



Australian Government

Department of Veterans' Affairs

Alcohol Questionnaire

This form relates to your claim for pension and medical treatment. For your claim to be accepted, the circumstances must meet conditions prescribed by the Repatriation Medical Authority in the appropriate Statement of Principles.

An ex-service organisation can assist you in completing this form and should be able to provide you with advice on how the factors identified in the Statement of Principles may apply in 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. Have you ever drunk 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

2. When did you start to drink alcohol?

3. What alcohol did you drink? *(Please describe the types of alcohol; eg Beer, or wine, or spirits or the combination of types of alcohol consumed.)*

4. How much did you drink? *(Please indicate the average number of standard drinks per day or per week. One 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 a 'binge' type drinker, describe how often and the average amount of alcohol consumed on these occasions. If you need more space to describe your alcohol consumption, please attach an extra sheet.)*

7. Did the amount of alcohol you consumed change significantly at any time after you 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 the 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.

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