

Alcohol Questionnaire

(To be filled by Life Insured)

Application Number	
Name of the Life Insured	

Please answer each question and provide particulars wherever required.

- What was your age when you first consumed alcohol? _____
- How much alcohol do you consume? Total Quantity: _____ / Week
 - What is the frequency and quantity? ☐ Daily ☐ Weekly ☐ Monthly ☐ Occasionally
Amount of alcohol _____ (ml) Number of Times _____ / Day / Week / Month
- In which form do you consume alcohol? ☐ Wine ☐ Beer ☐ Whisky ☐ Gin ☐ Rum ☐ Vodka ☐ Spirit
Any other (please specify): _____
- Has your average daily consumption been higher at any time in the past? ☐ Yes ☐ No
 - If 'Yes', then state when, and specify the average consumption: _____
- Have you taken any Blood or Liver tests or any other tests related to your alcohol consumption? ☐ Yes ☐ No
 - Have you anytime in the past, had an elevated lipid profile? (Cholesterol > 200mg/dl & Triglycerides > 150mg/dl) ☐ Yes ☐ No
 - Have you suffered from alcohol-induced gastritis/esophagitis/pancreatitis in the past? ☐ Yes ☐ No
 - 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: _____
- Do you have any history of or are you currently suffering from anxiety/depression/tremors in your hand? _____
 - 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
- 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: _____
- Have you ever been a member or 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: _____

Address of the Declarant: _____

Signature of the Declarant

Place: _____ Date: _____

Signature of the Life Insured