1. **Demographics**
2. **Practice Specialty**: What is your current advance practice nursing specialty? (check only one)

🞎 Psychiatric Mental Health Nurse Practitioner Nurse Midwife

🞎 Occupational Health Nurse Practitioner Women’s Health Care Nurse Practitioner

🞎 Nurse Anesthetist  Neonatal Nurse Practitioner

🞎 Adult Nurse Practitioner Clinical Nurse Specialist

🞎 Geriatric Nurse Practitioner List\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Family Nurse Practitioner Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Pediatric Nurse Practitioner

1. **Additional Education**: Are you doctorally- prepared? 🞎 Yes 🞎 No

List Degree\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Age** range (select one)

🞎 24-29 years 🞎 30-35 years 🞎 36-42 years 🞎43-48 years

🞎 49-**55** years 🞎 56-62 years 🞎 63-70 years

1. **Experience**: If you are a civilian nurse who is also an armed forces Reserve or a National Guard member, please indicate that here:

🞎 Yes, I am a civilian nurse also serving in the reserves or guard.

🞎 No, I am not also serving in the reserves or guard.

1. If your answer above is yes, how long you have served in the reserves or guard. \_\_\_\_\_years \_\_\_\_\_\_\_\_\_months.
2. Are you a service member working primarily with civilian populations? 🞎 Yes 🞎 No
3. **Employment**

How many years have you been employed as an NP or CNS?

🞎 <6 months 🞎 < 1 year 🞎 1-3 yrs 🞎 4-7 years 🞎 8-11 years

🞎 12-15 years 🞎 16-20 yrs 🞎 21-25 yrs 🞎 26-30 yrs 🞎 > 30yrs

1. **Race** 🞎 White/Caucasian 🞎 Hispanic, Latino or Spanish Origin- ( i.e., Cuban, Puerto Rican, Mexican, Chicano) 🞎 African American 🞎 Biracial 🞎 Hispanic (non Spanish origin i.e., Argentinean, Columbian, Nicaraguan, Salvadorian ) 🞎 Japanese, 🞎Korean, 🞎Chinese, 🞎Filipino, 🞎Vietnamese, 🞎Native Hawaiian, 🞎Samoan 🞎 Other Asian (i.e., Hmong, Laotian, Thai, Pakistani, Cambodian) 🞎Other Pacific Islander (i.e., Fijian, Tongan) 🞎 Native American 🞎 Native Alaskan

🞎 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Residence**

List City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have friends or relatives that are serving or have served in Iraq and Afghanistan war?

🞎 Yes 🞎 No

1. Have you actively served in a medical role during any war? 🞎 Yes 🞎 No

**II. Current Practice Information**

1. **Select the role that best describes your practice**

🞎 Coordinator of clinical program (such as coordinator for cardiac rehab, diabetic care, OR, ED, oncology services, transplant or trauma program)

🞎 Other clinical role (with at least 50% direct care responsibilities, such as admit/discharge, patient educator, pre-op/post-op teaching, nurse clinician, clinical consultant, lactation consultant)

🞎 Other non clinical role (with <50% direct care responsibilities, such as quality/performance improvement, outcomes management Joint Commission Coordinator, utilization review, informatics)

1. **Select the most appropriate description of your job situation:**

🞎 Regular, permanent full-time employee of hospital (>=36 hours per week)

🞎 Regular, permanent part-time employee of hospital (<36 hours per week)

🞎 PRN or Per-Diem employee of hospital; contract, traveler, or agency employee

1. **Select all that apply:** Is your practice located in a 🞎 clinic 🞎 VA hospital 🞎 Private

🞎 Non Private 🞎 Rural 🞎 Urban 🞎 Moderately urban, 🞎 Moderately rural

🞎 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Select one:** About how many adults (19 years or older) did you see in you practice last year? \_\_\_\_\_

🞎 Less than 50 🞎 51-100 🞎 101-150 🞎 151-200 🞎 201- 250 🞎 251-300

🞎 301- 350 🞎 351-400 🞎401-450 🞎 451- 500 🞎 501-550 🞎 551-600

🞎 601-650 🞎 651-700 🞎701-750 🞎751-800 🞎 801-850 🞎 851-900

🞎 901-950 🞎 951-1000 🞎 >1000

1. In 2010, what percent of females did you provide treatment?

🞎 20%-35🞎% 🞎 36%-50% 🞎 51%-65% 🞎 66-85% 🞎 86%-100%

1. Were any of those females for which you provided treatment last year active, reserve or guard service members?

🞎Yes 🞎 No 🞎 Don’t know

1. In 2010, what percent of males did you provide treatment?

🞎 20%-35% 🞎 36%-50% 🞎 51%-65% 🞎 66-85% 🞎 86%-100%

1. Were any of those males for which you provided treatment last year active, reserve, guard service members?

🞎Yes 🞎 No 🞎 Don’t know

1. Estimate percent of service members you saw in practice last year who HAD BEEN deployed to combat duty in Iraq and Afghanistan?

