



**Australian Government**  
**Department of Veterans' Affairs**

## Claimant Report - Smoking

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*

**Surname**

**Given Names**

**DVA File Number**

### *Report Detail*

#### *Section 1*

1. Did the veteran ever smoke cigarettes, pipe tobacco or cigars on a regular basis?

- No** - Please sign the form and return it to the Department  
 **Yes**

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

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

1 Cigarettes		2 Pipe tobacco Ounces per week or grams per week	3 Cigars Number per week
(a) Number per day (Regular or tailor made)	(b) Ounces per week (Roll your own)		
		oz/week or gr/week	

4. Why did the veteran start to smoke on a regular basis?


5. Did the veteran ever stop smoking permanently?

- No
- Yes - When did the veteran stop smoking permanently?

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6. Did the amount smoked per day ever change since the veteran first started smoking on a regular basis?

- No - *No further information is required. Please sign the form and return it to the Department.*
- Yes - Please complete Section 2 of the questionnaire.

**Section 2**

This section should be completed if the veteran's smoking habit changed over time. The Department needs to understand what the smoking pattern was like, so that it can determine how much the veteran 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 the veteran 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 the veteran's smoking history.

Date of Change (month and year)	New amount smoked (Specify type and quantity eg cigarettes per day/ounces per week, pipe tobacco – ounces per week, cigars – number per week)	Reason for change
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**Claimant's Signature**

**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.

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