

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 your 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 your 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 drugs or those prescribed by a physician? Yes No
 (If answered "Yes," please complete Drug Usage Questionnaire.)

8. Remarks: _____

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

Dated at _____ the _____ day of _____, 19 _____

 Witness

 Signature of Proposed Insured