

Official Title: Somatic Mindfulness Training for a Healthy Workforce: Student Pilot Sample

NCT Number: NCT04122534

Document Date: 08/08/2019

COVER PAGE

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STUDY PROTOCOL

Includes:

1. Approval for Modification
2. Modification Request
3. IRB Study Protocol
4. Consent
5. Survey Items



INSTITUTIONAL REVIEW BOARD
For the Protection of Human Subjects
FWA 00000165

2155 Analysis Drive
c/o Microbiology & Immunology
Montana State University
Bozeman, MT 59718
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Chair: Mark Quinn
406-994-4707
mquinn@montana.edu
Administrator:
Cheryl Johnson
406-994-4706
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MEMORANDUM

TO: Colter Ellis, Kelly Knight, Amy Talcott, Leah Helfrich, Stephanie Zappone, Lauren Samuel, Emma Sundeen, Madison Loft, Tristian Miller, Joshua Neu, Brenna Scott, Andrew Z. Hassanali

FROM: Mark Quinn *Mark Quinn CJ*
Chair, Institutional Review Board for the Protection of Human Subjects

DATE: August 8, 2019

SUBJECT: "Somatic Mindfulness Training for a Healthy Workforce" [CE080819]

The above proposal was reviewed by expedited review by the Institutional Review Board. This proposal is now approved. See below for follow up instructions.

Please keep track of the number of subjects who participate in the study and of any unexpected or adverse consequences of the research. *If there are any adverse consequences, please report them to the committee within 3 calendar days.* If there are serious adverse consequences, please suspend the research until the situation has been reviewed by the Institutional Review Board.

Any changes in the human subjects' aspects of the research should be approved by the committee before they are implemented.

It is the investigator's responsibility to inform subjects about the risks and benefits of the research. Although the subject's signing of the consent form, documents this process, you, as the investigator should be sure that the subject understands it. Please remember that subjects should receive a copy of the consent form and that you should keep a signed copy for your records.

Due to the change in the Common Rule effective January 21, 2019, you will not receive follow-up renewal forms unless your research was reviewed via full committee or is sponsored by the FDA. Enclosed is a "Project Closure Form" which we would like you to fill out and submit to our office upon completion of the research project so that we can close out the protocol. Please keep this form with your application and approval letter so that you remember to submit it at the termination of your project.

Enc.



**Montana State University
Institutional Review Board
Request for Minor Modifications/Amendments**

Instructions: E-mail completed form and all revised and/or new study documents to:
cherylj@montana.edu

Note: The project's IRB-approved Research Protocol must be kept current and followed throughout the life of the project with yearly renewals. Protocols approved in the Exempt category do not require yearly renewals. All study documents are subject to review.

1. **IRB approval number:** CE080819
2. **Project Title:** Somatic Mindfulness Training for a Healthy Workforce
3. **Principal Investigator:** Colter Ellis and Kelly E. Knight
Contact information (phone/e-mail): kelly.knight3@montana.edu; colter.ellis@montana.edu
Address (where you want approval letter sent): Department of Sociology and Anthropology, Wilson Hall 2-118
4. **Requesting modification/amendment to:**
 - Research protocol
 - Consent form
 - Recruitment materials
 - Survey instrument, interview questions X
 - Research personnel
 - Other, please explain:

5. **Describe the modification being requested:**
Note: with each requested change, provide a detailed description of where within the study documents (e.g. Research protocol, survey instrument, etc.) the changes are reflected (e.g., section, question #, etc.).

We want to add the "Self-Compassion Scale" to the survey. This is a commonly used 26 item measure. Participants respond on a five point scale. The questions are included with this document.

6. **Have these requested changes been initiated?**
 - No X
7. **How will the proposed modification(s) affect study participants?** N/A
Note: Federal regulations require IRB approval prior to changing a research procedure or deviating from IRB approved documents unless it is in the best interest of or for the safety of study participants.

Default Question Block

I try to be understanding and patient towards those aspects of my personality I don't like.

- Almost Never
- 2
- 3
- 4
- Almost Always

I'm kind to myself when I'm experiencing suffering.

- Almost Never
- 2
- 3
- 4
- Almost Always

When I'm going through a very hard time, I give myself the caring and tenderness I need.

- Almost Never
- 2
- 3
- 4
- Almost Always

I'm tolerant of my own flaws and inadequacies.

- Almost Never
- 2
- 3
- 4
- Almost Always

I try to be loving towards myself when I'm feeling emotional pain.

- Almost Never
- 2
- 3
- 4
- Almost Always

When I see aspects of myself that I don't like, I get down on myself.

- Almost Never
- 2
- 3
- 4
- Almost Always

When times are really difficult, I tend to be tough on myself.

- Almost Never
- 2
- 3
- 4
- Almost Always

I can be a bit cold-hearted towards myself when I'm experiencing suffering.

- Almost Never
- 2
- 3
- 4
- Almost Always

I'm disapproving and judgmental about my own flaws and inadequacies.

- Almost Never
- 2
- 3
- 4
- Almost Always

I'm intolerant and impatient towards those aspects of my personality I don't like.

- Almost Never
- 2
- 3
- 4
- Almost Always

When I'm feeling inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.

- Almost Never
- 2
-

- 3
- 4
- Almost Always

I try to see my failings as part of the human condition.

- Almost Never
- 2
- 3
- 4
- Almost Always

When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am.

- Almost Never
- 2
- 3
- 4
- Almost Always

When things are going badly for me, I see the difficulties as part of life that everyone goes through.

- Almost Never
- 2
- 3
- 4
- Almost Always

When I fail at something that's important to me I tend to feel alone in my failure.

- Almost Never
- 2
- 3
- 4
- Almost Always

When I think about my inadequacies it tends to make me feel more separate and cut off from the rest of the world.

- Almost Never
- 2
- 3
- 4
- Almost Always

When I'm feeling down I tend to feel like most other people are probably happier than I am.

- Almost Never
- 2
- 3
- 4
- Almost Always

When I'm really struggling I tend to feel like other people must be having an easier time of it.

- Almost Never
- 2
- 3

- 4
- Almost Always

When something upsets me I try to keep my emotions in balance.

- Almost Never
- 2
- 3
- 4
- Almost Always

When I'm feeling down I try to approach my feelings with curiosity and openness.

- Almost Never
- 2
- 3
- 4
- Almost Always

When something painful happens I try to take a balanced view of the situation.

- Almost Never
- 2
- 3
- 4
- Almost Always

When I fail at something important to me I try to keep things in perspective.

- Almost Never
- 2
- 3
- 4
- Almost Always

When something upsets me I get carried away with my feelings.

- Almost Never
- 2
- 3
- 4
- Almost Always

When I'm feeling down I tend to obsess and fixate on everything that's wrong.

- Almost Never
- 2
- 3
- 4
- Almost Always

When something painful happens I tend to blow the incident out of proportion.

- Almost Never
- 2
- 3
- 4
- Almost Always

When I fail at something important to me I become consumed by feelings of inadequacy.

- Almost Never
- 2
- 3
- 4
- Almost Always

MONTANA STATE UNIVERSITY
Institutional Review Board Application for Review
(revised 06/01/15)

THIS AREA IS FOR INSTITUTIONAL REVIEW BOARD USE ONLY. DO NOT WRITE IN THIS AREA

Application Number: _____ Approval Date: _____
Disapproved: _____ IRB Chair's Signature: _____

Date:

I. Investigators and Associates (list all investigators involved; application will be filed under name of first person listed)

NAME: Dr. Colter Ellis TITLE: Assistant Professor
DEPT: Sociology and Anthropology PHONE #: (406) 994-4219
COMPLETE ADDRESS: P.O. Box 172380, Bozeman, MT 59717-2380
E-MAIL ADDRESS: colter.ellis@montana.edu
DATE TRAINING COMPLETED: _____ 03.01.2017 _____ [Required training: CITI Training; see website for link]

SIGNATURE (PI or ADVISOR): _____

NAME: Dr. Kelly E. Knight TITLE: Assistant Professor
DEPT: Sociology and Anthropology PHONE #: (406) 994-7224
COMPLETE ADDRESS: P.O. Box 172380, Bozeman, MT 59717-2380
E-MAIL ADDRESS: kelly.knight3@montana.edu
DATE TRAINING COMPLETED: _____ 03.01.2017 _____ [Required training: CITI Training; see website for link]

NAME: Amy Talcott TITLE: Research Associate III
DEPT: Sociology and Anthropology PHONE #: N/A
COMPLETE ADDRESS: P.O. Box 172380, Bozeman, MT 59717-2380
E-MAIL ADDRESS: amyktalcott@gmail.com
DATE TRAINING COMPLETED: _____ 06.28.2018 _____ [Required training: CITI Training; see website for link]

NAME: Leah Helfrich TITLE: Undergraduate Research Assistant
DEPT: Sociology and Anthropology PHONE #: N/A
COMPLETE ADDRESS: P.O. Box 172380, Bozeman, MT 59717-2380
E-MAIL ADDRESS: leahlouisehelfrich@gmail.com
DATE TRAINING COMPLETED: _____ 05.18.2017 _____ [Required training: CITI Training; see website for link]

NAME: Stephanie Zappone TITLE: Undergraduate Research Assistant
DEPT: Sociology and Anthropology PHONE #: N/A
COMPLETE ADDRESS: P.O. Box 172380, Bozeman, MT 59717-2380
E-MAIL ADDRESS: stephanie.zappone@student.montana.edu
DATE TRAINING COMPLETED: _____ 12.22.2018 _____ [Required training: CITI Training; see website for link]

NAME: Lauren Samuel TITLE: Undergraduate Research Assistant
DEPT: Sociology and Anthropology PHONE #: N/A
COMPLETE ADDRESS: P.O. Box 172380, Bozeman, MT 59717-2380
E-MAIL ADDRESS: laurenlizsamuel@gmail.com
DATE TRAINING COMPLETED: _____ 1.19.2019 _____ [Required training: CITI Training; see website for link]

