

Drug and Substance Abuse Questionnaire

Last Name: First Name:

Date of Birth: Policy/Application Number:

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

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|--|------------------------------|-----------------------------|---|------------------------------|-----------------------------|
| (a) Alcohol | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (g) Ecstasy (meth amphetamine, MDMA, ecky, E's etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Amphetamines (speed, uppers, dexies, crystal meth, ice etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (h) Opiates (codeine, heroin, methadone, morphine, pethidine, smack etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Anabolic steroids (raids, gear, juice etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (i) Psychedelics (magic mushrooms, LSD, acid etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Barbiturates (amytal, Phenobarbital etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (j) Solvents (glue, aerosol, thinners, nitrous oxide, petrol etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Cannabis (marijuana, dope, hooch, grass, pot, hashish, THC etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (k) Others: <input type="text"/> | | |
| (f) Cocaine (coke, blow, snow, crack etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> 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

- 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

- 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

- 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.

Your duty of disclosure (to be completed in all cases)

Please read carefully.

- 1) This questionnaire will form part of the application and together with the application, (declaration and any personal statement or telephone interview) shall be the basis of the proposed insurance contract.
- 2) The person insured and the policy owner must tell Asteron Life of any change in circumstances that is material to this application. This duty continues until the application is accepted and a policy document has been issued. This is important even if you have separately discussed something with your adviser. The duty of disclosure also applies if in future there is a request to extend or alter the policy, or application to reinstate the policy after it has lapsed.
- 3) If the information provided to us is incomplete or incorrect in any material way, then we may decline the application or it may affect the ability to claim in future. If this happens, we may reduce claim benefits or decide not to accept a claim. We may also exercise any legal rights we have to cancel or avoid the policy from inception. Premiums paid may be forfeited and any claims already paid may have to be paid back.

I declare that the answers given above 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 have read and understood the duty of disclosure described above, and acknowledge it is my responsibility to ensure I have provided all material information whether that information has been specifically requested or not.

Signature of the
Person to be Insured

Date

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