HERMANN SONS LIFE

Drug Usage Questionnaire

TO BE COMPLETED BY APPLICANT
PLEASE PRINT IN BLUE OR BLACK INK ONLY

Name _____ **Date of Birth** _____

1. Are you currently using or have you ever used or abused illegal or controlled substances? ☐ Yes ☐ No
   If "yes," check the names of all drugs used or write in the name of drugs not listed.

☐ Opium derivatives	☐ Heroine	☐ Morphine	☐ Hydromorphone	☐ Percodan
☐ Dilaudid	☐ Talwan	☐ Demerol	☐ Methadone	☐ Marijuana
☐ Bhang grass	☐ Grass	☐ Charas pot	☐ Ganja tea	☐ Hashish
☐ Cannabis	☐ Cheese	☐ Amphetamines	☐ Benzedrine	☐ Dexedrine
☐ Dolophine	☐ Cocaine	☐ Crack	☐ Crank	☐ Barbituates
☐ Amytal	☐ Phenobarbital	☐ Seconal	☐ Nembutal	☐ Pentobarbital
☐ Hallucinogens	☐ LSD	☐ DMT	☐ Mescaline	☐ Psilocybin
☐ Peyote	☐ Acid	☐ Codeine	☐ Paregoric	☐ Hydrocodone
☐ Oxycodone	☐ Naloxone	☐ Vicodin	☐ Cyclazocine	☐ Mushrooms
☐ STP	☐ Thai sticks	☐ Morning glory seeds	☐ TWA	☐ PCP
☐ Angel dust	☐ Desoxyn	☐ Dextroamphetamines	☐ Bennies	☐ Crystal
☐ Crystal meth	☐ Epinephrine	☐ Dexies	☐ Pep pills	☐ Speed
☐ Methadrine	☐ Methylphenidate	☐ Uppers	☐ Downers	☐ Preludin
☐ Librium	☐ Chloral hydrate	☐ Meprobamate	☐ Equanil	☐ Miltown
☐ Diazepam	☐ Valium	☐ Alcohol	☐ Other _____	

How much? _____ How often? _____
Date of your first use? _____ Date of your last use? _____

2. Have you ever consulted a physician, counselor or clergy because of drug or alcohol use? ☐ Yes ☐ No
   If "yes," provide dates, names and addresses of all treatment facilities:

_____

_____

3. Have you ever been charged with a driving violation due to drugs or alcohol or failed or refused to take a breathalyzer test? ☐ Yes ☐ No

   If "yes," provide details:

_____

_____

4. a. Have you ever experienced job difficulties, missed work, had family problems or had legal problems due to drug or alcohol use? ☐ Yes ☐ No

   b. Have you ever been in an altercation or arrested or charged with an alcohol-related offense? ☐ Yes ☐ No

   If "yes," provide details:

   _____

   _____

5. Do you have any family members who have been treated for or have drug or alcohol use problems?

   ☐ Yes ☐ No

   If "yes," give details:

   _____

   _____

6. Have you ever had any medical problems which were caused by drug or alcohol use? ☐ Yes ☐ No
   If "yes," give details:

   _____

   _____

7. Have you ever attended AA, NA or other support group for drug or alcohol use? ☐ Yes ☐ No
   If "yes," provide name of group, date first attended, date last attended, how often do you attend?

   _____

   _____

8. What is your current height and weight? _____

   What was your weight one year ago? _____

I represent that the answers as amplified and extended above are true and complete to the best of my knowledge and belief and are a part of my described application.

_____ _____

Signature of the Proposed Insured Date