

Drug and Substance Usage Questionnaire								
First Name :Policy Number :				Last Name :				
1.							☐ Yes ☐ No	
	If yes, please indicate which of the following applies to you:  Amphetamines (speed, uppers, Dexedrine (dexies), crystal meth, Methedrine, ice, Benzedrine, etc.)  Anabolic steroids (roids, gear, juice, etc.)  Barbiturates (amytal, Phenobarbital, Seconal, Nembutal, etc.)  Cocaine (coke, blow, snow, crack, etc.)  Hallucinogens (LSD, acid, DMT, Mescaline, Peyote, Psilocybin (magic mushrooms), etc.)  Ecstasy (meth amphetamine, MDMA, ecky, molly, E's, etc.)  Marijuana mixed with nicotine or hashish mixed with nicotine  Marijuana (cannabis, dope, hooch, grass, pot, hashish, THC, etc.)  Opium and derivatives (heroin, morphine, Demerol, Percocet, methadone, codeine, pethidine, smack, etc.)  Solvents (glue, aerosol, thinners, nitrous oxide, petrol, etc.)  IV drug use:  Other (specify):							
2.	) If you have answered yes to question 1, please complete the following:							
	Type(s) Quantity		Frequency		Date first used	Date last	used	
3.	(b) If you have answered yes to marijuana usage, please specify: ☐ non-prescribed use ☐ medicinal use as prescribed by a healthcare professional.  If you selected the second option, please specify the reason for the prescription:  ———————————————————————————————————							
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4.	Have you ever lost your job, been charged with impaired driving or been arrested due to the influence of alcohol or drug(s)? Yes No If yes, please give details:							
5.	Do you presently consume alcoholic beverages?							
	Amount	Wine (glasses)		Beer (bottle	s)	Liquor (ounces)		
	Daily							
	Weekly							
	Monthly							
	Yearly							
	clare that the above informat				m part of my insuran	ce application with	Assumption Life.	