

**HABITS QUESTIONNAIRE**

Name of the Life to be Insured

Policy No.

1. At what age did you first commence consuming alcohol regularly? \_\_\_\_\_

2. a) Are you now a total abstainer?  YES  NO

If "YES", (i) for how long? \_\_\_\_\_

(ii) the reason for abstaining \_\_\_\_\_

b) Are you a member of AA?  YES  NO

If "YES", (i) for how long? \_\_\_\_\_

(ii) are you an active member? \_\_\_\_\_

3. a) What type of liquor do you consume (e.g. beer, spirits, wine)? \_\_\_\_\_

b) How much do you consume during the day? \_\_\_\_\_

c) How much do you consume during the evening? \_\_\_\_\_

d) How much do you consume during the weekend? \_\_\_\_\_

e) Do you take alcohol regularly? \_\_\_\_\_

f) Do you only take alcohol on social, special or rare occasions \_\_\_\_\_

4. a) Have your previous habits regarding consumption of alcohol differed from your present habits  YES  NO

If "YES", state full details regarding daily or weekly amount and type of alcohol consumed and give dates covering these periods.

\_\_\_\_\_

b) Have you ever been intoxicated or under the influence of alcohol?  YES  NO

If "YES", how often, when and when last? \_\_\_\_\_

\_\_\_\_\_

5. Have you ever received medical advice to reduce your alcohol consumption or to abstain completely?  YES  NO

If "YES", by whom and when? \_\_\_\_\_

\_\_\_\_\_

6. Have you ever received medical or any other treatment regarding your alcohol consumption?  YES  NO

If "YES", state names and addresses of attending doctors and dates

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Have you ever been involved in any breach of the law in connection with the use of alcohol?  YES  NO

If "YES", state details \_\_\_\_\_

\_\_\_\_\_

I hereby declare that the above statements are full, complete and true and agree that this shall form part of my application for the Policy

Signature \_\_\_\_\_

Date