

INSTRUCTIONS AND SCORING

The Moral Injury Outcome Scale (MIOS)

GENERAL SCALE STRUCTURE

The MIOS was designed to be modular, allowing administrators to balance measurement breadth against respondent burden, privacy, and workflow needs. There are four sequential components:

1. Exposure Classification (gateway + event type, optional date/description)
2. (Optional) PTSD Screen (PC-PTSD-5)
3. Core 14-item MIOS Likert scale
4. (Optional) 9-item Functional Outcomes module adapted from the Brief Inventory of Psychosocial Functioning (B-IPF).

Description of Components:

1. Exposure Classification (Gateway and Index Event Selection)

The first question (Q1) confirms that the respondent has experienced at least one potentially morally injurious experience (PMIE) as defined in the stem (action/inaction by self; witnessing others; being directly affected/betrayed). **If the respondent selects “No” to the initial exposure question, discontinue administration;** the MIOS should not be completed (i.e., respondent should be instructed not to complete the questionnaire - terminate survey or auto skip to completion page).

The remaining questions on Page 1 capture the nature of the PMIE that the individual finds most currently distressing. These items support contextual and clinical interpretation but are not scored as part of MIOS symptom totals.

- **PMIE classification questions (Q1A-C):** self involvement (A), witnessing others (B), direct impact/betrayal (C); each Yes/No. These aspects are not mutually exclusive. Respondent should endorse all that apply, then in the follow-up question, identify the PRIMARY aspect (one choice only; A, B, or C) to indicate the main way the respondent experienced the PMIE. Store A/B/C endorsements as separate binary variables plus a “primary aspect” variable.
- **Additional descriptive fields (Full version only).** Respondent may report the date of the event (Q2) and briefly describe the event (Q5), if comfortable.

- **Implementation tip:** Because open-text responses can contain identifying or operationally sensitive details, organizations may choose to (a) include a redaction notice (“Please do not include names or identifying details”), or (b) omit/disable the free-text field in routine surveillance deployments. In some instances, it may be helpful to add additional contextualizing details regarding the event (i.e., checkboxes for key descriptors such as linkage to deployment/operational/occupational contexts, landmark incidents, or non-service/childhood origins). The Clinical (C) and Abbreviated (A) MIOS versions purposely omit the date and open-text description fields to reduce the privacy burden, as this information can be obtained from the clinical record when needed.

2. **PTSD Screen (optional).** The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5; Prins et al., 2015; 2016) is included in the Full version (Q3, Q4A-E) to support settings where it is useful to **co-screen for PTSD symptoms alongside moral injury outcomes** (e.g., research protocols examining comorbidity; large intake packages where PTSD status is unknown). It is not required to score the MIOS. If your setting already administers a PTSD measure (e.g., PCL 5) or routinely documents PTSD symptoms in clinical interviews, you can use the Clinical or Abbreviated MIOS. Use the Full version when you need a brief PTSD screener embedded in the same form to streamline data capture, reduce missing data across instruments, or enable rapid triage when PTSD status is unknown. Omitting the PTSD screen shortens the survey and may reduce respondent fatigue in high volume or surveillance contexts.

3. **Core MIOS items** (Top of Page 2, Q1-14). All MIOS versions include the core 14-item Likert scale of the MIOS. All items (“In the past month...”) are anchored to the **worst current** PMIE identified above. See next section for scoring information.
4. **Functional Outcomes (optional)** (Bottom of Page 2, Q1-9). The final 9 follow-up items gauge how the identified PMIE is affecting day-to-day functioning across key life domains. They are adapted from the Brief Inventory of Psychosocial Functioning (B-IPF; Kleiman et al., 2020), with additional items added to capture domains of particular relevance. The Abbreviated MIOS omits this section to reduce burden when a brief moral injury symptom assessment is the priority. See next section for scoring information.

i Implementation tip: Although optional, strongly consider including the Functional Outcomes items, especially in clinical settings. They help differentiate “feeling better” from “functioning better,” which is often the outcome of greatest practical importance.

SCALE VERSIONS

Depending on the administrator’s needs and context, different versions of the MIOS have been generated to facilitate optimal data collection. In each version, the core 14 items of the MIOS are always included.

	Full Version (F)	Clinical (C)	Abbreviated (A)
Exposure Classification	Extended classification of PMIEs; includes date and description of event	Only classification of PMIE	Only PMIE exposure screen
PTSD Screen	Yes	No	No
Core MIOS	FULL 14 ITEMS OF MIOS ALWAYS INCLUDED		
Functional Outcomes	Yes	Yes	No

MIOS SCORING INSTRUCTIONS

The 14-item MIOS yields two subscale scores and a total score by summing item responses (no reverse-scored items). Ranges reflect 0–4 response scale. Higher scores indicate greater severity of symptoms in the past month.

Subscale 1: Shame-Related Outcomes – items 1, 3, 7, 8, 12, 13, 14 [range 0-28]
Subscale 2: Trust Violation-Related Outcomes – items 2, 4, 5, 6, 9, 10, 11 [range 0-28]
Total Score: All items [range 0-56]

Recommendations for MIOS Cutoffs (as of June 2026):

Total and subscale score thresholds are provided below based on the following publications: Litz et al., 2025; Litz et al., 2026. Validation analyses demonstrated stepwise worsening across non-case, moral distress, and moral injury groups.

