



# Alcohol Questionnaire – Dependant

## Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

[Read more: How DVA manages personal information.](#)

This form is in connection with a claim for pension and medical treatment. 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 conditions prescribed by the Repatriation Medical Authority in the appropriate Statement of Principles may apply to your case.

*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

1. Surname

2. Given name(s)

3. DVA File No.

4. Date of birth




### Questionnaire

5. What is your relationship to the veteran?

6. When did you first meet the veteran?




7. Did the veteran ever drink alcohol on a regular basis?

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

Yes  When did the veteran start to drink alcohol?

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" 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.




What alcohol did the veteran drink? *(Please describe the types of alcohol; e.g. beer, wine, or spirits or the combination of types of alcohol consumed).*

  


8. 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 veterans' alcohol consumption, please attach an extra sheet.

  
  



For assistance phone DVA on 1800 VETERAN (1800 838 372). Please write in block letters using a blue or black pen (not pencil).

**Questionnaire *continued...***

**9. Did the veteran ever permanently stop drinking?**

No

Yes  ► When did the veteran stop drinking permanently?

/  /

Why?

**10. Do you consider that the veteran's alcohol consumption was due to, or contributed to, by service?**

No

Yes  ► Please explain why?

**11. Did the amount of alcohol consumed change significantly at any time once the veteran 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.

Date of change	New amount consumed	Reasons for change
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
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*If you wish to add any additional comments please attach a signed statement to this form.*

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; and
- 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.

**12. Dependant name** (please PRINT)

**13. Dependant's signature**



Date

/  /

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