

# TOBACCO QUESTIONNAIRE

Rohrer & Associates

Insured's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ State: \_\_\_\_\_ Sex: M / F  
Height: \_\_\_\_\_ Ft. \_\_\_\_\_ In. \_\_\_\_\_ Weight: \_\_\_\_\_ Face Amount: \_\_\_\_\_  
Tobacco use in the past 5 years: No Yes Details: \_\_\_\_\_  
Producer: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Proposed Insured please answer the following:

1. Which of the following tobacco products do you or have you used (please circle all that apply)?

Cigarettes	Amount: _____	Period of time used: _____
Cigars	Amount: _____	Period of time used: _____
Pipe	Amount: _____	Period of time used: _____
Chewing Tobacco	Amount: _____	Period of time used: _____
Marijuana*	Amount: _____	Period of time used: _____
Other:	Amount: _____	Period of time used: _____

**\*Please complete the Drug Questionnaire.**

2. If you are no longer a user of tobacco products, when and why did you quit?

When: \_\_\_\_\_

Why: \_\_\_\_\_

3. Are you taking any medications? Yes No

Name(s) and dosage(s): \_\_\_\_\_

4. Name, address & phone number of your physician(s) and date last consulted: \_\_\_\_\_

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Additional Information (please use reverse side for additional space):

Date: \_\_\_\_\_

Insured's Signature: \_\_\_\_\_