



U.S. Department  
of Transportation  
**Federal Aviation  
Administration**

800 Independence Ave., SW.  
Washington, DC 20591

Dear Flight Attendant:

The FAA is conducting a congressionally mandated survey of flight attendants. The goal of this survey is to identify the type of fatigue that flight attendants experience, how frequently fatigue is experienced, and the impact fatigue may have on the safety of U.S. air carriers. The results obtained from this survey will be delivered to Congress and are intended to provide information to FAA policy makers regarding flight attendant rest and duty time.

You have been selected to serve as a representative of the flight attendants employed by your airline. Only a few flight attendants from your airline will be receiving this survey, so it is **very important** that you complete and return this survey to the Civil Aerospace Medical Institute (CAMI).

We would like to invite you to respond to the survey either online via the Internet or through the enclosed paper survey. **Please choose only one method of completing the survey.**

The survey is **voluntary** and **anonymous**, so please be open and candid. We encourage you to complete the survey online, as it is easy to use and would reduce the time and expense required for us to process your responses. You may access the questionnaire online by entering the following web address in the Address bar of your Internet browser: **www.tinyurl.com/FatigueSurvey**

If you elect to complete the enclosed paper copy of the survey, please return it in the envelope provided. In the event the envelope is missing, please mail your questionnaire to:

FAA Civil Aerospace Medical Institute  
Flight Deck Human Factors Research Branch, AAM-510  
PO Box 25082  
Oklahoma City, OK 73125

This survey conforms to legal and administrative standards established by the Federal Government. The Office of Management and Budget (OMB) approved this questionnaire and gave it OMB Approval Number #TBD#, which expires #DATE#.

Thank you for your assistance and feedback.

Sincerely,

Fred Tilton, M.D.  
Federal Air Surgeon



## COMPLETE YOUR SURVEY ONLINE

We would like to invite you to respond to this survey online via the Internet as an alternative to completing the paper survey enclosed. If you feel comfortable completing the survey online, we encourage you to do so, as it is easy to use and would reduce the time and expense required for us to process your response. The online survey should take approximately 30 to 45 minutes to complete. **Please choose only one method of completing the survey.**

Your participation is **voluntary** and completely **anonymous**. Additional information about the anonymity of your responses to this survey is presented on the Instructions page of both the paper and online surveys.

Enter the following web address and username to **complete the survey online**:

Web Address: **[www.tinyurl.com/FatigueSurvey](http://www.tinyurl.com/FatigueSurvey)**

Username: **#username#**

If you have any questions or concerns about this survey, please contact Katrina Avers at **[Katrina.Avers@faa.gov](mailto:Katrina.Avers@faa.gov)**.

If you have difficulty accessing the website, please contact Suzanne Thomas by e-mail at **[suzanne.ctr.thomas@faa.gov](mailto:suzanne.ctr.thomas@faa.gov)** or by phone (405) 954-1594.

Thank you.



**Instructions:** Read each statement carefully and indicate your response by filling in the blank or marking the box that corresponds to the response that best describes your experience as a flight attendant **within your previous bid period**. Some items are used to route, or direct, you to different items or sections of the survey and should be answered before continuing with the survey. These items are denoted by the word '**(Required)**' following the item text.

**WORK BACKGROUND**

1. Are you currently employed as an **active** flight attendant for a U.S. airline (i.e., have flown **within the previous bid period**)? **(Required)**  
 Yes  
 No **(Stop here and return the survey in the envelope provided)**
  
2. How long have you been a flight attendant for the single or multiple airlines you have worked for in your lifetime? **(Required)**  

<input type="checkbox"/> Less than 1 month <b>(Stop here and return the survey in the envelope provided)</b>	<input type="checkbox"/> 16 to 25 yrs
<input type="checkbox"/> 1 month to 5 yrs	<input type="checkbox"/> 26 to 35 yrs
<input type="checkbox"/> 6 to 15 yrs	<input type="checkbox"/> 36 yrs or more
  
