

**If you have already completed this CONFIDENTIAL survey, THANK YOU for your participation. Please complete the survey only once.**



# NH Veterans SHARE

## Survey Helping to Advance Recovery Efforts

1. What is the age of Veteran or Service Member:

- |                                      |                                      |   |
|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> 18-24 years | <input type="checkbox"/> 45-54 years | <input type="checkbox"/> 75-84 years        |
| <input type="checkbox"/> 25-34 years | <input type="checkbox"/> 55-64 years | <input type="checkbox"/> 85 years and older |
| <input type="checkbox"/> 35-44 years | <input type="checkbox"/> 65-74 years |   |

2. I am currently:  On active duty  A reservist  A guardsman  A military Veteran  
(check all that apply)

A Retiree

3. I am:  Male  Female  Other

4. In which NH City/Town do you live in? \_\_\_\_\_

5. What kind of health insurance do you have? (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Private Insurance     | <input type="checkbox"/> VA                               |
| <input type="checkbox"/> Tricare/Martins Point | <input type="checkbox"/> Affordable Care Act/Market Place |
| <input type="checkbox"/> Medicare/Medicaid     | <input type="checkbox"/> None                             |

6. In which campaign/conflict era(s) did you serve? **OR** What years did you serve? (check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> WWII (1941-1946)     | <input type="checkbox"/> Lebanon/Grenada (1982-1984) | <input type="checkbox"/> Bosnia/Croatia (1995)           |
| <input type="checkbox"/> Cold War (1945-1991) | <input type="checkbox"/> Panama (1989-1990)          | <input type="checkbox"/> Iraq/Afghanistan (2001-present) |
| <input type="checkbox"/> Korea (1950-1955)    | <input type="checkbox"/> Desert Storm (1990-1991)    | <input type="checkbox"/> Other:                          |
| <input type="checkbox"/> Vietnam (1961-1975)  | <input type="checkbox"/> Somalia (1992-1994)         |  |

**OR** Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

7. How would you describe your current housing?

- |  |   |
|--|---|
| <input type="checkbox"/> I have a stable place to live                               | <input type="checkbox"/> I live in a homeless shelter |
| <input type="checkbox"/> My housing situation is uncertain (ex: couch surfing, etc.) | <input type="checkbox"/> I am homeless/no shelter     |
| <input type="checkbox"/> I will lose my housing soon                                 | <input type="checkbox"/> I am currently incarcerated  |

8. If your housing situation is **not stable** what difficulties are you experiencing? (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> I do not have job/income   | <input type="checkbox"/> Mental health issues        |
| <input type="checkbox"/> Living with family/friends | <input type="checkbox"/> Drug/substance abuse issues |
| <input type="checkbox"/> Lack of affordable housing | <input type="checkbox"/> Other: _____                |

9. How would you describe your current employment?

- |  |  |
|--|--|
| <input type="checkbox"/> Satisfied with my job/work/career   | <input type="checkbox"/> Unemployed and looking for work                             |
| <input type="checkbox"/> Employed but need/want a better job | <input type="checkbox"/> Not seeking employment (retired/disabled/full-time student) |

10. If you are **unemployed** or **not satisfied** with your current employment what is keeping you from getting the job you want? (*check all that apply*)

- |   |   |
|---|---|
| <input type="checkbox"/> Do not have right education/skills | <input type="checkbox"/> Don't know where to get help |
| <input type="checkbox"/> Lack of transportation             | <input type="checkbox"/> Health/mental health issues  |
| <input type="checkbox"/> Employer discrimination            | <input type="checkbox"/> Stay-at-home parent          |
| <input type="checkbox"/> Lack of child or elder care        | <input type="checkbox"/> Other: _____                 |

11. As a result of your military experience(s), have you ever been diagnosed with Post Traumatic Stress Disorder (PTSD) or believe you may experience symptoms of post-traumatic stress?

- Yes       No       I'm not sure

12. As a result of your military experience(s), have you ever been diagnosed with a Traumatic Brain Injury (TBI) or suffer any kind of head trauma during your service (felt a blast or explosion at close range, knocked unconscious, felt dazed or confused after an explosion, suffered a penetrating head wound, was hit in the head by an object or was thrown into an object, etc.)?

- Yes       No       I'm not sure

13. As a result of your military experience(s), do you (**or did you**) experience any difficulties (physical, mental or otherwise) that have (**or had**) a negative impact on your daily life?

- Yes, I have experienced       No, I have not experienced difficulties       I'm not sure if my difficulties are related to my military service

14. If you answered **Yes** or **I'm Not Sure** to questions 11, 12 and 13 above and/or have tried to get help for your difficulties, from which agencies have you tried to get help and how would you rate the help you received? (*check all that apply*)

	Excellent	Very good	Good	Fair	Poor	N/A
Manchester VA Medical Center	<input type="radio"/>					
White River Junction VA Medical Center	<input type="radio"/>					
Local VA Community Based Outpatient Clinic (CBOC)	<input type="radio"/>					
Vet Center	<input type="radio"/>					
Community Mental Health Center in NH	<input type="radio"/>					
Personal physician or private provider	<input type="radio"/>					
Community Hospital	<input type="radio"/>					
Community Health Center	<input type="radio"/>					
NH ServiceLink	<input type="radio"/>					
Care Coordination Program	<input type="radio"/>					
Other:	<input type="radio"/>					

15. What problems have you encountered in your efforts to get the help you need? (*check all that apply*)

- I can't afford it.
- I do not know where to get help.
- There seems to be nothing that will help me.
- I feel embarrassed or ashamed by my need for services.
- I am only willing to talk to another veteran/service member.
- I am afraid that seeking help will impact my current military service (promotion, security clearance)
- I am afraid that my job or coworkers will find out.
- I don't have transportation.
- I cannot find a good provider that accepts my insurance.
- I have not felt understood by the provider(s) I have met.
- I have tried but no one seems to want to help me.
- Other:

16. In the last two years, has anyone asked you the question, "Have you or a family member ever served in the military?"

- Yes       No       I'm not sure

17. In the last three years, **if** you have received care from more than one provider (military, VA and/or civilian) for your healthcare needs how would you rate the communication and coordination between them?

- Excellent       Very good       Good       Fair       Poor

**Please indicate your level of agreement with the following statements:**

Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagreed	Strongly disagreed	I don't know
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18. I believe that over the last three years healthcare providers better understand the importance of military service and culture

	<input type="radio"/>					
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**Stigma - Definition:** *Negative attitudes (prejudice) and negative responses (discrimination) that can make a person feel unwanted and/or ashamed (stigmatized)*

19. I believe that stigma related to military service in NH has decreased in the last three years.

	<input type="radio"/>					
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20. In the last three years, I have been mistreated, misunderstood, and/or discriminated against because of my military service.

	<input type="radio"/>					
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Thank you for your participation in the 2017 Veterans/Service Member Survey. Please return this CONFIDENTIAL survey to the place from which you received it or mail to:

NH Commission on PTSD & TBI  
 c/o UNH IOD  
 56 Old Suncook Rd, Ste. 2  
 Concord, NH 03301

Surveys may also be completed online at: [www.nh-veteran.com](http://www.nh-veteran.com)