

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

Remarks: _____

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

Signature of Proposed Insured _____ Date ____/____/____

Witness _____ Date ____/____/____

