

## **QUESTIONNAIRE**

## FOR MENTAL HEALTH

Please answer the following questions about the disclosure of anxiety, stress, depression (including nervous disorders) or other mental health disorder on your application, giving as much detail as possible. Please take care when answering the questions to make sure they're accurate, true and complete. If not, you risk your cover being cancelled or, when we assess a claim, you risk us paying a reduced amount or nothing at all.

| 1. | What was the diagnosis?  |        |
|----|--|--------|
| 2. | When were you diagnosed (month/year)?  |        |
| 3. | What symptoms have you had?  |        |
| 4. | When did you first have symptoms (month/year)?   |        |
| 5. | When did you last have symptoms (month/year)?  |        |
| 6. | What treatment or medication have you had for this condition? Please provide full details of all treatment and/or medication, including type of treatment and the name and dosage of any medication. |        |
| 7. | Are you still under treatment or medication?   | Yes No |
|    | If not, when did it stop (month/year)?   |        |
| 8. | Have you ever been referred to a psychiatrist?   | Yes No |
|    | If so, please provide details including dates.   |        |
| 9. | Have you ever been admitted to hospital for this condition?  | Yes No |
|    | If so, please provide details, including dates and duration of admission(s).   |        |

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| 10. | Have you had any time off work for this condition?                            | Yes No |
|-----|---|--------|
|     | If so, please give details including dates and duration.                      |        |
| 11. | Are you under any follow-up with your GP or specialist for this condition?    | Yes No |
| 12. | Have you ever attempted suicide?  | Yes No |
|     | If so, please provide details including date(s).                              |        |
| 13. | Have you ever had suicidal thoughts?  | Yes No |
|     | If so, please provide details including date(s).                              |        |
| 14. | Have you ever self-harmed?  | Yes No |
|     | If so, please provide details including date(s).                              |        |
| 14. | including date(s).  Have you ever self-harmed?  If so, please provide details | Yes No |

If you have copies of any hospital letters that you're willing to share with us, please include them.