Moral Injury:	Total MIOS scores ≥ 31 , or Shame-Related Outcomes subscore ≥ 15 , or Trust Violation-Related Outcomes subscore ≥ 18
Moral Distress:	Total MIOS scores between 26-30 , or Shame-Related Outcomes subscore between 13-14 , or Trust Violation-Related Outcomes subscore between 15-17
Non-case:	Total MIOS scores < 26 , and Shame-Related Outcomes subscore < 13 , and Trust Violation-Related Outcomes subscore < 15

Clinically Significant Change (based on Jacobson & Truax, 1991):

- Improvement is defined as a change from baseline score of 13 points (this is the reliable change threshold to be 95% confident it is not due to measurement error)
- Clinically significant endpoint is a post-treatment score that is ≤ 9 (i.e., a post score low enough to classify an individual to be in the “non-clinical” range)

Implementation Strategy:

1. At baseline, classify with caseness cutoffs (moral injury/moral distress/non-case)
 2. The following categories can be created:
 - i. If a given score is higher than baseline by at least 13 points this indicates clinically significant **deterioration**;
 - ii. change from baseline that does not exceed the 13 point threshold indicates **unchanged**;
 - iii. a change from baseline of at least 13 points indicates **improvement**;
 - iv. a change from baseline that is at least 13 points AND a post-treatment score of ≤ 9 indicates **probable recovery**.
-  **Implementation tip:** In quality improvement and outcome research, consider reporting the frequency of each of the above categories in a given caseload or cohort in a given period.

FUNCTIONAL OUTCOMES SCORING INSTRUCTIONS:

The 9-item functional outcome measure is adapted from the Brief Inventory of Psychosocial Functioning (B-IPF; included in the MIOS with permission). Responses on these items may be considered independently for clinical purposes. Some items may not be applicable to different persons. An overall impression of functional impairment can be obtained by calculating as follows:

1. Sum responses for all answered items.
2. Obtain the maximum total score by multiplying the number of items answered by the highest possible score (6).
3. Divide total sum by the maximum total score.
4. Multiply by 100; [range 0-100].

Higher scores indicate greater functional impairment.

Recommended Cutoffs (based on Kleiman et al., 2020):

no impairment: 0-10
mild impairment: 11-30
moderate impairment: 31-50
severe impairment: 51-80
extreme impairment: 81-100

Reliable Change Index (based on Jacobson & Truax, 1991):

RCI Threshold: 33 point absolute change score
RCI Clinical Cutoff: Post-score ≤ 20 (on the 0-100 total)

PC PTSD 5 SCREENER SCORING INSTRUCTIONS

Scoring: Yes = 1, No = 0; sum for a 0-5 total

Cut point: ≥ 3 positives = probable PTSD;
some settings choose ≥ 4 to increase specificity (see Prins et al., 2015)

 **Implementation tip:** Screening only; follow positives with a full assessment. See Prins et al., 2015 for full instructions.

VALIDATION STUDIES

(as of June 2026)

Reference	Validation Context
Litz et al. (2022)	Original validation; military personnel and Veterans (separately in Canada, USA, UK, Australia)
Tao et al. (2023)	Acute care nurses (USA)
Plouffe et al. (2025)	Health care workers (Canada, mixed occupations)
Shabanikiya et al. (2025)	Persian language (Emergency health professionals in Iran)
Ein et al. (2026)	French language (Canadian military personnel)
Litz et al. (2026)	Establishing thresholds for clinically significant change (US Veterans)

LANGUAGES

- English (original development and validation; Litz et al., 2026). Available on the MacDonald Franklin OSI Research Centre website.
- French (validation study: Ein et al., 2026). Available on the MacDonald Franklin OSI Research Centre website.
- Hebrew (No validation study). Contact Dr. Brett Litz for a copy.
- Persian (Shabanikiya et al., 2025). Contact Jamshid Jamali for a copy.
- Ukrainian (no validation study available). Available on the MacDonald Franklin OSI Research Centre website.

HOW TO CITE THIS SCALE

Litz BT, Plouffe RA, Nazarov A, Murphy D, Phelps A, Coady A, Houle SA, Dell L, Frankfurt S, Zerach G, Levi-Belz Y and The Moral Injury Outcome Scale Consortium. (2022). Defining and Assessing the Syndrome of Moral Injury: Initial Findings of the Moral Injury Outcome Scale Consortium. *Front. Psychiatry* 13:923928. doi: [10.3389/fpsy.2022.923928](https://doi.org/10.3389/fpsy.2022.923928).

The Moral Injury Outcome Scale (2021). Litz, B.T., Phelps, A., Frankfurt, S., Murphy, D. Nazarov, A. Houle, S., Levi-Belz, Y., Zerach, G., Dell, L., Hosseiny, F., and the members of the Moral Injury Outcome Scale (MIOS) Consortium. MIOS consortium activities were supported in part by VA Cooperative Studies Program, Office of Research and Development, US Department of Veterans Affairs; Department of Veterans' Affairs Australia, Phoenix Australia - Centre for Posttraumatic Mental Health; and the Canadian Centre of Excellence on PTSD and Related Mental Health Conditions.

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