

Drug and Substance Abuse Questionnaire

Name

Date of birth Policy/Application Number

1. Please indicate which of the following substances you have ever tried or used

- i) Alcohol Yes No
- ii) Amphetamines (speed, uppers, dexies, crystal meth, ice etc.) Yes No
- iii) Anabolic steroids (roids, gear, juice etc.) Yes No
- iv) Barbiturates (amytal, Phenobarbital etc.) Yes No
- v) Cannabis (marijuana, dope, hooch, grass, pot, hashish, THC etc.) Yes No
- vi) Cocaine (coke, blow, snow, crack etc.) Yes No
- vii) Ecstasy (methamphetamine, MDMA, ecky, E's etc.) Yes No
- viii) Opiates (codeine, heroin, methadone, morphine, pethidine, smack etc.) Yes No
- ix) Psychedelics (magic mushrooms, LSD, acid etc.) Yes No
- x) Solvents (glue, aerosol, thinners, nitrous oxide, petrol etc.) Yes No
- xi) Others Yes No

If you answered yes to any of the above questions, please provide details regarding your usage pattern

Name of substance	Date first used	Date ceased	Frequency of use
	DD / MM / YYYY	DD / MM / YYYY	
	DD / MM / YYYY	DD / MM / YYYY	
	DD / MM / YYYY	DD / MM / YYYY	
	DD / MM / YYYY	DD / MM / YYYY	

2. Have you ever injected or used drugs intravenously? Yes No

If **yes**, please provide details including dates

3. Have you ever been tested for Hepatitis B or C? Yes No

If **yes**, please provide details including dates and results

4. Have you ever sought medical advice or been referred for drug counselling? Yes No

If **yes**, please provide details:

Name of doctor, hospital or clinic	Address	Date of last consult
		DD / MM / YYYY
		DD / MM / YYYY

5. Have you ever been hospitalized or treated for a drug overdose? Yes No

If **yes**, please provide details:

Name of doctor, hospital or clinic	Address	Date
		DD / MM / YYYY
		DD / MM / YYYY

6. Have you ever suffered any medical condition or impairment related to your drug use, e.g. hepatitis, HIV, mental health disorder etc.?

Yes No

If **yes**, please provide details including dates and results

7. Have you ever been a member of Alcoholics Anonymous, Narcotics Anonymous or a similar association?

Yes No

If **yes**, please answer the following questions

When?

How often do you attend meetings?

How many meetings did you attend in the last six months?

Are you presently active?

Have you had any lapses?

Yes No

If yes, please state relevant dates

8. Have you ever been arrested or convicted for any alcohol or drug related offence or been required to attend an alcohol or drug awareness program ordered by the court?

Yes No

If **yes**, please provide details including dates for each occurrence

9. Have you ever taken time off work because of your alcohol or drug use?

Yes No

If **yes**, please provide details including dates and durations

10. Have your working duties ever been affected or restricted in any way?

Yes No

If **yes**, please provide details including dates and durations

11. Please provide any additional information that you feel is important

Declaration

I confirm that the answers I have given are, to the best of my knowledge, true, and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for insurance(s) and that failure to disclose any material fact known to me may invalidate my insurance(s).

Name

Signature

Date