

# DEPRESSION QUESTIONNAIRE

Rohrer & Associates

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: \_\_\_\_\_

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: \_\_\_\_\_