



ATTENTION DEFICIT DISORDER QUESTIONNAIRE

INSURED NAME: _____ FILE: _____

1. When was the diagnosis made? _____

2. What were the symptoms?

- Fidgeting
- Impulsive
- Inattentive
- Trouble with the law
- Doesn't follow instructions
- Trouble at school (fighting, talking out, poor grades)
- Trouble at work (conflicts, cannot meet objectives/deadlines)
- Other

3. Treatment and/or name of the medication: _____

Did it improve the symptoms? Yes No

Has the medication been changed? Yes No

If Yes, provide date of change: _____

Name of new Medication: _____

Describe change in symptoms: _____

How long has condition been stable: _____

4. Are there any other medical problems? Yes No

If **Yes**, describe effect on school/work: _____

5. Provide details of employment for last 5 years (if adult applicant): _____

6. Doctor last seen: _____ Date Last Seen: _____

Name: _____

Address: _____

Date last seen: _____ Purpose: _____

DECLARATION:

I declare that the answers and statements to the above questions are complete and true to the best of my knowledge and belief. I understand they will form part of my application for insurance on my life.

I understand that if I do not fully, completely and truthfully answer the above questions (if I misrepresent my answers or statements) the Company may void this policy.

Date: _____ Signature of Owner _____

Signature of Insured (If over 18 years of age) _____

PLEASE RETURN FORM TO:

The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, MB R3C 1A8
TOLL FREE: 1-888-997-9965 FAX: 1-888-985-3872 WEBSITE: wawanesalife.com