Additional questionnaire

as a supplement to the application resp. demand for an offer from: _____

(does not replace answering the health questions in the application resp. demand for an offer)

surname	policy no.
first name	date of birth

Sleep disorders

Incorrect or incomplete information may entitle us - depending on fault - to withdraw from the contract, to terminate it or to adjust it, which can lead to the insurer being released from performance - even for insured events that have already occurred. Please also note the "Information of the Consequences of the Violation of the Disclosure Obligation" in the application.

We ask you not to send us any results or data of genetic examinations or analysis!
You only have to inform us of already existing complaints, pre-existing conditions, no matter by which examination methods you have acquired this information.

Is there an underlying disease or cause? ☐ yes ☐ no

If "yes", which ones?

_____

What is the trigger of the sleep disorders?

☐ external influences:
- ☐ stimulants (coffee, alcohol, cigarettes)
- ☐ noise, bright light
- ☐ shift work
- ☐ poor sleep hygiene
- ☐ others, which ones?

_____

☐ psychological influences:
- ☐ anger, stress
- ☐ mental illnesses, which ones?

_____

- ☐ others, which ones?

_____

☐ organic causes:
- ☐ cardiovascular diseases, which ones?

_____

- ☐ cancer disease, which ones?

_____

- ☐ hormonal disorders, which ones?

_____

- ☐ metabolic diseases, which ones?

_____

- ☐ others, which ones?

_____

☐ others, which ones?

_____

What complaints have you had, or do you have?

- ☐ non-restful sleep
- ☐ difficulty falling asleep
- ☐ difficulty sleeping through
- ☐ irritability
- ☐ restlessness
- ☐ daytime sleepiness
- ☐ others, which ones?

- ☐ exhaustion
- ☐ concentration disorders
- ☐ attention deficits
- ☐ performance disorders
- ☐ headache

_____

When do or did the complaints occur?

first occurrence? _____ last occurrence? _____

Die Schlafstörungen traten wie oft auf?

☐ one-time from: _____ to: _____

☐ repeatedly from: _____ to: _____ when/last: _____

☐ continuously from: _____ to: _____

At what intervals or how often do the complaints occur?

_____ per day _____ per month _____ per year

How long did the sleep disorders last?

- ☐ 1 to 2 weeks
- ☐ 2 to 3 weeks
- ☐ maximum 4 weeks
- ☐ 1 to 2 months
- ☐ 3 to 4 months
- ☐ 5 to 6 months
- ☐ longer than 12 months

Are the sleep disorders still present?

☐ yes, continuously

☐ no, since _____ no longer

☐ yes, occasionally: how often per year? _____

What examinations have been performed so far or are recommended?

☐ actigraphy when? _____ how often? _____

☐ computer tomography (CT scan) or magnetic resonance tomography when? _____ how often? _____

☐ polygraphy, polysomnography when? _____ how often? _____

☐ others, which ones? when? _____ how often? _____

_____

Findings/ examination result?

_____

Please provide us with a copy of the treatment and findings reports!

What therapies have been performed so far or are recommended?

☐ autogenic training from - to? _____

☐ progressive muscle relaxation (according to Jacobsen) from - to? _____

☐ relaxation techniques from - to? _____

☐ medication therapy (drug therapy) from - to? _____

☐ sleep hygiene from - to? _____

☐ psychotherapeutic measure from - to? _____

☐ others, which ones? from - to? _____

_____

Are you taking any medication? ☐ yes ☐ no

If “yes”, name? - dosage?

_____

(“Dosage or how often in the year and how long do you need medication?”: e.g. 12x a year over 3 days - 2 tablets per day.)

Was inpatient treatment necessary,
e.g. in a sleep laboratory? ☐ yes ☐ no

If "yes", from - to? _____

Please provide us with a copy of the treatment and findings reports!

Do you have or have you had any of the following diseases?

☐ sleep apnea syndrome ☐ restless legs syndrome

☐ narcolepsy

When was your last treatment? _____

Are you free of treatments and complaints? ☐ yes ☐ no

If "yes", since when?

_____

If "no", which complaints do you have?

_____

Are further diagnostic and/or
therapeutic measures necessary,
intended or recommended? ☐ yes ☐ no

If "yes", which ones?

_____

Which doctor can provide information? (Please provide name and address.)

_____

_____

Additional comments from the applicant or interested party:

Notice: Please let us have the discharge, examination, treatment and findings reports available to you for a short time (if possible, a copy).

Declaration

The information provided on the questions has been answered correctly and completely to the best of our knowledge. I am solely responsible for the correctness of the information, even if I did not fill out the declaration myself. I have observed the information on the "Consequences of the Violation of the Disclosure Obligation" in the application.

Place/date	Signature of the applicant resp. interested party