



ALCOHOL USE QUESTIONNAIRE

Full Name: _____ (M or F): _____ Age: _____

Face Amount: _____ Max Premium \$: _____ /year Type: (UL, WL, Term, or Survivorship) _____

Do you currently smoke cig arettes? (Y or N): _____ If no, did you ever smoke: (Y or N): _____ Quit (Date): _____

Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum...):

If Yes, please provide details: _____

When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

(1) Do you currently drink alcohol? (Y or N): _____ If yes, provide details in the following table:

Table with 5 columns: Quantity, Beer, Wine, Liquor, Dates: From - To. Rows: Daily, Weekly, Monthly.

(2) Have you ever drank substantially more than now? (Y or N): _____ If yes, provide details in the following table:

Table with 5 columns: Quantity, Beer, Wine, Liquor, Dates: From - To. Rows: Daily, Weekly, Monthly.

(3) Have you ever been treated for excessive alcohol use? (Y or N): _____

If yes, please provide details and dates:

(4) Have you ever been arrested for driving under the influence (DUI) or for driving while intoxicated (DWI) ? (Y or N): _____

If yes, please provide details:

(5) Have you ever experienced any of the following? If yes, please provide details below with:

- List of conditions: Blackouts, Convulsions, Delirium Tremens, Protein or Blood in Urine, High blood pressure, Psychological disorders, Hep atitis A, B, or C, Liver problems, Depression, Emotional Disorder, Kidney Disease, Other medical condition (describe below)

(6) Do you attend AA or similar? (Y or N): _____ If yes, how often? _____

(7) Please provide any additional information that would help us negotiate the lowest rates possible: