

# ALCOHOL & DRUG USAGE QUESTIONNAIRE

Name (first, middle, last)	Date of Birth (dd/mmm/yy)	Application #
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1. Do you presently or have you in the past used alcohol?  no  yes – provide details below.

	Daily		Weekly		Monthly	
	Type	Amount	Type	Amount	Type	Amount
Present						
1-2 years ago						
3-5 years ago						
Other (specify)						

2. Do you presently or have you in the past used any of the following drugs?

Cocaine / Crack	<input type="radio"/> yes <input type="radio"/> no	Marijuana / Hashish	<input type="radio"/> yes <input type="radio"/> no
Amphetamines	<input type="radio"/> yes <input type="radio"/> no	Barbiturates	<input type="radio"/> yes <input type="radio"/> no
Heroin, Morphine, Demerol, Methadone	<input type="radio"/> yes <input type="radio"/> no	Hallucinogens / LSD	<input type="radio"/> yes <input type="radio"/> no
Other (Narcotics, Solvents, Ecstasy Steroids, etc.)	<input type="radio"/> yes <input type="radio"/> no		

If yes, provide details below. Indicate daily, weekly, or monthly as applicable. (Include specific amounts)

	Daily		Weekly		Monthly	
	Type	Amount	Type	Amount	Type	Amount
Present						
1-2 years ago						
3-5 years ago						
Other (specify)						

3. Have you ever been advised to reduce your use, ever sought, received or been advised to seek advice, counselling or treatment or attended any rehabilitation program regarding the use of alcohol and/or drugs?  no  yes – please provide details including dates, durations, location and medical advisor(s) name.

4. Have you ever been convicted of impaired driving or charged in connection with drug or alcohol use?  no  yes – provide details below:

5. Have you ever been a member of Alcoholics Anonymous, Narcotics Anonymous or a similar support group for recovering addicts?  no  yes – provide name of organization and advise if still active \_\_\_\_\_ x /week \_\_\_\_\_ x /month

6. If you no longer use alcohol or drugs, when was the use discontinued?

What prompted you to discontinue?

I declare that the above answers are complete and true, and agree that they shall form part of my application for the policy requested.

Signature of applicant X	Date (dd/mmm/yy)
Signature of witness X	Date (dd/mmm/yy)