

NFKC Data Verification

This questionnaire has been prepared as part of outreach by NFKC to its veteran and honorary members. The response to this questionnaire will assist the NFKC to better reach out to the members, design welfare schemes and update its member database.

This questionnaire is in three parts. Each part may be in multiple sections for ease of data entry.

Part 1 contains questions for basic data verification from the records held at NFKC.

Part 2 contains questions regarding help/ assistance/ support required from NFKC/ DNV.

Part 3 contains questions regarding willingness of the veteran to give assistance to other veterans and participation in various veteran programs.

The information contained in this questionnaire, once completed, will be confidential and known only to the data collector, Secretary NFKC and the veteran.

** Indicates required question*

1. **Part 1** *

1. Your Name

2. 2. Your Rank *

3. 3. Your Decorations *

Check all that apply.

- PVSM
- PVSM and Bar
- AVSM
- AVSM and Bar
- MVC
- VrC
- VrC and Bar
- NM(Gallantry)
- NM(Gallantry) and Bar
- NM
- NM and Bar
- VSM
- VSM and Bar
- Nil

4. 4. Your Date of Birth *

Example: January 7, 2019

5. 5. Your Date of Commission *

Example: January 7, 2019

6. 6. Your Date of Retirement *

Example: January 7, 2019

Communication Details

Please add details of landline, mobile number, email ID etc

7. 7. Your landline number

8. 8. Your Mobile Number *

9. 9. Alternate mobile number or Whatsapp number

10. 10. Spouse mobile number

11. 11. Children's mobile numbers

12. 12. Contact person, in case of emergency and his/her mobile number *

13. 13. Your present address with nearest landmarks *

14. 14. Any other address you use *

15. 15. Email address(if available). If not available, please enter Nil. *

16. 16. Nearest naval veteran and phone number in touch with you

Part 2 ECHS/ Medical/ Health

17. 17. Do you avail ECHS services? *

Check all that apply.

Yes
 No

18. 18. Do you face any health issues outside the scope of ECHS? If yes, briefly mention the issue.

19. 19. Do you face any problems in ECHS consultation and referral? *

20. 20. Do you have any issues regarding collection and availability of medicines * at ECHS polyclinic? If so, please specify

21. 21. Do you require assistance to commute to the nearest ECHS polyclinic?

Check all that apply.

Yes
 No

Caregiver/ Assisted Living Services

22. 22. Are you aware of assisted living and caregiver services? *

Mark only one oval.

Yes
 No

23. 24. Are you willing to avail paid caregiver services now or in the future? *

Mark only one oval.

Yes
 No

24. 25. Are you willing to receive and engage with caregiver enquiry from agencies * facilitated by NFKC?

Mark only one oval.

Yes

No

25. 26. Do you receive any regular support for daily activities (e.g., help at home, errands)? *

Mark only one oval.

Yes

No

26. 27. Would you be interested in reliable home support or eldercare services if available through the Navy Foundation ? *

Mark only one oval.

Yes

No

27. 28. Are there any specific areas where you currently need assistance or information (healthcare, mobility, companionship, home maintenance, etc.)? *

Veteran Activities

28. 29. How do you receive information and inputs about Navy policies for veterans and veteran welfare? Are you aware of welfare schemes promulgated by the Navy/ Govt?

29. 30. Do you receive any assistance from Naval veterans or any other person living close to you?

30. 31. Are you open to communicating with a trusted person in NFKC regarding any personal issues faced by you which need resolution?

Mark only one oval.

Yes

No

31. 32. Do you participate in Navy Foundation or community gatherings?

Mark only one oval.

Yes

No

32. 33. What are your hobbies/ pastimes?

33. 34. Are you interested in tours and trips organised by NFKC?

Mark only one oval.

Yes

No

34. 35. Would you like to be invited to a veterans' meet or welfare session in Kochi?

Mark only one oval.

Yes

No

35. 36. What kind of support would you like to see more of from the Navy Foundation?

36. 37. Any suggestions for improving communication or services?

Part 3 Service to other Veterans

37. 38. Are you aware of any veterans requiring help/ support of any kind?

38. 39. Are you willing to assist the NFKC towards veteran outreach/ assistance?

Mark only one oval.

Option 1

Option 2

39. 40. Are you willing to act as district/ area coordinator for veteran outreach?

Mark only one oval.

Yes

No

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