



Smoking Questionnaire Claimant

VANZ 5

Please write in **BLOCK LETTERS** with a **blue** or **black** pen only.

Part 1 Personal Details

- 1 **War Pension Number** (if known)
- 2 **Title** Mr Mrs Miss Ms Dr Rev Other
- 3 **Surname** **Date of Birth**
- 4 **Given Name/s**

Part 2 Smoking History

- 5 **Have you ever smoked?** Yes No
If you answered no, you do not need to complete the rest of the questionnaire but please sign the declaration at question 18.
- 6 **What year did you start smoking?**
- 7 **Why did you start smoking?**
- 8 **At what age did you start smoking on a regular basis?**
- 9 **What did you smoke?**
i.e cigarettes, pipe, cigars
- 10 **How much did you smoke?**
i.e how many cigarettes per day, amount of tobacco per day
- 11 **Did your smoking habit change during service?** Yes No
If yes; How?
Why?

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If you have any queries, please call the VANZ Enquiry Line on 0800 483 8372 or go to the VANZ website at www.veteransaffairs.mil.nz.

12 Did your smoking habit change after service?

Yes No

If yes; How

13 Have you ever stopped smoking?

Yes No

If yes; When?

Why?

How long for?

14 Are you currently a smoker?

Yes No

Part 3 Declaration

15 Authority

If you have authority to act on behalf of a claimant please fill in the following details. If the claimant is UNABLE to sign due to physical or mental incapacity and you are signing on their behalf, please attach a copy of your authority to act e.g. power of attorney.

16 Full Name

17 Address

I declare that I am authorised to act on behalf of the veteran in matters relating to this claim.

Signature

Day Month Year

18 Declaration

I declare that the information provided in this questionnaire is, to the best of my knowledge true and complete.

Claimant's or Delegated Person's Signature

Day Month Year

19 Assistance Completing Questionnaire

If you had assistance in completing this form please print the name of the person who assisted you and the name of the organisation they represent if applicable.

Send your Smoking Questionnaire to:

**Veterans' Affairs New Zealand
PO Box 9448
Waikato Mail Centre
HAMILTON 3240**