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Supplement to ConnectiCare® SOLO Application
ALCOHOL & DRUG QUESTIONNAIRE

Name of Primary Applicant: _____ ID/SSN: _____

Name of person related to condition: _____

1. Have you ever used any of the following substances (YES OR NO)? If yes, please indicate which type.

- a). Alcohol (beer, wine or liquor): _____
- b). Narcotics (heroin, opium, Demerol or their derivatives): _____
- c). Hallucinogens (LSD, PCP, DMT, STP or derivatives): _____
- d). Stimulants (cocaine, crack, amphetamines, anti-depressants): _____
- e). Depressants (bromides, barbiturates or their derivatives): _____
- f). Tranquilizers (Valium, Librium, Haldol or their derivatives): _____
- g). Marijuana (hash, pot, grass, tea or their derivatives): _____
- h). Intravenous drug use: _____
- i). Indicate any other substance not listed above: _____

****If you are presently using any of the substance(s) indicated above, please explain how much and how often. If you are not, when did you stop using the substance(s) indicated above?**

2. Have you had a DUI, OUI or OWI within the last 5 years? Yes or No _____. If yes, please provide the date and number of occurrences: _____

3. Have you undergone treatment for substance/alcohol use/abuse/dependency? Yes or No: _____. If yes, please indicate:

a. Type of treatment (hospitalization, medication, psychotherapy, counseling, etc.): _____

b. Date of treatment, length of treatment and date treatment ended: _____

c. Name, address and phone number of treating counselor, facility or physician: _____

4. Have you, in the past 10 years been a member of Alcoholics Anonymous, Narcotics Anonymous, or similar aftercare programs? Yes or No: _____. If yes, are you an active member? Yes or No: _____. If inactive member, when was the date last attended? _____

5. Have you ever been diagnosed with or told you had a problem with any substances including alcohol? Yes or No: _____. If yes, please give details: _____

6. Have you had a Liver Function or Liver Enzyme Test? Yes or No: _____. If yes, provide the date and results of the most recent test: Date _____ Results _____

7. Has there been any history of (YES OR NO):

_____ Heart problems _____ Gastritis/ulcers _____ Depression _____ Kidney/liver disease

**Please explain any "YES" answers above:

All of the above statements are true, complete and correct to the best of my knowledge. I understand and agree that this form is part of my application for coverage and that ConnectiCare will also rely on these statements when determining eligibility.

Signature of applicant (or parent/guardian if under 18): _____

Today's Date: _____