NAME: Emma Sundeen TITLE: Undergraduate Research Assistant
DEPT: Sociology and Anthropology PHONE #: N/A
COMPLETE ADDRESS: P.O. Box 172380, Bozeman, MT 59717-2380
E-MAIL ADDRESS: emma.sundeen@gmail.com
DATE TRAINING COMPLETED: _____ 2.7.2019 _____ [Required training: CITI Training; see website for link]

NAME: Madison Loft TITLE: Undergraduate Research Assistant
DEPT: Sociology and Anthropology PHONE #: N/A
COMPLETE ADDRESS: P.O. Box 172380, Bozeman, MT 59717-2380
E-MAIL ADDRESS: themadisonloft@gmail.com
DATE TRAINING COMPLETED: _____ 1.8.2018 _____ [Required training: CITI Training; see website for link]

NAME: Tristian Miller TITLE: Research Assistant
DEPT: Sociology and Anthropology PHONE #: N/A
COMPLETE ADDRESS: P.O. Box 172380, Bozeman, MT 59717-2380
E-MAIL ADDRESS: tmiller1296@gmail.com
DATE TRAINING COMPLETED: _____ 6.12.2019 _____ [Required training: CITI Training; see website for link]

NAME: Joshua Neu TITLE: Undergraduate Research Assistant
DEPT: Sociology and Anthropology PHONE #: N/A
COMPLETE ADDRESS: P.O. Box 172380, Bozeman, MT 59717-2380
E-MAIL ADDRESS: joshuaneu2010@gmail.com
DATE TRAINING COMPLETED: _____ 3.13.2019 _____ [Required training: CITI Training; see website for link]

NAME: Brenna Scott TITLE: Research Assistant
DEPT: Sociology and Anthropology PHONE #: N/A
COMPLETE ADDRESS: P.O. Box 172380, Bozeman, MT 59717-2380
E-MAIL ADDRESS: bren0316@gmail.com
DATE TRAINING COMPLETED: _____ 9.09.2018 _____ [Required training: CITI Training; see website for link]

NAME: Andrew Z. Hassanali TITLE: Research Assistant
DEPT: Sociology and Anthropology PHONE #: N/A
COMPLETE ADDRESS: P.O. Box 172380, Bozeman, MT 59717-2380
E-MAIL ADDRESS: andrew.hassanali@icloud.com
DATE TRAINING COMPLETED: _____ 6.20.2019 _____ [Required training: CITI Training; see website for link]

(repeat for additional investigators if needed; or delete extra if not necessary)

Do you as PI, any family member or any of the involved researchers or their family members have consulting agreements, management responsibilities or substantial equity (greater than \$10,000 in value or greater than 5% total equity) in the sponsor, subcontractor or in the technology, or serve on the Board of the Sponsor? _____ YES ___X___ NO

If you answered Yes, you will need to contact Kellie Peterson, Assistant Legal Counsel-JD at 406-994-3480.

II. Title of Proposal: *Somatic Mindfulness Training for a Healthy Workforce.*

III. Beginning Date for Use of Human Subjects: August 15, 2019

IV. Type of Grant and/or Project (if applicable)

Research Grant: X

Contract:

Training Grant:

Classroom Experiments/Projects:

Thesis Project:

Other (Specify):

V. Name of Funding Agency to which Proposal is Being Submitted (if applicable):

We have submitted a proposal to MSU's Center for American Indian and Rural Health Equity (CAIRHE) which is funded by the National Institutes of Health.

VI. Signatures

Submitted by Investigator

Typed Name: Colter Ellis, Joint-PI

Signature:

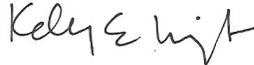


Date: 7/24/19

Faculty sponsor (for student)

Typed Name: Kelly Knight, Joint-PI

Signature:



Date: 7/24/19

VII. Summary of Activity. Provide answers to each section and add space as needed. Do not refer to an accompanying grant or contract proposal.

A. RATIONALE AND PURPOSE OF RESEARCH. (What question is being asked?)

Victims of sexual assault, intimate partner violence, child neglect, and other forms of abuse depend on service providers to help them find safety, access resources, and seek justice. This work is critically important to survivors but often has negative consequences for individuals who assist them. As a result, a burgeoning body of literature has tried to document the emotional strain of this work (see Elwood, Mott, Lohr, & Galovski, 2011; Molnar et al., 2017; Sabin-Farrell & Turpin, 2003, for reviews). We define “secondary trauma” as the result of repeated empathetic engagement with traumatized populations. When workers burnout, it increases operating costs for organizations and decreases the quality of services provided (Powell and York 1992; Ullman and Townsend 2007). The scholarship, however, has yet to fully theorize the occupational hazards of victim service provision and there are few theoretically and empirically driven solutions (Bercier & Maynard, 2015). **This research seeks to develop, pilot, and evaluate an intervention response that will help mitigate the negative impacts of secondary trauma.**

B. RESEARCH PROCEDURES INVOLVED. Provide a short description of sequence and methods of procedures that will be performed with human subjects. Include details of painful or uncomfortable procedures, frequency of procedures, time involved, names of psychological tests, questionnaires, restrictions on usual life patterns, and follow up procedures. **If you are planning on posting flyers, posters, etc. anywhere on Campus, you must check with the building managers and/or departments located in MSU buildings and obtain their approval prior to the posting.**

This proposed research will develop and pilot a somatically-oriented mindfulness curriculum designed to reduce the symptoms of occupational-based secondary trauma (ST) among victim service providers working in Montana. The content of the curriculum will be based on our previously published text *Secondary Trauma in the Workplace: Tools for Awareness, Self-Care, and Organizational Response in Montana* we wrote with a group of seven local victim service providers. The curriculum for this intervention, however, will be expanded to more fully include mindfulness meditation and somatic-based trauma resolution techniques.

The intervention curriculum will be developed and tested with three cohorts.

For the **first cohort**, Drs. Knight and Ellis will pilot the curriculum in an undergraduate course in the Fall of 2019 (n= approximately 15 students). Dr. Knight will be the instructor of record. The content and effectiveness of the course will be evaluated using a survey. The complete survey and consent form are included in this application. There will be three waves of survey data collected. For the first two waves, students will be asked to complete the survey during the semester (wave one, during the first few weeks of class and wave two during the final few weeks of class). Students can choose not to complete the survey with no penalty. If at least 85%

of the students in each class participate in data collection waves one and two, all students will be eligible for some form of extra credit and/or participation in some kind of celebration (such as pizza on the last day of class). All students will be eligible, even if they themselves did not participate. A third wave may also be collected approximately one month after the course. Participation for this final wave of data collection will be incentivized by a \$20 e-gift card. Students' participation will be strictly optional.

The **second cohort** will occur in the Spring of 2020. Drs. Knight and Ellis will, again, pilot the intervention in an undergraduate course (n=35). Dr. Ellis will be the instructor of record. Again, the content and effectiveness of the course will be evaluated using a survey. Just as before, there will be three waves of survey data collected. For the first two waves, students will be asked to complete the survey during the semester (wave one, during the first few weeks of class and wave two during the final few weeks of class). Students can choose not to complete the survey with no penalty. If at least 85% of the students in each class participate in data collection waves one and two, all students will be eligible for some form of extra credit and/or participation in some kind of celebration (such as pizza on the last day of class). All students will be eligible, even if they themselves did not participate. A third wave may also be collected approximately one month after the course. Participation for this final wave of data collection will be incentivized by a \$20 e-gift card. Students' participation will be strictly optional.

After preliminary analysis of the first two student-cohorts is complete, the content will be modified as necessary and the curriculum will be piloted with a **third cohort**. This cohort will comprise of a small sample of local victim service providers. By victim service providers we mean any profession or volunteer position that involves interacting with victims of crime. These positions include, but are not limited to, law enforcement, attorneys, child protective services, healthcare providers, victim advocates, and religious clergy. Our goal is to have a small sample of 5-20 victim service providers willing to meet once a week for 15 weeks. During these meetings, we will implement our curriculum. The intervention will be evaluated by asking participants to complete the survey three times (before the training begins, at the end of the training, and then a third time one to three months post-training). Participation in this program will be incentivized with three \$20 e-gift cards, sent after each of the three surveys.

All the measures included in the survey are well established in the literature. Table 1 provides a list of measures included.

Table 1: Names of Survey Questionnaires

<i>Measurement Name</i>	<i>Abbreviation</i>	<i>Number of Items</i>
Basic Demographics, VSP*	BD	11
Basic Demographics, Student*	BDS	12
Work Demographics*	WD	7
Maslach Burnout Inventory – General Version*	MBI-G	16
Maslach Burnout Inventory – General Student Version*	MBI-GS	17
Maslach Burnout Inventory – Student Version*	MBI-S	16
Secondary Traumatic Stress Scale	STSS	18
The PTSD Checklist for DSM-5	PCL-5	20
Body Mass Index	BMI	2
Health Related Quality of Life	HRQoL	4
Autoimmune Diagnosis	AD	1
Patient Health Questionnaire – Somatic Symptom Severity	PHQ-15	15
AUDIT Alcohol Questionnaire	AUDIT	10
Tobacco, Alcohol, Prescription and Other Substance Use Tool	TAPS	4
Jenkins Sleep Scale	JSS	4
Generalized Anxiety Disorder	GAD-7	7
Patient Health Questionnaire – Depression	PHQ-8	8
Mental Health Specialist	MHS	1
Interpersonal Reactivity Index	IRI	28
BRFSS Adverse Childhood Experience (ACE) Module	BRFSS ACE	11
Brief Resilience Scale	BRS	6
Experiences in Close Relationships - Relationship Structures	ECR-RS	9
Multidimensional Assessment of Interoceptive Awareness	MAIA	37
Five Facets of Mindfulness Questionnaire	FFMQ	20
Trauma Exposure and Training	TE	4
Feedback	FE	2

*Note: *All items may not actually appear in each survey.*

C. DECEPTION - If any deception (withholding of complete information) is required for the validity of this activity, explain why this is necessary and attach debriefing statement.

