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******CONFIDENTIAL******

CRITICAL INCIDENT/OFFICER INVOLVED SHOOTING SURVEY

Demographic information:

Age _____ Years on the force _____
Sex _____ Total number of shootings in which you have been involved _____
Rank _____ How many were officer involved shootings? _____

1) Please briefly describe your critical incident.

Year of Incident _____ Age at Time of the Incident _____
Years with Agency _____ At Time of Incident _____

2) During the incident, did you experience:

Time Distortion: Time slowed down _____ Time sped up _____
Visual Distortion: Tunnel vision _____ Heightened detail _____
Auditory Distortion: Sound intensified _____ Sound diminished _____

3) Did you experience any memory loss of parts of the incident?
Please describe:

4) The department procedures following my incident left me feeling:

_____ Very Negative
_____ Somewhat Negative
_____ Neutral
_____ Somewhat Positive
_____ Very Positive

5) How were you treated by peers afterwards?

- No Support
- Little Support
- Some Support
- Mostly Supportive
- Very Supportive

6) How were you treated by investigators afterwards?

- No Support
- Little Support
- Some Support
- Mostly Supportive
- Very Supportive

7) How were you treated by supervisors afterwards?

- No Support
- Little Support
- Some Support
- Mostly Supportive
- Very Supportive

8) How were you treated afterwards by administrators?

- No Support
- Little Support
- Some Support
- Mostly Supportive
- Very Supportive

9) I had a debriefing with a Mental Health Professional that was:

- Not at all helpful
- Not very helpful
- Neutral
- Somewhat helpful
- Helpful

10) I had a talk with a Peer Support Team Member that was:

- Not at all helpful
- Not very helpful
- Neutral
- Somewhat helpful
- Very helpful

11) I had a talk with a chaplain that was:

- _____ Not at all helpful
- _____ Not very helpful
- _____ Neutral
- _____ Somewhat helpful
- _____ Very helpful

We have listed a number of reactions which can follow an officer involved shooting. Please evaluate the extent and length of reactions you have experienced according to the following dimensions:

- | | | | | | | | | | |
|--|-----|-----|--|-----|-----|--|-----|-----|------|
| -1- | -2- | -3- | -4- | -5- | -6- | -7- | -8- | -9- | -10- |
| Mildly
Affected My Life
and Coping Ability | | | Moderately
Affected My Life
and Coping Ability | | | Severely
Affected My Life
and Coping Ability | | | |

Please rate how long you experienced the reaction according to the following scale:

- | | | | | |
|--------------------|--------------|--------------|--------------|--------------|
| <u> 1 </u> | <u> 2 </u> | <u> 3 </u> | <u> 4 </u> | <u> 5 </u> |
| 1 Month or
Less | 1-3 Months | 3-6 Months | 6-12 Months | Over 1 Year |

<u>Reaction</u>	<u>Extent of Reaction</u> (rate 1-10)	<u>How Long</u> (rate 1-5)
Sense of loss of control over things	_____	_____
Sense of vulnerability	_____	_____
Nightmares	_____	_____
Intrusive images\thoughts (visual images, sounds, feelings, smells connected with event: and/or thoughts about event intrude in your mind)	_____	_____
Flashbacks (felt as if you were reliving the event)	_____	_____
Startled response (exaggerated response to sudden noise or movement)	_____	_____

Felt as if you were going
"CRAZY"

Guilt

Self-second guessing

-1- -2- -3-

-4- -5- -6-

-7- -8- -9- -10-

Mildly Affected My
Life and Coping
Ability

Moderately Affected
My Life and Coping
Ability

Severely Affected My
Life and Coping
Ability

Please rate how long you experienced the reaction according to the following scale:

 1

 2

 3

 4

 5

1 Month or
Less

1-3 Months

3-6 Months

6-12 Months

Over 1 Year

Reaction

Extent of Reaction
(rate 1-10)

How Long
(rate 1-5)

Heightened sense of danger

Poor concentration

Poor memory

Mark of Cain Complex (feel
others are looking at you and
negatively judging you)

Emotional numbing (less
emotional)

Irritability

Avoidance of thoughts\
feelings or activities
associated with incident

Withdrawal from others

Loneliness/Isolation

Anger/rage

Sleep disturbances	_____	_____
Sexual disturbance	_____	_____
Alienation	_____	_____
Distrust toward department	_____	_____
-1- -2- -3-	-4- -5- -6-	-7- -8- -9- -10-

Mildly Affected My Life and Coping Ability	Moderately Affected My Life and Coping Ability	Severely Affected My Life and Coping Ability
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Please rate how long you experienced the reaction according to the following scale:

<u> 1 </u>	<u> 2 </u>	<u> 3 </u>	<u> 4 </u>	<u> 5 </u>
1 Month or Less	1-3 Months	3-6 Months	6-12 Months	Over 1 Year

<u>Reaction</u>	<u>Extent of Reaction</u> (rate 1-10)	<u>How Long</u> (rate 1-5)
Distrust towards peers	_____	_____
Disciplinary problems	_____	_____
Decline in work performance	_____	_____
Increased absenteeism	_____	_____
Depression/Sadness	_____	_____
Low self-esteem	_____	_____
Family problems	_____	_____
Physical stress reactions (e.g., head or stomach aches, muscle tension, digestive problems, diarrhea, constipation, etc.)	_____	_____
Increase use of alcohol or drugs	_____	_____
Feelings of anxiety/Nervous Tension	_____	_____

Fear about future situations	_____	_____
Tendency to over-react (on job)	_____	_____
Tendency to under-react (on job)	_____	_____
Crying spells	_____	_____
-1- -2- -3-	-4- -5- -6-	-7- -8- -9- -10-

Mildly Affected My Life and Coping Ability	Moderately Affected My Life and Coping Ability	Severely Affected My Life and Coping Ability
--	--	--

Please rate how long you experienced the reaction according to the following scale:

<u> 1 </u>	<u> 2 </u>	<u> 3 </u>	<u> 4 </u>	<u> 5 </u>
1 Month or Less	1-3 Months	3-6 Months	6-12 Months	Over 1 Year

<u>Reaction</u>	<u>Extent of Reaction</u> (rate 1-10)	<u>How Long</u> (rate 1-5)
Feeling of emptiness	_____	_____
Self-doubt	_____	_____
Confusion	_____	_____
Experiencing self as "unreal"	_____	_____
Disorientation	_____	_____
Oversuspiciousness	_____	_____
Suicidal thoughts	_____	_____
Hearing voices	_____	_____
Lack of energy	_____	_____
Overall rating of the reaction	_____	_____

How do you feel about the incident now?

- I have accepted and resolved it. I am functioning as usual if not better.
- I have mostly accepted it. It bothers me a little but I am mostly able to enjoy life.
- Some aspects bother me and cause a little difficulty in my life.
- It bothers me moderately and causes some difficulty in my life.
- It bothers me tremendously and is causing much difficulty in my life.

How did you cope with the incident? (Please check your main strategy)

- Increased my drinking
- Avoided thinking about it\tried to put it out of my mind.
- Hobbies\recreation\relaxation\exercise

I talked with:

- Family members
- Peers\law enforcement friends
- Non-police friends
- Clergy
- Mental Health Professional
- Physician

When did you first thoroughly talk about your incident?

- Within the first day
- Within the first three days
- Within the first week
- Within the first month
- Between one and three months
- Between three and six months
- Between six months and a year
- Over a year
- Still have not