QUESTIONNAIRE
DRUG USAGE

GENERAL INFORMATION	
FIRST NAME	LAST NAME
POLICY NUMBER	DATE OF BIRTH Y Y Y Y M M D D

1. Are you now using or have you in the past used the following:

- ☐ Cocaine (crack, etc.)
- ☐ Opium derivatives (heroin, morphine, opium, demerol, methadone)
- ☐ Barbiturates (phenobarbital, librium, valium)
- ☐ Amphetamines (dexedrine, methedrine, benzedrine)
- ☐ IV drug use, details: _____
- ☐ Hallucinogens (LSD, DMT, peyote, etc.)
- ☐ Marijuana (cannabis, hashish)
- ☐ Other: _____

2. If yes to above, please give details:

Type(s)	Usual quantity	Frequency of use	Date use

3. Date you stopped using drugs? _____

	Yes	No
4. Have you ever sought medical treatment because of drug use? If yes, state dates and names of doctors and institutions consulted:	☐	☐
5. Have you ever lost a job due to excessive use of any drug? If yes, give dates and details:	☐	☐
6. Have you ever been arrested or charged in connection with drug? If yes, give dates and details:	☐	☐
7. Have you ever suffered from a liver disorder?	☐	☐
8. Have you ever gone to the hospital's emergency? If yes, give dates and details:	☐	☐

I declare that the above answers are true and complete and shall form part of my application.	
Signature of the witness	Signature of the insured
Name of the witness	Date Y Y Y Y M M D D