No deceptive practices will be used.

D. SUBJECTS

1. Approximate number and ages

How Many Subjects: 65

Age Range of Subjects: 18 years and older

How Many Normal/Control: n/a

Age Range of Normal/Control: 18 years and older

2. Criteria for selection:

Study participants must be either students at MSU or working or volunteering in a victim service profession or organization. All participants must be 18 years or older.

3. Criteria for exclusion:

For the first two cohorts, those who are not undergraduate students at Montana State University will be excluded from data collection. For the third cohort, study participants not working or volunteering in a victim service profession or organization will be excluded from data collection. Anyone who is not 18 years or older will be excluded from all parts of the study.

4. Source of Subjects (including patients):

For cohorts one and two, study participants will be recruited in the classroom. Both Drs. Ellis and Knight are popular teachers who attract students interested in issues of trauma and mindfulness. For cohort 3, community contacts, victim service organizations, and community advisory board members will help with recruitment.

5. Who will approach subjects and how? Explain steps taken to avoid coercion.

Students who choose to enroll in the class will be required to read and work with the content of the course, however, they will not be required to participate in the evaluation survey. We will emphasize in the syllabus and verbally in class, that participation, or nonparticipation, in the survey is absolutely optional and will not count towards their grade in anyway. Victim service providers will be free not to participate and can end participation at any time.

6. Will subjects receive payments, service without charge, or extra course credit? **X Yes** or No
(If yes, what amount and how? Are there other ways to receive similar benefits?)

For the first two cohorts, if at least 85% of the students in each class participate in data collection waves one and two, all students will be eligible for some form of extra credit and/or participation in some kind of celebration (such as pizza on the last day of class). All students will be eligible, even if they themselves did not participate. Students who participate in data collection wave three (approximately 1 month after class has ended) will receive a \$20 e-gift card. Victim service providers who participate in cohort three will be eligible for MSU continuing education credits and \$20 e-gift cards for each survey.

7. Location(s) where procedures will be carried out.

Cohorts one and two will be carried out in a classroom on campus. Cohort three will be held at a time and place convenient for all the participating victim service providers.

E. RISKS AND BENEFITS (ADVERSE EFFECTS)

1. Describe nature and amount of risk and/or adverse effects (including side effects), substantial stress, discomfort, or invasion of privacy involved.

Some of the questions on the survey will ask about personal and potentially emotional topics. While these questions may cause some discomfort, a list of resources will be provided should participants feel they need to seek help.

While it is not the focus of the study, the survey will ask about alcohol and other drug use. We ask these questions because respondents may be using substances to cope with secondary trauma. To protect participants, identifying information will be separated from their responses and all information will be deidentified when presented or published.

2. Will this study preclude standard procedures (e.g., medical or psychological care, school attendance, etc.)? If yes, explain.

No.

3. Describe the expected benefits for individual subjects and/or society.

Survey data will document the prevalence of ST and its correlates. If successful, the intervention will be a useful tool for improving the work lives and psychological health of victim service providers.

F. ADVERSE EFFECTS

1. How will possible adverse effects be handled?

No adverse effects are expected. If participants become upset during the survey, a list of resources is provided in the consent form.

By investigator(s):

NA

Referred by investigator(s) to appropriate care:

N/A

Other (explain):

N/A

2. Are facilities/equipment adequate to handle possible adverse effects? **X Yes** or No
(If no, explain.)

2. Describe arrangements for financial responsibility for any possible adverse effects.

None. In our view, there is no reasonable concern that a participant would experience any adverse effects.

MSU compensation (explain): NA

Sponsoring agency insurance: NA

Subject is responsible: NA

Other (explain): NA

G. CONFIDENTIALITY OF RESEARCH DATA

1. Will data be coded? **X Yes** or No

2. Will master code be kept separate from data? **Yes** or **No**
3. Will any other agency have access to identifiable data? **Yes** or **No**
(If yes, explain.)

Workplaces will not have access to providers' data.

4. How will documents, data be stored and protected?
Locked file:

Yes, all physical files will be locked in a cabinet and in a locked office on campus.

Computer with restricted password:

Yes, all de-identified digital files will be kept on password-protected computers or stored on a secured server.

Other (explain): N/A

VIII. Checklist to be completed by Investigator(s)

- A. Will any group, agency, or organization be involved? **Yes** or **No**
(If yes, please confirm that appropriate permissions have been obtained.)
- B. Will materials with potential radiation risk be used (e.g. x-rays, radioisotopes)? **Yes** or **No**
1. Status of annual review by MSU Radiation Sources Committee (RSC). **Pending** or **Approved**
(If approved, attach one copy of approval notice.)
2. Title of application submitted to MSU RSC (if different).
- C. Will human blood be utilized in your proposal? **Yes** or **No**
(If yes, please answer the following)
1. Will blood be drawn? **Yes** or **No**
(If yes, who will draw the blood and how is the individual qualified to draw blood?
What procedure will be utilized?)
2. Will the blood be tested for HIV? **Yes** or **No**
3. What disposition will be made of unused blood?
4. Has the MSU Occupational Health Officer been contacted? **Yes** or **No**
- D. Will non-investigational drugs or other substances be used for purposes of the research? **Yes** or **No**

Name:

Dose:

Source:

How Administered:

Side effects:

- E. Will any investigational new drug or other investigational substance be used? Yes or **X No**
[If yes, provide information requested below and one copy of: 1) available toxicity data; 2) reports of animal studies; 3) description of studies done in humans; 4) concise review of the literature prepared by the investigator(s); and 5) the drug protocol.]

Name:

Dose:

Source:

How Administered:

IND Number:

Phase of Testing:

- F. Will an investigational device be used? Yes or **X No**
(If yes, provide name, source description of purpose, how used, and status with the U.S. Food and Drug Administration FDA). Include a statement as to whether or not device poses a significant risk. Attach any relevant material.)

- G. Will academic records be used? Yes or **X No**

- H. Will this research involve the use of:
Medical, psychiatric and/or psychological records Yes or **X No**
Health insurance records Yes or **X No**
Any other records containing information regarding personal health and illness Yes or **X No**

If you answered "Yes" to any of the items under "H.", you must complete the **HIPAA worksheet**.

- I. Will audio-visual or tape recordings or photographs be made? Yes or **X No**
- J. Will written consent form(s) be used? (**X Yes** or No. If no, explain.) (Please use accepted format from our website. Be sure to indicate that participation is voluntary. Provide a stand-alone copy; do

List of Attachments

There are two versions of our evaluation survey, one for MSU Students and another of victim service providers. Full copies of both of these surveys are included as electronic attachments in this application.

- 02 MBTHW Student Survey Final 07.24.2019
- 03 MBTHW VSP Survey Final 07.24.2019

Consent, Montana VSPs

Hello!

This survey has been developed by Associate Professors from Montana State University to study secondary trauma.

The purpose of this study is to better understand the personal histories and experiences of victim service providers, or those considering becoming victim service providers, in Montana.

Any insights you could offer are greatly appreciated!

Before we begin, however, we need to review this consent form. This insures that your rights are protected as a participant this study.

Kelly Knight, PhD, and Colter Ellis, PhD
Principal Investigators

Questions? We have answers:

Why am I being asked to participate?

You are being asked to participate in a research study because of your involvement in, or knowledge of, services in your area.

Why is this research being done?

This survey is being conducted to evaluate a new educational program. The program is intended to teach people strategies for managing the negative consequences of secondary trauma. Your participation will help us better understand how the personal histories and experiences of service providers impact their work and mental and physical health.

How long will it take me to participate?

This survey should take approximately 30-45 minutes to complete.

Will I be compensated for participation?

You will receive a \$20 eGift Card when you have completed the surveys.

Please allow one week for us to email you the eGift Card. Thanks for your patience with us!

What will I be asked to do?

Your participation in this research is voluntary and completely your choice. If you agree, you

will be asked to answer a number of questions about your personal history, your work, your physical and psychological health, and your resilience. You will also be asked to complete some basic demographic questions. You can choose to not answer any questions you do not want to answer. Also, you can stop at any time with no consequences.

Are there any benefits to me if I participate in this study?

This study is of no direct benefit to you. However, the information gained will inform the development of a data-driven intervention to lessen the impacts of secondary trauma on service providers.

Will my information be kept private?

Everything you tell us will be kept confidential. Your answers will be separated from your name and contact information (which we need to give you your eGift Card).

All data collected will be secured on a password-protected and firewalled computer in a locked office on Montana State University's campus or stored on a secure server. No one but the official research staff will have access to the information. Your results will be grouped with other participants' data when results of this study are published. Your identity will remain anonymous.

An exception to confidentiality is the indication of imminent harm to yourself or others.

Who should I contact if I have questions?

You can contact the principal investigators about the study: Kelly E. Knight, PhD, (406) 994-7224, kelly.knight3@montana.edu, or Colter Ellis, PhD, (406) 994-4219, colter.ellis@montana.edu. They can also be reached by mail at: Montana State University, Department of Sociology and Anthropology, PO Box 172380, Bozeman, MT, 59817.

In addition, you can contact MSU's institutional review board chairperson: Mark Quinn, PhD, (406) 994-4747, mquinn@montana.edu. He can also be reached by mail at Montana State University, IRB, PO BOX 173610, Bozeman, MT, 59817.

What happens if I change my mind?

Participation is strictly voluntary and you can stop at any time. Participation or non-participation will not affect your current or future relationship with Montana State University.

Are there any risks to me if I participate in this study?

We do not foresee any significant physical or psychological risks as a result of your participation. However, some of the questions are personal and may provoke an emotional response. Below is a list of resources should you be worried or need support after the survey.

