

Alcohol – Drug Abuse Questionnaire

Name _____ Sex M F Date of Birth _____

Height _____ Weight _____ Smoker? Y N State _____

Coverage Desired? _____ Amount _____ Plan Desired? _____

Do you presently use alcoholic beverages? Y N If Yes, Please advise:
Frequency (Daily/Weekly) _____
Type (Beer, Wine, Liquor) _____
Number of Drinks (or ounces) _____

Have you ever consumed more alcohol than at present? Y N If Yes, Please advise:
When _____
Frequency (Daily/Weekly) _____
Type (Beer, Wine, Liquor) _____
Number of Drinks (or ounces) _____

Why and When did you change your drinking habits? _____

Have you ever used Amphetamines, Barbiturates, Cocaine, Heroin, Crack, Marijuana, LSD, PCP, or other
Illegal, restricted or controlled substances, except as prescribed by a licensed physician? Y N
Name of Drug(s) used _____
Amount and frequency of use? _____
Dates of use: From _____ To _____

Have you ever had employment, financial or family problems as a result of your alcohol or drug use? Y N
If Yes, please explain _____

Have you ever been charged with driving under the influence or had any other traffic violation(s) and/or
Accident(s) where alcohol or drug use was involved? Y N
If Yes, please explain _____

Have you ever consulted a physician, received treatment or advice or been hospitalized because of your
Alcohol or drug use? Y N If Yes, Please provide Details, Dates, Name of Hospital or Treatment Center

Have you ever participated in a self-help group, such as Alcoholics or Narcotics Anonymous? Y N
If Yes, Name of Group? How frequently did you attend? _____

What have been your recent Blood Pressure readings? _____
What has been your recent Cholesterol readings? _____

Do you have Diabetes? Y N When Diagnosed? _____
If YES, what medication are you taking? _____

Please list all medications being taken: _____

Broker Submitting Questionnaire: _____
Address _____
Phone: _____ FAX: _____ E-mail: _____

Please send completed form: Victorson Associates, Inc. PO Box 863 Smithtown, NY 11787
You may Fax to: (631) 265-7054 or E-mail to: vainc@victorson.com