



Firefighters Post Traumatic Stress Disorder Screening PTSD Screening

Below is a self-screening for PTSD for firefighters. Please circle either Y= Yes, or N=No. When you have completed screening please review your score at the end of the screening.

1. Are you recalling traumatic emergency events that occurred years ago, now on a weekly or daily basis? Y N
2. Do you recall traumatic events when you see someone in the general public that looked like a past victim? Y N
3. Are you starting to become frustrated or angry when being dispatched for emergency calls?
Y N
4. Do you find yourself trying to avoid, go out of your way or think about certain situations that remind you of previous calls? Y N
5. Do you find yourself feeling guilty or grieving about a patient(s) that died within the last 3 months? Y N
6. Have you or someone close to you notice that your sleeping patterns have changed? Y N
7. Are you experiencing dreams or nightmares about a past event(s)? Y N
8. Have you been told that “you have changed” by: Friends? Family?
Fellow firefighters? Y N (circle all that apply)

Firefighter Behavioral Health Alliance (FBHA) recommends that if a person answers YES to at least three of these questions, it would be recommended that you contact a local Mental Health Care Professional that deals with firefighters who suffer from PTSD. If you need assistance, please contact FBHA for further information at 847-209-8208.