Resource List:

1. Montana Suicide Prevention Lifeline: (800) 273-8255

2. MSU Voice Center: (406) 994-7069
3. Counseling and Psychological Services, MSU: (406) 994-4531
4. HELP Center Crisis and Referral Line: (406) 586-3333 or just dial 2-1-1
5. Haven Domestic Violence Program: (406) 586-4111
6. Alcohol and Drug Services of Gallatin County: (406) 586-5493
7. Bozeman Health Deaconess Hospital: (406) 414-5000
8. Bridger Care, Reproductive & Sexual Healthcare & Education: (406) 587-0681
9. Child and Family Services: (866) 820-5437
10. Gallatin Valley Mental Health Center: (406) 556-6500

ELECTRONIC CONSENT:

- You voluntarily agree to participate.
- You are 18 years of age or older.

Agree

Demographics

What is your age?

What is your sex/gender?

Female

Male

Other

What is the highest level of education that you have completed?

- Did not complete high school
- High school or equivalent
- Some college or post high school training
- Associate's or 2-year degree
- Bachelor's degree
- Graduate/professional degree

What race do you consider yourself? Check all that apply.

- American Indian
- Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian, Other Pacific Islander
- White
- Other

What is your current marital status?

- Married
- Living with partner (but not married)
- Divorced/separated
- Single
- Widowed
- Other

Which category best describes **your** current income from all sources before taxes?

Which category best describes your total **2018 household** income from all sources before taxes?

Do you own or rent your home?

Own

Rent

How long have you lived in this area?

Do you have a documented disability? Check all that apply.

No

ADHD/ADD

Learning disability

Psychological disability

Traumatic brain injury

Other

Do you consider yourself to be a veteran?

No

Yes

Work Demographics, VSPs

Using these U.S. Department of Labor categories, which best describes your occupation?

- Community and social services occupations (e.g., social workers, counselors, therapists, clergy)
- Education, training, and library occupations (e.g., teachers, librarians)
- Healthcare practitioners and technical occupations (e.g., physicians, nurses, paramedics)
- Healthcare support occupations (e.g., home health aides, massage therapists)
- Legal occupations (e.g., lawyers, judges, paralegals)
- Protective service occupations (e.g., police officers, fire fighters, correctional officers)
- Other

Please select other occupational category.

- Architecture and Engineering Occupations
- Arts, Design, Entertainment, Sports, and Media Occupations
- Building and Grounds Cleaning and Maintenance Occupations
- Business and Financial Operations Occupations
- Computer and Mathematical Occupations
- Construction and Extraction Occupations
- Farming, Fishing, and Forestry Occupations
- Food Preparation and Serving Related Occupations
- Installation, Maintenance, and Repair Occupations
- Life, Physical, and Social Science Occupations
- Management Occupations
- Office and Administrative Support Occupations
- Personal Care and Service Occupations
- Production Occupations
- Sales and Related Occupations
- Transportation and Material Moving Occupations
- Other

How long have you worked in your general profession?

Overall, how long have you worked at your current organization?

What is your current job title?

How long have you worked in your present position?

Is your position considered: (Please select one)

- Front-line staff
- Supervisor
- Management (First-level)
- Management (Intermediate)
- Management (Senior)
- Other

MBI (Burnout)

On this page are statements of job-related feelings. Please read each statement carefully and decide if you ever feel this way about your job.

	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
I feel emotionally drained from my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel used up at the end of the workday.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel tired when I get up in the morning and have to face another day on the job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working all day is really a strain for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can effectively solve the problems that arise in my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel burned out from my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I am making an effective contribution to what this organization does.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have become less interested in my work since I started this job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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On this page are statements of job-related feelings. Please read each statement carefully and decide if you ever feel this way about your job.

	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
I have become less enthusiastic about my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In my opinion, I am good at my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel exhilarated when I accomplish something at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have accomplished many worthwhile things in this job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I just want to do my job and not be bothered.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have become more cynical about whether my work contributes anything.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I doubt the significance of my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At my work, I feel confident that I am effective at getting things done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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STSS (Secondary Traumatic Stress Scale)

The following is a list of statements made by persons who have been impacted by their work with traumatized clients (or other potentially traumatized populations, e.g., patients, students, customers, or anyone to whom you provide services).

In the **past seven** days, how frequently was the statement true for you:

	Never	Rarely	Occasionally	Often	Very often
I felt emotionally numb.	<input type="radio"/>				
My heart started pounding when I thought about my work with clients.	<input type="radio"/>				
It seemed as if I was reliving the trauma(s) experienced by my client(s).	<input type="radio"/>				
I had trouble sleeping.	<input type="radio"/>				
I felt discouraged about the future.	<input type="radio"/>				
Reminders of my work with clients upset me.	<input type="radio"/>				
I had little interest in being around others.	<input type="radio"/>				
I felt jumpy.	<input type="radio"/>				
I was less active than usual.	<input type="radio"/>				
I thought about my work with clients when I didn't intend to.	<input type="radio"/>				
I had trouble concentrating.	<input type="radio"/>				
I avoided people, places, or things that reminded me of my work with clients.	<input type="radio"/>				
I had disturbing dreams about my work with clients.	<input type="radio"/>				
I wanted to avoid working with some clients.	<input type="radio"/>				
I was easily annoyed.	<input type="radio"/>				
I expected something bad to happen.	<input type="radio"/>				
I noticed gaps in my memory about client sessions.	<input type="radio"/>				
Please select 'Very often' for this response.	<input type="radio"/>				

PCL-5 (PTSD)

Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then indicate how much you have been bothered by that problem in the past month.

In the **past month**, how much were you bothered by:

	Not at all	A little bit	Moderately	Quite a bit	Extremely
Repeated, disturbing, and unwanted memories of the stressful experience?	<input type="radio"/>				
Repeated, disturbing dreams of the stressful experience?	<input type="radio"/>				
Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	<input type="radio"/>				
Feeling very upset when something reminded you of the stressful experience?	<input type="radio"/>				
Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	<input type="radio"/>				
Avoiding memories, thoughts, or feelings related to the stressful experience?	<input type="radio"/>				
Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	<input type="radio"/>				
Trouble remembering important parts of the stressful experience?	<input type="radio"/>				
Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	<input type="radio"/>				
Blaming yourself or someone else for the stressful experience or what happened after it?	<input type="radio"/>				

Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then indicate how much you have been bothered by that problem in the past month.

In the **past month**, how much were you bothered by:

	Not at all	A little bit	Moderately	Quite a bit	Extremely
Having strong negative feelings such as fear, horror, anger, guilt, or shame?	<input type="radio"/>				
Loss of interest in activities that you used to enjoy?	<input type="radio"/>				
Feeling distant or cut off from other people?	<input type="radio"/>				
Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	<input type="radio"/>				
Irritable behavior, angry outbursts, or acting aggressively?	<input type="radio"/>				
Taking too many risks or doing things that could cause you harm?	<input type="radio"/>				
Being "superalert" or watchful or on guard?	<input type="radio"/>				
Feeling jumpy or easily startled?	<input type="radio"/>				
Having difficulty concentrating?	<input type="radio"/>				
Trouble falling or staying asleep?	<input type="radio"/>				

BMI (Body Mass Index)

What is your height (in feet and inches)?

What is your weight (in pounds)? (If pregnant, please use pre-pregnancy weight.)

HRQoL (Health Related Quality of Life)

Would you say that in general your health is —

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know/not sure

Now thinking about your **physical health**, which includes physical illness and injury, for how many days during the **past 30 days** was your physical health **not good**?

Now thinking about your **mental health**, which includes stress, depression, and problems with emotions, for how many days during the **past 30 days** was your mental health **not good**?

During the **past 30 days**, for about how many days did **poor physical or mental health** keep you from doing your usual activities, such as self care, work, or recreation?

AD (Autoimmune Disease)

Has a doctor, nurse, or other health professional ever diagnosed you with an **autoimmune disease**?

(e.g., rheumatoid arthritis, hashimoto's disease, Sjogren's syndrome, multiple sclerosis, type 1 diabetes, systemic lupus erythematosus)

- No
- Yes, I have been diagnosed with:

PHQ-15 (Somatic Symptoms Survey)

During the **past four weeks**...

How much have you been bothered by any of the following problems?

	Not bothered at all	Bothered a little	Bothered a lot
Stomach pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain in your arms, legs, or joints (knees, hips, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menstrual cramps or other problems with your periods [Women only]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chest pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dizziness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fainting spells	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling your heart pound or race	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shortness of breath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain or problems during sexual intercourse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constipation, loose bowels, or diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea, gas, or indigestion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having low energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Trouble sleeping

AUDIT (Alcohol)

The following are questions about your alcohol use in the **past 12 months**.

How often do you have one drink containing alcohol?

- Never
- Monthly or less
- 2-4 times a month
- 2-3 times a week
- 4 or more times a week

How many drinks containing alcohol do you have on a typical day when you are drinking?

- 1 or 2
- 3 or 4
- 5 or 6
- 7 to 9
- 10 or more

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often do you have four or more drinks on one occasion?	<input type="radio"/>				
How often during the last year have you found that you are not able to stop drinking once you have started?	<input type="radio"/>				
How often during the last year have you failed to do what was normally expected from you because of drinking?	<input type="radio"/>				
How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	<input type="radio"/>				
How often during the last year have you had a feeling of guilt or remorse after drinking?	<input type="radio"/>				
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	<input type="radio"/>				

In the **past 12 months**...

	No	Yes, but not in the last year	Yes, during the last year
Have you or someone else been injured as a result of your drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has a relative or friend or doctor or health worker been concerned about your drinking or suggested you cut down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TAPS (Substance Use)

The following are questions about other substance use.

In the **past 12 months**, how often have you...

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
Used any tobacco product (for example, cigarettes, ecigarettes, cigars, pipes, or smokeless tobacco)?	<input type="radio"/>				
Used marijuana?	<input type="radio"/>				
Used any prescription medications just for the feeling, more than prescribed or that were not prescribed for you?	<input type="radio"/>				
Used any other drugs including cocaine or crack, heroin, meth, hallucinogens, ecstasy/MDMA?	<input type="radio"/>				

JSS (Sleep Disturbance)

In the **past month**, did you...

