

Substance Usage Questionnaire – Tentative offers obtained are not binding and could be subject to change – Final offers are subject to formal application and review of all required age/face requirements, paramedical requirements and review of complete medical records.

Agent/Advisor Name: _____
 Proposed Insured: _____ Date Of Birth: _____ Gender: Male or Female
 Build: Height _____ Weight _____ Any Weight Loss In Last Year? If so how much _____
 Product Desired: Term Guarantee UL Index UL Whole Life Survivorship Life
 Face Amount Desired: Option 1 \$ _____ Option 2 \$ _____ Option 3\$ _____
 Maximum Premium Tolerance Per Year: _____
 Has Client Ever Used Any Form Of Nicotine? No Yes
 Type: Cigarettes Cigars Pipe Chew Patch Nicorette Gum E-Cigarette Vape
 Frequency: _____ Date Last Used _____
 Current Alcohol Use: Type _____ Number of Drinks: _____ Per _____ Day _____ Week Date Last Used: _____
 Past Alcohol Use: Type _____ Number of Drinks: _____ Per _____ Day _____ Week Date Last Used: _____

- 1) Are you using or have ever used in the past any of the following?
- A. Opioids: ex. Codeine, Morphine, Hydrocodone, Opium, Vicodin, OxyContin? Yes No
 - B. Depressants: ex. Barbiturates, Xanax, Valium, Rohypnol, Benzodiazepines? Yes No
 - C. Dissociatives: ex. Ketamine, DXM (Dextromethorphan), PCP (phencyclidine)? Yes No
 - D. Stimulants: ex. Adderall, Synthetic Marijuana, Cocaine, Ecstasy, Methamphetamine? Yes No
 - E. Hallucinogens: ex. LSD, Peyote, Psilocybin, Salvia? Yes No
 - F. Cannabis: ex. Marijuana, Hashish? Yes No
 - G. Inhalants: ex. Aerosol Sprays, Room Deodorizers, Fumes of Paint Thinner Etc.? Yes No

If yes to any of the above in Question 1 A thru G; provide complete details

Type	Usual Quantity	Frequency Of Use	Date From	Date To

- 2) What was the date of initial of diagnosis and date of initial treatment? Any relapses from sobriety/abstinence? If yes; provide details

- 3) Were there any legal problems such as (possession) or other? If yes; provide details

- 4) Have you seen a physician or entered into in/out patient treatment for substance use? If yes; provide details

- 5) Have you ever had employment or financial problems as a results of your substance use? If yes; provide details

- 6) Are you being treated for any other medical conditions? If yes; provide details

- 7) Please list all current medications, dosages and what condition the medication is treating

- 8) Do you participate in any groups such as narcotics anonymous? If yes; provide details

Please use additional pages if needed



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