



MARIJUANA QUESTIONNAIRE

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

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

Do you currently smoke cigarettes? (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: _____

How frequently do use marijuana and in what form? Please describe.

Details should include how often (daily, weekly, monthly, etc.) , last time used, and if they are smoking, vaping or eating edibles.

Do you use marijuana for medical purposes? If so, do they have a prescription card? What condition are they treating?

Is there any history of drug or alcohol treatment? Please describe.

Do you use any tobacco products? Please describe.
