If you have already completed this CONFIDENTIAL survey, thank you for your participation. Please complete this survey only once.

NH Veterans SHARE
Survey Helping to Advance Recovery Efforts

1. Age of Veteran or Service Member: ______________________
2. In which NH town do you live? ______________________
3. What kind of health insurance do you have? (check all that apply)
   - Private Insurance
   - Tricare/Martins Point
   - Medicaid/Medicare
   - VA
   - None
4. In which campaign/conflict era(s) did you serve? OR What years did you serve? (check all that apply)
   - Dates of service: _______ to _______
   - WWII (1941-1946)
   - Cold War (1945-1991)
   - Korea (1950-1955)
   - Vietnam (1961-1975)
   - Panama (1989-1990)
   - Desert Storm (1990-1991)
   - Bosnia/Croatia (1995)
   - Iraq/Afghanistan (2001-present)
   - OTHER: ______________________
5. How would you describe your current housing situation? (choose one)
   - I have a stable place to live
   - Literally homeless
   - I will lose my home soon
   - My housing situation is uncertain
6. How would you describe your current employment situation? (choose one)
   - I am unemployed and looking for work
   - I am retired/disabled/full-time student/ not seeking employment
   - I am employed but need a better job/more job training
   - I am satisfied with my job/career/work
7. As a result of your military experience(s), have you ever been diagnosed with Post Traumatic Stress Disorder (PTSD)? OR Do you believe you may suffer from PTSD? (choose one)
   - Yes
   - No
   - Maybe, I'm not sure
8. As a result of your military experience(s), have you ever been diagnosed with a Traumatic Brain Injury (TBI) OR Did you 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)? (choose one)
   - Yes
   - No
   - Maybe, I’m not sure
9. As a result of your military experience(s), do you (or did you) struggle with any difficulties (physical, mental, or otherwise) that have or had a negative impact on your daily life? (choose one)

   - YES, I did/do struggle with some difficulties.
   - NO, I do not/did not struggle with any difficulties.
   - I’m not sure if my difficulties are related to my military experience(s).

If you answered “No” to questions 7, 8 and 9, then your CONFIDENTIAL survey is complete. Thank you for helping your fellow Veterans. Please follow return instructions found at the bottom of this page.

10. If you answered YES or I’m not sure to any of questions 7, 8 or 9 and have tried to get help for your difficulties, with which agencies have you tried to get help and how helpful were they? (check only those that apply to your personal experience)

<table>
<thead>
<tr>
<th>Agency</th>
<th>Helpful</th>
<th>Somewhat helpful</th>
<th>Not helpful</th>
<th>Hurtful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manchester VA Medical Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White River Junction VA Medical Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local VA Community Based Outpatient Clinic (CBOC)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vet Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Mental Health Center in NH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal physician or private provider</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. What problems have you encountered in your efforts to get the help you need? (choose 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/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 service (promotion, security clearance, etc)
   - I am afraid that my job/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: _____________________________________________________________________

Thank you for your participation in the NH SHARE. Please return this CONFIDENTIAL survey immediately to the place from which you received it.

Surveys may also be returned by mail to: Commission on PTSD & TBI
109 North State St., Ste. 2,
Concord, NH 03301

ALSO: Find this survey on nh-veteran.com