



Australian Government
Department of Veterans' Affairs

Alcohol Questionnaire

This form relates to your claim for pension in respect of the death of (_____).
The information you supply will assist in deciding eligibility for benefits under the Veterans' Entitlements Act 1986 and/or Military Rehabilitation and Compensation Act 2004.

For your claim to be accepted, the circumstances must meet the conditions prescribed by the Repatriation Medical Authority in the appropriate Statement of Principles. *An ex-service organisation, such as Legacy, can assist you in completing this form and provide you with advice on how the factors identified in the Statement of Principles may apply to your case.*

It is important that you give as much information as possible in completing this form to ensure all the particular circumstances of your claim are considered.

Veteran's Details

Surname

Given Names

DVA File Number

Report Detail

1. What is your relationship to the veteran?

2. When did you first meet the veteran?

3. Did the veteran ever drink alcohol on a regular basis? *(For the purposes of this question a regular basis includes an average of 3-4 standard drinks of alcohol per week or above or occasional 'binge' type drinking. It does not include such irregular drinking as a glass or two of alcohol only a few times a year such as on special occasions, birthdays, etc.)*

No – Please sign the form and return it to the Department.

Yes

4. When did the veteran commence to drink alcohol?

5. What alcohol did the veteran drink? *(Please describe the types of alcohol; eg beer, or wine, or spirits or combination of these.)*

6. How much alcohol did the veteran drink? (Please indicate the average number of standard drinks per day or per week. A standard drink (10 grams of alcohol) approximates to a 10oz (285ml) glass of full strength beer, a standard glass of wine, a 'nip' of spirits or a standard measure of fortified wine. If the veteran was a 'binge' type drinker, describe how often and the average amount of alcohol consumed on these occasions. If you need more space to describe the veteran's alcohol consumption, please attach an extra sheet).

7. Did the veteran ever permanently stop drinking alcohol?

- No
- Yes

If so when?
Why?

8. Do you consider that (.....)'s consumption was due to, or contributed to by service? Is so please explain why.

- No
- Yes

9. Did the amount of alcohol consumed change significantly at any time once (_____) first started drinking alcohol?

No – Please sign the form and return it to the Department.

Yes – In the table below please record any major changes in the drinking habit. Please include any known reasons for the change.

| <i>Date of Change</i> | <i>New amount consumed</i> | <i>Reasons for Change</i> |
|-----------------------|----------------------------|---------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

** If you wish to add any additional comments please attach a signed statement to this form.

Claimant's Signature

You are reminded that:

- The Declaration you signed on the claim form also covers the information you supply on this form.
- There are penalties for knowingly making false or misleading statements.
- In the event of an appeal against a decision, this information may be provided to the Veterans' Review Board, Administrative Appeals Tribunal or Federal Court.

| |
|-----|
| / / |
|-----|