



DRUG USAGE QUESTIONNAIRE

Name: _____ Date of Birth: _____

Cigarette Smoker: Yes No Quantity per day: _____

- | | | | | |
|-----------|---|------------|-----------|-----------------------|
| 1. | Have you ever used any of the following drugs: | YES | NO | Date last used |
| | 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: _____