

**DRUG USAGE QUESTIONNAIRE**

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

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

1. Have you ever used any of the following drugs:	<u>YES</u>	<u>NO</u>	<u>Date last used</u>
a) <u>Opiate derivatives</u> (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: \_\_\_\_\_