

## DEPRESSION QUESTIONNAIRE

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Insured's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ State: \_\_\_\_\_ Sex: M / F  
Height:      Ft.      In.      Weight: \_\_\_\_\_ Face Amount: \_\_\_\_\_  
Tobacco use in the past 5 years:    No    Yes    Details: \_\_\_\_\_  
Producer: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Proposed Insured please answer the following:

1. Please select the diagnosis:  
    Depression  
    Manic Depressive (Bipolar)
  
2. Please indicate the number of episodes and date of last episode:
  
3. Are you on any medication(s)?      No      Yes  
    Name(s) and dosage(s): \_\_\_\_\_
  
4. Have you been hospitalized for psychiatric treatment?      No      Yes  
    Dates: \_\_\_\_\_
  
5. Have you received ECT ("Shock Treatment")?      No      Yes  
    Dates: \_\_\_\_\_
  
6. Are you currently seeing a mental health therapist?      No      Yes  
    If yes, how often? \_\_\_\_\_
  
7. Have you lost work due to depression in the last 12 months?      No      Yes
  
8. Do you have a history of any of the following associated conditions?  
    Substance abuse (alcohol or drugs)      No      Yes      Details: \_\_\_\_\_  
    Personality disorder      No      Yes      Details: \_\_\_\_\_  
    Psychotic disorder      No      Yes      Details: \_\_\_\_\_  
    Suicidal thought/attempt      No      Yes      Details: \_\_\_\_\_
  
9. Do you have any other major health problems (i.e. stroke, etc.)?      No      Yes  
    Details: \_\_\_\_\_

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Additional Information (please use reverse side for additional space):

Date: \_\_\_\_\_ Insured's Signature: \_\_\_\_\_