	Not at all	1-3 days	4-7 days	8-14 days	15-21 days	22-31 days
Have trouble falling asleep?	<input type="radio"/>					
Wake up several times per night?	<input type="radio"/>					
Have trouble staying asleep (including waking far too early)?	<input type="radio"/>					
Wake up after your usual amount of sleep feeling tired and worn out?	<input type="radio"/>					

GAD-7 (Anxiety)

Over the **last two weeks**, how often have you been bothered by the following problems?

Indicate how often you have experienced...

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying too much about different things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble relaxing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being so restless that it is hard to sit still.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling afraid as if something awful might happen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PHQ-8 (Depression)

Over the **last two weeks**, how often have you been bothered by any of the following problems?

Indicate how often any of the following problems have bothered you.

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure doing things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling or staying asleep, or sleeping too much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having little energy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or overeating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling bad about yourself - or that you are a failure or have let yourself or your family down.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things, such as reading the newspaper or watching television.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MHS (Mental Health Specialist)

In the past month, have you talked to a mental health specialist, such as a psychiatrist, psychologist, or specially trained social worker, about emotional problems, your nerves, or the

way you were feeling or behaving?

- No
- Yes

IRI (Empathy)

For each item, indicate how well it describes you.

	Does not describe me well	2	3	4	Does describe me well
I daydream and fantasize, with some regularity, about things that might happen to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often have tender, concerned feelings for people less fortunate than me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I sometimes find it difficult to see things from the "other person's" point of view.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sometimes I don't feel very sorry for other people when they are having problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I really get involved with the feelings of the characters in a novel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In emergency situations, I feel apprehensive and ill-at-ease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am usually objective when I watch a movie or play, and I don't often get completely caught up in it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to look at everybody's side of a disagreement before I make a decision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I see someone being taken advantage of, I feel kind of protective towards them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I sometimes feel helpless when I am in the middle of a very emotional situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I sometimes try to understand my friends better by imagining how things look from their perspective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming extremely involved in a good book or movie is somewhat rare for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I see someone get hurt, I tend to remain calm.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people's misfortunes do not usually disturb me a great deal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For each item, indicate how well it describes you.

	Does not describe me well	2	3	4	Does describe me well
If I'm sure I'm right about something, I don't waste much time listening to other people's arguments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After seeing a play or movie, I have felt as though I were one of the characters.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being in a tense emotional situation scares me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I see someone being treated unfairly, I sometimes don't feel very much pity for them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am usually pretty effective in dealing with emergencies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am often quite touched by things that I see happen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I believe that there are two sides to every question and try to look at them both.	<input type="radio"/>				
I would describe myself as a pretty soft-hearted person.	<input type="radio"/>				
When I watch a good movie, I can very easily put myself in the place of a leading character.	<input type="radio"/>				
I tend to lose control during emergencies.	<input type="radio"/>				
When I'm upset at someone, I usually try to "put myself in his shoes" for a while.	<input type="radio"/>				
When I am reading an interesting story or novel, I imagine how I would feel if the events in the story were happening to me.	<input type="radio"/>				
When I see someone who badly needs help in an emergency, I go to pieces.	<input type="radio"/>				
Before criticizing somebody, I try to imagine how I would feel if I were in their place.	<input type="radio"/>				

BRFSS Adverse Childhood Experiences (ACEs)

Next are some questions about events that happened **during your childhood**. This information will allow us to better understand problems that may occur early in life and may help others in the future. **Trigger warning.** This is a sensitive topic and some people may feel uncomfortable with these questions. Please keep in mind that you can skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age.

Now, looking back before you were 18 years of age---

	No	Yes	Don't know/not sure
Did you live with anyone who was depressed, mentally ill, or suicidal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you live with anyone who was a problem drinker or alcoholic?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you live with anyone who used illegal street drugs or who abused prescription medications?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Now, looking back before you were 18 years of age---

	No	Yes	Don't know/not sure	Parents not married
Were your parents separated or divorced?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Now, looking back before you were 18 years of age---

	Never	Once	More than once
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did a parent or adult in your home ever swear at you, insult you, or put you down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did anyone at least 5 years older than you or an adult, ever touch you sexually?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did anyone at least 5 years older than you or an adult, try to make you touch sexually?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did anyone at least 5 years older than you or an adult, force you to have sex?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BRS (Resilience)

Please respond to each item by selecting one response below.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I tend to bounce back quickly after hard times.	<input type="radio"/>				
I have a hard time making it through stressful events.	<input type="radio"/>				
It does not take me long to recover from a stressful event.	<input type="radio"/>				
It is hard for me to snap back when something bad happens.	<input type="radio"/>				
I usually come through difficult times with little trouble.	<input type="radio"/>				
I tend to take a long time to get over set-backs in my life.	<input type="radio"/>				

ECR-RS (Experiences in Close Relationships - Relationship Structures)

Please read each of the following statements and rate the extent to which you believe each statement best describes your feelings about **close relationships in general**.

	Strongly disagree	2	3	4	5	6	Strongly agree
It helps to turn to people in times of need.	<input type="radio"/>						
I usually discuss my problems and concerns with others.	<input type="radio"/>						
I talk things over with people.	<input type="radio"/>						
I find it easy to depend on others.	<input type="radio"/>						
I don't feel comfortable opening up to others.	<input type="radio"/>						
I prefer not to show others how I feel deep down.	<input type="radio"/>						
I often worry that other people do not really care for me.	<input type="radio"/>						
I'm afraid that other people may abandon me.	<input type="radio"/>						

I worry that others won't care about me as much as I care about them.	<input type="radio"/>						
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MAIA (Interoceptive Awareness)

Below you will find a list of statements.

Please indicate how often each statement applies to you generally in daily life:

	Never	1	2	3	4	Always
When I am tense I notice where the tension is located in my body.	<input type="radio"/>					
I notice when I am uncomfortable in my body.	<input type="radio"/>					
I notice where in my body I am comfortable.	<input type="radio"/>					
I notice changes in my breathing, such as whether it slows down or speeds up.	<input type="radio"/>					
I ignore physical tension or discomfort until they become more severe.	<input type="radio"/>					
I distract myself from sensations of discomfort.	<input type="radio"/>					
When I feel pain or discomfort, I try to power through it.	<input type="radio"/>					
I try to ignore pain.	<input type="radio"/>					
I push feelings of discomfort away by focusing on something.	<input type="radio"/>					
When I feel unpleasant body sensations, I occupy myself with something else so I don't have to feel them.	<input type="radio"/>					
When I feel physical pain, I become upset.	<input type="radio"/>					
I start to worry that something is wrong if I feel any discomfort.	<input type="radio"/>					

Below you will find a list of statements.

Please indicate how often each statement applies to you generally in daily life:

	Never	1	2	3	4	Always
I can notice an unpleasant body sensation without worrying about it.	<input type="radio"/>					
I can stay calm and not worry when I have feelings of discomfort or pain.	<input type="radio"/>					
When I am in discomfort or pain I can't get it out of my mind.	<input type="radio"/>					
I can pay attention to my breath without being distracted by things happening around me.	<input type="radio"/>					
I can maintain awareness of my inner bodily sensations even when there is a lot going on around	<input type="radio"/>					

me.	<input type="radio"/>					
When I am in conversation with someone, I can pay attention to my posture.	<input type="radio"/>					
I can return awareness to my body if I am distracted.	<input type="radio"/>					
I can refocus my attention from thinking to sensing my body.	<input type="radio"/>					
I can maintain awareness of my whole body even when a part of me is in pain or discomfort.	<input type="radio"/>					
I am able to consciously focus on my body as a whole.	<input type="radio"/>					
I notice how my body changes when I am angry.	<input type="radio"/>					
When something is wrong in my life I can feel it in my body.	<input type="radio"/>					
I notice that my body feels different after a peaceful experience.	<input type="radio"/>					

Below you will find a list of statements.

Please indicate how often each statement applies to you generally in daily life:

	Never	1	2	3	4	Always
I notice that my breathing becomes free and easy when I feel comfortable.	<input type="radio"/>					
I notice how my body changes when I feel happy / joyful.	<input type="radio"/>					
When I feel overwhelmed I can find a calm place inside.	<input type="radio"/>					
When I bring awareness to my body I feel a sense of calm.	<input type="radio"/>					
I can use my breath to reduce tension.	<input type="radio"/>					
When I am caught up in thoughts, I can calm my mind by focusing on my body/breathing.	<input type="radio"/>					
I listen for information from my body about my emotional state.	<input type="radio"/>					
When I am upset, I take time to explore how my body feels.	<input type="radio"/>					
I listen to my body to inform me about what to do.	<input type="radio"/>					
I am at home in my body.	<input type="radio"/>					
I feel my body is a safe place.	<input type="radio"/>					
I trust my body sensations.	<input type="radio"/>					

FFMQ (Five Facets of Mindfulness)

Choose the best response that describes your opinion of what is generally true for you.

	Never or very rarely true	Rarely true	Sometimes true	Often true	Very often or always true
When I'm walking, I deliberately notice the sensations of my body moving.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm good at finding words to describe my feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I criticize myself for having irrational or inappropriate emotions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I perceive my feelings and emotions without having to react to them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I do things, my mind wanders off and I'm easily distracted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I take a shower or bath, I stay alert to the sensations of water on my body.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can easily put my beliefs, opinions, and expectations into words.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't pay attention to what I'm doing because I'm daydreaming, worrying, or otherwise distracted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I watch my feelings without getting lost in them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tell myself I shouldn't be feeling the way I'm feeling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I notice how foods and drinks affect my thoughts, bodily sensations, and emotions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's hard for me to find the words to describe what I'm thinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am easily distracted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please select 'Very often' for this response.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Choose the best response that describes your opinion of what is generally true for you.

