



North Dakota Department of Veterans Affairs Women in the Military Survey



Date:	Name:
Address:	
Email:	
What are your most current dates of service? From: _____ (dd/mm/yyyy) To: _____ (dd/mm/yyyy)	
Why did you decide to join? 	
Age at time of enlistment?	What city did you enlist from?
Where were you born?	What was your last occupation in the military?
What branch of service did you serve in: <input type="checkbox"/> Army <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> Reserves <input type="checkbox"/> National Guard <input type="checkbox"/> Other _____	
Did you serve overseas? <input type="checkbox"/> Yes <input type="checkbox"/> No Where and when? 	

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Women in the Military Survey**



Are you a combat veteran? Yes No
Where and when were you deployed?

What is your age group?
 18-30 31-40 41-50 51-60 61-70 71 or older

What is your education level?
 High School/GED Some College Associate's Degree
 Bachelor's Degree Master's Degree Doctoral Degree
 Other: _____

Are you currently employed? Yes No
What is your occupation:

What is your current marital status?
 Single Married Divorced Other: _____
If divorced, did deployment have an impact on your marriage? Yes No
Please explain:

If you are divorced. Do you have full or joint custody? Full Joint
Is (or at any time was) your spouse or partner in the military? Yes No

Have you made contact with your County Service Officer? Yes No
What Veteran Service Organizations you are affiliated with?
 ND Dept. of Veterans Affairs Disabled American Veterans
 American Legion Veterans of Foreign Wars
 American Veterans Other: _____

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What mental and physical healthcare issues are you concerned about?

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Amputations | <input type="checkbox"/> Cancer | <input type="checkbox"/> Depression | <input type="checkbox"/> Gynecological |
| <input type="checkbox"/> Stress of parenting | <input type="checkbox"/> Skin Disorders | <input type="checkbox"/> Musculoskeletal Disorders | |
| <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Head Injuries | <input type="checkbox"/> Sleep issues |
| <input type="checkbox"/> Post Traumatic Stress | <input type="checkbox"/> Urological problems | | |
| <input type="checkbox"/> Other: _____ | | | |

Have you applied for medical care through the Department of Veteran Affairs?

- Yes No

Have you filed a claim for service related injuries through the Dept of Veteran Affairs?

- Yes No

In reference to the two questions above please explain why you have or have not obtained services through the Department of Veteran Affairs?

Do you see any blocks or issues that inhibit you from going to the Department of Veteran Affairs for care and support?

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What do you think the Department of Veterans Affairs could do to address women's issues or assist women to know what services are available to them?

It is difficult for some women to identify themselves as veterans even though they served in the military. Do you consider yourself a veteran?

Yes No

Why or why not?

Do you think that as a woman in the military you have or had different needs than your male counterparts?

Yes No

Explain:

If you were deployed, what Wartime Service period did you serve?

- World War II
- Korean War
- Vietnam War
- Gulf War
- OEF/OIF

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If deployed, was it difficult once you returned to:

a. Continue parenting your children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Continue to be a spouse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Continue to be single?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Return to your place of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Continue your education?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Think of being deployed again	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you aware that you may be eligible for state veterans' benefits, such as a Veterans Aid Loan, Hardship Assistance Grant, or Transportation System?

Yes No

What time of the year would you prefer the North Dakota State Department of Veterans Affairs to hold a "Women in the Military" event? Please choose only one:

Spring Summer Fall Winter

What day of the week would you be available to attend a "Women in the Military" event? Please choose only one.

Sun Mon Tue Wed Thu Fri Sat

Any thoughts or comments can be added in the space below:

<p>Please send completed survey to: Women Veterans' Coordinator PO Box 9003 Fargo, ND 58106-9003</p>	<p>Any questions about this survey please contact: North Dakota Department of Veterans Affairs (701) 239-7165</p>
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