



Depression Questionnaires

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Sex: M/F

Tobacco Usage: _____ Face Amount: _____

____Term 10 15 20 30 ____UL

1. What is the cause for the client's depression? _____
2. When was the first and last occurrence of the depression? _____
3. If the proposed insured has been hospitalized, give dates and lengths of each stay. _____

4. What medication(s) is client currently on? (Include dosages and length of time on medication(s) _____

5. Have there been any suicide attempts? _____
6. How well is, the proposed insured, currently coping? _____
7. Has any time been lost from work as a result of the depression? _____
8. Is the proposed insured participating in their usual activities? _____
9. Does the proposed insured have any other health concerns? _____
