



ANXIETY, STRESS AND DEPRESSION QUESTIONNAIRE

Name:

Proposal No.:

Please answer all questions in this questionnaire providing full details. Once you have completed all the questions and read the declaration please sign and date where applicable.

1. When did you first consult a doctor?

2. What was the nature of your symptoms?

3. Were your symptoms secondary to any particular cause or event (e.g. bereavement, accident, work related, etc.)? Yes ☐ No ☐
If 'Yes', please provide details.

4. Did you attend your own GP concerning this problem? Yes ☐ No ☐
If 'Yes', please give date of last attendance. If 'No', please provide name and address of attending doctor.

5. From which nervous disorder do/did you suffer?
Where possible, please give the medical term as diagnosed by your treating health professional.

6. Please provide details of your treatment, including names of all medication and dosage.
Please advise if your treatment has varied in the last 2 years.

7. Are you currently taking medication for this condition? Yes ☐ No ☐
If 'Yes', please provide names of all medication and dosage. If 'No', please advise when you discontinued medication.

8. Were you referred to psychiatrist or for counselling? Yes ☐ No ☐ If 'Yes', please provide dates and details.

9. Have you ever been an in-patient at a hospital or clinic? Yes ☐ No ☐ If 'Yes', please provide dates and duration of stay.

10. Have you ever had any suicidal thoughts or attempted suicide? Yes ☐ No ☐ If 'Yes', please provide full details including dates.

11. Have you ever been off work as a result of this condition? Yes ☐ No ☐ If 'Yes', please provide dates and details.

12. Have you made a full recovery from this condition? Yes ☐ No ☐ If 'Yes', please advise when you last experienced any of the symptoms. If 'No', please provide details of ongoing symptoms.

13. Please provide any other information about this condition that you think would be helpful to us in processing your application

I declare that:

- The answers above are true and complete to the best of my knowledge
- I have not withheld any information that may influence the assessment or acceptance of this application.

I agree that:

- This questionnaire will form part of the application to Royal London
- If the answers to any of the questions changes before Royal London assumes risk on the plan, I'll tell Royal London in writing
- If I do not give Royal London all facts that are likely to influence the assessment and acceptance of this application, any plan issued as the result of this application may be cancelled or the terms changed and any claims may be refused.

Signed:

Date

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