



## Alcohol Questionnaire

Name: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Tobacco Usage: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Sex: M F  
Face Amount: \_\_\_\_\_

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

1. Does the proposed insured currently use alcohol? \_\_\_Yes \_\_\_No  
a. If No, give the date of last drink: \_\_\_\_\_  
b. If yes, give quantity: \_\_\_\_\_

	Beer (Cans)	Wine (Glasses)	Liquor (Ounces)
Daily			
Weekly			

2. Did the proposed insured ever drink more than as stated above? \_\_\_Yes \_\_\_No  
a. If Yes, time period: From \_\_\_\_\_ to \_\_\_\_\_  
b. Quantity: \_\_\_\_\_  
c. Reason for Change: \_\_\_\_\_

	Beer (Cans)	Wine (Glasses)	Liquor (Ounces)
Daily			
Weekly			

3. Is the proposed insured an active member of an alcohol use recovery program such as AA?  
\_\_\_Yes \_\_\_No  
a. If yes, for how long: \_\_\_\_\_

4. Has the proposed insured ever joined and then left an alcohol recovery program? \_\_\_Yes \_\_\_No  
a. If yes, Why: \_\_\_\_\_

5. Has the proposed insured ever consulted a physician, received or been advised to receive treatment, because of alcohol use? \_\_\_Yes \_\_\_No  
a. If yes, please provide dates of treatment, in or outpatient, and description.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Is the proposed insured currently taking, or have they, in the past, taken, Antabuse, Naltrexone or any other medication to control their drinking? \_\_\_Yes \_\_\_No  
a. If yes, please give name of medications and dates used. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Has the proposed insured ever been convicted of driving under the influence of alcohol?  
\_\_\_Yes \_\_\_No  
a. If yes, please give the date of conviction(s): \_\_\_\_\_