

NARCOTICS QUESTIONNAIRE

Name:

Date of Birth:

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Proposal Number:

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1. Since when you are taking narcotics?

2. Please provide details about narcotics consumption?

Name of substance / narcotics used	Yes / No	If answer is Yes , provide following details				
		Date of First Use	Frequency of Use	Quantity taken	How used – orally, intravenous injection, snuffing, other (provide details)	Date of use of cease / date when you stopped taking narcotics
Alcohol						
Amphetamines						
Anabolic steroids						
Barbiturates						
Cannabis – marijuana, dope, hooch, hashish, THC etc.						
Cocaine						
Ecstasy – amphetamine, MDMA, ecky etc....						
Opiates – codeine, heroin, methadone, morphine, pethidine, smack						
Psychedelics – magic mushrooms, LSD, Acid						
Solvents – Glue, aerosol, thinners, nitrous oxide, petrol						
Other (Please Specify)						

3. Have you ever been tested for hepatitis B or C?

Yes/No

If yes, please provide details _____

4. Have you ever sought medical advice or been referred for drug counselling?

Yes/No

If yes, please provide details _____

Name of Doctor / Hospital	Address	Treatment details	Remark if any

5. Have you ever been hospitalized or treated for a drug overdose? Yes/No

If yes, please provide details _____

Name of Doctor / Hospital	Address	Treatment details	Remark if any

6. Have you ever been suffered any medical condition or impairment related to your drug use, e.g. hepatitis, HIV, Mental health disorder etc. Yes/No

If yes, please provide details _____

7. Whether doctor has advised any time to stop the narcotics? Yes/No

If yes, please provide details _____

8. Have you ever been arrested or convicted for any alcohol or drug related offence or been required to attend an alcohol or drug awareness program ordered by any authority. Yes/No

If yes, please provide details _____

9. Have you taken off from working days or affected or restricted in any way due to narcotics use? Yes/No

If yes, please provide details _____

10. Whether taking narcotics alone or along with group – known / strangers

11. Are you a member of organization like – alcohol anonymous Yes/No

If yes provide details (since when, are you active member currently, number of session attended, any other relevant information...)

DECLARATION

I confirm 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 agree that this form will constitute part of my application for insurance(s) and that failure to disclose any material fact known to me may invalidate my insurance(s).

Name of applicant:_____ Signature of applicant:_____ Date: _____