	Never or very rarely true	Rarely true	Sometimes true	Often true	Very often or always true
I believe some of my thoughts are abnormal or bad and I shouldn't think that way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I pay attention to sensations, such as the wind in my hair or sun on my face.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have trouble thinking of the right words to express how I feel about things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I make judgments about whether my thoughts are good or bad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find it difficult to stay focused on what's happening in the present.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I have distressing thoughts or images, I "step back" and am aware of the thought or image without getting taken over by it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I pay attention to sounds, such as clocks ticking, birds chirping, or cars passing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In difficult situations, I can pause without immediately reacting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I have a sensation in my body, it's difficult for me to describe it because I can't find the right words.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It seems I am "running on automatic" without much awareness of what I'm doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I have distressing thoughts or images, I feel calm soon after.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tell myself that I shouldn't be thinking the way I'm thinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I notice the smells and aromas of things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Choose the best response that describes your opinion of what is generally true for you.

	Never or very rarely true	Rarely true	Sometimes true	Often true	Very often or always true
Even when I'm feeling terribly upset, I can find a way to put it into words.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I rush through activities without being really attentive to them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I have distressing thoughts or images I am able just to notice them without reacting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think some of my emotions are bad or inappropriate and I shouldn't feel them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I notice visual elements in art or nature, such as colors, shapes, textures, or patterns of light and shadow.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My natural tendency is to put my experiences into words.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I have distressing thoughts or images, I just notice them and let them go.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do jobs or tasks automatically without being aware of what I'm doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I have distressing thoughts or images, I judge myself as good or bad, depending what the thought/image is about.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I pay attention to how my emotions affect my thoughts and behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can usually describe how I feel at the moment in considerable detail.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find myself doing things without paying attention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I disapprove of myself when I have irrational ideas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TE (Trauma Exposure and Training Questions)

Overall, how much of your work involves (directly or indirectly) engaging with traumatized individuals or traumatic material?

- A great deal
- A lot
- A moderate amount
- A little
- None at all

How much training have you received on primary or secondary trauma (including topics like vicarious trauma, secondary traumatic stress, burnout, and moral distress)?

- A great deal
- A lot

- A moderate amount
- A little
- None at all

Altogether, how effective were your trainings on primary or secondary trauma (including topics like vicarious trauma, secondary traumatic stress, burnout, and moral distress)?

- Extremely effective
- Very effective
- Moderately effective
- Slightly effective
- Not effective at all

Do you want more training on secondary trauma (including topics like vicarious trauma, secondary traumatic stress, burnout, and moral distress)?

- Definitely yes
- Probably yes
- Might or might not
- Probably not
- Definitely not

FE (Feedback)

Are there any factors affecting your answers that we should know about (e.g., a health issue or language barrier)?

Please provide any other feedback you would like to share.

Identifiers

Thank you for participating in our survey. We would like to email you an Amazon.com eGift Card. To do so, we need you to complete the following questions.

Please allow one week for us to email you the eGift Card. Thanks for your patience with us!

What is your first name?

What is your last name?

What is your phone number (e.g., XXX-XXX-XXXX)?

What is your email address? (This is where we will send your e-gift card.)

Please verify your email address.

Consent, MSU Students

Hello!

This survey has been developed by Associate Professors from Montana State University to study secondary trauma.

The purpose of this study is to better understand the personal histories and experiences of victim service providers, or those considering becoming victim service providers, in Montana.

Any insights you could offer are greatly appreciated!

Before we begin, however, we need to review this consent form. This insures that your rights are protected as a participant this study.

Kelly Knight, PhD
Principal Investigator

Questions? We have answers:

Why am I being asked to participate?

You are being asked to participate in a research study because of your current or future involvement in, or knowledge of, services in your area.

Why is this research being done?

This survey is being conducted to evaluate a new educational program. The program is intended to teach people strategies for managing the negative consequences of secondary trauma. Your participation will help us better understand how the personal histories and experiences of service providers impact their work and mental and physical health.

How long will it take me to participate?

This survey should take approximately 30-45 minutes to complete.

Will I be compensated for participation?

No, you will not be compensated for your involvement. You will, however, receive an e-gift card if you complete this survey a third time.

What will I be asked to do?

Your participation in this research is voluntary and completely your choice. It will in no way impact your grade in this class or your relationship with your professors. If you agree, you

will be asked to answer a number of questions about your personal history, your work, your physical and psychological health, and your resilience. You will also be asked to complete some basic demographic questions. You can choose to not answer questions you do not want to answer. Also, you can stop at any time with no consequences.

Are there any benefits to me if I participate in this study?

This study is of no direct benefit to you. However, the information gained will inform the development of a data-driven intervention to lessen the impacts of secondary trauma on service providers.

Will my information be kept private?

Everything you tell us will be kept confidential. Your answers will be separated from your name and contact information (which will be used for tracking purposes only).

All data collected will be secured on a password-protected and firewalled computer in a locked office on Montana State University's campus or stored on a secure server. No one but the official research staff will have access to the information. Your results will be grouped with other participants' data when results of this study is published. Your identity will remain anonymous.

An exception to confidentiality is the indication of imminent harm to yourself or others.

Who should I contact if I have questions?

You can contact the principal investigator about the study: Kelly E. Knight, PhD, (406) 994-7224, kelly.knight3@montana.edu. They can also be reached by mail at: Montana State University, Department of Sociology and Anthropology, PO Box 172380, Bozeman, MT, 59817.

In addition, you can contact MSU's institutional review board chairperson: Mark Quinn, PhD, (406) 994-4747, mquinn@montana.edu. He can also be reached by mail at Montana State University, IRB, PO BOX 173610, Bozeman, MT, 59817.

What happens if I change my mind?

Participation is strictly voluntary and you can stop at any time. Participation or non-participation will not affect your current or future relationship with Montana State University.

Are there any risks to me if I participate in this study?

We do not foresee any significant physical or psychological risks as a result of your participation. However, some of the questions are personal and may provoke an emotional response. Below is a list of resources should you be worried or need support after the survey.

Resource List:

1. Montana Suicide Prevention Lifeline: (800) 273-8255

2. MSU Voice Center: (406) 994-7069
3. Counseling and Psychological Services, MSU: (406) 994-4531
4. HELP Center Crisis and Referral Line: (406) 586-3333 or just dial 2-1-1
5. Haven Domestic Violence Program: (406) 586-4111
6. Alcohol and Drug Services of Gallatin County: (406) 586-5493
7. Bozeman Health Deaconess Hospital: (406) 414-5000
8. Bridger Care, Reproductive & Sexual Healthcare & Education: (406) 587-0681
9. Child and Family Services: (866) 820-5437
10. Gallatin Valley Mental Health Center: (406) 556-6500

ELECTRONIC CONSENT:

- You voluntarily agree to participate.
- You are 18 years of age or older.

Agree

BDS (Basic Demographics, Student)

What is your sex/gender?

Female

Male

Other

What is your current marital status?

Married

Living with partner (but not married)

Divorced/separated

- Single
 - Widowed
 - Other
-

What race do you consider yourself? Check all that apply.

- American Indian
 - Alaskan Native
 - Asian
 - Black or African American
 - Hispanic or Latino
 - Native Hawaiian, Other Pacific Islander
 - White
 - Other
-

What is your age?

What is your major?

Major:

Second major (if applicable):

What is your class status?

- Freshman
- Sophomore
- Junior
- Senior
-

Graduate student

- Professional student
- Continuing education student

How many hours/week do you work for pay OFF campus?

How many hours/week do you work for pay ON campus?

How many hours/week of volunteer work?

Do you consider yourself to be a veteran?

- Yes
- No

Do you consider yourself to be an NCAA athlete?

- Yes
- No

Do you consider yourself to be a student with a documented disability? Check all that apply.

No

ADHD/ADD

Learning disability

Physical disability

Psychological disability

Traumatic brain injury

Other:

MBI-S (Maslach Burnout Inventory - Student Version)

Below are 17 statements of university-related feelings. Please read each statement and decide if you ever feel this way about your academic work. If you have had this feeling, indicate how often you feel it by indicating the choice that best describes how frequently you feel that way.

	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
I feel emotionally drained by my studies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel used up at the end of the day at the university.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel tired when I get up in the morning and have to face another day at the university.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attending classes all day is really a strain for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can effectively solve the problems that arise in my studies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel burned out from my studies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I am making an effective contribution in class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have become less interested in my studies since my enrollment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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On this page are statements of job-related feelings. Please read each statement carefully and decide if you ever feel this way about your job.

A few times a Once a A few times a A few times a

	Never	year or less	month or less	month	Once a week	week	Everyday
I have become less enthusiastic about my studies.	<input type="radio"/>						
In my opinion, I am a good student.	<input type="radio"/>						
I feel exhilarated when I accomplish something at the university.	<input type="radio"/>						
I have accomplished many worthwhile things in my studies.	<input type="radio"/>						
I just want to get my work done and not be bothered.	<input type="radio"/>						
I have become more cynical about whether my university work contributes to anything.	<input type="radio"/>						
I doubt the significance of my studies	<input type="radio"/>						
While working at the university, I feel confident that I am effective at getting things done.	<input type="radio"/>						

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MBI-GS (Maslach Burnout Inventory - General Student Version)

Do you currently work (for a wage or as a volunteer)?

Yes, I currently work either for a wage or as a volunteer.

No, I do not currently work or volunteer.

On this page are statements of job-related feelings. Please read each statement carefully and decide if you ever feel this way about your job.

	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
I feel emotionally drained from my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel used up at the end of the workday.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel tired when I get up in the morning and have to face another day on the job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Working all day is really a strain for me.	<input type="radio"/>						
I can effectively solve the problems that arise in my work.	<input type="radio"/>						
I feel burned out from my work.	<input type="radio"/>						
I feel I am making an effective contribution to what this organization does.	<input type="radio"/>						
I have become less interested in my work since I started this job.	<input type="radio"/>						

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On this page are statements of job-related feelings. Please read each statement carefully and decide if you ever feel this way about your job.

