

DRUG USE QUESTIONNAIRE

Agent: _____ Phone: _____ Fax: _____

Proposed Insured Name: _____ M F Date of Birth or Age: _____
 Face Amount: _____ Max. Premium: \$ _____/year UL WL Term Survivorship
 Do you currently smoke cigarettes? Y N If no, did you ever smoke: Never Quit (Date): _____
 Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum...): Y N
 If Yes, please provide details: _____
 When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

(1) Do you presently use any drugs other than those prescribed by a physician or those available over the counter?

Yes No If no, date of last drug use: _____ If yes, please complete table:

Type	Usual Quantity	Frequency of Use	How taken? IV?	Dates: From - To

(2) Did you ever use other drugs or more drugs than you currently use? Yes No If yes, please complete table:

Type	Usual Quantity	Frequency of Use	How taken? IV?	Dates: From - To

(3) Are you currently attending meetings of A.A. or similar recovery groups? Yes No Dates: _____

(4) Have you ever been treated for excessive drug use? Yes No If yes, please provide details: _____

_____ Date(s): _____

(5) Did you have any legal troubles because of drug use? Yes No If yes, please provide details: _____

_____ Date(s): _____

(6) Have you ever experienced any of the following? If yes, please provide details below:

- | | | |
|--|---|--|
| <input type="checkbox"/> Blackouts | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Psychological Disorder | <input type="checkbox"/> Emotional Disorder |
| <input type="checkbox"/> Delirium Tremens | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Protein or Blood in Urine | <input type="checkbox"/> Liver problems | <input type="checkbox"/> Other serious medical condition (discuss below) |

(7) Please provide any additional helpful information: _____

