

**Supplementary Table 1.** Items, response, and categories of questions used in this publication. N = total number of respondents to the item. Responses are options presented. Category corresponds to the section of the methods and results in which this item was analyzed.

<b>Item</b>	<b>Response</b>	<b>Category</b>	<b>N</b>
I have been direct party to (via radio communication or other ways) or experienced traumatic events as part of my job.	Yes, no	Traumatic exposure	430
I have been responsible for dispatching resources to a severe injury.	Yes, no	Traumatic exposure	430
I have been responsible for dispatching resources to an incident that resulted in mortality(ies).	Yes, no	Traumatic exposure	430
I have personally known a wildland firefighter who died as a result of suicide.	Yes, no	Traumatic exposure	430
I engage in binge, restrictive or other unhealthy eating practices.	Never, sometimes, about half the time, most of the time, always	Binge/restrictive eating	424
When I drink alcohol, I have six or more drinks on one occasion.	Never, sometimes, about half the time, most of the time, always	Alcohol abuse	422
How often do you drink alcohol?	Monthly or less, 2-4 times per month, 2-3 times per week, 4 or more times per week, never	Alcohol abuse	422
When I drink alcohol, on a typical day, I typically have:	1-2 drinks, 3-4 drinks, 5-6 drinks, 7-9 drinks, 10+ drinks, I don't drink alcohol	Alcohol abuse	422
I feel comfortable talking about mental health at work.	Likert score	Mental health care access	413
I can seek mental health help if I need it, even during peak fire season.	Likert score	Mental health care access	412
I was satisfied with the accessibility (ease of finding and getting an appointment with a local mental health worker) of mental health resources.	Likert score	Mental health care access	403
The mental health care resources provided by my work were affordable.	Likert score	Mental health care access	399
Over the last two weeks, I have had trouble falling asleep or I have slept too much	Not at all, several days, more than half of days, nearly every day	Depression	409

Over the last two weeks, I have felt tired or had little to no energy	Not at all, several days, more than half of days, nearly every day	Depression	409
Over the last two weeks, I have had a poor appetite or felt the desire to overeat.	Not at all, several days, more than half of days, nearly every day	Depression	409
Over the last two weeks, I have felt bad about myself or that I'm a failure and/or letting other people down.	Not at all, several days, more than half of days, nearly every day	Depression	409
Over the last two weeks, I have had trouble concentrating on things such as reading or watching a show.	Not at all, several days, more than half of days, nearly every day	Depression	409
Over the last two weeks, I have been fidgety or particularly restless.	Not at all, several days, more than half of days, nearly every day	Depression	409
Over the last two weeks, I have been moving or speaking so slowly that other people notice.	Not at all, several days, more than half of days, nearly every day	Depression	409
Over the last two weeks, I have felt nervous, anxious or on edge.	Not at all, several days, more than half of days, nearly every day	Anxiety	409
Over the last two weeks, I have been unable to stop or control my worrying.	Not at all, several days, more than half of days, nearly every day	Anxiety	409
Over the last two weeks, I have worried a lot about different things.	Not at all, several days, more than half of days, nearly every day	Anxiety	409
Over the last two weeks, I have had trouble relaxing.	Not at all, several days, more than half of days, nearly every day	Anxiety	409
Over the last two weeks, I have been so restless that it was hard to sit still.	Not at all, several days, more than half of days, nearly every day	Anxiety	409
Over the last two weeks, I have felt afraid that something awful was going to happen.	Not at all, several days, more than half of days, nearly every day	Anxiety	409
Over the last two weeks, I have thought that I would be better off dead or by hurting myself in some way.	Not at all, several days, more than half of days, nearly every day	Suicidal thoughts & ideations, Anxiety	413
I often have difficulty concentrating on what people are saying, even when they are speaking directly to me.	Likert score	ADHD	413

I often leave my seat in meetings or other situations where I am expected to remain seated.	Likert score	ADHD	413
I often have difficulty unwinding and relaxing when I have time to myself.	Likert score	ADHD	413
When I am in a conversation, I find myself finishing the sentences of the people I am talking to before they can finish them themselves.	Likert score	ADHD	413
I put things off to the last minute.	Likert score	ADHD	413
I depend on others to keep my life in order and attend to details.	Likert score	ADHD	413
Have you wished you were dead or wished you would go to sleep and not wake back up?	No, yes	Suicidal thoughts & ideations	413
Have you had any thoughts about killing yourself	No, yes	Suicidal thoughts & ideations	413
Have you had any intention of acting on these thoughts of killing yourself as opposed to you having the thought but knowing you would definitely not act on it?	No, yes	Suicidal thoughts & ideations	413
Have you started to work out the details of how to kill yourself?	No, yes	Suicidal thoughts & ideations	413
Have you done anything to start to prepare to end your life?	No, yes	Suicidal thoughts & ideations	413
In the past month I have had an event that caused nightmares or thoughts that I did not want to think about.	No, yes	PTSD	409
In the past month, I have tried hard to not think about an event or went out of my way to avoid a situation that reminded me of an event.	No, yes	PTSD	409
In the past month I have been constantly on guard, watchful or easily startled.	No, yes	PTSD	409
In the past month I have felt numb, detached from people, and/or my surroundings.	No, yes	PTSD	409
In the past month I have felt guilty or unable to stop blaming myself or others for an event or problem an event may have caused.	No, yes	PTSD	409
When I sleep, I awake feeling well rested.	Daily, multiple times per week, weekly, multiple	Sleep	432

	times per month, monthly, rarely		
How do you define your gender identity	Male, female, non-binary, other, prefer not to say	Demographics	500
How do you define your sexual orientation?	LGBTQIA+, straight other prefer not to say	Demographics	466
Are you a veteran?	Yes, no	Demographics	508
How many years of dispatching (including all dispatching, EMS, train, etc.) experience do you have?	Less than 1 year, 2-5 years, 6-10 years, 11-15 years, 16-25 years, 26-35 years, more than 35 years	Demographics	429
How many years of operational wildland fire dispatching experience do you have?	Less than 1 year, 2-5 years, 6-10 years, 11-15 years, 16-25 years, 26-35 years, more than 35 years	Demographics	429
Are you married or in a long-term domestic partnership?	Yes, no	Demographics	506
What is your height in inches?	Open response	BMI	466
What is your weight (in lbs)?	Open response	BMI	466
How do you define your ethnicity?	Asian, Black, Hispanic, Native American/Pacific Islander, Other not listed, White, more than one ethnicity	Demographics	472