

Drugs Questionnaire

Policy number(s) if known

Product type

Adviser name

Adviser phone number

Proposed Life/Person to be Insured – Sign and date this questionnaire on reverse

Title	Given name(s) (please print)	Surname	Date of Birth
			/ /

1. Are you now using or have you ever used any of the following:

- a Methamphetamines/Amphetamines e.g.: crystal meth, crank, ice, glass, speed, uppers, 'P' Yes No
- b Cannabis e.g.; hashish, marijuana, pot, weed, grass Yes No
- c Cocaine e.g.; coke, crack, snow, freebase Yes No
- d Hallucinogens e.g.; MDMA (Ecstasy), angel dust, haze, LSD (acid), 'microdots', mescaline, psilocybin (magic mushrooms), PCP Yes No
- e Herbs e.g.; catnip, poppy, kavakava, lobelia Yes No
- f Opiates e.g.; codeine, heroin, methadone, morphine, opium, smack Yes No
- g Sedatives/Barbituates e.g.; diazepam, downers, nitrazepam, temazepam, tranks Yes No
- h Inhalants e.g.; aerosols, glue, amyl nitrate (poppers), petrol, lighter fluid, spray paints Yes No
- i Anaesthetic/Tranquilliser drugs e.g.; GHB (Gamma Hydroxy Butyrate), liquid E, juice, ketamine (special k), roids, gear Yes No
- j Other substances not mentioned above Yes No

If you answered 'yes' to any of the above, please provide full details including name of drug, dates when usage commenced, frequency and amount used, method of ingestion e.g.; inhalation, injection.

2. Have you now ceased using all drugs? Yes No

If yes, please state when usage ceased.

If no, what are you currently using, how much and how often?

3. Have you ever sought medical treatment or been hospitalised due to drug usage or for detoxification?

If yes, please provide details including date(s) of attendance and name of doctor(s) .

4. Have you ever been tested for Hepatitis B or C? Yes No

5. Have you suffered from any impairments associated with drug usage e.g.; Hepatitis B, Hepatitis C, HIV infection, mental illness, etc? Yes No

If yes, please provide details.

6. Have you been arrested/convicted for any offence related to drugs? Yes No

a If yes, please provide details.

Three empty rectangular boxes for providing details.

b If yes, was this offence committed while under the influence of drugs?..... Yes No

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 did you become a member?

How many meetings have you attended in the last 6 months?.....

Are you currently a member? Yes No

Have you had any lapses?..... Yes No

If yes please state relevant date/s:.....

8. Have you ever taken time off work due to your alcohol or drug use?..... Yes No

If 'yes', please provide details including date/s and duration:

Three empty rectangular boxes for providing details.

9. Have your work duties ever been affected or restricted in any way? Yes No

If 'yes', please provide details including date/s and duration:

Three empty rectangular boxes for providing details.

10. Please provide any additional information which you feel will be helpful in processing your application.

Three empty rectangular boxes for providing additional information.

I hereby declare that the answers given in this Drugs Questionnaire are truthful, accurate and complete, and I understand that this information will form part of the basis of the contract of insurance for my life.

Signature of the Proposed Life/Person to be Insured

Large empty rectangular box for signature.

Date