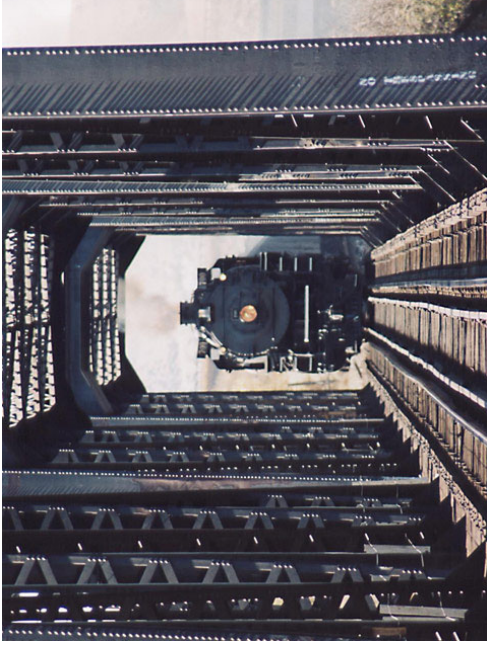


ID Number: _____

Train and Engine Service Employee Background Survey



Life Events

Please indicate with a ✓ whether any of the events listed below has occurred to you in the last 6 months:

- ___ Personal illness or injury
- ___ Marital difficulties
- ___ Birth of a child
- ___ Death of a spouse
- ___ Change in sleeping habits
- ___ Difficulty with the law
- ___ Illness/injury of family member or friend
- ___ Financial difficulties
- ___ Change in living conditions
- ___ Change in social activities
- ___ Death of a close family member

The Federal Railroad Administration (FRA) is conducting a study of the work schedules and sleep patterns of railroad operating crews. The purpose of the study is to develop an understanding of the issue of work schedule-related fatigue of train and engine service employees. The study results will inform possible future FRA policy and regulatory actions, will assist the railroad industry in addressing any work-schedule related fatigue issues of train and engine service employees, and, in general, will contribute to overall railroad operational safety.

The data collected from this study will be used primarily for statistical purposes, and is authorized by law (49 U.S.C. 20901). Your participation in this study is completely voluntary. Your personal information will be kept strictly confidential, and will not be disclosed to anyone other than employees and contractors who work on this study.

Public reporting burden for this information collection is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information. Please note that an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number for this information collection is XXXX-YYYY.

5. How often do you feel *mentally* drained at the end of your work period? Circle one:
 Never Occasionally Frequently Always
6. How often do you feel *physically* drained at the end of your work period? Circle one:
 Never Occasionally Frequently Always

Stress at Work

Use the following scale to rate how much each factor below contributes to your stress at work:

No Stress	A Little Stress	Stressful	Very Stressful
1	2	3	4

Please assign a rating to *each* of the following items:

- ___ Lack of control over work schedule
- ___ Loss of sleep
- ___ Coordination with other departments
- ___ Ambiguous operating rules or procedures
- ___ Management policies and decisions
- ___ Job security
- ___ Communication problems
- ___ Inadequate staffing
- ___ Responsibility for safety of others
- ___ Lack of break time
- ___ Inadequate time off
- ___ Oversight of new hires
- ___ Lack of guaranteed uninterrupted rest
- ___ Other (please specify) _____
- _____
- _____

About Yourself

Age: _____ years

Sex: _____ male _____ female

1. How long have you worked in train or engine service?
 _____ years and _____ months
2. How long have you worked in train or engine service at your current railroad?
 _____ years and _____ months
3. What type of work do you currently do?
 _____ yard operations _____ road freight
 _____ local freight _____ hostler
 _____ passenger or commuter operations
 _____ other (please explain) _____
4. My current position is
 _____ locomotive engineer _____ RCL operator
 _____ conductor _____ hostler
 _____ brakeman _____ yard foreman
 _____ trainman _____ switchman
 _____ trainee
 _____ other (please explain) _____
5. What is your marital status?
 _____ single _____ divorced _____ other
 _____ married _____ widowed
6. How many children or other dependents do you have (not including your spouse)? _____
7. How many of your dependents are under the age of 2 years? _____
8. a) Do you drink caffeinated beverages?
 _____ yes _____ no
 b) On average, how many cups and/or cans of these beverages do you drink per day? _____

Your Health

- How many times have you marked off sick in the last year? ___ days
- In general, how would you rate your health? Circle one:
 Poor Fair Good Excellent
- Some people feel younger or older than their biological age. How old do you feel? ___ years
- What type of educational materials or training has your railroad provided you on fatigue, sleep hygiene, napping, or sleep disorders?
 ___ videotape ___ safety briefing ___ brochure
 ___ other (please explain) _____
- Have you been diagnosed as having a sleep disorder?
 ___ yes ___ no (skip questions 6 and 7)
- Do you have sleep apnea?
 ___ yes ___ no
- Are you receiving medical treatment for your condition?
 ___ yes ___ no

Sleep/Rest Arrangements

Please complete this section *only* if your job requires you to spend time at an away terminal or interim release point.

- When held at the away-from-home terminal or point of interim release, most times:
 ___ I share a hotel room or camp car with one or more other workers.
 ___ I sleep in an individual room, not shared with anyone.
 ___ I use the company-provided quiet room.

- When at an away terminal or point of interim release, the company:
 ___ Provides me with sleeping accommodations.
 ___ Provides a daily per diem and I must find my own overnight accommodations.
 ___ Provides me with a quiet room.
 ___ Does not provide either sleep/rest accommodations or daily per diem.

Your Work Schedule

- (a) If you work a job that has a fixed starting time, please describe your work schedule using this table. Leave rest days blank.

	S	M	T	W	Th	F	S
Start time							
End time							

- (b) If you work a job that does not have a regular schedule, please answer the following:

at home call time _____(hr:min)
 away call time _____(hr:min)
 call window ___ 24 hr or from ___ to ___

- On average, how many hours do you work per week?

- How many times in the past year have you been used off your regular assignment or used to cover work that your pool does not usually cover? ___
- How often do you feel well rested and alert over the course of your work period? Circle one:

Never Occasionally Frequently Always