



SUBSTANCE USAGE QUESTIONNAIRE

Name _____ Date of birth _____

1. Social Security Number: _____

2. Are you Using or have you ever in the past used the following:

- | | |
|--|--|
| A. Opiates/Narcotics: Heroin, Codeine, Morphine, Methadone, Demerol. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B. Barbiturates: Amytal, Phenobarbital. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C. Non-Barbiturates: Placidyl, Doriden, Quaalude. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D. Amphetamines: Benzedrine, Dexedrine. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| F. Hallucinogens: LSD, Peyote, Psilocybin. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| G. Cannabis: Marijuana, Hashish. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| H. Others: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

3. If "Yes", please give details:

Type	Usual Quantity	Frequency of Use	Dates: From To

4. Have you ever been treated for substance abuse? Yes No
 If "Yes", state dates and names of doctors, clinics, hospitals, and other institutions consulted.

5. Have you ever been arrested for possession, use, distribution or sale of illegal substances? Yes No
 If "Yes", when and where?

6. Please indicate any additional relevant information.

I represent that all statements and answers to the questions are complete and true to the best on my knowledge and belief.

Signature of Proposed Insured _____ Date _____ / _____ / _____