



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

AUSTRALIAN ARMY PSYCHOLOGY CORPS

CONFIDENTIAL

AAF - A 252
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TEST SDI

SURNAME.....
(BLOCK LETTERS)

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.

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

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

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|-----|---------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|---|
| 31. | Do you usually feel well rested in the morning? | <input checked="" type="radio"/> Yes | <input type="radio"/> No | ? |
| 32. | Do you feel like jumping off when you are on a high place? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | ? |
| 33. | Are you troubled with feelings that you cannot do things as well as others can? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | ? |
| 34. | Does your mind often wander so that you forget what you are doing? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | ? |
| 35. | Do you sometimes have a feeling that things around you are not real? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | ? |
| 36. | Do you ever have the feeling that you are not like other people? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | ? |

SURNAME.....

(BLOCK LETTERS)

CHRISTIAN NAMES.....

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|------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|---|
| 1. Do you feel that your childhood was a happy one? | <input checked="" type="radio"/> Yes | <input type="radio"/> No | ? |
| 2. Are your father and mother separated or divorced? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | ? |
| 3. Has any member of your family ever had nervous or mental trouble? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | ? |
| 4. Have you ever had any nervous trouble or a mental breakdown? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | ? |
| 5. Have you ever left a job just because you "got tired of it"? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | ? |
| | | | |
| 6. Did you ever leave, or run away from school because of trouble with the teacher? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | ? |
| 7. When you get a little money ahead do you often leave work and have a holiday? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | ? |
| 8. Have you ever had sick headaches? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | ? |
| 9. Do you have dizzy spells? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | ? |
| 10. Have you ever been unconscious from an injury to your head? | <input checked="" type="radio"/> Yes | <input type="radio"/> No | ? |
| | | | |
| 11. Have you ever had a convulsion or a fit? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | ? |
| 12. Have you had disturbances of your sleep during the last few years? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | ? |
| 13. Do you often have indigestion or stomach trouble? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | ? |
| 14. Have you ever had heart trouble? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | ? |
| 15. Is there anything that might keep you from working hard or drilling? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | ? |
| 16. To the best of my knowledge the above answers are true? | <input checked="" type="radio"/> Yes | <input type="radio"/> No | ? |