

# 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
- 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 experiences) as described above?

\_\_\_ Yes

\_\_\_ No

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.

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).

**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:

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...**

a. had nightmares about the event or thought about the event when you did not want to?

\_\_\_ Yes

\_\_\_ No

b. 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

c. been constantly on guard, watchful, or easily startled?

\_\_\_ Yes

\_\_\_ No

d. felt numb or detached from people, activities, or your surroundings?

\_\_\_ Yes

\_\_\_ No

a. 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\*\*\*\*\*

