Reference Determination Content

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.

Tobacco Use Disorder

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 September 2025;
- A social work assessment by the defence social worker, dated 19 May 2006;
- A psychological assessment by the psychologist, dated 19 May 2006;
- An outpatient health record by the medical officer, Role 1 health facility, Iraq, dated 12 June 2006;
- An outpatient health record by the medical officer, Role 1 health facility, Iraq, dated 14 August 2006;
- An outpatient health record by the medical officer, Role 1 health facility, Iraq, dated 4 October 2006;
- A psychiatric assessment by the consultant psychiatrist, dated 11 December 2006;
- A trauma admission and CT report by Role 3 hospital, Afghanistan, dated 18 April 2010;
- A post-operational psychological screening by the psychologist, dated 2 October 2010;
- A medical Employment Classification Review Board report by the senior medical officer, dated 22 May 2014;
- A psychiatric inpatient discharge summary by the consultant psychiatrist, dated 12 April 2017.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

3 September 2004 and 22 May 2014

Tobacco Use Disorder

You have stated that your condition was caused by:

- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: agoraphobia*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: alcohol use disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: anorexia nervosa*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: antisocial personality disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: attention-deficit/hyperactivity disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: borderline personality disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: binge-eating disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: bipolar disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: bulimia nervosa*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: cannabis use disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: conduct disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: gambling disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: generalised anxiety disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: hallucinogen use disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: insomnia disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: intermittent explosive disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: major depressive disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: obsessive-compulsive disorder*

- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: oppositional defiant disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: panic disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: persistent depressive disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: posttraumatic stress disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: prolonged grief disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: schizophrenia or schizoaffective disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: social anxiety disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: stimulant use disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: tobacco use disorder*
- *experiencing a category 1A stressor within the 5 years before clinical onset or clinical worsening*
- *experiencing a category 1B stressor within the 5 years before clinical onset or clinical worsening*
- *experiencing a category 2 stressor within the 1 year before clinical onset or clinical worsening*
- *experiencing the death of a person with whom one has a close family bond or a close personal relationship, within the 5 years before clinical onset or clinical worsening*
- *having experienced as a child (under the age of 18) one of the following: serious physical, emotional, or sexual harm; before clinical onset or clinical worsening*
- *having experienced as a child (under the age of 18) one of the following: neglect involving a serious failure to provide the necessities for health, physical and emotional development, or wellbeing by adults with obligations to provide such necessities; before clinical onset or clinical worsening*
- *taking a medically prescribed substance from the same pharmacological class as the diagnosed substance use disorder, at the time of clinical onset*
- *having persistent pain of at least 3 months, which is severe enough to interfere with daily living, at the time of clinical onset or clinical worsening*
- *experiencing a morally injurious event within the 5 years before clinical onset or clinical worsening*
- *experiencing intimate partner violence within the 5 years before clinical onset or clinical worsening*

Diagnosis: Tobacco Use Disorder

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 3 September 2025, and is supported by an outpatient health record by the medical officer, Role 1 health facility, Iraq, dated 4 October 2006.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Substance Use Disorder (Reasonable Hypothesis) (No. 50 of 2026)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: agoraphobia*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: alcohol use disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: anorexia nervosa*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: antisocial personality disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: attention-deficit/hyperactivity disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: borderline personality disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: binge-eating disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: bipolar disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: bulimia nervosa*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: cannabis use disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: conduct disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: gambling disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: generalised anxiety disorder*

- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: hallucinogen use disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: insomnia disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: intermittent explosive disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: major depressive disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: obsessive-compulsive disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: oppositional defiant disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: panic disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: persistent depressive disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: posttraumatic stress disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: prolonged grief disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: schizophrenia or schizoaffective disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: social anxiety disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: stimulant use disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: tobacco use disorder*
- *experiencing a category 1A stressor within the 5 years before clinical onset or clinical worsening*
- *experiencing a category 1B stressor within the 5 years before clinical onset or clinical worsening*
- *experiencing a category 2 stressor within the 1 year before clinical onset or clinical worsening*
- *experiencing the death of a person with whom one has a close family bond or a close personal relationship, within the 5 years before clinical onset or clinical worsening*
- *having experienced as a child (under the age of 18) one of the following: serious physical, emotional, or sexual harm; before clinical onset or clinical worsening*
- *having experienced as a child (under the age of 18) one of the following: neglect involving a serious failure to provide the necessities for health, physical and emotional development,*

or wellbeing by adults with obligations to provide such necessities; before clinical onset or clinical worsening

