Drug/Alcohol Use Questionnaire

Mutual of Omaha

PLEASE PRINT – Please attach an additional sheet of paper if necessary

1 Name of Proposed Insured _____ Date of Birth _____

2 Are you now using or have you in the last 10 years used any of the following:

Drug(s): ..... ☐ Yes ☐ No If "Yes," indicate which of the following you use(d):

☐ Opium derivatives: Heroin, Morphine, Demerol, Codeine, Percodan, Dilaudid

☐ Barbiturates: Amytal, Phenobarbital, Seconal, Nembutal, Pentobarbital

☐ Marijuana: Hashish, Cannabis

☐ Amphetamines: Methamphetamine (Meth), Benzedrine, Dexedrine, Adderall, Ritalin

☐ Cocaine, Crack

☐ Hallucinogens: LSD, Mescaline, Peyote, Psilocybin, PCP

☐ Sedatives and Tranquilizers: Xanax, Librium, Valium, Quaalude, Dalmane, Placidyl

☐ Antabuse, Methadone, Naloxone (Narcan)

Date last used: _____ Amount Used: _____

Frequency of use: _____ How long did/have you used them? _____

How taken? (Oral, Injection, Inhaled, Smoked, Etc.) _____

Were any of the above drugs prescribed by a physician? ☐ Yes ☐ No. If "Yes," which? _____

Alcoholic beverage(s): ..... ☐ Yes ☐ No If "Yes," indicate which of the following you use(d):

☐ Beer ☐ Wine ☐ Liquor

Date last used: _____ Amount Used: _____

Frequency of use: _____ How long did/have you used them? _____

Did you ever drink substantially more than at present? ☐ Yes ☐ No. If "Yes," during what time period?

Dates: From_____To _____ By how much more? _____

Why did you change your drinking habits? _____

_____

3 Have you ever received medical treatment or been advised to seek treatment because of:

(a) **Drugs:** ..... ☐ Yes ☐ No

(b) **Alcohol :** ..... ☐ Yes ☐ No

If "Yes," names(s) of doctor/facility, address and dates of treatment: _____

_____

4 Have you ever joined or attended a support group (such as AA or NA) because of:

(a) **Drugs:** ..... ☐ Yes ☐ No

(b) **Alcohol :** ..... ☐ Yes ☐ No

If "Yes," are you still an active member of a support group? ..... ☐ Yes ☐ No

5 Except those prescribed by a physician, are you now using or have you used during the last 10 years any other drugs not listed in number 2 above?**:** ..... ☐ Yes ☐ No

If "Yes," please provide details: _____

_____

6 Have you ever been convicted (including DUI) of a crime related to the use or sale of:

(a) **Drugs:** ..... ☐ Yes ☐ No

(b) **Alcohol:** ..... ☐ Yes ☐ No

If "Yes," list dates: _____

7 Please provide any additional explanation or details _____

_____

I hereby represent that all the statements and answers to the above questions are true and complete to the best of my knowledge and belief, and will be relied upon to determine my eligibility for insurance. I also understand that this signed form will be used during the underwriting process and any misstatements may affect my ability to obtain coverage.

_____ _____

Witnessed Signature of Proposed Insured Date

_____ _____

Signature of Witness Date