



Drug and Alcohol Questionnaire

Full name of life to be insured Date of Birth

Application/Policy/Fund No: Member No: (if applicable)

Fund Name (if applicable)

1. Have you ever received advice during a consultation, or sought advice, treatment, or counselling due to drug or alcohol use? No Yes

If 'Yes', advise details including dates:

<input type="text"/>	/	/
<input type="text"/>	/	/

2. (i) Are you now using or have you ever used any of the following?

- a. Amphetamines e.g. 'Ecstasy', 'Ice', MDMA, 'Speed', 'Uppers', etc. No Yes
- b. Barbiturates e.g. 'Downers', etc. No Yes
- c. Cannabis e.g. 'Hashish', Marijuana, 'Pot', Weed, etc. (other than for treatment of a medical condition under proper medical supervision) No Yes
- d. Cocaine e.g. 'Coke', 'Crack', 'Snow', etc. No Yes
- e. Hallucinogens e.g. 'Acid', 'Angel dust', 'Haze', LSD, 'Microdots' etc. No Yes
- f. Herbs e.g. catnip, poppy, kavakava, lobelia, etc. No Yes
- g. Opiates e.g. Codeine or Morphine (other than for treatment of a medical condition under proper medical supervision), Heroin, Methadone, Opium, Smack, etc. No Yes
- h. Sedatives e.g. Diazepam, 'Downers', Nitrazepam, 'Tranks' etc. (other than for treatment of a medical condition under proper medical supervision) No Yes
- i. Solvents e.g. Aerosols, glue, etc. No Yes
- j. Alcohol No Yes
- k. Other – please state substance below. No Yes

If 'Yes' to any of the above, please provide full details.

Name of substance	Date first use	Date last use	Frequency of use	Quantity used (per frequency)
<input type="text"/>	/ /	/ /	<input type="text"/>	<input type="text"/>
<input type="text"/>	/ /	/ /	<input type="text"/>	<input type="text"/>
<input type="text"/>	/ /	/ /	<input type="text"/>	<input type="text"/>

(ii) If you answered 'Yes' to drinking alcohol, what is the average number of drinks you would have in a single session?

- 1-2 3-4 5-6 7-8 more than 8

3. Have you experienced any impairment associated with drug usage or alcohol consumption?

E.g. hepatitis, HIV infection, liver disorders (including fatty liver), mental illness, pancreatitis etc. No Yes

If 'Yes', advise details including dates:

<input type="text"/>	/	/
<input type="text"/>	/	/

4. Have you ever injected or used drugs intravenously? No Yes

If 'Yes', advise details including dates:

<input type="text"/>	/	/
<input type="text"/>	/	/

5. Have you ever been treated in a hospital due to your drug or alcohol use, including as a result of overdose or injury?..... No Yes

If 'Yes', advise details including dates:

	/	/
	/	/

6. Have you ever been convicted of a criminal offence relating to drugs or alcohol?..... No Yes

If 'Yes', advise details including dates:

	/	/
	/	/

7. Has your drug/alcohol use ever affected your ability to complete your work duties or required time off work?..... No Yes

If 'Yes', advise details including dates:

	/	/
	/	/

8. Are you still using drugs or alcohol? No Yes

If 'No', please state when usage ceased.

/	/
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If 'Yes', advise details below (if not already answered in Q2 above).

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9. Does any doctor or medical professional have knowledge of your alcohol or drug use?..... No Yes

If 'Yes', provide details below:

Name:

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Address:

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Phone:

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 Fax:

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Declaration

I declare that the answers I have provided to the questions in this form are honest, true and correct to the best of my knowledge. I understand that this document will form part of my application for insurance and the answers provided will be used by AIA Australia to determine whether to offer insurance and if so on what terms.

I understand my obligations under the Duty to take reasonable care not to make a misrepresentation and am aware of the consequences of not meeting this duty.

Signature of life to be insured

X

 Date

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Please let us know about any changes to your circumstances including but not limited to occupation, pastimes, travel, income or health (even if not investigated, diagnosed or you have yet to see a doctor) since the date you signed your application.

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