- *taking a medically prescribed substance from the same pharmacological class as the diagnosed substance use disorder, at the time of clinical onset*
- *having persistent pain of at least 3 months, which is severe enough to interfere with daily living, at the time of clinical onset or clinical worsening*
- *experiencing a morally injurious event within the 5 years before clinical onset or clinical worsening*
- *experiencing intimate partner violence within the 5 years before clinical onset or clinical worsening*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with smoking 30 cigarettes a day, with strong cravings, smoking within five minutes of waking and through the night, and failed attempts to stop on 4 October 2006.

The diagnosis was made on 4 October 2006 by a Defence medical officer, who documented at least five DSM criteria present since 1 October 2006: smoking larger amounts than intended (30 a day), persistent desire and two failed attempts to stop, strong cravings, smoking in physically hazardous situations on sentry, continued smoking despite worsening asthma, and withdrawal irritability and poor concentration when unable to smoke. Your Fagerstrom Test for Nicotine Dependence score was 8, indicating high dependence. This meets the Statement of Principles definition of substance use disorder, derived from DSM-5-TR, with tobacco as the substance.

This has then led to further investigations and the diagnosis of your condition of *Tobacco Use Disorder*. I have accepted your condition of *Tobacco Use Disorder*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that this condition is related to your wartime service.

I have therefore accepted that this condition is related to your service with effect from 1 October 2006.

Tobacco Use Disorder (Worsening)

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 September 2025;
- A social work assessment by the defence social worker, dated 19 May 2006;
- A psychological assessment by the psychologist, dated 19 May 2006;
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- An outpatient health record by the medical officer, Role 1 health facility, Iraq, dated 14 August 2006;
- An outpatient health record by the medical officer, Role 1 health facility, Iraq, dated 4 October 2006;
- A psychiatric assessment by the consultant psychiatrist, dated 11 December 2006;
- A trauma admission and CT report by Role 3 hospital, Afghanistan, dated 18 April 2010;
- A post-operational psychological screening by the psychologist, dated 2 October 2010;
- A medical Employment Classification Review Board report by the senior medical officer, dated 22 May 2014;
- A psychiatric inpatient discharge summary by the consultant psychiatrist, dated 12 April 2017.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

3 September 2004 and 22 May 2014

Tobacco Use Disorder (Worsening)

You have stated that the worsening of your condition was caused by:

- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: agoraphobia*

- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: alcohol use disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: anorexia nervosa*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: antisocial personality disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: attention-deficit/hyperactivity disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: borderline personality disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: binge-eating disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: bipolar disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: bulimia nervosa*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: cannabis use disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: conduct disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: gambling disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: generalised anxiety disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: hallucinogen use disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: insomnia disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: intermittent explosive disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: major depressive disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: obsessive-compulsive disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: oppositional defiant disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: panic disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: persistent depressive disorder*

- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: posttraumatic stress disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: prolonged grief disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: schizophrenia or schizoaffective disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: social anxiety disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: stimulant use disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: tobacco use disorder*
- *experiencing a category 1A stressor within the 5 years before clinical onset or clinical worsening*
- *experiencing a category 1B stressor within the 5 years before clinical onset or clinical worsening*
- *experiencing a category 2 stressor within the 1 year before clinical onset or clinical worsening*
- *experiencing the death of a person with whom one has a close family bond or a close personal relationship, within the 5 years before clinical onset or clinical worsening*
- *having experienced as a child (under the age of 18) one of the following: serious physical, emotional, or sexual harm; before clinical onset or clinical worsening*
- *having experienced as a child (under the age of 18) one of the following: neglect involving a serious failure to provide the necessities for health, physical and emotional development, or wellbeing by adults with obligations to provide such necessities; before clinical onset or clinical worsening*
- *having persistent pain of at least 3 months, which is severe enough to interfere with daily living, at the time of clinical onset or clinical worsening*
- *experiencing a morally injurious event within the 5 years before clinical onset or clinical worsening*
- *experiencing intimate partner violence within the 5 years before clinical onset or clinical worsening*
- *inability to obtain appropriate clinical management for substance use disorder before clinical worsening*

