

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

Date of birth

Permanent identity number

Yes

No

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: FirstLast

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: FirstLast

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: FirstLast

c. Opium derivatives, e.g. heroin, morphine, demerol, methadone

Past use

Yes

No

Current use

Yes

No

Date: FirstLast

d. Barbiturates, e.g. amytal, phenobarbital, seconal, Nembutal, penobarbital

Past use

Yes

No

Current use

Yes

No

Date: FirstLast

e. Amphetamines, e.g. Ecstasy, Speed, tik, benzidrene, dexadrine, methedrine

Past use

Yes

No

Current use

Yes

No

Date: FirstLast

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3: Drugs (continued)

f. Hallucinogens, e.g. LSD, DMT, CAT

Past use Yes ☐ No ☐
Date: First

Current use Yes ☐ No ☐
Last

g. Cocaine

Past use Yes ☐ No ☐
Date: First

Current use Yes ☐ No ☐
Last

h. Others not mentioned previously

Past use Yes ☐ No ☐
Date: First

Current use Yes ☐ No ☐
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
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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