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CHEMICAL USE QUESTIONNAIRE

Name: _____ Date of Birth: _____

1. Please indicate present or past usage of any of the following:

<u>Present</u>	<u>Past</u>	<u>None</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Alcohol, beer, wine, liquor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Marijuana, Hashish
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Cocaine, bromides, or belladonna
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Opium derivatives: Heroin, morphine, ect.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E. Barbiturates: Amytal, Phenobarbital, Seconal, Nembutal, Pentobarbital, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F. Amphetamines, Benzedrine, Methedrine, Angel Dust
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G. Hallucinogens: LSD, DMT, STP, Mescaline
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H. Other: _____

2. If any of the above are presently used or have been used in the past, please complete the following:

Type	How Much	How Often (Daily, Weekly)	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Please provide doctors, or organizations (i.e., Alcoholics Anonymous), name and address that you are presently seeing or have seen in the past:

Name	Address	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Have you ever been arrested in connection with use or possession of a drug or alcohol listed above? If yes, please provide details:

5. Indicate any additional information you consider relevant:

I hereby represent that all of the above statements and answers to all the above questions are complete and true.

Signature of Proposed Insured

Date