

Operator Syndrome Scale

Short Form

Operator's Name: _____

Date: _____

Instructions: Below is a list of difficulties that some people who served in military special operations 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 make ratings.

		Unable to Rate	None	Mild	Moderate	Severe
1	Traumatic Brain Injury		0	1	2	3
2	Sleep Disturbance		0	1	2	3
3	Endocrine Dysfunction		0	1	2	3
4	Chronic Pain, Orthopedic Problems, Headaches		0	1	2	3
5	Depression		0	1	2	3
6	Anxiety		0	1	2	3
7	Anger		0	1	2	3
8	Hypervigilance		0	1	2	3
9	Posttraumatic Stress Disorder (PTSD)		0	1	2	3
10	Substance Abuse		0	1	2	3
11	Perceptual System Impairments (hearing, vision, balance)		0	1	2	3
12	Cognitive Impairments (concentration, memory, organization)		0	1	2	3
13	Marital and Family Concerns		0	1	2	3
14	Intimacy Concerns (emotional, sexual)		0	1	2	3
15	Military-Civilian Transition Difficulties		0	1	2	3
16	Toxic Exposure Illnesses and Cancers		0	1	2	3
17	Existential Concerns (guilt, loss, grief, moral injury, survivor's guilt, loss of tribe)		0	1	2	3

Total sum score of all 17 items: _____

Number of items scored ≥ 2 : _____