	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
I have become less enthusiastic about my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In my opinion, I am good at my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel exhilarated when I accomplish something at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have accomplished many worthwhile things in this job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I just want to do my job and not be bothered.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have become more cynical about whether my work contributes anything.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I doubt the significance of my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At my work, I feel confident that I am effective at getting things done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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STSS (Secondary Traumatic Stress Scale)

The following is a list of statements made by persons who have been impacted by their work with traumatized clients (or other potentially traumatized populations, e.g., patients, students, customers, or anyone to whom you provide services).

In the **past seven** days, how frequently was the statement true for you:

	Never	Rarely	Occasionally	Often	Very often
I felt emotionally numb.	<input type="radio"/>				
My heart started pounding when I thought about my work with clients.	<input type="radio"/>				
It seemed as if I was reliving the trauma(s) experienced by my client(s).	<input type="radio"/>				
I had trouble sleeping.	<input type="radio"/>				
I felt discouraged about the future.	<input type="radio"/>				
Reminders of my work with clients upset me.	<input type="radio"/>				
I had little interest in being around others.	<input type="radio"/>				
I felt jumpy.	<input type="radio"/>				
I was less active than usual.	<input type="radio"/>				
I thought about my work with clients when I didn't intend to.	<input type="radio"/>				
I had trouble concentrating.	<input type="radio"/>				
I avoided people, places, or things that reminded me of my work with clients.	<input type="radio"/>				
I had disturbing dreams about my work with clients.	<input type="radio"/>				
I wanted to avoid working with some clients.	<input type="radio"/>				
I was easily annoyed.	<input type="radio"/>				
I expected something bad to happen.	<input type="radio"/>				
I noticed gaps in my memory about client sessions.	<input type="radio"/>				
Please select 'Very often' for this response.	<input type="radio"/>				

PCL-5 (PTSD)

Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then indicate how much you have been bothered by that problem in the past month.

In the **past month**, how much were you bothered by:

	Not at all	A little bit	Moderately	Quite a bit	Extremely
Repeated, disturbing, and unwanted memories of the stressful experience?	<input type="radio"/>				
Repeated, disturbing dreams of the stressful experience?	<input type="radio"/>				
Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	<input type="radio"/>				
Feeling very upset when something reminded you of the stressful experience?	<input type="radio"/>				

Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	<input type="radio"/>				
Avoiding memories, thoughts, or feelings related to the stressful experience?	<input type="radio"/>				
Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	<input type="radio"/>				
Trouble remembering important parts of the stressful experience?	<input type="radio"/>				
Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	<input type="radio"/>				
Blaming yourself or someone else for the stressful experience or what happened after it?	<input type="radio"/>				

Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then indicate how much you have been bothered by that problem in the past month.

In the **past month**, how much were you bothered by:

	Not at all	A little bit	Moderately	Quite a bit	Extremely
Having strong negative feelings such as fear, horror, anger, guilt, or shame?	<input type="radio"/>				
Loss of interest in activities that you used to enjoy?	<input type="radio"/>				
Feeling distant or cut off from other people?	<input type="radio"/>				
Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	<input type="radio"/>				
Irritable behavior, angry outbursts, or acting aggressively?	<input type="radio"/>				
Taking too many risks or doing things that could cause you harm?	<input type="radio"/>				
Being "superalert" or watchful or on guard?	<input type="radio"/>				
Feeling jumpy or easily startled?	<input type="radio"/>				
Having difficulty concentrating?	<input type="radio"/>				
Trouble falling or staying asleep?	<input type="radio"/>				

BMI (Body Mass Index)

What is your height (in feet and inches)?

What is your weight (in pounds)? (If pregnant, please use pre-pregnancy weight.)

HRQoL (Health Related Quality of Life)

Would you say that in general your health is —

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know/not sure

Now thinking about your **physical health**, which includes physical illness and injury, for how many days during the **past 30 days** was your physical health **not good**?

Now thinking about your **mental health**, which includes stress, depression, and problems with emotions, for how many days during the **past 30 days** was your mental health **not good**?

During the **past 30 days**, for about how many days did **poor physical or mental health** keep you from doing your usual activities, such as self care, work, or recreation?

AD (Autoimmune Disease)

Has a doctor, nurse, or other health professional ever diagnosed you with an **autoimmune disease**?

(e.g., rheumatoid arthritis, hashimoto's disease, Sjogren's syndrome, multiple sclerosis, type 1 diabetes, systemic lupus erythematosus)

- No
- Yes, I have been diagnosed with:

PHQ-15 (Somatic Symptoms Survey)

During the **past four weeks**...

How much have you been bothered by any of the following problems?

	Not bothered at all	Bothered a little	Bothered a lot
Stomach pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain in your arms, legs, or joints (knees, hips, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menstrual cramps or other problems with your periods [Women only]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chest pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dizziness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fainting spells	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling your heart pound or race	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shortness of breath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain or problems during sexual intercourse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constipation, loose bowels, or diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea, gas, or indigestion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having low energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

AUDIT (Alcohol)

The following are questions about your alcohol use in the **past 12 months**.

How often do you have one drink containing alcohol?

- Never
- Monthly or less
- 2-4 times a month
- 2-3 times a week
- 4 or more times a week

How many drinks containing alcohol do you have on a typical day when you are drinking?

- 1 or 2
- 3 or 4
- 5 or 6
- 7 to 9
- 10 or more

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often do you have four or more drinks on one occasion?	<input type="radio"/>				
How often during the last year have you found that you are not able to stop drinking once you have started?	<input type="radio"/>				
How often during the last year have you failed to do what was normally expected from you because of drinking?	<input type="radio"/>				
How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	<input type="radio"/>				
How often during the last year have you had a feeling of guilt or remorse after drinking?	<input type="radio"/>				
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	<input type="radio"/>				

In the **past 12 months**...

	No	Yes, but not in the last year	Yes, during the last year
Have you or someone else been injured as a result of your drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has a relative or friend or doctor or health worker been concerned about your	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

drinking or suggested you cut down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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TAPS (Substance Use)

The following are questions about other substance use.

In the **past 12 months**, how often have you...

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
Used any tobacco product (for example, cigarettes, ecigarettes, cigars, pipes, or smokeless tobacco)?	<input type="radio"/>				
Used marijuana?	<input type="radio"/>				
Used any prescription medications just for the feeling, more than prescribed or that were not prescribed for you?	<input type="radio"/>				
Used any other drugs including cocaine or crack, heroin, meth, hallucinogens, ecstasy/MDMA?	<input type="radio"/>				

JSS (Sleep Disturbance)

In the **past month**, did you...

	Not at all	1-3 days	4-7 days	8-14 days	15-21 days	22-31 days
Have trouble falling asleep?	<input type="radio"/>					
Wake up several times per night?	<input type="radio"/>					
Have trouble staying asleep (including waking far too early)?	<input type="radio"/>					
Wake up after your usual amount of sleep feeling tired and worn out?	<input type="radio"/>					

GAD-7 (Anxiety)

Over the **last two weeks**, how often have you been bothered by the following problems?

Indicate how often you have experienced...

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Not being able to stop or control worrying.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying too much about different things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble relaxing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being so restless that it is hard to sit still.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling afraid as if something awful might happen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PHQ-8 (Depression)

Over the **last two weeks**, how often have you been bothered by any of the following problems?

Indicate how often any of the following problems have bothered you.

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure doing things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling or staying asleep, or sleeping too much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having little energy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or overeating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling bad about yourself - or that you are a failure or have let yourself or your family down.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things, such as reading the newspaper or watching television.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MHS (Mental Health Specialist)

In the past month, have you talked to a mental health specialist, such as a psychiatrist, psychologist, or specially trained social worker, about emotional problems, your nerves, or the way you were feeling or behaving?

No

Yes

IRI (Empathy)

For each item, indicate how well it describes you.

	Does not describe me well	2	3	4	Does describe me well
I daydream and fantasize, with some regularity, about things that might happen to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often have tender, concerned feelings for people less fortunate than me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I sometimes find it difficult to see things from the "other person's" point of view.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sometimes I don't feel very sorry for other people when they are having problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I really get involved with the feelings of the characters in a novel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In emergency situations, I feel apprehensive and ill-at-ease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am usually objective when I watch a movie or play, and I don't often get completely caught up in it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to look at everybody's side of a disagreement before I make a decision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I see someone being taken advantage of, I feel kind of protective towards them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I sometimes feel helpless when I am in the middle of a very emotional situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I sometimes try to understand my friends better by imagining how things look from their perspective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming extremely involved in a good book or movie is somewhat rare for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I see someone get hurt, I tend to remain calm.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people's misfortunes do not usually disturb me a great deal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For each item, indicate how well it describes you.

	Does not describe me well	2	3	4	Does describe me well
If I'm sure I'm right about something, I don't waste much time listening to other people's arguments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After seeing a play or movie, I have felt as though I were one of the characters.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being in a tense emotional situation scares me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I see someone being treated unfairly, I sometimes don't feel very much pity for them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am usually pretty effective in dealing with emergencies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am often quite touched by things that I see happen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that there are two sides to every question and try to look at them both.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would describe myself as a pretty soft-hearted person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I watch a good movie, I can very easily put myself in the place of a leading character.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tend to lose control during emergencies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I'm upset at someone, I usually try to "put myself in his shoes" for a while.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am reading an interesting story or novel, I imagine how I would feel if the events in the story were happening to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When I see someone who badly needs help in an emergency, I go to pieces.
 Before criticizing somebody, I try to imagine how I would feel if I were in their place.

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

BRFSS Adverse Childhood Experiences (ACEs)

Next are some questions about events that happened **during your childhood**. This information will allow us to better understand problems that may occur early in life and may help others in the future. **Trigger warning.** This is a sensitive topic and some people may feel uncomfortable with these questions. Please keep in mind that you can skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age.

