

## Marijuana Questionnaire

Name of Proposed Insured:	Date of Birth:
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1. Do you now use, or have you ever used, any form of marijuana?  Yes  No

Form Used	Amount	Frequency		Purpose	
		Per Week	Per Month	Recreational	Medicinal*
<input type="checkbox"/> Smoking				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Vaporizing				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Capsule				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Edibles				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____ _____				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

\* If medicinal, what medical disease or condition is it used for?

2. List the physician or medical facility that has the most current information regarding your marijuana use.

Name:
Address:
Date last seen:

3. List all the prescription and non-prescription drugs/medications that you use. If none, check here:

4. Do you now use, or have you ever used, any of the following substances that were not prescribed by a medical professional: cocaine, barbiturates, hallucinogens, narcotics, amphetamines or other drugs besides marijuana?  
 Yes  No If yes, please complete the drug questionnaire.

5. Have you ever seen a physician, or sought or been advised to seek medical treatment or counseling, for drug abuse, including marijuana, or alcohol abuse?  Yes  No If yes, please provide specific details below.

Dates/Details:

6. Are you now, or were you ever, a member of Alcoholics Anonymous, Narcotics Anonymous or similar organizations?  Yes  No If yes, how long a member? \_\_\_\_\_ How often attended? \_\_\_\_\_
7. In the last five years, have you had your driver's license suspended or revoked, been involved in an accident in which you were found to be at fault where drugs or alcohol was a contributing factor, or plead guilty to or been convicted of driving under the influence of drugs or alcohol?  Yes  No If yes, please provide specific details.

Dates/Details:

8. Do you currently distribute, or have you in the past ever distributed, marijuana on any basis?  Yes  No  
If yes, please provide specific details.

Dates/Details:

9. Have you ever pled guilty or been convicted of possession, use, sale, or distribution of illegal substances?  Yes  No If yes, please provide specific details including the month/year and city/state of the conviction, type of conviction, whether time was served in prison, release date and month/year the probation ended.

Dates/Details: