

# Drug questionnaire

## Your details

Name

Application number(s)

## Why we are asking you for this information

You told us that you have a history of drug use. We'd like some more information on this so that we can assess whether to offer you cover and the terms of that cover.

## What you need to know before completing the questionnaire

You must take reasonable care to answer the questions fully, honestly, and accurately, to the best of your knowledge.

If you don't answer the questions correctly your policy may be cancelled, or its terms may be changed, or your claim may be rejected or not fully paid.

## Please answer the following questions

1. Have you ever used any of the following other than for treatment of a medical condition under proper medical supervision? ☐ Yes ☐ No

If 'yes', please give the date(s) and usage frequency for each drug type below:

	Date from				Date to				Frequency of usage	Tick if injected
Cannabis, e.g. marijuana, hashish	M	M	Y	Y	M	M	Y	Y	<input type="text"/> times a month	<input type="checkbox"/>
Hallucinogens, e.g. LSD, ecstasy	M	M	Y	Y	M	M	Y	Y	<input type="text"/> times a month	<input type="checkbox"/>
Amphetamines, e.g. speed	M	M	Y	Y	M	M	Y	Y	<input type="text"/> times a month	<input type="checkbox"/>
Opiates, e.g. heroin, methadone, morphine	M	M	Y	Y	M	M	Y	Y	<input type="text"/> times a month	<input type="checkbox"/>
Cocaine or derivatives, e.g. crack	M	M	Y	Y	M	M	Y	Y	<input type="text"/> times a month	<input type="checkbox"/>
Sedatives, e.g. temazepam	M	M	Y	Y	M	M	Y	Y	<input type="text"/> times a month	<input type="checkbox"/>
Barbiturates, e.g. amytal, tuninal	M	M	Y	Y	M	M	Y	Y	<input type="text"/> times a month	<input type="checkbox"/>
Volatile substances, e.g. solvents, lighter fuel	M	M	Y	Y	M	M	Y	Y	<input type="text"/> times a month	<input type="checkbox"/>
Anabolic steroids	M	M	Y	Y	M	M	Y	Y	<input type="text"/> times a month	<input type="checkbox"/>
Growth hormone (GH)	M	M	Y	Y	M	M	Y	Y	<input type="text"/> times a month	<input type="checkbox"/>
Others	M	M	Y	Y	M	M	Y	Y	<input type="text"/> times a month	<input type="checkbox"/>

If 'other', please describe below:

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2. Have you ever used any drugs that were prescribed for someone else? ☐ Yes ☐ No

If 'yes', please give the date(s) and usage frequency for each drug type below:

Name(s) of drug(s)	Date from	Date to	Frequency of usage	Tick if injected
	<div>M</div> <div>M</div> <div>Y</div> <div>Y</div>	<div>M</div> <div>M</div> <div>Y</div> <div>Y</div>	<div></div> times a month	<input type="checkbox"/>
	<div>M</div> <div>M</div> <div>Y</div> <div>Y</div>	<div>M</div> <div>M</div> <div>Y</div> <div>Y</div>	<div></div> times a month	<input type="checkbox"/>
	<div>M</div> <div>M</div> <div>Y</div> <div>Y</div>	<div>M</div> <div>M</div> <div>Y</div> <div>Y</div>	<div></div> times a month	<input type="checkbox"/>

3. Have you ever attended any doctors/institutions for supervision/detoxification? ☐ Yes ☐ No

If 'yes', please tell us the type of facility/type of detox and the periods of attendance below:

	Date from	Date to
	<div>M</div> <div>M</div> <div>Y</div> <div>Y</div>	<div>M</div> <div>M</div> <div>Y</div> <div>Y</div>
	<div>M</div> <div>M</div> <div>Y</div> <div>Y</div>	<div>M</div> <div>M</div> <div>Y</div> <div>Y</div>
	<div>M</div> <div>M</div> <div>Y</div> <div>Y</div>	<div>M</div> <div>M</div> <div>Y</div> <div>Y</div>

4. Have you ever had any condition related to the use of drugs, for example hepatitis, mental illness, HIV infection? ☐ Yes ☐ No

If 'yes', please give details below:

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5. Is there any additional information that you feel would assist in our assessment? ☐ Yes ☐ No

If 'yes', please give details below:

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## Declaration

I declare that:

- I have completed the information on this form fully, honestly, and accurately, to the best of my knowledge.
- I am aware that if I haven't answered the questions correctly my policy may be cancelled, or its terms may be changed, or a claim may be rejected or not fully paid. Cancelling a policy means that no cover or other benefits will be provided.
- I have read the Zurich data protection leaflet 'Your privacy is important to us' and I agree to the personal information I have provided in this form being used in the ways described.

Signature

Date 

D

D

M

M

Y

Y

Y

Y

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