

DEPRESSION QUESTIONNAIRE

Agent: _____ Phone: _____ Fax: _____

Proposed Insured Name: _____ M F Date of Birth: _____
 Face Amount: _____ Max. Premium: \$_____/year UL WL Term Survivorship
 Do you currently smoke cigarettes? Y N If no, did you ever smoke: Never Quit (Date): _____
 Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): Y N
 If Yes, please provide details: _____
 When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

(1) *Date(s) of initial and subsequent episodes of depression:* _____

(2) *What specific type of depression has been diagnosed?*

- | | |
|---|---|
| <input type="checkbox"/> Bipolar Disorder (mixed) | <input type="checkbox"/> Dysthymia |
| <input type="checkbox"/> Bipolar Disorder (manic) | <input type="checkbox"/> Major Depression |
| <input type="checkbox"/> Bipolar Disorder (depressed) | <input type="checkbox"/> Other: _____ |

(3) *Has the proposed insured been hospitalized for the treatment of depression? If yes, dates:* _____

(4) *Please advise of the medications used to treat the condition:*

Name of Medication (Prescription or Otherwise)	Dates used	Quantity Taken	Frequency Taken

(5) *Has the proposed insured been treated with electric shock therapy (ECT)? If yes:*

Date first ECT treatment: _____ Date most recent ECT treatment: _____ Total No. of ECT treatments: _____

(6) *Has the proposed insured had (or been diagnosed with) any of the following conditions:*

- Alcohol abuse? If yes, date of last alcohol use: _____
- Drug abuse? If yes, date of last drug use: _____
- Personality Disorder? If yes, give date diagnosed & exact name of the condition: _____
- Psychotic Disorder? If yes, give date diagnosed & exact name of the condition: _____
- Suicidal thoughts? If yes, date of last such thought: _____
- Suicide attempt(s)? If yes, date of last attempt: _____

(7) *Does the proposed insured have any other medical conditions? If yes, please describe:*