🞎 < 5% 🞎 10-19% 🞎 20%-35% 🞎 36%-50% 🞎 51%-65%

🞎 66-85% 🞎 86%-100%

1. **Self- Assessment: Identification, Diagnosis, Treatment and Referral**

**Answer “Yes” if you agree that you have the skills required accurately assessing, diagnosing, treating or referring for the situation described in the statements below.**

**Answer “No” if you do not have the skills required to accurately assess, diagnose, treat or refer for the situation described in the statements below.**

**Answer “Uncertain” if you are uncertain that you have the skills required to accurately assess, diagnose, treat or refer for the situation described in the statements below.**

1. I can identify signs and symptoms of Traumatic Brain Injury (TBI).
2. I can identify signs and symptoms of Post Traumatic Stress Disorder (PTSD).
3. I know the stages of the deployment cycle and can assess and refer patients or family members to appropriate resource
4. I can identify the psychological challenges and resilience children encounter when a parent or parents are deployed and reunited
5. I always assess any change in alcohol use/misuse in servicemen and women
6. I know how to apply operational/occupational stress control concepts to assess servicemen and women and their families
7. I am confident in my ability to assess, diagnose and write a plan of treatment for PTSD
8. I am able to assess, diagnose and write a plan of treatment for TBI.
9. I assess for domestic violence problems in families of servicemen and women who return
10. I can develop a treatment plan to assist returning servicemen and women transition during post deployment.
11. I am familiar with the military culture and language
12. I am familiar with VA and other governmental resources available to returning military service members.
13. I am comfortable with processing a claim for reimbursement with TRICARE.
14. Severe blast energy exposure can cause multiple injuries, including ruptured tympanic membranes, transient cardio-respiratory effects such as apnea, and “blast lung.”
15. At greatest risk are those children that do not live close to military communities and areas with fewer resources, those that endure repeated deployments and those children that come from single or dual military parent families.
16. I am competent in caring for male and female service members who have experienced sexual trauma while on tour.
17. I can diagnose and prescribe appropriate treatment for leismaniasis.
18. I can identify and prescribe appropriate treatment for signs of depleted Uranium.
19. I am confident in my ability to assess, diagnose child maltreatment in service members’ children.
20. I can diagnose and prescribe appropriate treatment for Q fever.
21. I am confident in my ability to ability to assess, diagnose and treat service members with depression.
22. I am confident in my ability to assess, diagnose and treat service members with non battle injuries.
23. I am confident in my ability to assess, diagnose and treat service members with ballistic missiles injuries.
24. I am confident in my ability to assess, diagnose and refer service members with suicide warning signs.
25. I am confident in my ability to assess, diagnose, treat and refer service members with substance use disorders.
26. **Knowledge**

**Answer “Yes” if you agree that you have the skills required accurately assessing, diagnosing, treating or referring for the situation described in the statements below.**

**Answer “No” if you do not have the skills required to accurately assess, diagnose, treat or refer for the situation described in the statements below**

**Answer “Uncertain” if you are uncertain that you have the skills required to accurately assess, diagnose, treat or refer for the situation described in the statements below.**

