



## DRUG USE QUESTIONNAIRE

**Name:**

**Proposal No.:**

Please answer all questions in this questionnaire providing full details. Once you have completed all the questions and read the declaration please sign and date where applicable.

**1. Have you ever used any of the following drugs or substances:**

Opiates (e.g. Heroin, Opium, Methadone, Morphine, Codeine, 'Smack') Yes ☐ No ☐

Cocaine (e.g. Coke, Crack, Snow) Yes ☐ No ☐

Hallucinogens (e.g. 'LSD', 'Angel dust', 'Haze', 'Acid', 'Microdots') Yes ☐ No ☐

Amphetamines (e.g. Ecstasy, Speed, MDMA, Ice, Uppers) Yes ☐ No ☐

Barbiturates (e.g. Downers, Tuinal, Amytal) Yes ☐ No ☐

Cannabis (e.g. Marijuana, Pot, Weed, Hashish) Yes ☐ No ☐

Solvents (e.g. Glue, Aerosols) Yes ☐ No ☐

Sedatives (e.g. Diazepam, Nitrazepam, 'Downers', Tranqs, etc.) Yes ☐ No ☐

others, please specify below Yes ☐ No ☐

If you answered 'Yes' to any of the above, please provide full details to include; name of drug; how was it taken; and dates when usage commenced and ceased.

**2. Have you ever sought medical treatment for drug use or undergone detoxification? Yes ☐ No ☐**  
If 'Yes', please provide details to include date(s) of attendance and name(s) of doctor(s).

**3. Have you ever taken drugs intravenously? Yes ☐ No ☐**  
If 'Yes', please provide details including source of needles and if needles were ever shared.

4. Have you suffered from any disorder in connection with the use of drugs (e.g. Hepatitis, HIV infection (AIDS), mental illness, etc.) ? Yes ☐ No ☐ If 'Yes', please provide details.

5. Do you still use any drugs whatsoever? Yes ☐ No ☐  
If 'Yes', please state what drugs you still use and how often. If 'No', please advise when you last used drugs.

6. a) Do you drink alcohol? Yes ☐ No ☐ If 'Yes', please state average daily consumption.

b) Have you ever been treated for or advised to cease or reduce your alcohol consumption? Yes ☐ No ☐  
If 'Yes', please provide details.

7. Please provide any other information about this condition that you think would be helpful to us in processing your application

**I declare that:**

- The answers above are true and complete to the best of my knowledge
- I have not withheld any information that may influence the assessment or acceptance of this application.

**I agree that:**

- This questionnaire will form part of the application to Royal London
- If the answers to any of the questions changes before Royal London assumes risk on the plan, I'll tell Royal London in writing
- If I do not give Royal London all facts that are likely to influence the assessment and acceptance of this application, any plan issued as the result of this application may be cancelled or the terms changed and any claims may be refused.

**Signed:**

**Date:**

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