

Drug and Substance Abuse Questionnaire

Last Name: _____ First Name: _____

Date of Birth: _____ Policy/Application Number: _____

1. Please indicate which of the following substances you have ever tried or used:

- | | | |
|---|------------------------------|-----------------------------|
| i) Alcohol | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ii) Amphetamines (speed, uppers, dexies, crystal meth, ice etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iii) Anabolic steroids (roids, gear, juice etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iv) Barbiturates (amytal, Phenobarbital etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| v) Cannabis (marijuana, dope, hooch, grass, pot, hashish, THC etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| vi) Cocaine (coke, blow, snow, crack etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| vii) Ecstasy (meth amphetamine, MDMA, ecky, E's etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| viii) Opiates (codeine, heroin, methadone, morphine, pethidine, smack etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ix) Psychedelics (magic mushrooms, LSD, acid etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| x) Solvents (glue, aerosol, thinners, nitrous oxide, petrol etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| xi) Others: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered yes to any of the above questions, please provide details regarding your usage pattern:

Name of substance	Date first used	Date ceased	Frequency of use

2. Have you ever injected or used drugs intravenously? ☐ Yes ☐ No

If yes, please provide details including dates:

3. Have you ever been tested for Hepatitis B or C? ☐ Yes ☐ No

If yes, please provide details including dates and results:

4. Have you ever sought medical advice or been referred for drug counselling? ☐ Yes ☐ No

If yes, please provide details:

Name of doctor, hospital or clinic	Address	Date of last consult

5. Have you ever been hospitalized or treated for a drug overdose? ☐ Yes ☐ No

If yes, please provide details:

Name of doctor, hospital or clinic	Address	Date

6. Have you ever suffered any medical condition or impairment related to your drug use, e.g. hepatitis, HIV, mental health disorder etc.? ☐ Yes ☐ No

If yes, please provide details including dates and results:

7. Have you ever been a member of Alcoholics Anonymous, Narcotics Anonymous or a similar association? ☐ Yes ☐ No
 If yes, please answer the following questions:
 When?
 How often do you attend meetings?
 How many meetings did you attend in the last six months?
 Are you presently active?
 Have you had any lapses? ☐ Yes ☐ No
 If yes, please state relevant dates:
8. Have you ever been arrested or convicted for any alcohol or drug related offence or been required to attend an alcohol or drug awareness program ordered by the court? ☐ Yes ☐ No
 If yes, please provide details including dates for each occurrence:
9. Have you ever taken time off work because of your alcohol or drug use? ☐ Yes ☐ No
 If yes, please provide details including dates and durations:
10. Have your working duties ever been affected or restricted in any way? ☐ Yes ☐ No
 If yes, please provide details including dates and durations:
11. Please provide any additional information that you feel is important:

Declaration

I confirm that the answers I have given are, to the best of my knowledge, true, and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for insurance(s) and that failure to disclose any material fact known to me may invalidate my insurance(s).

Name

Signature

Date

HDFC Life Insurance Company Limited (Formerly HDFC Standard Life Insurance Company Limited) ("HDFC Life").

CIN: L65110MH2000PLC128245. IRDAI Registration No. 101.

Regd. Off: 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

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