1. Reservists currently comprise 31% of the total military force.
2. There is no diagnostic test confirms Mild Traumatic Brain Injury (MTBI).
3. There is no such injury as Operational stress injury. (battlefield mind) service members with MTB I exhibit somatic complaints of headache, dizziness, hearing problems, visual disturbances, sensitivity to noise or light, sleep disturbance, and emotional or mental fatigue(battlefield mind.
4. Females serving in the Iraq and Afghanistan wars are more at risk for certain disease outcomes than males?
5. PTSD has been associated with reduced cardiac coherence (an indicator of heart rate variability and deficits in early stage information processing (attention and immediate memory) in different studies.
6. Post-traumatic stress disorder negatively impacts sexuality, yet few studies have evaluated which component of PTSD contributes to this known association.
7. PTSD and substance use disorder are highly prevalent among veterans returning from Iraq and Afghanistan.
8. Active duty veterans younger than 25 years have higher rates of PTSD and alcohol and drug use disorder diagnoses compared with active duty veterans older than 40 years.
9. Women were at higher risk for depression than were men, but men having over twice the risk for drug use disorders.
10. Greater combat exposure has been associated with higher risk for PTSD.
11. It is not uncommon for a family to move to a location where it no longer has nearby support of extended family and friends.
12. In order to make their decisions on whether or not a service member needs to return home when a child becomes ill and hospitalized, military leaders rely on information provided by the health care provider.
13. Mental health diagnoses increased substantially after the start of the Iraq War among specific subgroups of returned veterans entering VA health care. Early targeted interventions may prevent chronic mental illness.
14. Sleep difficulties, agitation, anxiety, and autonomic hyperactivity combat stress disorder as well as withdrawal from substances.
15. The frequencies of hearing impairment, vision impairment, or dual sensory impairment in patients with blast-related traumatic brain injury and their effects on functional recovery are not well documented.
16. Auditory and vestibular dysfunction associated with blast-related traumatic brain injury
17. Auditory dysfunction associated with TBI has become the most prevalent individual service-connected disability, with compensation totaling more than 1 billion dollars annually.
18. In screening military (active, reserve, national guard or veteran) for a history of sexual harassment trauma, avoid terms that may trigger negative responses, are stigmatizing, and may assume an interpretation different from that of the patient.
19. Infections in those veterans with traumatic brain injury (TBI) include infections associated with blast injuries and burns, such as skin and soft tissue infections; infections as a result of retained bullet or shrapnel fragments; pulmonary infections resulting from lung injury, intubation, or resultant tracheotomy; hospital-acquired infections, such as those associated with Methicillin-Resistant Staphylococcus Aureus and other antimicrobial resistant organisms such as Acinetobacter baumannii; and infections from implanted prosthetic devices, such as metal hardware or skull flaps.
20. There is little difference between soldiers experience in Gulf War as compared to OIF or /OEF wars.
21. The risk for developing PTE varies with TBI. Partial seizures may manifest with subtle behavioral alterations that can be mistaken for manifestations of posttraumatic stress disorder and improperly treated.
22. Seizures are viewed as a social stigma that compromise veterans' reintegration into society.
23. Trauma-related pain is an almost universal problem among war-injured soldiers, and several military and Department of Veterans Affairs' initiatives have been implemented to enhance pain care across the continuum of medical services.
24. Rehabilitation nurses possess the strong skills necessary to assess complex patient cases involving blast injuries, as well as strengthened interpersonal competencies in family dynamics, family education, and team function.
25. There is a difference in insurance benefits extended to National Guard and reserve vs. enlisted men.
26. Lack of sleep is an important factor when assessing veterans’ health issues.

**VI. Education**

**Please answer Yes or No to the following questions.**

1. Have you taken additional course or CE offering in the topic of US Military service members illnesses, condition and/or diseases? 🞎 Yes 🞎 No
2. If Yes, list the topics and number of hours?
   1. Topic#1\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours\_\_\_\_\_\_\_\_\_\_\_\_
   2. Topic#1\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours\_\_\_\_\_\_\_\_\_\_\_\_
   3. Topic#1\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours\_\_\_\_\_\_\_\_\_\_\_\_
3. Did you receive any curricula content during your education and preparation as an Advance Practice Nurse related to assessment, diagnosis, treatment and referral of service members?

🞎 Yes 🞎 No

1. Have you provided treatment for men and women serving in the following wars (check all that apply):

WWI 🞎Yes 🞎No

Korean 🞎Yes 🞎No

WWII 🞎Yes 🞎No

Vietnam 🞎 Yes 🞎 No

Balkan 🞎Yes 🞎No

Iraq 🞎 Yes 🞎 No

Afghanistan 🞎 Yes 🞎 No

**Please answer Yes if you agree with the statements below or No if you do not agree with the statement.**

1. I have attended *regional and national conferences* for nurses that related to deployment and post deployment health issues for servicemen and their families.
2. I have attended *in service programs* for nurses that related to deployment and post deployment health issues for service members and their families.
3. I participated in course/(s) of *assessment* of service members.

73. I participated in course/(s) to accurately *diagnose illnesses and conditions* of service members.

1. I participated in course/(s) providing content to provide comprehensive, appropriate and timely *treatment* to service members in the following areas?
2. I participated in course/(s) related to *rehabilitation* of service members.
3. I participated in course/(s) to better understand *medications and prescribing practices* for service members.
4. In my role as NP or CNS, I would say that: I m satisfied with the nursing care of service members and their families. 🞎 Yes 🞎 No
5. I have provided treatment for a family member of a service member (Iraq or Afghanistan)?

Spouse: 🞎 Yes 🞎 No Child: 🞎 Yes 🞎 No

**VII. Practice**

**Check all that apply**

1. In which area(s) do you believe your skills are ***more than adequate*** to provide care for service members?

🞎 Assessment 🞎 Diagnosis 🞎 Treatment 🞎 Consultation 🞎 Referral

1. In which area(s) do you believe your skills are ***less than adequate*** to in the provision of care for service members? 🞎 Assessment 🞎 Diagnoses 🞎 Treatment 🞎 Consultation 🞎 Referral

**VIII. Closure**:

1. I believe content should be placed in Advance Practice Nurses curriculum related to assessment diagnosis, treatment, consultation, and referral of service members.

🞎 Yes 🞎 No 🞎 Uncertain

**Please type your response to the following statement.**

1. In my opinion the top 3 needs of Iraq and Afghanistan service members are:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: I would like to improve this survey for future use. Please list any comments that you believe would improve this survey.**

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**Thank you for your time and feedback. You may access this site in 3 months for preliminary results of this survey.**

fcj/Res.surveydoc11/10/; Rev. 12/5/10; /1/4/11