



Alcohol Questionnaire

Insurance Designers of Central Texas, LLC
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Austin, TX 78729
Phone 512-257-9700
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Today's Date:

Agent:

Full Name:

Male or Female?

Height and weight:

Date of Birth:

1. Do you presently use alcohol beverages? ___ Yes ___ No

IF YES (Quantity)	Beer	Wine	Liquor
Daily			
Weekly			
Monthly			

2. Did you ever drink substantially more than at present? ___ Yes ___ No
If yes, dates from _____ to _____ (month and year)

IF YES (Quantity)	Beer	Wine	Liquor
Daily			
Weekly			
Monthly			

3. Have you ever been asked to reduce or stop your alcohol consumptions? If yes, please give details.

4. Why did you change your drinking habits?

5. Have you ever consulted a doctor or received treatment because of your alcohol use?
___ Yes ___ No If yes, list dates of treatment.

6. Are you currently a member of AA (Alcoholics Anonymous)?
___ Yes ___ No If yes, list dates started/stopped.

7. Have you ever been arrested for driving while under the influence of alcohol? If yes, list dates.

8. Are you now alcohol free? If yes, as of what date?

9. Please list any additional information you feel is important.