Diagnosis: Tobacco Use Disorder (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 3 September 2025, and is supported by an outpatient health record by the medical officer, Role 1 health facility, Iraq, dated 4 October 2006.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Substance Use Disorder (Reasonable Hypothesis) (No. 50 of 2026)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: agoraphobia*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: alcohol use disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: anorexia nervosa*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: antisocial personality disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: attention-deficit/hyperactivity disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: borderline personality disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: binge-eating disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: bipolar disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: bulimia nervosa*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: cannabis use disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: conduct disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: gambling disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: generalised anxiety disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: hallucinogen use disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: insomnia disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: intermittent explosive disorder*

- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: major depressive disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: obsessive-compulsive disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: oppositional defiant disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: panic disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: persistent depressive disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: posttraumatic stress disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: prolonged grief disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: schizophrenia or schizoaffective disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: social anxiety disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: stimulant use disorder*
- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: tobacco use disorder*
- *experiencing a category 1A stressor within the 5 years before clinical onset or clinical worsening*
- *experiencing a category 1B stressor within the 5 years before clinical onset or clinical worsening*
- *experiencing a category 2 stressor within the 1 year before clinical onset or clinical worsening*
- *experiencing the death of a person with whom one has a close family bond or a close personal relationship, within the 5 years before clinical onset or clinical worsening*
- *having experienced as a child (under the age of 18) one of the following: serious physical, emotional, or sexual harm; before clinical onset or clinical worsening*
- *having experienced as a child (under the age of 18) one of the following: neglect involving a serious failure to provide the necessities for health, physical and emotional development, or wellbeing by adults with obligations to provide such necessities; before clinical onset or clinical worsening*
- *having persistent pain of at least 3 months, which is severe enough to interfere with daily living, at the time of clinical onset or clinical worsening*
- *experiencing a morally injurious event within the 5 years before clinical onset or clinical worsening*

- *experiencing intimate partner violence within the 5 years before clinical onset or clinical worsening*
- *inability to obtain appropriate clinical management for substance use disorder before clinical worsening*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with smoking 30 cigarettes a day, with strong cravings, smoking within five minutes of waking and through the night, and failed attempts to stop on 4 October 2006.

The diagnosis was made on 4 October 2006 by a Defence medical officer, who documented at least five DSM criteria present since 1 October 2006: smoking larger amounts than intended (30 a day), persistent desire and two failed attempts to stop, strong cravings, smoking in physically hazardous situations on sentry, continued smoking despite worsening asthma, and withdrawal irritability and poor concentration when unable to smoke. Your Fagerstrom Test for Nicotine Dependence score was 8, indicating high dependence. This meets the Statement of Principles definition of substance use disorder, derived from DSM-5-TR, with tobacco as the substance.

After the condition arose, it was worsened during your service. A psychiatrist diagnosed agoraphobia during the admission of 12 April 2017, when you had not left your house alone for eight months for fear of panic in crowds and open places, a fear that began after crowd-borne threats on warlike service in Iraq and Afghanistan. Alcohol use disorder, established in 2005, persisted through warlike service in Iraq, where you drank heavily on rest and recreation and at the base, and was present at onset on 1 October 2006. Anorexia nervosa, binge-eating/purging type, with a BMI of 16.8, was diagnosed on 12 April 2017 and was present at the second worsening. Antisocial personality disorder was diagnosed on 12 April 2017, after conduct disorder in adolescence and escalating risk-taking after warlike service. ADHD, diagnosed in childhood, persisted and was recorded as impairing your work during warlike service in Iraq. Borderline personality disorder was diagnosed on 12 April 2017, with unstable relationships, self-harm and chronic emptiness that began after your warlike service. Binge-eating disorder developed during warlike service in Afghanistan in 2010 and was present at the first worsening on 20 September 2010. Bipolar I disorder was diagnosed after a manic episode in 2015, a year after medical discharge for posttraumatic stress disorder from warlike service, and was present at the second worsening on 12 April 2017. Bulimia nervosa was present during warlike service in Iraq, diagnosed in August 2006, and was present at onset on 1 October 2006. Cannabis use disorder, with daily use from 2015 to manage pain from the 2010 blast injury and nightmares from warlike service, was present at the second worsening on 12 April 2017. Conduct disorder, diagnosed at age 14, continued to meet the criteria at onset on 1 October 2006, with fighting and property damage recorded during warlike service in Iraq. Gambling disorder, with daily online betting from the base during warlike service in Afghanistan, was present at the first worsening on 20 September 2010. Generalised anxiety disorder, diagnosed in May 2006, was present during warlike service in Iraq and at onset on 1 October 2006. Hallucinogen use disorder, with use of

