



This form is used in connection with your claim for 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 Review Tribunal or Federal Court.

Contact us – Please call **1800 VETERAN** (1800 838 372) during business hours.

You can also contact us by mail. Please address your correspondence to:

Department of Veterans' Affairs
GPO Box 9998
Brisbane QLD 4001

Veteran's details

1. Surname

2. Given name(s)

3. DVA File No.

4. Date of birth

Report details

Section 1

5. Has the veteran ever smoked cigarettes, pipe tobacco or cigars on a regular basis?

- No ► Please sign the form at **Section 3** and return it to the Department.
- Yes ► 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.*)

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

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

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

7. Has the veteran stopped smoking permanently?

- No Yes ► When did the veteran stop smoking permanently (month and year)?

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

- No ► Please sign the form at **Section 3** and return it to the Department.
- Yes ► Please complete **Section 2** and **Section 3** on the next page.

Report details *continued...*

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 e.g. cigarettes per day/ounces per week, pipe tobacco - ounces per week, cigars - number per week)	Reason for change
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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Section 3

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. Dependant's name (Please PRINT)

10. Dependant's signature

Date

Privacy notice – Personal information is protected by law, including the *Privacy Act 1988*. 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.

Go to www.dva.gov.au/privacy for more information about how DVA manages personal information.