10 年以上(不需回答(iv)及(v)) More than 10 years (no need to answer (iv) &(v))
iv) 您的癌症 / 惡性腫瘤最後診斷時處於哪個階段? What stage was the cancer / tumours last diagnosed?	□ 第1期 Stage 1 □ 第2期 Stage 2 □ 第3期 Stage 3 □ 第4期 Stage 4 □ 不知道 Don't know	□ 第1期 Stage 1 □ 第2期 Stage 2 □ 第3期 Stage 3 □ 第4期 Stage 4 □ 不知道 Don't know
v) 您是否已經完成治療患上的癌症 / 惡性腫瘤？ Was your cancer / tumours treated?	□ 是 Yes □ 否 No	□ 是 Yes □ 否 No

b) 腎臟疾病 Kidney Disease	請問您是否有以下的疾病/情況? (請選擇所有適用項) Do you have the following disease(s)/ condition(s)? (Please tick all that apply) □ 慢性腎病 chronic kidney disease □ 正在接受透析治療 on dialysis
c) 心臟疾病 Heart Disease (胸痛、心絞痛、心臟病發作、心血管阻塞或心臟功能衰竭) (Chest Pain, Angina, Heart Attack, Blockage of Heart Vessel or Heart Failure)	請問您是否有以下的疾病/情況? (請選擇所有適用項) Do you have the following disease(s)/ condition(s)? (Please tick all that apply) □ 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 diagnosed with coronary artery disease or had heart bypass surgery or stents □ 有心臟雜音或患有心臟瓣膜疾病(例如瓣膜返流或狹窄)/ 曾更換了心臟瓣膜 have a heart murmur or heart valve problem (e.g. valve regurgitation or stenosis)/ had a heart valve replaced □ 曾被診斷患有充血性心臟功能衰竭 diagnosed with congestive heart failure □ 患有心律不正或房顫 have an irregular heart beat or atrial fibrillation
d) 腦 / 神經科疾病 Brain / Neurological Disease (創傷性腦損傷 (TBI) 中風、腦血管意外(CVA) 或短暫性腦缺血 (TIA)) (Traumatic Brain Injury (TBI) Stroke, Cerebral Vascular Accident (CVA) or Transient Ischemic Attack (TIA))	請問您是否有以下的疾病/情況? (請選擇所有適用項) Do you have the following disease(s)/ condition(s)? (Please tick all that apply) □ 患有腦血管或頸動脈阻塞疾病 have blockage of the blood vessels to the brain or carotid artery disease □ 曾進行腦血管或頸動脈手術 had surgery to the brain vessels or a carotid artery □ 曾有創傷性腦損傷 had a traumatic brain injury (TBI) □ 曾中風或短暫性腦缺血 had a stroke or Transient Ischemic Attack (TIA) □ 因創傷性腦損傷，中風或短暫性腦缺血而致殘障 disabled as a result of TBI, stroke or TIA

e) 肺 / 呼吸系統疾病 Lung / Respiratory Disease (哮喘、慢性支氣管炎、肺氣腫、慢性阻塞性肺病(COPD)、睡眠窒息症、肺炎) (Asthma, Chronic Bronchitis, Emphysema, Chronic Obstructive Pulmonary Disease (COPD), Sleep Apnea, Pneumonia)	i) 您患的是哪一種肺／呼吸疾病？(請選擇所有適用項) If Yes, which condition? (Please tick all that apply) □ 哮喘 Asthma □ 肺氣腫 Emphysema □ 慢性支氣管炎 Chronic Bronchitis □ 睡眠窒息症 Sleep Apnea □ 慢性阻塞性肺病 Chronic obstructive pulmonary disease (COPD) □ 肺炎 Pneumonia ii) 請問您是否有以下的疾病/情況? (請選擇所有適用項) Do you have the following disease(s)/ condition(s)? (Please tick all that apply) □ 在過去5年中曾因以上任何一種疾病而住院治療 hospitalised for any of above conditions in the past 5 years □ 在步行或上樓梯 / 斜坡時經常(每週一次或以上) 出現氣喘 get frequent (more than once a week) shortness of breath when walking or going up stairs □ 正在接受氧氣治療 on oxygen therapy
f) 糖尿病 Diabetes	請問您是否有以下的疾病/情況? (請選擇所有適用項) Do you have the following disease(s)/ condition(s)? (Please tick all that apply) □ 患有糖尿病十年以上 diagnosed with diabetes for more than 10 years □ 需要注射胰島素作為治療糖尿病 taking insulin as medication for diabetes □ 目前的糖尿病已得到控制(血紅蛋白A1C少於7.0) current diabetes is under control (Hemoglobin A1C less than 7.0) □ 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) 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))