

Northern Ireland Veterans Health Questionnaire Oct 2022 - Jan 2023

This questionnaire is to gain accurate detailed information to support the future development of healthcare services for veterans in Northern Ireland.

Please note, your Service number will ONLY be used as a reference number and proof of service - this Office does not have access to records to identify a person by their service number. Information obtained from this questionnaire will ONLY be used for statistical purposes in support of identifying veterans' healthcare needs living in Northern Ireland. *Should additional pages be used please reference your service number at the top of the page

Service Number:	(Used for reference purposes only)
1. Who did you serve with?	
Royal Navy Army Royal	I Air Force Reserves/TA
2. Branch/Regiment/Arm?	
3. Length of service? (Year eg.1997-2005) F	rom To
4. What age are you?	
5. What conflicts did you serve in?	
N Ireland	nistan Iraq Other
6. Where do you live?	
Town: County:	Health Trust:
General Questions on Health:	
7. How is your general <u>physical</u> health?	Good Moderate Poor
8. How is your general mental health?	Good Moderate Poor
9. Were you injured/or suffered significant ill	Iness during your Service? Yes / No
10. Was your injury/ health condition record	ded in medical records during service? Yes / No
11. Are you in receipt of a War Pension or th	e Armed Forces Compensation Scheme? Yes / No
12. Are you in receipt of Disability Living Alle Payment (PIP)?	owance or Personal Independent Yes / No
13. Do you currently suffer from a physical hongoing treatment/ healthcare?	nealth condition which requires Yes / No
Physical Health	

14. What is the nature of your physical health condition? E.g. Knee injury - require knee replacement - on waiting list



15. If applicable, has your physical health condition/s been formally diagno	sed? Yes / No / N/A
16. Are you satisfied with the health care you are receiving?	Yes / No
17. If not, what could be done to help improve your situation?	
Mental Health	
18. Do you currently suffer from a mental health condition which requires ongoing treatment/ healthcare?	Yes / No
19. What is the nature of your mental health condition / conditions? Eg .Dep by medication	oression – managed
20. If applicable, has your mental health condition been formally diagnosed	? Yes / No / N/A
21. Are you satisfied with the mental health care you are receiving?	Yes / No
22. If not, what could be done to help improve your situation?	
23. Are you on a waiting list for any health care services?	Yes / No or N/A
24. What service are you waiting for?	
25. Do you know how long the waiting list is? Yes / No If so, how long? _	
26. Do you use Veteran Support Services in Northern Ireland, and if so which service do you avail of? (including any veteran friendly mental health services/charities)	Yes / No
27. Are you aware of Veteran Support Services in Northern Ireland?	Yes / No

Thank you for completing our Northern Ireland Veterans Health Questionnaire.
*Optional - If you would like to be contacted by our Office to be informed of veteran friendly services available in your area, please share your email address / phone number and we will contact you ASAP

Please return to: NI Veterans Commissioner's Office, Maine Business Centre, 82 Main Street, Cullybackey, Ballymena, BT42 1BW