

**DRUG USAGE QUESTIONNAIRE**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cigarette Smoker:  Yes  No Quantity per day: \_\_\_\_\_

- |   |                   |                  |                              |
|---|-------------------|------------------|------------------------------|
| <b>1.</b> Have you ever used any of the following drugs:  | <b><u>YES</u></b> | <b><u>NO</u></b> | <b><u>Date last used</u></b> |
| a) <u>Opiate</u> derivatives (e.g. Heroin, Morphine, Methadone, Demerol, Codeine, Percodan, Dilaudid) | [ ]               | [ ]              | _____                        |
| b) <u>Barbiturates</u> (eg. Amytal, Seconol, Nembutal, Phenobarbital)                                 | [ ]               | [ ]              | _____                        |
| c) <u>Marijuana</u> , hashish   | [ ]               | [ ]              | _____                        |
| d) <u>Amphetamines</u> (e.g. Benzadrine, Dexadrine, Methadrine)                                       | [ ]               | [ ]              | _____                        |
| e) <u>Cocaine</u>   | [ ]               | [ ]              | _____                        |
| f) <u>Hallucinogens</u> (e.g. LSD, DMT, Mescaline, Peyote, PCP)                                       | [ ]               | [ ]              | _____                        |
| g) <u>Sedatives</u> and Tranquilizers (e.g. Librium, Valium, Dalmane, Qualude)                        | [ ]               | [ ]              | _____                        |
| h) Other(s) _____   |                   |                  |                              |

Please give details:

TYPE	USUAL QUANTITY	FREQUENCY OF USE
_____	_____	_____
_____	_____	_____
_____	_____	_____

**2.** List all medications currently being taken: \_\_\_\_\_

**3.** Do you currently use any drugs (other than listed in question 2)?  Yes  No  
If yes, which one(s) \_\_\_\_\_

**4.** Have you ever sought medical treatment because of drug or alcohol use?  Yes  No  
If yes, state date(s) and name(s) of doctor and institution consulted: \_\_\_\_\_

**5.** Do you currently use alcohol?  Yes  No  
If yes, quantity and how often? \_\_\_\_\_

*NOTICE: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud, which is a crime.*

I hereby verify that the above questions have been answered by me fully, completely and truthfully to the best of my ability.

Signature of Proposed Insured: \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by: \_\_\_\_\_