

Law Enforcement Mental Wellness Questionnaire

Please select the most appropriate answers

PART I

Gender	M	F	Race	White	Black	Asian	Hispanic	Other
Children	Y	N	Marital Status	Single	Married	Divorced	Separated	
Education	High School		Associates		Bachelors		Masters	
Current Rank	OFC		CPL	SGT	LT	MAJ	Retired	Disabled
Current Position	FSB	SOB	ASB	Rotating Shifts			Y	N

PART II

Since being on the job...

	Y	N
Have you confronted a person with a gun?	<input type="radio"/>	<input type="radio"/>
Have you confronted a person with any other type of weapon?	<input type="radio"/>	<input type="radio"/>
Have you drawn your firearm on a person?	<input type="radio"/>	<input type="radio"/>
Have you responded to a domestic dispute where a violent act was committed?	<input type="radio"/>	<input type="radio"/>
Have you responded to a child abuse/neglect call that was disturbing to you?	<input type="radio"/>	<input type="radio"/>
Have you responded to a call for service that required the use of force?	<input type="radio"/>	<input type="radio"/>
Have you confronted an aggressive crowd?	<input type="radio"/>	<input type="radio"/>
Have you been involved in a high speed pursuit?	<input type="radio"/>	<input type="radio"/>
Have you responded to a serious injury or fatal motor vehicle collision?	<input type="radio"/>	<input type="radio"/>
Have you responded to a murder?	<input type="radio"/>	<input type="radio"/>
Have you been assaulted while on duty?	<input type="radio"/>	<input type="radio"/>
Has a person attempted to seriously injure and/or kill you?	<input type="radio"/>	<input type="radio"/>
Have you been involved in a serious injury motor vehicle collision while on duty?	<input type="radio"/>	<input type="radio"/>
Have you been involved in a shooting?	<input type="radio"/>	<input type="radio"/>
Has a co-worker been shot or killed while on-duty?	<input type="radio"/>	<input type="radio"/>
Has a co-worker been seriously injured while on-duty?	<input type="radio"/>	<input type="radio"/>
Have you been seriously injured while on-duty?	<input type="radio"/>	<input type="radio"/>
Have you shot or killed someone?	<input type="radio"/>	<input type="radio"/>
Have you related an incident(s) to your personal life?	<input type="radio"/>	<input type="radio"/>
Have you conducted a death notification?	<input type="radio"/>	<input type="radio"/>
Have you responded to an incident involving the death of a child?	<input type="radio"/>	<input type="radio"/>

PART III

Since being on the job...

	Never	Seldom	Sometimes	Frequently
I have experienced nightmares as a result of an incident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have experienced flashbacks of an incident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I experience recurring memories of an event after being reminded of another event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I reexperience physical reactions of an event after being reminded by another event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have experienced recurring images or thoughts of a distressing incident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to avoid any reminders of an event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel detached or removed from others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am unable to experience enjoyable emotions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PART III (continued)

- I feel there is no hope for the future (in marriage, children,
career, life-span)
- I feel as if my emotions are indifferent or detached
- I have difficulty concentrating
- I experience jumpiness or restlessness
- I am easily startled
- I have trouble sleeping (falling asleep and/or staying asleep)
- I lose my temper more now than I did prior to the job

Never Seldom Sometimes Frequently

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PART IV

Since being on the job...

- My opinion of other people has changed
- I no longer trust others
- I experience prejudices
- My faith/religious beliefs have been challenged
- I feel the world is unsafe place
- I have experienced changes in my appetite
- I have experienced intense fear, helplessness, or horror
- Stress from the job has affected my relationship with
family members
- I use alcohol to relax
- I have lost interest in some pleasurable activities
- I have thought of suicide
- I have thought that a line of duty death would be
better than suicide
- I have used sick leave as a "mental health" day to get
away from the stresses of the job

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PART V (This is optional)

Please write a short narrative about an unforgettable incident and the reactions you may still be experiencing.
You can type this response and attach that paper to this survey in order to increase confidentiality.