

MAS, FREEPOST 884, PO Box 13042, Johnsonville, Wellington.
Phone 0800 800 627. Facsimile (04) 477 0109.

Mental health questionnaire

i) Do you suffer from, or have you ever been advised by a medical practitioner that you suffer from:	<input type="checkbox"/> Anxiety <input type="checkbox"/> Stress <input type="checkbox"/> Hyperventilation <input type="checkbox"/> Fatigue	<input type="checkbox"/> Fear or phobia <input type="checkbox"/> Irritability <input type="checkbox"/> Depression <input type="checkbox"/> Sleeplessness	<input type="checkbox"/> Chronic Pain Syndrome <input type="checkbox"/> Obsessive Compulsive disorder <input type="checkbox"/> Post-traumatic stress disorder <input type="checkbox"/> Other*
* If Other, please provide the name of the condition.			
ii) How long ago were the first symptoms?	<input type="text"/>	Years	<input type="text"/> Months
iii) How long ago were the last symptoms?	<input type="text"/>	Years	<input type="text"/> Months
iv) Has there been any recurrence? * If yes, please provide details.	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="text"/>		
v) Have you ever been hospitalised or had time off work or study as a result of this condition? * If yes, please provide details.	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="text"/>		
vi) Has your condition ever led you to intentionally or unintentionally harm yourself or have suicidal thoughts? * If yes, please provide details.	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="text"/>		
vii) Have you ever been recommended, prescribed, received treatment or are you currently being treated for any of the conditions or symptoms listed above e.g. medication or counselling? * If yes, please provide details.	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="text"/>		
viii) Have you ever been assessed by a psychiatrist or a psychologist? * If yes, please provide details.	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="text"/>		

I acknowledge that the answers I have provided above are true and complete and form part of my application under policy

Member Name ☐

(*Please type your name and tick the check box to verify the above information)