Equitable Life of Canada®

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DRUG USE QUESTIONNAIRE

Application Number ____________

Proposed Life Insured		Date of Birth	dd/mm/yyyy

Are you now using or have you ever used:		
Marijuana (Hashish, Hash Oil, etc.)	☐ YES	☐ NO
Cocaine (Crack, Coke, etc.)	☐ YES	☐ NO
Hallucinogens (Ecstasy, Ketamine, LSD-25, Mushrooms, Mescaline, etc.)	☐ YES	☐ NO
Opiates (Codeine, Heroin, Methadone, Demerol, Opium, etc.)	☐ YES	☐ NO
Barbiturates (Depressants, Amytal, etc.)	☐ YES	☐ NO
Sedatives (Tranquilizers, Valium, Diazepam, etc.)	☐ YES	☐ NO
Amphetamines (Dexosyn, Benzedrine, Preludin, Crystal Methamphetamines, etc.)	☐ YES	☐ NO
Anticholinergics (Belladonna, Bromide, etc.)	☐ YES	☐ NO
Inhalants (Aerosols, Ether, Glue, etc.)	☐ YES	☐ NO
Others (Anabolic Steroids, etc.)	☐ YES	☐ NO

If "YES" provide details:

Type	Usual quantity	Frequency of use	Duration	Date last used
		☐ Per day ☐ Per week ☐ Per month ☐ Per year ☐ Single time	☐ ____ Weeks ☐ ____ Months ☐ ____ Years	mm/yyyy
		☐ Per day ☐ Per week ☐ Per month ☐ Per year ☐ Single time	☐ ____ Weeks ☐ ____ Months ☐ ____ Years	mm/yyyy
		☐ Per day ☐ Per week ☐ Per month ☐ Per year ☐ Single time	☐ ____ Weeks ☐ ____ Months ☐ ____ Years	mm/yyyy
		☐ Per day ☐ Per week ☐ Per month ☐ Per year ☐ Single time	☐ ____ Weeks ☐ ____ Months ☐ ____ Years	mm/yyyy
		☐ Per day ☐ Per week ☐ Per month ☐ Per year ☐ Single time	☐ ____ Weeks ☐ ____ Months ☐ ____ Years	mm/yyyy
		☐ Per day ☐ Per week ☐ Per month ☐ Per year ☐ Single time	☐ ____ Weeks ☐ ____ Months ☐ ____ Years	mm/yyyy

Have you ever been treated or counselled for drug consumption or abuse, or has someone ever recommended that you seek treatment or counselling for drug consumption or abuse or to reduce your drug consumption?	☐ YES ☐ NO If "YES" provide dates, names and addresses of doctors, hospitals and treatment centres:

Have you ever been arrested, charged or lost your job in connection with your drug use?	☐ YES ☐ NO If "YES" provide dates:

I declare that the above answers and statements are true, complete and correctly recorded and shall form part of my Application for Insurance with The Equitable Life Insurance Company of Canada.

Date ____________ Witness ____________ Proposed Life Insured ____________