

ALCOHOL QUESTIONNAIRE

(Questions to be filled by life to be assured)

Full name of life to be assured

Proposal number /Application number

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1. Do you consume Alcohol in any of the following forms?

• **Wine** ☐ Yes ☐ No

If yes, ____ml / day since ____Yrs

• **Beer** ☐ Yes ☐ No

If yes, ____ bottles /day since ____Yrs

• **Whisky / Gin / Rum / Vodka** ☐ Yes ☐ No

(Please tick whichever is applicable)

If yes, ____ pegs / day since ____Yrs

• **Any other: (Please specify quantity/day)** ☐ Yes ☐ No

_____ since ____Yrs _____

2. Details of past and present levels of consumption. [1 Unit is equal to half a pint of beer (300 ml), one glass of wine (125 ml), one measure of spirit (30 ml)]

Past: No of Units/day: _____ No of Years : _____

Present: No of Units/day: _____ No of Years : _____

3. Have you ever undergone any investigations, particularly any liver

☐ Yes ☐ No

Function test (SGOT, SGPT, S. proteins (Albumin & Globulin), alcohol marker tests or any other blood tests?

If yes, Please provide the photocopies of the same.

4. Have you ever been hospitalized for alcohol related disease/driving offence

☐ Yes ☐ No

Or any complications related to alcohol?

If yes, please provide the details.

5. Have you made any attempt to give up the habit?

☐ Yes ☐ No

If Yes, with what results?

6. Have you have given up completely?

☐ Yes ☐ No

If Yes, since when?

7. Have you lost weight in recent past without any changes in dietary or exercise patterns?

☐ Yes ☐ No

Please note that no. of units per day should be mentioned in terms of ml/day or pegs/day or bottles per day. [1 Unit is equal to half a pint of beer (300 ml), one glass of wine (125 ml), one measure of spirit (30 ml)]

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I hereby agree that the forgoing questions and answers shall form part of the proposal for insurance made by me to the Company.

Place: _____

Date: _____

Signature of the Life to be Assured / Proposer