



Smoking Questionnaire – Claimant

This form is in connection with your claim for pension and medical treatment and 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*. 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.

Veteran's details

1. Surname

2. Given name(s)

3. DVA File No.

4. Date of birth

Report details

Section 1

5. Have you ever smoked cigarettes, pipe tobacco or cigars on a regular basis?

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

Yes ► When did you first start smoking on a regular basis? (You may not know exactly when you started to smoke regularly, but please be as precise as possible. Please state the day, month and year if known).

Approximately how much did you regularly smoke **at that time**? Please enter details for each product smoked at that time - e.g. if you smoked "tailor made" **and** "roll your own" cigarettes, please complete details in column (a) and column (b).

Cigarettes		Pipe tobacco	Cigars
(a)	(b)		
No. per day (regular or tailor made)	Ounces per week (roll your own)	Ounces per week or grams per week	No. per week
<input type="text"/>	<input type="text"/>	<input type="text" value="oz/gms"/>	<input type="text"/>

6. Why did you start to smoke on a regular basis?

7. Have you ever stopped smoking permanently?

No Yes ► When did you stop smoking permanently?

8. Did the amount smoked ever change after you first started smoking on a regular basis?

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

Yes ► Please complete **Section 2** of the Questionnaire on the next page.



Report details continued...**Section 2**

This section should be completed if your smoking habit changed over time. The Department needs to understand what the smoking pattern was like, so that it can determine how much you smoked in total.

The following table should be completed for each time a major change in smoking happened. For instance, any stop/start periods or changes to consumption by a large amount.

If you stopped smoking for any period in excess of 3 months, please show the new amount smoked as "Nil".

Please attach a separate sheet of paper if there is not enough room below to show all the changes in your smoking history.

Date of change (month and year)	New amount smoked (specify type and quantity e.g. cigarettes per day/ounces per week, pipe tobacco - ounces per week, cigars - number per week)	Reason for change
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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.

9. Claimant's signature

Date

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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 **133 254** (local call rate) or **1800 555 254** (freecall) regional callers only.
Please write in block letters using a blue or black pen (not pencil).