



### Drug Usage Questionnaire

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: M/ F  
 Tobacco Usage: \_\_\_\_\_ Face Amount: \_\_\_\_\_  
                                     \_\_\_Term 10 15 20 30            \_\_\_UL

1. Does the proposed insured currently use drugs? \_\_\_Yes \_\_\_No  
 a. If No, give the date of last use: \_\_\_\_\_  
 b. If Yes, give quantity and frequency: \_\_\_\_\_

	Marijuana	Cocaine	Other (specify)
Daily			
Weekly			

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

	Marijuana	Cocaine	Other (specify)
Daily			
Weekly			

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

4. Has the proposed insured ever joined and then left a narcotics 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 drug 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, any prescribed medication for the treatment of drug abuse? \_\_\_Yes \_\_\_No  
 a. If yes, please give name of medications and dates used. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Has the proposed insured ever been convicted of a drug related offense? \_\_\_Yes \_\_\_No  
 a. (If yes, please give the date of conviction(s): \_\_\_\_\_  
 \_\_\_\_\_