



Military Service History Form

adapted from Military History Checklist
NHPCO and EPERC Military History
Fact Sheet



VETERAN INFORMATION

NAME

LAST 4-DIGITS OF SSN

ADDRESS

PHONE NUMBER

CAREGIVER

CAREGIVER CONTACT NUMBER

VETERAN STATUS

PATIENT

SPOUSE

FAMILY MEMBERS

Did you serve on active duty?

YES

NO

YES

NO

YES

NO

Did your service include
combat or dangerous and/or
traumatic assignments?

YES

NO

YES

NO

YES

NO

Do you have a copy of your
DD214 discharge papers

YES

NO

YES

NO

YES

NO

Do you have any family members currently serving?
If YES, please indicate where and what branch of service.

YES

NO



MILITARY SERVICE BACKGROUND of Veteran / Patient

BRANCH OF SERVICE

- ARMY
- NAVY
- AIR FORCE
- MARINES
- COAST GUARD

PERIOD OF SERVICE

- WWI (4/6/1917 - 11/11/1918)
- WWII (12/7/1941 - 12/31/1946)
- Korea (6/27/1950 - 1/31/1955)
- Cold War
- Vietnam War (2/28/1961 - 5/7/1975)
- Peace Time
- Gulf War (8/2/1990 - TBD)
- Afghanistan / Iraq (OEF / OIF)
- Other

HOW DID YOU JOIN?

- As an Officer
- I enlisted
- I was drafted

WHAT COUNTRIES WERE YOU STATIONED?

WHAT DID YOU DO WHILE IN THE MILITARY?

IN GENERAL, HOW DO YOU VIEW YOUR EXPERIENCE? Mark as many as apply.

- | | |
|--|--|
| <input type="radio"/> Positive | <input type="radio"/> Worst experience of my life |
| <input type="radio"/> Meaningful, changed my life | <input type="radio"/> Don't like to talk about it |
| <input type="radio"/> Would do it again | <input type="radio"/> Would like to forget it |
| <input type="radio"/> Made a difference | <input type="radio"/> Service not appreciated by others |
| <input type="radio"/> Would recommend it to young people | <input type="radio"/> Still have scars |
| <input type="radio"/> Proud to say I served | <input type="radio"/> Enjoy reunions |
| <input type="radio"/> Hated it | <input type="radio"/> Member of veteran organization (please list below) |
| <input type="radio"/> Forced to do it. Had no choice | <input type="radio"/> Other comments: |



HOW HAS YOUR MILITARY SERVICE AFFECTED YOU?

DO YOU THINK YOU WERE CHANGED AS A RESULT OF BEING IN THE MILITARY?

Did you see combat or were you in a combat area?	YES	NO	Do you have nightmares about the war?	YES	NO
Did you see enemy fire or casualties?	YES	NO	Do you think your experiences in the military and your homecoming affected your relationships with family and friends when you returned?	YES	NO
Were you wounded or hospitalized?	YES	NO	Do you keep in touch with your war buddies?	YES	NO
Were you a POW or did you experience torture?	YES	NO	Do you think your military experiences are influencing the way you are now coping with your illness?	YES	NO
Did you have a buddy die while you served?	YES	NO	Are you interested in having military honors at your funeral?	YES	NO
Do you think your experiences in the military are affecting you today?	YES	NO			
Is there anything about your experiences in the military that still trouble you today?	YES	NO			



WHAT WAS YOUR HOMECOMING LIKE?

IS THERE ANYTHING ABOUT YOUR HOMECOMING THAT IS STILL TROUBLING YOU TODAY?

IS THERE ANYTHING YOU WOULD LIKE TO SHARE ABOUT YOUR MILITARY SERVICE?

* If the veteran experiences significant anxiety during the interview, it may be appropriate to stop the interview until a later date or collect the information over several visits. Clinicians should exercise professional judgment when asking these questions and be prepared to assist veteran/patient in processing memories or thoughts triggered by this questionnaire.

References

Hallarman, L., & Kearns, C. (2006, March). #152 The Military History as a Vehicle for Exploring End-of-Life Care with Veterans Fast Fact Sheet. Retrieved August 1, 2013, from EPERC; End of Life/ Palliative Education Resource Center: EPERC: www.eperc.mcw.edu/EPERC/FastFactsIndex/ff_152.htm

NHPCO. (n.d.). Military History Checklist Guide. Retrieved August 1, 2013, from National Hospice and Palliative Care Organization: www.wehonorveterans.org/i4a/pages/index.cfm?pageid=3337