



BiPolar Questionnaire

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Sex: M/ F

Tobacco Usage: _____ Face Amount: _____

____Term 10 15 20 30 ____UL

1. When was the proposed insured first diagnosed? _____

2. Does the proposed insured experience any of the following? (Check all that apply)

____ Euphoria _____ Inflated self-esteem _____ Racing thoughts
____ Not needing as much sleep as usual _____ Talking more than usual
____ Being more active than usual _____ Easily distracted _____ Impulsive behavior

3. Has the proposed insured ever been hospitalized as a result of this condition? ____Yes ____No
(If yes, please provide details): _____

4. Has the proposed insured ever been disabled as a result of this condition? ____Yes ____No
(If so, what is their monthly disability income)? _____

5. How is, the proposed insured, being treated for this condition?
____ Medication (Please provide name, dosage, and frequency):
____ Therapy (If yes, please provide frequency of visits):
____ Other _____ Please describe:

6. Have there ever been suicide attempts in relation to this condition? ____Yes ____No
(If yes, please provide details):