LSD and psilocybin from 2015 in an attempt to treat posttraumatic stress disorder from warlike service, was present at the second worsening on 12 April 2017. Insomnia disorder, with sleep onset over two hours and three hours' sleep a night for more than three months, was diagnosed during warlike service in Iraq in September 2006 and was present at onset on 1 October 2006. Intermittent explosive disorder developed after warlike service in Iraq and was present during warlike service in Afghanistan, at the first worsening on 20 September 2010. Major depressive disorder developed during warlike service in Afghanistan after the death of a section member in April 2010 and was present at the first worsening on 20 September 2010. Obsessive-compulsive disorder, with checking rituals focused on weapons, locks and contamination that began after warlike service, was diagnosed on 12 April 2017 and was present at the second worsening. Oppositional defiant disorder, diagnosed in childhood, still met the criteria during warlike service in Iraq and was present at onset on 1 October 2006. Panic disorder began during warlike service in Afghanistan after the blast of 18 April 2010 and was present at the first worsening on 20 September 2010. Persistent depressive disorder, a chronic continuation of the depression that began on warlike service in Afghanistan, was present at the second worsening on 12 April 2017. Posttraumatic stress disorder arising from the rocket attack and the vehicle-borne bomb on warlike service in Iraq in mid-2006 was present from September 2006, at onset on 1 October 2006. Prolonged grief disorder over a section member killed beside you on warlike service in Afghanistan on 18 April 2010 was diagnosed on 12 April 2017 and was present at the second worsening. Psychotic symptoms persisting outside mood episodes from 2016 led to a diagnosis of schizoaffective disorder, bipolar type, on 12 April 2017, which was present at the second worsening. Social anxiety disorder developed after medical discharge and was present at the second worsening on 12 April 2017. Stimulant use disorder, with methamphetamine use from 2016 to counter fatigue and depression after warlike service, was present at the second worsening on 12 April 2017. Tobacco use disorder, which began on warlike service in Iraq on 1 October 2006, was present at the first worsening on warlike service in Afghanistan on 20 September 2010 and at the second worsening on 12 April 2017. On warlike service in Iraq on 12 June 2006 a rocket struck your accommodation and you were trapped in the collapsed room believing you would die, within the 5 years before onset. On warlike service in Iraq on 20 July 2006 you recovered human remains and treated critically injured casualties after a vehicle-borne bomb, and on warlike service in Afghanistan on 18 April 2010 you witnessed your section member being killed. Throughout warlike service in Iraq from May 2006 you were bullied by senior soldiers in your platoon and your engagement ended in August 2006, within the 1 year before onset. Your closest friend in your section was killed beside you on warlike service in Afghanistan on 18 April 2010, within the 5 years before the first worsening on 20 September 2010 and the 7 years before the second. You suffered serious physical and emotional abuse by your stepfather from age 6 to 15, documented in child protection records, before onset on warlike service in Iraq in 2006. Child protection records document serious neglect from age 6 to 14, before onset in 2006. You sustained an L1 compression fracture in the blast on warlike service in Afghanistan on 18 April 2010. On warlike service in Iraq in July 2006 you were ordered to turn away a family with an injured child at a checkpoint, and learned the child later died, within the 5 years before onset. From mid-2005 to August 2006, during your pre-deployment training and warlike service in Iraq, your fiancée subjected you to threats, coercive control and physical

assaults, recorded by a Defence social worker in May 2006. On warlike service in Afghanistan in 2010 no smoking cessation support or pharmacotherapy was available, cigarettes were freely supplied in ration packs and canteens, and smoking was the accepted means of coping with stress.

This has then led to further investigations and the diagnosis of your condition of *Tobacco Use Disorder (Worsening)*. I have accepted your condition of *Tobacco Use Disorder (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that the worsening of this condition is related to your wartime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 20 September 2010.

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.