



Smoking Questionnaire

Witness (Please complete to the best of your knowledge based on your observations)

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

Part 1 Claimant's Details

1 **Title** Mr Mrs Miss Ms Dr Rev Other

2 **Surname** **Date of Birth**

3 **Given Name/s**

Part 2 Your Details

4 **Title** Mr Mrs Miss Ms Dr Rev Other

5 **Surname**

6 **Given Name/s**

7 **What was/is your relationship to the claimant named above?**

8 **In what year did you first meet the claimant named above?**

Part 3 Smoking History

9 **To your knowledge was the claimant ever a smoker?** Yes No

If you answered no, you do not need to complete the rest of the questionnaire but please sign the declaration at question 19.

10 **Was the claimant a smoker when you first met them?** Yes No

If you answered no, what year did the claimant first start smoking?

11 **Do you know what the claimant smoked?**
i.e cigarettes, pipe, cigars Yes No

If yes; What?

12 Do you know how much the claimant smoked?

i.e how many cigarettes per day, amount of tobacco per day

Yes No

If yes; How much?

13 Do you know why the claimant started to smoke?

Yes No

If yes; Why?

14 If the claimant started smoking before service, do you know if their smoking habit changed during service?

Yes No

If yes; How?

Why?

15 If the claimant continued to smoke after service, do you know if their smoking habit changed?

Yes No

If yes; How?

Why?

16 Do you know if the claimant ever stopped smoking?

Yes No

If yes; When?

Why?

For how long?

17 Is the claimant currently a smoker?

Yes No

Part 4 Declaration

18 Declaration

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

Signature

Day Month Year

Send your Smoking Questionnaire to:

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