

ALCOHOL USE QUESTIONNAIRE

NAME OF APPLICANT: _____ DATE OF BIRTH: _____

POLICY #: _____ REFERENCE #: _____

1 Do you now, or have you ever, used alcoholic beverages? Yes No

2 What kind (i.e. beer, wine, spirits, including cocktail and mixed drinks)?

3 What quantity on any one occasion? _____

4 How often? _____

5 When was the last occasion? _____

6 Have you ever been required to take an alcohol "breathalyser" test? Yes No

When? _____

What was the result? _____

7 Have you ever received treatment for alcoholism or a drinking problem? Yes No

State name and address of physician or institute giving treatment:

Do you now use, or have you ever used, antabuse? Yes No

8 Are you now, or have you ever been, a member of Alcoholics Anonymous, or any other organization for the control of alcohol use? Yes No

State the date when you stopped drinking: _____

Indicate whether or not you remained totally abstinent since that date: _____

9 Do you use sedatives or tranquilizers? Yes No

State which, and what dosage: _____

I declare my answers and statements indicated above have been correctly recorded and to the best of my knowledge and belief, are complete and true.

Date _____ Signature _____