

DRUG QUESTIONNAIRE

1. YOUR DETAILS

Full Name (Mr/Mrs/Miss)

Date of birth (DD MM YYYY)

Policy Number

2. YOUR HEALTH DETAILS

We will only use this information to assess your health in relation to your application. There is no legal implication in providing this information.

Have you ever used any of the following other than for treatment of a medical condition under proper supervision?

☐

Yes

☐

No

If yes, please give details below.

	From	To	Frequency of use (i.e. daily, weekly)
a) Opiates, e.g. heroin, methadone, morphine etc?			
b) Barbiturates, e.g. amytal, tuinal etc?			
c) Sedatives, e.g. heminevrin etc?			
d) Amphetamines, e.g. benzedrine, bexedrine etc?			
e) Cocaine?			
f) Hallucinogens, e.g. LSD etc?			
g) Cannabis, e.g. marijuana, hashish etc?			
h) Solvents, e.g. glue, etc?			
i) Steroids (Anabolic)			
j) Others?			

2. YOUR HEALTH DETAILS (CONTINUED)

Please give the name(s) of any doctors attended for supervision/detoxification.

Have you ever taken drugs intravenously?

☐ Yes ☐ No

If yes, please provide details including source of needles and if needles were ever shared.

Have you suffered from any impairments associated with drug usage, e.g. hepatitis B, mental illness etc?

3. YOUR DECLARATION TO US

- 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 of this questionnaire.

Signature

Date (DD MM YYYY)