## AMERICAN INCOME LIFE INSURANCE COMPANY Executive Office: P. O. Box 2608, Waco, Texas 76797 (254) 761-6400 www.ailife.com

## **DEPRESSION QUESTIONNAIRE**

POSED INSURED'S NAME		APPLICATION NUMBER						
HAVE YOU EVER BEEN MEDICALLY DIAGNOSED OR TREATED DISORDER?	FOR	ANY	TYPE	OF	DEPRESSION,	ANXIETY	OR	NERVOUS
GIVE DATE OF DIAGNOSIS.				·				
DO YOU CURRENTLY TAKE MEDICATION? YES NO	DOSA	،GE: _						
MEDICATION:	DOSA	۱GE: _						
MEDICATION:	DOSA	،GE: _		····				
WERE YOU HOSPITALIZED? YES NO IF YES	, DA	TE(S)	<u> </u>					
HOW LONG WERE YOU IN THE HOSPITAL?								
NAME/ADDRESS OF HOSPITAL:								,
								<del></del>
HAVE YOU MISSED TIME FROM WORK? YES NO								
IF YES, LENGTH OF TIME MISSED		DAT	ES					
AND			<b>—</b>	_				
ARE YOU CURRENTLY DISABLED DUE TO THIS CONDITION?	YES		∐ N(	Ü				
PHYSICIAN NAME/ADDRESS WHO HAS TREATED THE CONDITION	·						<del></del>	
DATE LAS	T SE	EN: _						
							)	
DATE EIDCT CEEN:	DΔT	FΙΔ	ST SE	EM.				
DATE TIKST SEEN.	יאני	£ L/	JI JL	L. i W.				· · · · · · · · · · · · · · · · · · ·
(PROPOSED INSURED'S SIGNATURE)				DA	TE			
	HAVE YOU EVER BEEN MEDICALLY DIAGNOSED OR TREATED DISORDER? YES NO SIVE DATE OF DIAGNOSIS.  DO YOU CURRENTLY TAKE MEDICATION? YES NO IF YES, MEDICATION:  MEDICATION:  MEDICATION:  WERE YOU HOSPITALIZED? YES NO IF YES HOW LONG WERE YOU IN THE HOSPITAL?  NAME/ADDRESS OF HOSPITAL:  HAVE YOU MISSED TIME FROM WORK? YES NO IF YES, LENGTH OF TIME MISSED  ARE YOU CURRENTLY DISABLED DUE TO THIS CONDITION?  PHYSICIAN NAME/ADDRESS WHO HAS TREATED THE CONDITION DATE LAS HAVE YOU EVER RECEIVED TREATMENT FROM A PSYCHOLOGIST NAME/ADDRESS  DATE FIRST SEEN:	HAVE YOU EVER BEEN MEDICALLY DIAGNOSED OR TREATED FOR DISORDER? YES NO  GIVE DATE OF DIAGNOSIS.  DO YOU CURRENTLY TAKE MEDICATION? YES NO  IF YES, MEDICATION: DOSA  MEDICATION: DOSA  MEDICATION: PES NO IF YES, DA  HOW LONG WERE YOU IN THE HOSPITAL?  HAVE YOU MISSED TIME FROM WORK? YES NO  IF YES, LENGTH OF TIME MISSED  ARE YOU CURRENTLY DISABLED DUE TO THIS CONDITION? YES  PHYSICIAN NAME/ADDRESS WHO HAS TREATED THE CONDITION: DATE LAST SE  HAVE YOU EVER RECEIVED TREATMENT FROM A PSYCHOLOGIST OR NAME/ADDRESS  DATE FIRST SEEN: DATE  DATE FIRST SEEN: DATE	HAVE YOU EVER BEEN MEDICALLY DIAGNOSED OR TREATED FOR ANY DISORDER?	HAVE YOU EVER BEEN MEDICALLY DIAGNOSED OR TREATED FOR ANY TYPE DISORDER? YES NO  GIVE DATE OF DIAGNOSIS.  DO YOU CURRENTLY TAKE MEDICATION? YES NO  IF YES, MEDICATION: DOSAGE: DOSAGE	HAVE YOU EVER BEEN MEDICALLY DIAGNOSED OR TREATED FOR ANY TYPE OF DISORDER? YES NO NO SITE OF DIAGNOSIS. NO DO YOU CURRENTLY TAKE MEDICATION? YES NO DOSAGE: MEDICATION: DOSAGE: DOSAGE: MEDICATION: MEDICATIO	HAVE YOU EVER BEEN MEDICALLY DIAGNOSED OR TREATED FOR ANY TYPE OF DEPRESSION, DISORDER?	HAVE YOU EVER BEEN MEDICALLY DIAGNOSED OR TREATED FOR ANY TYPE OF DEPRESSION, ANXIETY DISORDER?	GIVE DATE OF DIAGNOSIS.  DO YOU CURRENTLY TAKE MEDICATION?