



HERMANN SONS LIFE

Attention Deficit/Hyperactivity Disorder Questionnaire

CIRCLE ANSWER AND PROVIDE DETAILS FOR ANY POSITIVE RESPONSES
PLEASE PRINT IN BLUE OR BLACK INK ONLY

Name _____ Date of Birth _____

1. Do you have or have you ever been diagnosed with Attention Deficit/Hyperactivity Disorder (ADD/ADHD)? **Yes** **No**
2. When was this diagnosed? _____
3. List all physicians who have treated you for this condition (Provide name, type of doctor and address)

4. Date you last consulted above physician? _____ How often do you see? _____
5. Have you ever been hospitalized or seen in the emergency room due to your condition? **Yes** **No**
If yes, provide dates, names and addresses for all treatment locations.

6. Have you received any treatment or medications for the condition? **Yes** **No**
If yes, provide details, including medications being taken and when last used.

7. Is medication taken all year long or on a modified schedule? _____
8. Are symptoms: **Improved** **Same** **More Severe**
9. Are you receiving psychotherapy, counseling or behavior modification? **Yes** (provide details) **No**

10. Do you have any depression or other mood disorder problems associated with ADD/ADHD? **Yes** (provide details) **No**

11. Please provide any additional information you feel is important concerning your ADD/ADHD:

I understand that this declaration will be relied upon by Hermann Sons Life in determining my insurability. I understand that any material misstatement in this declaration, or elsewhere, could render the certificate, if issued, voidable. I declare that the above answers are true and complete to the best of my knowledge.

Signature of the Proposed Insured or Guardian

Date