



# Alcohol Questionnaire – Claimant

This form relates to your claim for disability compensation 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

1. Surname

2. Given name(s)

3. DVA File No.

4. Date of birth

## Report details

5. **Have you ever drunk alcohol on a regular basis?** No  ▶ Please sign the form and return it to the Department.  
 Yes  ▶ When did you start to drink alcohol?  
  
 What alcohol did you drink? *(Please describe the types of alcohol; e.g. beer, wine, or spirits or the combination of types of alcohol consumed).*

6. **How much did you drink?**  
 Please indicate the average number of drinks per day or per week. One standard drink (10 grams of alcohol) approximates to a 10 oz (285 ml) glass of full strength beer, a standard glass of wine, a “nip” of spirits or a standard measure of fortified wine. If a “binge” 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 you ever permanently stop drinking?** No   
 Yes  ▶ When did you stop drinking permanently?  
  
 Why?



**Report details *continued*...**

8. Do you consider that your alcohol consumption was due to, or contributed to, by your service? No  Yes  Please explain why?


9. 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 up to and including the present day. Please include the reasons for the change.

Date of change	New amount consumed	Reasons for change
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		

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.

10. Claimant's signature



Date

/ /

**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.](#)

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