Now, looking back before you were 18 years of age---

	No	Yes	Don't know/not sure
Did you live with anyone who was depressed, mentally ill, or suicidal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you live with anyone who was a problem drinker or alcoholic?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you live with anyone who used illegal street drugs or who abused prescription medications?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Now, looking back before you were 18 years of age---

	No	Yes	Don't know/not sure	Parents not married
Were your parents separated or divorced?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Now, looking back before you were 18 years of age---

	Never	Once	More than once
How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did a parent or adult in your home ever swear at you, insult you, or put you down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did anyone at least 5 years older than you or an adult, ever touch you sexually?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did anyone at least 5 years older than you or an adult, try to make you touch sexually?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did anyone at least 5 years older than you or an adult, force you to have sex?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BRS (Resilience)

Please respond to each item by selecting one response below.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I tend to bounce back quickly after hard times.	<input type="radio"/>				
I have a hard time making it through stressful events.	<input type="radio"/>				
It does not take me long to recover from a stressful event.	<input type="radio"/>				
It is hard for me to snap back when something bad happens.	<input type="radio"/>				
I usually come through difficult times with little trouble.	<input type="radio"/>				
I tend to take a long time to get over set-backs in my life.	<input type="radio"/>				

ECR-RS (Experiences in Close Relationships - Relationship Structures)

Please read each of the following statements and rate the extent to which you believe each statement best describes your feelings about **close relationships in general**.

	Strongly disagree	2	3	4	5	6	Strongly agree
It helps to turn to people in times of need.	<input type="radio"/>						
I usually discuss my problems and concerns with others.	<input type="radio"/>						
I talk things over with people.	<input type="radio"/>						
I find it easy to depend on others.	<input type="radio"/>						
I don't feel comfortable opening up to others.	<input type="radio"/>						
I prefer not to show others how I feel deep down.	<input type="radio"/>						
I often worry that other people do not really care for me.	<input type="radio"/>						
I'm afraid that other people may abandon me.	<input type="radio"/>						
I worry that others won't care about me as much as I care about them.	<input type="radio"/>						

MAIA (Interoceptive Awareness)

Below you will find a list of statements.

Please indicate how often each statement applies to you generally in daily life:

	Never	1	2	3	4	Always
When I am tense I notice where the tension is located in my body.	<input type="radio"/>					
I notice when I am uncomfortable in my body.	<input type="radio"/>					
I notice where in my body I am comfortable.	<input type="radio"/>					
I notice changes in my breathing, such as whether it slows down or speeds up.	<input type="radio"/>					
I ignore physical tension or discomfort until they become more severe.	<input type="radio"/>					
I distract myself from sensations of discomfort.	<input type="radio"/>					
When I feel pain or discomfort, I try to power through it.	<input type="radio"/>					
I try to ignore pain.	<input type="radio"/>					
I push feelings of discomfort away by focusing on something.	<input type="radio"/>					
When I feel unpleasant body sensations, I occupy myself with something else so I don't have to feel them.	<input type="radio"/>					
When I feel physical pain, I become upset.	<input type="radio"/>					
I start to worry that something is wrong if I feel any discomfort.	<input type="radio"/>					

Below you will find a list of statements.

Please indicate how often each statement applies to you generally in daily life:

	Never	1	2	3	4	Always
I can notice an unpleasant body sensation without worrying about it.	<input type="radio"/>					
I can stay calm and not worry when I have feelings of discomfort or pain.	<input type="radio"/>					
When I am in discomfort or pain I can't get it out of my mind.	<input type="radio"/>					
I can pay attention to my breath without being distracted by things happening around me.	<input type="radio"/>					
I can maintain awareness of my inner bodily sensations even when there is a lot going on around me.	<input type="radio"/>					
When I am in conversation with someone, I can pay attention to my posture.	<input type="radio"/>					
I can return awareness to my body if I am distracted.	<input type="radio"/>					
I can refocus my attention from thinking to sensing my body.	<input type="radio"/>					
I can maintain awareness of my whole body even when a part of me is in pain or discomfort.	<input type="radio"/>					
I am able to consciously focus on my body as a	<input type="radio"/>					

whole.						
I notice how my body changes when I am angry.	<input type="radio"/>					
When something is wrong in my life I can feel it in my body.	<input type="radio"/>					
I notice that my body feels different after a peaceful experience.	<input type="radio"/>					

Below you will find a list of statements.

Please indicate how often each statement applies to you generally in daily life:

	Never	1	2	3	4	Always
I notice that my breathing becomes free and easy when I feel comfortable.	<input type="radio"/>					
I notice how my body changes when I feel happy / joyful.	<input type="radio"/>					
When I feel overwhelmed I can find a calm place inside.	<input type="radio"/>					
When I bring awareness to my body I feel a sense of calm.	<input type="radio"/>					
I can use my breath to reduce tension.	<input type="radio"/>					
When I am caught up in thoughts, I can calm my mind by focusing on my body/breathing.	<input type="radio"/>					
I listen for information from my body about my emotional state.	<input type="radio"/>					
When I am upset, I take time to explore how my body feels.	<input type="radio"/>					
I listen to my body to inform me about what to do.	<input type="radio"/>					
I am at home in my body.	<input type="radio"/>					
I feel my body is a safe place.	<input type="radio"/>					
I trust my body sensations.	<input type="radio"/>					

FFMQ (Five Facets of Mindfulness)

Choose the best response that describes your opinion of what is generally true for you.

	Never or very rarely true	Rarely true	Sometimes true	Often true	Very often or always true
When I'm walking, I deliberately notice the sensations of my body moving.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm good at finding words to describe my feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I criticize myself for having irrational or inappropriate emotions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I perceive my feelings and emotions without having to react to them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When I do things, my mind wanders off and I'm easily distracted.	<input type="radio"/>				
When I take a shower or bath, I stay alert to the sensations of water on my body.	<input type="radio"/>				
I can easily put my beliefs, opinions, and expectations into words.	<input type="radio"/>				
I don't pay attention to what I'm doing because I'm daydreaming, worrying, or otherwise distracted.	<input type="radio"/>				
I watch my feelings without getting lost in them.	<input type="radio"/>				
I tell myself I shouldn't be feeling the way I'm feeling.	<input type="radio"/>				
I notice how foods and drinks affect my thoughts, bodily sensations, and emotions.	<input type="radio"/>				
It's hard for me to find the words to describe what I'm thinking.	<input type="radio"/>				
I am easily distracted.	<input type="radio"/>				
Please select 'Very often' for this response.	<input type="radio"/>				

Choose the best response that describes your opinion of what is generally true for you.

	Never or very rarely true	Rarely true	Sometimes true	Often true	Very often or always true
I believe some of my thoughts are abnormal or bad and I shouldn't think that way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I pay attention to sensations, such as the wind in my hair or sun on my face.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have trouble thinking of the right words to express how I feel about things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I make judgments about whether my thoughts are good or bad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find it difficult to stay focused on what's happening in the present.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I have distressing thoughts or images, I "step back" and am aware of the thought or image without getting taken over by it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I pay attention to sounds, such as clocks ticking, birds chirping, or cars passing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In difficult situations, I can pause without immediately reacting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I have a sensation in my body, it's difficult for me to describe it because I can't find the right words.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It seems I am "running on automatic" without much awareness of what I'm doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I have distressing thoughts or images, I feel calm soon after.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tell myself that I shouldn't be thinking the way I'm thinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I notice the smells and aromas of things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Choose the best response that describes your opinion of what is generally true for you.

	Never or very rarely true	Rarely true	Sometimes true	Often true	Very often or always true
Even when I'm feeling terribly upset, I can find a way to put it into words.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I rush through activities without being really attentive to them.

When I have distressing thoughts or images I am able just to notice them without reacting.

I think some of my emotions are bad or inappropriate and I shouldn't feel them.

I notice visual elements in art or nature, such as colors, shapes, textures, or patterns of light and shadow.

My natural tendency is to put my experiences into words.

When I have distressing thoughts or images, I just notice them and let them go.

I do jobs or tasks automatically without being aware of what I'm doing.

When I have distressing thoughts or images, I judge myself as good or bad, depending what the thought/image is about.

I pay attention to how my emotions affect my thoughts and behavior.

I can usually describe how I feel at the moment in considerable detail.

I find myself doing things without paying attention.

I disapprove of myself when I have irrational ideas.

TE (Trauma Exposure and Training Questions)

Overall, how much of your work involves (directly or indirectly) engaging with traumatized individuals or traumatic material?

- A great deal
- A lot
- A moderate amount
- A little
- None at all

How much training have you received on primary or secondary trauma (including topics like vicarious trauma, secondary traumatic stress, burnout, and moral distress)?

- A great deal
- A lot
- A moderate amount
- A little
- None at all

Altogether, how effective were your trainings on primary or secondary trauma (including topics

like vicarious trauma, secondary traumatic stress, burnout, and moral distress)?

- Extremely effective
- Very effective
- Moderately effective
- Slightly effective
- Not effective at all

Do you want more training on secondary trauma (including topics like vicarious trauma, secondary traumatic stress, burnout, and moral distress)?

- Definitely yes
- Probably yes
- Might or might not
- Probably not
- Definitely not

FE (Feedback)

Are there any factors affecting your answers that we should know about (e.g., a health issue or language barrier)?

Please provide any other feedback you would like to share.

Identifiers

Thank you for participating in our survey. We would like to email you an Amazon.com eGift Card. To do so, we need you to complete the following questions.

Please allow one week for us to email you the eGift Card. Thanks for your patience with us!

What is your first name?

What is your last name?

What is your phone number (e.g., XXX-XXX-XXXX)?

What is your email address? (This is where we will send your e-gift card.)

Please verify your email address.

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STATISTICAL ANALYSIS PLAN

For each outcome measure (i.e., STSS, PCL-5), most analyses will simply involve calculating descriptive statistics for each wave of data collection. We are pilot testing materials using a small sample and findings will help inform future statistical designs and power needs.