

## DRUG USAGE QUESTIONNAIRE

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

1A. Are you now using or have you used in the past any of the following drugs:

- |    |  |            |           |
|----|--|------------|-----------|
| a) | Opium derivatives: Heroin, Morphine, Demerol, Methadone, Codeine or Percodan, Dilaudid | <u>YES</u> | <u>NO</u> |
|    |  | [ Y ]      | [ N ]     |
| b) | Barbiturates: Amytal, Phenobarbital, Seconal, Nembutal, Pentobarbital                  | [ Y ]      | [ N ]     |
| c) | Marijuana: Hashish, Cannabis   | [ Y ]      | [ N ]     |
| d) | Amphetamines: Benzedrine, Dexedrine, Methedrine, Preludin                              | [ Y ]      | [ N ]     |
| e) | Cocaine  | [ Y ]      | [ N ]     |
| f) | Hallucinogens: LSD, DMT, Mescaline, Peyote, Psilocybin, PCP                            | [ Y ]      | [ N ]     |
| g) | Sedatives and Tranquilizers: Librium, Valium, Quaalude, Dalmane, Placidyl              | [ Y ]      | [ N ]     |

1B. Were any of the above prescribed by a physician?  YES  NO

If "YES", which? \_\_\_\_\_

2. If "YES" answers in 1A or 1B, please give details:

TYPE	USUAL QUANTITY	FREQUENCY OF USE	DATE: From - To
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\_\_\_\_\_

\_\_\_\_\_

3. Except those prescribed by a physician, are you now using or have you used in the past any other drugs not listed in numbers one or two above?  YES  NO

If "YES", explain: \_\_\_\_\_

4. Have you ever sought medical treatment because of drug use?  YES  NO

If "YES", state dates and names of doctors and institutions consulted:

\_\_\_\_\_

\_\_\_\_\_

5. Please indicate any additional relevant information: \_\_\_\_\_

I certify that I have read the above questions and answers and declare that all statements and answers to the above questions are true and complete as recorded, and I agree that they shall form a part of my application and become a part of any contract of insurance issued on such application.

\_\_\_\_\_

Date

\_\_\_\_\_

Witness

\_\_\_\_\_

Signature of Proposed Insured