



Smoking Questionnaire – Claimant

This form is in connection with your claim for disability compensation 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)	Ounces per week or grams per week	No. per week
No. per day (regular or tailor made)	Ounces per week (roll your own)		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text" value="oz/gms"/>	<input style="width: 100%;" type="text"/>

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



