

Alcohol Information Questionnaire

1. Your details

Full Name (Mr/Mrs/Miss/Ms/other)

Date of birth (DD MM YYYY)

Policy Number

2. Your activity details

How much alcohol do you drink in a typical week?

Beer – Pints per week

Wine – Glasses (175ml)

Spirits – Standard measures (35ml) per week

In the last 5 years have you been advised to stop or reduce your alcohol consumption by a medical practitioner?

☐

Yes

☐

No

Have you received treatment, counselling or been advised to have a blood test as a result of your drinking?

☐

Yes

☐

No

If yes to either question:

When were you advised to cease or reduce your alcohol intake?

Approximately how many units per week were you drinking when you were advised to stop or reduce? (Pint = 2.5 units, 175ml glass of wine = 2.5 units, 1 standard measure of spirit (35ml) = 1.5 units)

Were you advised to have, or have you been referred for counselling due to a problem with alcohol?

☐

Yes

☐

No

Was this advice to reduce your alcohol consumption, or abstain from consuming alcohol, specifically due to a related or underlying medical condition?

☐

Yes

☐

No

If yes, please provide details

3. Declaration

- I declare that the above information is true and complete to the best of my knowledge and belief.
- I understand that this shall form part of my application with my Scottish Widows plan as stated in section 1 above.

Signature

Date (DD MM YYYY)

