PinnacleQuote
Life Insurance Specialists

DRUG USE QUESTIONNAIRE

Agent: Phone: Fax:

Proposed Insured Name: _____ ❒ M ❒ F Date of Birth: _____
Face Amount: _____ Max. Premium: $_____/year ❒ UL ❒ WL ❒ Term ❒ Survivorship
Do you currently smoke cigarettes? ❒ Y ❒ N If no, did you ever smoke: ❒ Never ❒ Quit (Date): _____
Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): ❒ Y ❒ N
If Yes, please provide details: _____
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

(1) Do you presently use any drugs other than those prescribed by a physician or those available over the counter?

☐ Yes ☐ No If no, date of last drug use: _____ If yes, please complete table:

Type	Usual Quantity	Frequency of Use	How taken? IV?	Dates: From - To

(2) Did you ever use other drugs or more drugs than you currently use? ☐ Yes ☐ No If yes, please complete table:

Type	Usual Quantity	Frequency of Use	How taken? IV?	Dates: From - To

(3) Are you currently attending meetings of A.A. or similar recovery groups? ☐ Yes ☐ No Dates: _____

(4) Have you ever been treated for excessive drug use ? ☐
Yes ☐ No If yes, please provide details: _____

_____ Date(s): _____

(5) Did you have any legal troubles because of drug use? ☐ Yes ☐
No If yes, please provide details: _____

_____ Date(s): _____

(6) Have you ever experienced any of the following? If yes, please provide details below:

☐ Blackouts ☐ High blood pressure ☐ Depression
☐ Convulsions ☐ Psychological Disorder ☐ Emotional Disorder
☐ Delirium Tremens ☐ Hepatitis ☐ Kidney Disease
☐ Protein or Blood in Urine ☐ Liver problems ☐ Other serious medical condition (discuss below)

(7) Please provide any additional helpful information: _____

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