

Substance use questionnaire

(Strictly confidential - to be completed by the client)

Policy number

Member number*

Group number* (*Fill in for FundsAtWork)

1: Details of insured life

Name of insured life

Permanent identity/passport number Permanent identity number Yes No

Date of birth Telephone

If any questions below are answered "yes", provide full details, including date and the names of doctors and institutions where applicable. Complete the relevant sections.

2: Alcohol

1. Have you ever been advised by a medical professional to reduce or stop drinking? Yes No

If "yes", provide full details:

Date of advice

Name of the medical professional who advised you

Reason for advice

2. Have you ever been advised by your family, spouse or friends to reduce or stop drinking? Yes No

3. State the current amount and type of alcohol consumed per week. (1 unit = 1 bottle beer or 1 glass of wine or 1 tot of spirits)

0 per week 1 - 10 per week 11 - 20 per week 21 - 30 per week 31 - 40 per week > 50 per week

4. When was the last time that you consumed alcohol?

5. How much were you drinking per week before you stopped? 1 - 10 per week 11 - 20 per week 21 - 30 per week 31 - 40 per week 40 - 70 per week > 70 per week

3: Drugs

1. Which of the following substances are you using, or have you used in the past?

a. Marijuana, e.g. hasjish, cannabis (dagga) Past use Yes No Current use Yes No

Date: First Last

How often: Daily Once a week More than 12 times per month 15 to 20 times per month

Once off, experimental Date:

Do you use it for medicinal purposes? Yes No Do you use it for recreational purposes? Yes No

Date: First Last

What other forms of Marijuana/cannabis do you use? Liquid/Oil Smoking Used in food Other (specify)

Do you have any other previous history of Marijuana/cannabis use? Yes No Date last used

b. Marijuana mixed, e.g. Mandrax Past use Yes No Current use Yes No

Date: First Last

c. Opium derivatives, e.g. heroin, morphine, demerol, methadone Past use Yes No Current use Yes No

Date: First Last

d. Barbiturates, e.g. amytal, phenobarbital, seconal, Nembutal, penobarbital Past use Yes No Current use Yes No

Date: First Last

e. Amphetamines, e.g. Ecstasy, Speed, tik, benzidrene, dexadrine, methedrine Past use Yes No Current use Yes No

Date: First Last

3: Drugs (continued)

f. Hallucinogens, e.g. LSD, DMT, CAT
 Past use Yes No
 Date: First Last

g. Cocaine
 Past use Yes No
 Date: First Last

h. Others not mentioned previously
 Past use Yes No
 Date: First Last

2. Have you ever been advised by a medical professional to stop using over the counter medication due to misuse (sleeping tablets, cough mixture, pain medication)? If "yes", provide full details: Yes No

Name of the drug used

Dosage

Date of advice State when usage ceased

4: General – Drugs and alcohol

This section is compulsory and must be completed by the insured life.

1. Have you ever had any complication related to the use of drugs or alcohol, e.g. hepatitis, HIV infection, mental illness, etc.? Yes No

If "yes", provide full details:

2. Have you ever sought medical treatment for any psychiatric or mental disorders? Yes No

If "yes", provide full details in the table below.

Doctor's initial and surname	Reason for seeing doctor	Date of consultation
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Have you ever sought medical treatment because of substance abuse? Yes No

If "yes", provide full details:

4. Have you ever required hospital treatment as a result of drug/alcohol use? Yes No

If "yes", when were you admitted?

5. What was the name of the hospital you were treated at?

6. Have you ever been treated on a Methadone/Antabuse or any other maintenance program? Yes No

If "yes", do you still participate? Yes No

7. Are you a member of any support group? (AA) Alcoholics Anonymous (NA) Narcotics Anonymous

8. Are you currently drug free? Yes No

5: Declaration by insured life

I declare that all the statements that I have made and details that I have supplied in this form (whether in my own handwriting or not), are complete and true. I also understand and agree that the information that I have supplied, together with the application for life insurance and any other relevant documents, will form the basis of any insurance contract that may come into existence as a result of such application.

Signed at

Signature of insured life

Date