

## ALCOHOL QUESTIONNAIRE

### TO BE FILLED BY LIFE INSURED

Application Number

Name of the Life Insured

### PLEASE ANSWER EACH QUESTION AND PROVIDE PARTICULARS WHEREVER REQUIRED

1. What was your age when you first consumed alcohol?
  2. a. How much alcohol do you consume? Total Quantity: / Week  
 b. What is the frequency and quantity?  Daily  Weekly  Monthly  Occasionally  
 Amount of alcohol \_\_\_\_\_ (ml) Number of Times \_\_\_\_\_ / Day / Week / Month
  3. In which form do you consume alcohol?  Wine  Beer  Whisky  Gin  Rum  Vodka  Spirit  
 Any other (please specify): \_\_\_\_\_
  4. a. Has your average daily consumption been higher at any time in the past?  Yes  No  
 b. If 'Yes', then state when, and specify the average consumption: \_\_\_\_\_
  5. a. Have you taken any Blood or Liver tests or any other tests related to your alcohol consumption?  Yes  No  
 b. Have you anytime in the past, had an elevated lipid profile?  
 (Cholesterol > 200mg/dl & Triglycerides > 150mg/dl)  Yes  No  
 c. Have you suffered from alcohol-induced gastritis/esophagitis/pancreatitis in the past?  Yes  No  
 d. Has there been any evidence of fatty liver on ultrasound, MRI or CT scan in the past?  Yes  No  
 If 'Yes' to any of the above, please specify the name of the test and result; and attach the reports: \_\_\_\_\_
  6. a. Do you have any history of or are you currently suffering from anxiety/depression/tremors in your hand?  
 \_\_\_\_\_  
 b. Have you ever received any medical or any other treatment for excessive consumption or have you ever been medically advised to reduce or discontinue alcohol intake? If 'Yes', please provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 Name and address of the attending doctor or clinic/institution where treatment was received: \_\_\_\_\_
- | Name of Dr./Hospital | Address | Date of Last Consultation |
|----------------------|---------|---------------------------|
|                      |         |                           |
|                      |         |                           |
|                      |         |                           |
7. Have you ever been involved in any breach of the law, including traffic offences, in connection with the use of alcohol, like driving while under the influence of alcohol, reckless driving, ever had your driver's license suspended or been required to attend an alcohol or drug awareness programme ordered by the court?  
 If 'Yes', please provide details: \_\_\_\_\_

8. Have you ever been a member of Alcoholics Anonymous, Narcotics Anonymous or a similar support group for recovering addicts?  Yes  No

If 'Yes', please answer the following questions:

When? \_\_\_\_\_

How often do you attend such meetings? \_\_\_\_\_

How many meetings did you attend in the last six months? \_\_\_\_\_

Are you presently active? \_\_\_\_\_

When is your "Dry Date?" \_\_\_\_\_

Have you had any lapses of sobriety?  Yes  No

If 'Yes', please state relevant dates: \_\_\_\_\_

I hereby declare, that the above answers and statements are true and complete, and also agree that this questionnaire, together with the proposal dated \_\_\_\_\_ shall form a part of the contract between the company and myself.

Place: \_\_\_\_\_ Date: \_\_\_\_\_ Signature of the Life Insured \_\_\_\_\_

**VERNACULAR DECLARATION**

I have explained the contents of this form and have read out the responses to the Life Insured in his/her local language. He/she has confirmed that the contents are fully understood by him/her.

Name of the Declarant: \_\_\_\_\_ Signature of the Declarant \_\_\_\_\_

Address of the Declarant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Place: \_\_\_\_\_ Date: \_\_\_\_\_ Signature of the Life Insured \_\_\_\_\_