

When Australian became involved in the Vietnam war, psychological tests were added to the intake applications of those who either joined up or were conscripts. Here is a sample of the questions:

AUSTRALIAN ARMY PSYCHOLOGY CORPS

(BLOCK LETTERS)

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CONFIDENTIAL

TEST SDI

SURNAME

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CHRISTIAN NAMES

Answer each question by drawing a ring around the YES or the NO or the (?). Use the question mark only when you are sure that you cannot answer YES or NO. There are no right or wrong answers. Try to answer every question.

1	Do you usually feel well and strong?		Yes	No	?
2.	Do things ever seem to swim or get misty before your ey	es?	Yes	No	?
3.	Are your feelings easily hurt?		Yes	No	?
4.	Do you day-dream a good deal?		Yes	No	?
-5.	Do you worry over things that might go wrong?		Yes	No	0
6.	Do you have headaches as often as once a month?		Yes	No	?
7.	Can you stand as much pain as others can?		(Yes)	No	?
8.	Do you often have bad pains in any part of your body?		Yes	No	?
9.	Have you often fainted?		Yes	No	?
10.	Do you often feel miserable?		Yes	No	?
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11.	Do you ever feel that you are about to "go to pieces"?		Yes	No	?
12.	Are you shy or bashful?		Yes	No	?
, 13.	Can you do good work while people are watching you?		(Yes)	No	?
14.	Do you feel sad or gloomy a good deal of the time?		Yes	No	?
15.	Do you cry easily?	Aller I	Yes	No	2

11.	Do you ever feel that you are about to "go to pieces"?	Yes	No	?
12.	Are you shy or bashful?	Yes	No	?
, 13.	Can you do good work while people are watching you?	Yes	No	?
14.	Do you feel sad or gloomy a good deal of the time?	Yes	No	?
15.	Do you cry easily?	Yes	No	?
16.	Does it make you angry for people to hurry you?	Yes	No	?
17.	When you are in a crowd do you try to keep from being		Angent an edit	
	noticed?	Yes	No	?
18.	Would you rather be alone than with someone?	Yes	No	?
19.	Do you like to take the lead at games or parties?	Yes	No	?
20.	Are you happy and sad by turns without knowing why?	Yes	No	?
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21.	Do you often feel lonesome even when you are with other people?	Yes	No	2
22.	Is it hard for you to make up your mind until it is too late?	Yes	No	?
23.	Do you feel tired a good deal of the time?	Yes	No	?
24.	Are you ever bothered by the feeling that people are reading		9	
	your thoughts?	Yes	No	?
25.	Do you make friends easily?	Yes	No	?
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26	At night are you often troubled by the idea that compleady is			
26.	At night are you often troubled by the idea that somebody is following you?	Yes	No	?
27.	Do you ever cross the street to keep from meeting someone?	Yes	No	?
28.	If you see an accident does something keep you from giving		0	
	help?	Yes	No	0
29.	Are you afraid of more things than most people are?	Yes	No	?
30.	Are you easily upset by little things?	Yes	No	?

31.	Do you usually feel well rested in the morning?	Yes
32.	Do you feel like jumping off when you are on a high place?	Yes
33.	Are you troubled with feelings that you cannot do things as well as others can?	Ye
34.	Does your mind often wander so that you forget what you are doing?	Ye
35.	Do you sometimes have a feeling that things around you are not real?	Ye
36.	Do you ever have the feeling that you are not like other people?	Ye

Yes	No	?
Yes	No	?

SUF	(BLOCK LETTERS) CHRISTIAN NAMES	ł.		
1.	Do you feel that your childhood was a happy one?	Yes	No	?
2.	Are your father and mother separated or divorced?	Yes	No	?
3.	Has any member of your family ever had nervous or mental trouble?	Yes	No	?
4.	Have you ever had any nervous trouble or a mental break- down?	Yes	No	?
5.	Have you ever left a job just because you "got tired of it"?	Yes	No	?
6	Did you aver leave or sup away from school because of trouble			
6.	Did you ever leave, or run away from school because of trouble with the teacher?	Yes	No	?
7.	When you get a little money ahead do you often leave work and have a holiday?	Yes	No	?
8.	Have you ever had sick headaches?	Yes	No	?
9.	Do you have dizzy spells?	Yes	No	?
0.	Have you ever been unconscious from an injury to your head?	Yes	No	?
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1.	Have you ever had a convulsion or a fit?	Yes	No	?
2.	Have you had disturbances of your sleep during the last few years?	Yes	No	?
3.	Do you often have indigestion or stomach trouble?	Yes	No	?
4.	Have you ever had heart trouble?	Yes	No	?
5.	Is there anything that might keep you from working hard or drilling?	Yes	No	?
6.	To the best of my knowledge the above answers are true?	Yes	No	?