Desjardins Insurance
Life • Health• Retirement

200, rue des Commandeurs
Lévis (Québec) G6V 6R2

Alcohol Consumption and/or Drug Use Questionnaire

Print Reset

First name and last name	Date of birth (yyyy/mm/dd)	Contract, application or lock number

1. Do you currently: a) use drugs ☐ Yes ☐ No b) drink alcohol? ☐ Yes ☐ No
2. Have you ever: a) used drugs? ☐ Yes ☐ No b) drunk alcohol? ☐ Yes ☐ No

Drug use (using the table below, list the drugs that you have used in the past or are currently using)

Type	Yes	No	Dosage or quantity	Frequency of use	Duration (year)
a) **OPIUM** (op), **HEROIN,** (stuff, junk, horse, H, smack), **MORPHINE, CODEINE, DEMEROL, METHADONE**	☐	☐			From: to:
b) **BARBITURATES** (goof balls, downers, barbs, reds, yellow jackets, candy, etc.), Amytal, Phenobarbital, Seconal, Nembutal, Pentobarbital	☐	☐			From: to:
c) **AMPHETAMINES** (speed, uppers, pep pills, wake-ups, etc.), Benzedrine, Dexedrine, Methedrine	☐	☐			From: to:
d) **MARIJUANA** (pot, grass, weed, joint, hashish, cannabis, hemp, etc.)	☐	☐			From: to:
e) **COCAINE** (crack), **METAMPHETAMINES** (cristal. chalk)	☐	☐			From: to:
f) **HALLUCINOGENS** (mescaline, LSD (acid), DMT, peyote, psilocybin)	☐	☐			From: to:
g) **ECTASY**	☐	☐			From: to:
h) **ANABOLIC STEROIDS**	☐	☐			From: to:
i) **OTHERS** (specify)	☐	☐			From: to:

Alcohol consumption (complete the table below)

Current consumption				Past consumption if different from current				
Quantity	Wine	Beer	Alcohol	Quantity	Wine	Beer	Alcohol	Duration (year)
Day				Day				From: to:
Week				Week				From: to:
Month				Month				From: to:

3. Have you ever consulted a physician or been treated for: **drug abuse?** ☐ Yes ☐ No **alcohol abuse?** ☐ Yes ☐ No

   If **yes,** indicate the name and address of the physician and the institute in question:

   _____

   _____

   Are you part of a support group such as N.A. or A.A.? ☐ Yes ☐ No If **yes,** since when? _____ (month/year)

4. Have you ever been arrested for impaired driving? ☐ Yes ☐ No

   If **yes,** give details: _____

   _____ Date(s) : _____

5. When did you reduce your consumption of or stop using:

   drugs? _____ (month/year) reason: _____ alcohol? _____ (month/year) reason: _____

I declare that the answers given in this document are true and complete and I agree that they form an integral part of my application for insurance.

Date (yyyy/mm/dd)

X _____
Signature of proposed insured
(signature of father, mother or legal guardian, if minor)

X _____
Signature of witness