



## ALCOHOL USE QUESTIONNAIRE

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. Do you presently use alcoholic beverages?  Yes  No If "No", date of last drink \_\_\_\_/\_\_\_\_/\_\_\_\_  
 If "Yes", please indicate quantity:

	Beer	Wine	Liquor
Daily			
Weekly			
Monthly			

2. Did you ever drink substantially more than at present?  Yes  No If "Yes", during what time period?

Dates: from \_\_\_\_\_ To \_\_\_\_\_  
 Please indicate quantity:

	Beer	Wine	Liquor
Daily			
Weekly			
Monthly			

Why did you change drinking habits?

3. Are you active in Alcoholics Anonymous or other recovery groups?  Yes  No How long? \_\_\_\_\_

4. Have you ever consulted a doctor or received treatment because of alcohol use?  Yes  No  
 If "Yes" indicate name and address of any doctor, hospital, or treatment center and dates of treatment:  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Are you presently taking, or have you ever taken Antabuse or any other medication to control your drinking?  
 Yes  No If "Yes", please indicate date last used and name of doctor who prescribed it:  
 \_\_\_\_\_

6. Have you ever been arrested for driving under the influence of alcohol?  Yes  No  
 If yes, give dates and drivers license number: \_\_\_\_\_

7. Have you ever used any other drugs, except over the counter or those prescribed by a physician?  Yes  No  
 (If "Yes", please complete a Drug Usage Questionnaire.)

Remarks: \_\_\_\_\_  
 \_\_\_\_\_

I present that all statements and answers to the questions above are complete and true to the best of my knowledge and belief.

Signature of Proposed Insured \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_