Caregiver Occupational Stress Control Program Quarterly Report

1. Demographics:

   a. Command_____

   b. Team Leader _____Appointment letter on file

Yes	No

   c. Assistant Team Leader_____

   d. Number of Team Members at command

   e. Number of Instructor Trainers (ITs) at command

   f. Does the command conduct Team member Training?

Yes	No

   g. Does the command conduct IT training?

Yes	No

   f. How many departments are represented on the CgOSC Team?

     1 ☐   2 ☐   3 ☐   4 ☐   5 ☐   6 ☐   7 ☐   8 ☐   9+ ☐

   g. What specialties are represented on the CgOSC Team?

Behavioral Health Technician	☐	Psychologist	☐	LCSW	☐
Chaplain	☐	Nurse	☐	MD	☐
HM	☐	Nurse Practioner	☐	RP	☐
IDC	☐	Psychiatrist	☐	Other	☐

2. Where is CgOSC training conducted?

Check all that apply:			
Command Indoctrination		Health Fair	
Departmental Training		Safety Stand-Downs	
Officer/Chief Training		Other	

Topics taught: (Check as applicable)			
Stress Continuum Model		Occupational Stress & Self-Care	
Core Leader Functions		Buddy-Care	
COSFA		Marketing	
Resilience Building		Other	

Number of training events conducted during the quarter	
Number of outreach events conducted during the quarter	

4. Number of buddy care requests, by type (event):

Life Threat	Wear/Tear	Loss	Inner conflict

Total number of buddy care encounters (visits) [   ]

5. Number of unit assessments completed, by type (event):

Life Threat	Wear/tear	Loss	Inner conflict

Total number of people addressed in unit assessment(s) [   ]

6. Number of referrals to higher level of care from buddy care/unit assessment:

	Number of Referrals
MH	
Chaplain	
Medical	
Other	

9. Does your command use the Stress-O-Meter (SOM)?   Yes No

10. Did the CgOSC Command Team meet this quarter?   Yes No

11. Does your command submit a CgOSC Quarterly Report?   Yes No Sometimes

12. Does your command attend the CgOSC Quarterly TELCON?   Yes No Sometimes

Completed by_____
        Name/Rank/Title

Reviewed by_____
        Name/Rank/Title