



## Alcohol and Drug Usage Questionnaire

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex: M/ F

Tobacco Usage: \_\_\_\_\_

Face Amount: \_\_\_\_\_

\_\_\_Term 10 15 20 30 \_\_\_UL

1. If Drug usages, what kind of drug(s) was used? \_\_\_\_\_

a) What were the dates of the first and last use of the drug(s)?

b) Is the proposed insured on any medications? \_\_\_Yes \_\_\_No (If yes, please describe)

2. If alcoholism, when did the client stop drinking? \_\_\_\_\_

a) Reason for stopping? \_\_\_\_\_

b) Has client had any relapses? \_\_\_Yes \_\_\_No

c) Is this a first instance or a relapse? (If relapse, when was first instance and the reason for relapses)? \_\_\_\_\_

3. Did client go to a rehabilitation center? \_\_\_Yes \_\_\_No

a) If so, how long was the program? \_\_\_\_\_

b) Date of Completion: \_\_\_\_\_

c) Is the client a member of AA, NA, or any other support group? \_\_\_Yes \_\_\_No

4. Has client ever been arrested for DWI/DUI or any other offense involving the use of alcohol or drugs? \_\_\_Yes \_\_\_No (If yes, please provide information)

5. Are blood studies normal? \_\_\_Yes\_\_\_No (If no, please provide information)