

Talking Service Site:

Date of First Session:

**Talking Service  
Participant Pre-Survey**

**Name** \_\_\_\_\_

**Rank** \_\_\_\_\_

**OR**

**I am a family member of a veteran. Relationship:** \_\_\_\_\_

**Check: Male** \_\_\_\_\_ **Female** \_\_\_\_\_ **Age** \_\_\_\_\_

**Military Branch:** \_\_\_\_\_

**List deployments or named operations and year(s):**

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**Why did you sign up for this program? What do you hope to gain from this experience?**

**Please continue on to other side**



**Please use the following scale to rate your understanding and practice for each idea. Please circle one number for each component.**

1= I have no experience nor understanding.

2= I can tell you what this is, but have not had any personal experiences.

3= I have had one experience with this.

4= I have had a few experiences with this.

5= I have had many experiences with this.

1 2 3 4 5 Participating in a book discussion

1 2 3 4 5 Participating in Shared Inquiry discussions

1 2 3 4 5 Reading literature about war and/or military experience

1 2 3 4 5 Deployment in support of a war, conflict, or named operation

1 2 3 4 5 Sharing past experiences in war, conflict, or named operation

1 2 3 4 5 Sharing experiences with transitioning into civilian life

1 2 3 4 5 Participating in a program for veterans

The *Talking Service* team is working with professional evaluators to assess the impact and success of the program. Your responses are very important for providing a successful program. Thank you for sharing with us!

The evaluators are interested in talking to some *Talking Service* participants to learn more about their experiences in the program. If you'd be willing to take part in a confidential short interview (15-20 minutes) with one of the evaluators, please share your phone number and email address:

Phone:

Email: