



Substance Use Questionnaire

Policy number:
Customer name:



MUTUAL
FOR PROFESSIONALS

Have you used or misused any of the following substances for non-medical / recreational purposes, or used prescription medicines other than as prescribed?

Cannabis (marijuana, weed, pot)	☐ Yes ☐ No	Opioids (codeine, morphine, oxycodone, tramadol, fentanyl, heroin, methadone)	☐ Yes ☐ No
Methamphetamine / amphetamines (meth, P, speed, amphetamine)	☐ Yes ☐ No	Psychedelics/hallucinogens (LSD, acid, magic mushrooms, psilocybin, DMT)	☐ Yes ☐ No
Anabolic steroids (performance and image enhancing drugs (PIEDS))	☐ Yes ☐ No	Cocaine (cocaine, crack cocaine)	☐ Yes ☐ No
MDMA/ecstasy (E, molly, MD, pingers)	☐ Yes ☐ No	Synthetic cathinones (bath salts, mephedrone, 3-MMC)	☐ Yes ☐ No
Ketamine (K, ket, special K)	☐ Yes ☐ No	GHB/GBL (G, Gina, fantasy)	☐ Yes ☐ No
Volatile substances / inhalants (glue, petrol, butane, aerosol sprays, paint thinners, solvents)	☐ Yes ☐ No	Prescription sedatives / tranquilisers (benzodiazepines such as diazepam / Valium, alprazolam / Xanax, clonazepam / Rivotril)	☐ Yes ☐ No
Nitrous oxide (NOS, nangs, whippets / whippits, laughing gas)	☐ Yes ☐ No	Others (any other recreational or non-prescribed psychoactive substance)	☐ Yes ☐ No

Please provide further details for any substance use ticked yes above:

Substance	Amount used	Frequency of use	Date first used	Date last used

Have you ever used or injected any substance/drug intravenously?

☐ Yes ☐ No

If yes, please provide full details below:

Have you ever sought, consulted or been referred to counselling or treatment for drug or alcohol use?

☐ Yes ☐ No

If yes, please provide full details below, including AA, Narcotics Anonymous, CADS (Community Alcohol and Drug Services), or similar:

Name & address of clinic or Dr	Date of first consult	Date of last consult

Have you ever suffered any medical condition or impairment due to drug or alcohol use?

☐ Yes ☐ No

If yes, please provide full details below, including condition and relevant dates:

Have you ever been in hospital due to drug or alcohol intake or overdose?

☐ Yes ☐ No

If yes, please provide full details below:

Name & address of clinic or Dr	Date of first consult	Date of last consult

Have you ever taken time off work due to drug or alcohol use?

☐ Yes ☐ No

If yes, please provide full details below:

Has alcohol or drug use ever affected your ability to work?

☐ Yes ☐ No

If yes, please provide full details below:

Have you ever been arrested, charged or convicted of any drug or alcohol offence?

☐ Yes ☐ No

If yes, please provide full details below:

Please provide any other information you'd like us to consider:

Declaration

I declare that I have read and carefully considered the questions in this document and that all the responses are true and correct. I agree that this questionnaire will form part of my application for insurance. All information collected by PPS Mutual will be handled in accordance with the consent provided as part of my application and PPS's privacy policy available at ppsmutual.co.nz/privacy.

Customer signature:

Date:

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