



Post Office Box 237
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Telephone: 513.794.6100

Alcohol Usage Questionnaire

Name: _____ Date Of Birth: ____/____/____

1. Do you presently drink alcoholic beverages? Yes No

- A. If yes what types? _____
- B. In what amounts? _____

2. How long have you been drinking in this manner? _____

3. Have your drinking habits ever caused Medical, Family, Business or Social problems?

- A. If yes, indicate types of problems and approximate dates: _____
- B. What were you drinking at the time? _____
- C. In what amounts? _____
- D. With what frequency? _____

4. Have you ever consulted, been advised by, or been actively treated by any physician or facility regarding the excessive use of alcohol?

If yes, please indicate the dates of consultation and the full names and addresses of physicians and/or facilities:

5. Have you ever been a member of Alcoholics Anonymous or other similar organizations?

- A. If yes, when? _____
- B. How long were you an active participant? _____
- C. How many had any relapses? _____
- D. Are you presently an active participant? _____

6. Have you ever been convicted of driving while intoxicated?

- A. If yes, please indicate date(s) and location(s): _____

7. Remarks: _____

Dated At _____ This _____ Day Of _____, 20_____

Signature Of Proposed Insured