Moral Injury Outcome Scale*

<u>Instructions</u>: This questionnaire asks about experiences you may have had after a very stressful experience in which:

- You did something (or failed to do something) that went against your moral code or values (e.g., you harmed someone or failed to protect someone from harm), or
- You saw someone (or people) do something or fail to do something that went against your moral code or values (e.g., you witnessed cruel behavior), or
- You were directly affected by someone doing something or failing to do something that went against your moral code or values (e.g., being betrayed by someone you trusted).

| Have you had an experience (or exper | iences) as described above? |
|---|---|
| Yes | No: Please do not complete this questionnaire |
| | hinking about <u>the worst event that currently bothers you the</u> ples above, or some other very stressful experience that went |
| A. Did the event involve something y | ou did or failed to do? No |
| | omeone else acting (or failing to act)? No |
| C. Did the event involve being directl act)? | ly impacted by someone else (or people) acting (or failing to |
| Yes | No |
| For events that had multiple features | s, which aspect was the worst (A, B, or C)? |
| Please also answer questions 1-3 be | low **: |
| 1. What year did this event happen _ | ? |
| 2. Did the event involve actual or threeYes | eatened death, serious injury, or sexual violence? No |
| 3. In the past month, have you a. had nightmares about theYes | event or thought about the event when you did not want to?No |
| b. tried hard not to think about reminded you of the eventYes | ut the event or went out of your way to avoid situations that (s)? No |
| c. been constantly on guard, Yes | watchful, or easily startled?No |
| d. felt numb or detached fron Yes | n people, activities, or your surroundings? No |
| a. felt guilty or unable to stop event(s) may have caused Yes | o blaming yourself or others for the event(s) or any problems the ? |

If you feel comfortable, please briefly describe the worst event referenced on the first page:

Keeping this worst event in mind, please read each of these statements and circle one of the numbers to the right to indicate how much you would agree with the statement in the past month.

| In the past month, how strongly would you <u>agree</u> with the following statements: | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree | |
|---|----------------------|----------|------------------------------|-------|-------------------|--|
| 1. I blame myself. | 0 | 1 | 2 | 3 | 4 | |
| 2. I have lost faith in humanity. | 0 | 1 | 2 | 3 | 4 | |
| 3. People would hate me if they really knew me. | 0 | 1 | 2 | 3 | 4 | |
| 4. I have trouble seeing goodness in others. | 0 | 1 | 2 | 3 | 4 | |
| 5. People don't deserve second chances. | 0 | 1 | 2 | 3 | 4 | |
| 6. I am disgusted by what happened. | 0 | 1 | 2 | 3 | 4 | |
| 7. I feel like I don't deserve a good life. | 0 | 1 | 2 | 3 | 4 | |
| 8. I keep myself from having success. | 0 | 1 | 2 | 3 | 4 | |
| 9. I no longer believe there is a higher power. | 0 | 1 | 2 | 3 | 4 | |
| 10. I lost trust in others. | 0 | 1 | 2 | 3 | 4 | |
| 11. I am angry all the time. | 0 | 1 | 2 | 3 | 4 | |
| 12. I am not the good person I thought I was. | 0 | 1 | 2 | 3 | 4 | |
| 13. I have lost pride in myself. | 0 | 1 | 2 | 3 | 4 | |
| 14. I cannot be honest with other people. | 0 | 1 | 2 | 3 | 4 | |

PLEASE ANSWER THE NEXT 8 ITEMS

Please write in a number for each item below that represents how much these experiences have made it hard for you to function in each of the following areas (if not applicable, use N/A)***:

| | | Not at all | | Somewhat | | | Extremely | | |
|----|--|------------|---|----------|---|---|-----------|---|-----|
| 1. | Romantic relationships with spouse or partner | 0 | 1 | 2 | 3 | 4 | 5 | 6 | N/A |
| 2. | Relationships with your children | 0 | 1 | 2 | 3 | 4 | 5 | 6 | N/A |
| 3. | Relationships with other family members | 0 | 1 | 2 | 3 | 4 | 5 | 6 | N/A |
| 4. | Friendships or socializing | 0 | 1 | 2 | 3 | 4 | 5 | 6 | N/A |
| 5. | Work | 0 | 1 | 2 | 3 | 4 | 5 | 6 | N/A |
| 6. | Training and education | 0 | 1 | 2 | 3 | 4 | 5 | 6 | N/A |
| 7. | Day to day activities, such as chores, errands, finances, health | 0 | 1 | 2 | 3 | 4 | 5 | 6 | N/A |
| 8. | Religious faith/spirituality | 0 | 1 | 2 | 3 | 4 | 5 | 6 | N/A |

^{*}The Moral Injury Outcome Scale (2021). Litz, B.T., Phelps, A., Frankfurt, S., Murphy, D. Nazarov, A. Houle, S., Levi-Belz, Y., Zerach, G., Dell, L., Hosseiny, F., and the members of the Moral Injury Outcome Scale (MIOS) Consortium. MIOS consortium activities were supported in part by VA Cooperative Studies Program, Office of Research and Development, US Department of Veterans Affairs; Department of Veterans' Affairs Australia, Phoenix Australia - Centre for Posttraumatic Mental Health; and the Canadian Centre of Excellence on PTSD and Related Mental Health Conditions. **The Primary Care PTSD Screen for DSM-5 (Prins et al., 2016). *** The Brief Inventory of Psychosocial Functioning (Kleiman et al., 2020).