

The Firefighter Syndrome Questionnaire
(Self-Report – Short Form)

Firefighter's Name: _____

Date: _____

Instructions: Below is a list of difficulties that some career firefighters experience. Please use the totality of information available to you, including medical records and tests that you are aware of, as well as your own perspective to rate yourself.

		Unable to Rate	None	Mild	Moderate	Severe
1	Toxic exposures (anoxic anoxia, toxic anoxia, hypoxia, etc.)		0	1	2	3
2	Traumatic brain injury		0	1	2	3
3	Hormonal dysfunction		0	1	2	3
4	Sleep disturbance		0	1	2	3
5	Obstructive sleep apnea disturbance		0	1	2	3
6	Chronic pain, orthopedic problems, headaches		0	1	2	3
7	Substance abuse		0	1	2	3
8	Depression		0	1	2	3
9	Posttraumatic stress disorder (PTSD)		0	1	2	3
10	Anger		0	1	2	3
11	Worry, anxiety, stress reactivity, panic attacks		0	1	2	3
12	Marital and family dysfunction		0	1	2	3
13	Problems with sexual health and intimacy		0	1	2	3
14	Being "on guard" or hypervigilant		0	1	2	3
15	Memory, concentration, cognitive impairments		0	1	2	3
16	Perceptual system impairments (hearing, vision, balance)		0	1	2	3
17	Disrupted hydration and nutrition		0	1	2	3
18	Home-to-work transition difficulties		0	1	2	3
19	Existential concerns (guilt, loss, grief, loss of tribe)		0	1	2	3

Total score of all 19 shaded items: _____

Number of 19 shaded items scored ≥ 2 : _____