

# Mental health questionnaire

## Your details

Name

Application number(s)

## Why we are asking you for this information

You told us that you have had symptoms of anxiety, stress or depression. We'd like some more information on this so that we can assess whether to offer you cover and the terms of that cover.

## What you need to know before completing the questionnaire

You must take reasonable care to answer the questions fully, honestly, and accurately, to the best of your knowledge.

If you don't answer the questions correctly your policy may be cancelled, or its terms may be changed, or your claim may be rejected or not fully paid.

## Please answer the following questions

1 When were your first symptoms of anxiety, stress or depression?

2 How often have you had symptoms since then? Please tick as appropriate:

<input type="checkbox"/> None at all	<input type="checkbox"/> Less than one episode per year	<input type="checkbox"/> 1-2 episodes per year
<input type="checkbox"/> 3-4 episodes per year	<input type="checkbox"/> More than 4 episodes per year	<input type="checkbox"/> All the time
<input type="checkbox"/> Other		

If other, please describe below:

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3 When were your last symptoms?

4 Has a definite diagnosis been made?

☐ Yes ☐ No

5 If a diagnosis has been made, was it any of the following?

### Diagnosis

Stress

☐ Yes ☐ No

Anxiety

☐ Yes ☐ No

Depression

☐ Yes ☐ No

Postnatal depression

☐ Yes ☐ No

Manic depression/bipolar disorder

☐ Yes ☐ No

Schizophrenia

☐ Yes ☐ No

Personality disorder

☐ Yes ☐ No

Other

☐ Yes ☐ No

If other, please describe below:

☐ Yes ☐ No

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6 Was there an underlying cause for your stress, anxiety or depression?

☐ Yes ☐ No

If 'yes', please give details below:

7 Are you currently receiving any treatment, medication or counselling for your symptoms?

☐ Yes ☐ No

If 'yes', please tell us the type of treatment, the name of the medication, and the nature of the counselling below:

8 Have you ever received any of the following advice or treatment for this?

**Type of treatment/advice**

Referral to a psychologist

☐ Yes ☐ No

Referral to a psychiatrist

☐ Yes ☐ No

Electro convulsive therapy

☐ Yes ☐ No

Lithium

☐ Yes ☐ No

Medication

☐ Yes ☐ No

Counselling

☐ Yes ☐ No

Other

☐ Yes ☐ No

If other, please describe below:

**From**

M	M	Y	Y
M	M	Y	Y
M	M	Y	Y
M	M	Y	Y
M	M	Y	Y
M	M	Y	Y
M	M	Y	Y

**To**

M	M	Y	Y
M	M	Y	Y
M	M	Y	Y
M	M	Y	Y
M	M	Y	Y
M	M	Y	Y
M	M	Y	Y

9 If you told us that you have had medication for this, please give details of this below:

**Name of medication**


**From**

M	M	Y	Y
M	M	Y	Y
M	M	Y	Y

**To**

M	M	Y	Y
M	M	Y	Y
M	M	Y	Y

10 Have you ever had treatment as a hospital in-patient for this?

☐ Yes ☐ No

If 'yes', please tell us the dates of this treatment:

**From**

M	M	Y	Y
M	M	Y	Y
M	M	Y	Y

**To**

M	M	Y	Y
M	M	Y	Y
M	M	Y	Y

11 Have you ever attempted suicide or committed an act of self-harm or 'cry for help'? ☐ Yes ☐ No

If 'yes', please tell us the date and full details for each episode:

Date

M	M	Y	Y
M	M	Y	Y
M	M	Y	Y
M	M	Y	Y

12 In the last three years, have you needed any time off work for this?

If 'yes', please tell us the periods of absence:

☐ Yes ☐ No

From

M	M	Y	Y
M	M	Y	Y
M	M	Y	Y

To

M	M	Y	Y
M	M	Y	Y
M	M	Y	Y

13 Please provide any additional information on your condition which may help us to assess your application below:

14 Do you have any reports or letters from the specialist about your condition?

☐ Yes ☐ No

If 'yes', please email us a scanned copy to [underwriting.team@uk.zurich.com](mailto:underwriting.team@uk.zurich.com) including the application number(s) in the title of your email, or send them to us at Medical underwriting department, Unity Place, 1 Carfax Close, Swindon, SN1 1AP.

## Declaration

I declare that:

- I have completed the information on this form fully, honestly, and accurately, to the best of my knowledge.
- I am aware that if I haven't answered the questions correctly my policy may be cancelled, or its terms may be changed, or a claim may be rejected or not fully paid. Cancelling a policy means that no cover or other benefits will be provided.
- I have read the Zurich data protection leaflet 'Your privacy is important to us' and I agree to the personal information I have provided in this form being used in the ways described.

Signature

Date 

D	D	M	M	Y	Y	Y	Y
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