



EXIT EVALUATION

This survey is designed to assess the quality of our services. All data will remain confidential and this document will be destroyed after review.

1 Please rate The Metro CISM Team members on the following:

- Clearly explained the ground rules ☐ Very Good ☐ Good ☐ Adequate ☐ Poor ☐ Very Poor
- Managed group discussion effectively ☐ Very Good ☐ Good ☐ Adequate ☐ Poor ☐ Very Poor
- Provided enough specific information on critical incident stress reactions ☐ Very Good ☐ Good ☐ Adequate ☐ Poor ☐ Very Poor
- Helped bring to mind new or different ways of coping with stress ☐ Very Good ☐ Good ☐ Adequate ☐ Poor ☐ Very Poor
- Talked enough but not too much ☐ Very Good ☐ Good ☐ Adequate ☐ Poor ☐ Very Poor

2 Talking with the team members was: ☐ Easy ☐ Slightly Uncomfortable ☐ Difficult

3 I was able to say all that I thought and felt about the incident ☐ YES ☐ NO Why not? _____

4 By the end, I felt that this meeting was helpful in dealing with the stress of the incident ☐ Agree ☐ Neutral ☐ Disagree

5 I will recommend these services to other emergency responders ☐ YES ☐ NO Why not? _____

6 The following list contains common reactions often experienced after a stressful call. Please check ALL that you are currently experiencing as a result of the event.

<input type="checkbox"/> Nausea/stomach upset	<input type="checkbox"/> Pumped up	<input type="checkbox"/> Distracted
<input type="checkbox"/> Heroic	<input type="checkbox"/> Chest pain	<input type="checkbox"/> Guilt
<input type="checkbox"/> Can't talk to others about it	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Aching Muscles
<input type="checkbox"/> Sadness	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Forgetful/Losing things
<input type="checkbox"/> Headache	<input type="checkbox"/> Proud	<input type="checkbox"/> Bad dreams
<input type="checkbox"/> Poor concentration	<input type="checkbox"/> Irritable	<input type="checkbox"/> Fast heart beat
<input type="checkbox"/> Can't stop thinking about the event	<input type="checkbox"/> Anger	<input type="checkbox"/> No reaction (and it bothers me)
<input type="checkbox"/> Sleep disturbance	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> No reaction
<input type="checkbox"/> Keep remembering the event (seeing, hearing, smelling, etc)	<input type="checkbox"/> Easily startled	

7 How stressful was this event in comparison to others in your career?

- ☐ The most stressful ☐ Somewhat stressful

☐ Very Stressful

☐ Not at all stressful

8 What did you **like most** about your experience with the Metro CISM Team today?

9 What did you **like least** about your experience with the Metro CISM Team today?

10 How could the Metro CISM Team improve our services?

11 Please indicate your profession:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> EMS |
| <input type="checkbox"/> Firefighter and EMS | <input type="checkbox"/> Dispatch |
| <input type="checkbox"/> Firefighter | <input type="checkbox"/> Other _____ |

12 Number of years in this line of service:

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> 0-4 | <input type="checkbox"/> 16-20 |
| <input type="checkbox"/> 5-10 | <input type="checkbox"/> 21-25 |
| <input type="checkbox"/> 11-15 | <input type="checkbox"/> 26+ |

13 My attendance at this meeting: ☐ Voluntary ☐ Mandatory

14 This was my first CISM debriefing. ☐ Yes ☐ No

If you would like to speak individually with a team member in the next several days, please complete the attached page, separate it from this form, and either place in with the rest of the evaluation papers or hand it to one of the team members. A representative from The Metro CISM Team will contact you in the next 1-3 days.

I would like a follow-up call.

Name

Telephone Number

Profession

May we leave a message at this number? ☐ Yes
☐ No