PARTICIPANT QUESTIONNAIRE

Participant Name: _____ Date: _____

1) What led you to apply for Operation Horses and Heroes? (Check all that apply)

☐ Friend/Family Recommendation ☐ Veteran Service Org (VFW, Am Vet) ☐ Internet Site

☐ Medical Recommendation ☐ Love of Horses ☐ FaceBook

☐ VA Medical Facility ☐ Military ☐ Personal Choice

Other (explain): _____

_____

2) What, if any, other Veteran/Military programs or services have you previously participated in?

_____

_____

_____

3) What is your experience with horses? (Check all that apply)

☐ None ☐ Beginner ☐ Medium ☐ Expert ☐ Fear

Explain: _____

4) What challenges do you deal with heading into this program? (Check all that apply)

☐ Bad Dreams	☐ Memories	☐ Flashbacks	☐ Relationships
☐ Easily Startled	☐ Emotionally Numb	☐ Sleeping Problems	☐ Anger
☐ Irritability	☐ Hopelessness	☐ Depression	☐ Suicidal Thoughts
☐ Headaches	☐ Stomach Pains	☐ Muscle Aches	☐ Back Pain
☐ Avoiding Places	☐ Shaking	☐ Loss of Interest	☐ Panic Attacks
☐ Alcoholism	☐ Drug Addiction	☐ Homelessness	☐ Addictions

Other (explain): _____

_____

_____

_____

5) What, if any, diagnosis do you have?

_____

_____

_____

6) What, if any, medications are you currently taking?

Medication: _____ Dose: _____ Times / Day: _____

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7) Do you have any dietary restrictions? (Check all that apply)

☐ Vegetarian ☐ Gluten Free ☐ Diabetic ☐ Lactose Free (non-dairy)

☐ Religious ☐ Sulfite Free ☐ Organic ☐ Low Sodium

Allergies (explain): _____

8) Do you have any special requirements pertaining to the following?

☐ Wheelchair Access ☐ Prosthetics ☐ Hearing ☐ Speech

☐ Other: (explain) _____

9) Are there any symptoms or triggers you want our team to be aware of?

_____

_____

10) What do you hope to gain from this experience?

_____

_____

11) Briefly describe your military service experience.

_____

_____

12) Is there anything else you would like us to know?

_____

_____