



An insurance Designers member since 1986

## 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. nicotine patch, cigars, pipe, snuff, Nicorette gum...):  Y  N

If Yes, please provide details: \_\_\_\_\_

When did you last use any form of tobacco: \_\_\_\_ (Month) \_\_\_\_ (Year) Type used last: \_\_\_\_\_

Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs.

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

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

- Bipolar Disorder (mixed)                       Dysthymia  
 Bipolar Disorder (manic)                       Major Depression  
 Bipolar Disorder (depressed)                       Other: \_\_\_\_\_

**(3) Has the proposed insured been hospitalized for the treatment of depression? If yes, date(s):** \_\_\_\_\_

**(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:**

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