

All responses to questions contained in this questionnaire will only be used to ascertain your insurability and information will only be shared generically with underwriters at insurance companies that may consider you for coverage.

Height: _____

Weight: _____

Weight Change:

a. Has your weight changed by more than 10 lbs in the last 6 months? Yes No

b. ~~No~~ Yes, please provide details:

Tobacco Use? Yes No

1. In the last 10 years have you been diagnosed as having, been treated for, or been given advice by a medical or mental health professional for any mental, emotional, behavioral or psychological disorder? Yes No

If yes, please check all that apply and provide dates.

Diagnosis	Date of first appointment or consultation	Date of last appointment or consultation
<input type="checkbox"/> Depression or Depressive Disorders		
<input type="checkbox"/> Anxiety or Anxiety Disorders		
<input type="checkbox"/> Adjustment Disorder		
<input type="checkbox"/> Nervousness or Stress		
<input type="checkbox"/> Obsessive-Compulsive Disorder		
<input type="checkbox"/> Attention Deficit Disorder (ADD)		
<input type="checkbox"/> Post-traumatic Stress Disorder (PTSD)		
<input type="checkbox"/> Bulimia or Anorexia Nervosa		
<input type="checkbox"/> Personality Disorders		
<input type="checkbox"/> Other:		
<input type="checkbox"/> Other:		

For any condition checked in question 1 above, please complete numbers 2 through 4. Use Number 5, Remarks, if you need more space.

2. Has treatment included counseling or therapy? Yes No
If yes, please provide type of treatment, dates (started and ended), and which condition if more than one

3. Has treatment included the use of prescription medications? Yes No
If Yes, please complete the following:

Name of Medication	Dosage and Frequency	Date First Used	Date Last Used

4. Do you have any other major health issues? Yes No

If yes, please provide name of issue, dates diagnosed and any other details:

5. In the last 180 days, have you missed more than 4 consecutive work days for any of the above conditions? Yes No

If yes, please provide details:

6. **Remarks.** (Use this space for any additional information or details regarding any of the above questions.)
