

SUBSTANCE USAGE QUESTIONNAIRE

1. Name _____
 Date of Birth _____
 Social Security _____

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

- | | Yes | No |
|---|--------------------------|--------------------------|
| A) Opiates/Narcotics: heroin, codeine, morphine, methadone, Demerol | <input type="checkbox"/> | <input type="checkbox"/> |
| B) Barbiturates: Amytal, phenobarbital | <input type="checkbox"/> | <input type="checkbox"/> |
| C) Non-Barbiturates: placidyl, doriden, Quaalude | <input type="checkbox"/> | <input type="checkbox"/> |
| D) Amphetamines: Benzedrine, Dexedrine | <input type="checkbox"/> | <input type="checkbox"/> |
| E) Methamphetamine: Cocaine, Crack, Ice | <input type="checkbox"/> | <input type="checkbox"/> |
| F) Hallucinogens: LSD, peyote, psilocybin | <input type="checkbox"/> | <input type="checkbox"/> |
| G) Cannabis: marijuana, hashish | <input type="checkbox"/> | <input type="checkbox"/> |
| H) Others: | <input type="checkbox"/> | <input type="checkbox"/> |

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, other institutions consulted.

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

6. Please indicate any additional relevant information.

Date _____

Signature of Proposed Insured _____

