**Moral Injury Outcome Scale\***

**Instructions: 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**
* **Youwere directly affected by someone doing something or failing to do something that went againstyour moral code or values (e.g., being betrayed by someone you trusted).**

**Have you had an experience (or experiences) as described above?**

|  |  |
| --- | --- |
| **\_\_\_\_Yes****Please answer questions A-C while thinking about the worst event that currently bothers you the most. This could be one of the examples above, or some other very stressful experience that went against your core values.*****A. Did the event involve something you did or failed to do?*****\_\_\_\_\_Yes \_\_\_\_\_No*****B. Did the event involve observing someone else acting (or failing to act)?*** **\_\_\_\_\_Yes \_\_\_\_\_No*****C. Did the event involve being directly impacted by someone else (or people) acting (or failing to act)?*** **\_\_\_\_\_Yes \_\_\_\_\_No****Please also answer questions 1-3 below:** | **\_\_\_\_No****If you experienced other types of very stressful events, please answer questions 1-3 below about the worst and most currently distressing event (and continue to the next page).**  |
| **1. *What year did this event happen \_\_\_\_\_\_\_\_\_\_?*****2*. Did the event involve actual or threatened death, serious injury, or sexual violence?*****\_\_\_\_\_Yes \_\_\_\_\_No****3. *In the past month, have you…***1. **had nightmares about the event or thought about the event when you did not want to?**

 **\_\_\_\_\_Yes \_\_\_\_\_No**1. **tried hard not to think about the event or went out of your way to avoid situations that reminded you of the event(s)?**

 **\_\_\_\_\_Yes \_\_\_\_\_No**1. **been constantly on guard, watchful, or easily startled?**

 **\_\_\_\_\_Yes \_\_\_\_\_No**1. **felt numb or detached from people, activities, or your surroundings?**

 **\_\_\_\_\_Yes \_\_\_\_\_No**1. **felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?**

 **\_\_\_\_\_Yes \_\_\_\_\_No****\*\*\*\*\*\*\*\*\*\*\*PLEASE ANSWER THE QUESTIONS ON THE NEXT PAGE\*\*\*\*\*\*\*\*\*\*\*\*\******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 agree with the following statements:*** | ***Strongly Disagree*** | ***Disagree*** | ***Neither Agree or Disagree*** | ***Agree*** | ***Strongly Agree*** |
| --- | --- | --- | --- | --- | --- |
| 1. **I blame myself.**
 | **0** | **1** | **2** | **3** | **4** |
| 1. **I have lost faith in humanity.**
 | **0** | **1** | **2** | **3** | **4** |
| 1. **People would hate me if they really knew me.**
 | **0** | **1** | **2** | **3** | **4** |
| 1. **I have trouble seeing goodness in others.**
 | **0** | **1** | **2** | **3** | **4** |
| 1. **People don’t deserve second chances.**
 | **0** | **1** | **2** | **3** | **4** |
| 1. **I am disgusted by what happened.**
 | **0** | **1** | **2** | **3** | **4** |
| 1. **I feel like I don’t deserve a good life.**
 | **0** | **1** | **2** | **3** | **4** |
| 1. **I keep myself from having success.**
 | **0** | **1** | **2** | **3** | **4** |
| 1. **There is no higher power.**
 | **0** | **1** | **2** | **3** | **4** |
| 1. **I lost trust in others.**
 | **0** | **1** | **2** | **3** | **4** |
| 1. **I am angry all the time.**
 | **0** | **1** | **2** | **3** | **4** |
| 1. **I am not the good person I thought I was.**
 | **0** | **1** | **2** | **3** | **4** |
| 1. **I have lost pride in myself.**
 | **0** | **1** | **2** | **3** | **4** |
| 1. **I cannot be honest with other people.**
 | **0** | **1** | **2** | **3** | **4** |

**Please circle a number below that represents how much these experiences have made it hard for you to take care of yourself (e.g., do pleasurable things, exercise, eat properly), or to be effective in your job, in school, or seeking employment, or to get along with other people?**

**Not at All               Somewhat            Extremely**

 **0         1         2         3        4        5          6**

*\*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; Veterans Affairs Australia, Phoenix Centre for Posttraumatic Mental Health; and the Canadian Centre of Excellence on PTSD and Related Mental Health Conditions.