



**DRUG USE QUESTIONNAIRE**

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Proposed Insured Name: \_\_\_\_\_ M F Date of birth: \_\_\_\_\_  
 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: \_\_\_\_\_  
 Height: \_\_\_\_ ft. \_\_\_\_ in. Weight: \_\_\_\_\_ lbs.

**(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:

- |                           |                        |   |
|---------------------------|------------------------|---|
| Blackouts                 | High blood pressure    | Depression                                      |
| Convulsions               | Psychological Disorder | Emotional Disorder                              |
| Delirium Tremens          | Hepatitis              | Kidney Disease                                  |
| Protein or Blood in Urine | Liver problems         | Other serious medical condition (discuss below) |

**(7) Please provide any additional helpful information:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_