

Undergraduate Nursing Assessment of Military Experience

Date: _____

Week: _____

Unit/Clinical Area: _____

Age: _____

1. *What branch of Service?* _____
2. *Were you:* *Commissioned* _____ *Enlisted* _____ *Drafted* _____
3. *What was your highest rank?* _____
4. *What was your Unit, Division, Battalion, Group, Ship, etc. (Do not abbreviate)?*
5. *Service Dates:* _____ *to* _____
6. *War, operation, or conflict served* _____

7. *Locations of military or civilian service*

8. *Battles, campaigns (Please name)*

9. *What were your special duties?*

10. *Did you sustain combat or service related injuries?*

11. *What medical issues do you have related to your military service?*

12. *Were there any incidents during your service that had special significance for you?*

13. *What was it like coming home?*

14. *Who have you talked about your military/combat experience with? Your family? With anyone else?*

15. *How was that helpful to you? Or not?*

16. *Do you keep in touch with anyone from your outfit? How is that helpful?*