



**BROKERAGE GROUP  
INTERNATIONAL, LLC**

**Alcohol Abuse Questionnaire**

Broker Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Address/City/State/Zip: \_\_\_\_\_

**CLIENT INFORMATION**

Name: \_\_\_\_\_  M  F  
Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Insurance Amount \_\_\_\_\_ Insurance Type:  Term  Universal Life  Whole Life  
Death Benefit: \_\_\_\_\_  Second to Die  Variable  
Have you ever used tobacco or nicotine products?  Yes  No  
If yes, what type of product did you use?  Cigarettes  Cigar  Pipe  Other

**ALCOHOL ABUSE INFORMATION**

1. Have you ever been treated for alcohol abuse?
  - a.  Yes  No
  - b. When? \_\_\_\_\_
  - c. Where treated? \_\_\_\_\_
  - d. Date of last use: \_\_\_\_\_
2. Are you a member of AA, NA, CA?
  - a.  Yes  No
  - b. When did you join? \_\_\_\_\_
  - c. How often do you attend? \_\_\_\_\_
3. Have you taken ANTABUSE?
  - a.  Yes  No
  - b. Are you taking it now?  Yes  No
4. Have you ever been convicted of any driving offenses related to alcohol?
  - a.  Yes  No
  - b. If yes, give details: \_\_\_\_\_

5. Do you have any medical problems, including liver disease or elevated enzymes related to your alcohol use?
- a.  Yes  No
- b. If yes, give details: \_\_\_\_\_
6. Before treatment how long had you used alcohol? \_\_\_\_\_
7. Before treatment how frequently had you used alcohol? \_\_\_\_\_
8. Was there also drug abuse?
- a.  Yes  No
- b. If yes, what type of drugs? \_\_\_\_\_
9. Before treatment how long had you used drugs? \_\_\_\_\_
10. Do you use any drugs now?
- a.  Yes  No
- b. If yes, what type of drugs? \_\_\_\_\_
11. Additional Comments: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_