3. How many airlines have you worked for **as a flight attendant** in your lifetime?  
 1       2-3       4-5       6-7       8-9       10 or more
  
4. How long have you been a flight attendant for your **current** airline? *Please include any time on furlough.* **(Required)**  

<input type="checkbox"/> Less than 1 month <b>(Stop here and return the survey in the envelope provided)</b>	<input type="checkbox"/> 16 to 25 yrs
<input type="checkbox"/> 1 month to 5 yrs	<input type="checkbox"/> 26 to 35 yrs
<input type="checkbox"/> 6 to 15 yrs	<input type="checkbox"/> 36 yrs or more
  
5. Is your position represented by a flight attendant union at your **current** airline?  
 Yes       No
  
6. Which type of airline do you **currently** fly for?  
 **Low-cost:** Industry recognizes as operating under a low-cost business model, with lower infrastructure costs and higher rates of productivity (e.g., Southwest, US Airways, JetBlue).  
 **Regional:** Provides service from small cities, using primarily regional jets to support the network carriers hub and spoke systems (e.g., Sky West, American Eagle, Express Jet).  
 **Network Carrier:** Operates a significant portion of flights using at least one hub where connections are made for flights on a spoke system (e.g., American, United, Continental).  
 **Other Carrier:** Other airline not listed above that operates within a specific niche market (e.g., Hawaiian Airlines).
  
7. What is your flight attendant seniority out of the total seniority list at your **current** airline?  
 Bottom one-third       Middle one-third       Top one-third
  
8. How many days were in your previous bid period (including on duty, off duty, and training)?  days
  
9. To what extent was your previous bid period your **preferred** schedule (or first choice bid request)?  
 Not at all       Limited extent       Moderate extent       Considerable extent       Great extent

**Flight Attendant Duty/Rest/Fatigue Survey**

OMB #: TBD##

**Instructions:** Read each statement carefully and indicate your response by filling in the blank or marking the box that corresponds to the response options that best describe your typical experiences as a flight attendant **within your previous bid period**.

**Within your previous bid period...**

10. To what extent were you successful (via trades, etc.) in **creating** your **preferred** schedule?  
 Not at all       Limited extent       Moderate extent       Considerable extent       Great extent
11. How many times were you **required** to change your work schedule on short notice?  
 Never       1-2       3-4       5-6       7-8       9 or more
12. How many times did you **voluntarily** exchange either flight segments/legs or trips with colleagues?  
 Never       1-2       3-4       5-6       7-8       9 or more
13. How many **times** did you pick up extra flying time (not including time 'on reserve')?  
 Never (**Skip to item 15**)       1-2       3-4       5-6       7-8       9 or more
14. Approximately, how **much** extra flying time did you pick up (not including time 'on reserve')?  
 1 to 8 hrs       9 to 16 hrs       17 to 24 hrs       25 to 32 hrs       33 hrs or more
15. What was the seating capacity of the aircraft you typically flew?  
 Fewer than 50       151 to 250       351 to 450       551 or more  
 50 to 150       251 to 350       451 to 550
16. How many passengers were **you** personally responsible for on a typical flight segment/leg?  
 passengers per flight attendant
17. How many hours was your typical flight segment/leg?  
 Less than 1 hr       1-2 hrs       3-4 hrs       5-6 hrs       7 hrs or more
18. What percentage of the flights that you flew went to countries outside the United States?  
 None       1-15%       16-30%       31-45%       46-60%       61-75%       76-100%
19. What percentage of the time did you work in each **type of service**? (Total must sum to 100%.)
- |                                    |                      |   |
|------------------------------------|----------------------|---|
| Economy .....                      | <input type="text"/> | % |
| Business .....                     | <input type="text"/> | % |
| First Class .....                  | <input type="text"/> | % |
| Premium Service .....              | <input type="text"/> | % |
| <b>Total (Must sum to 100%)...</b> | <input type="text"/> | % |
20. In what time zone did you live?  
 Eastern       Central       Mountain       Pacific       Hawaiian       Alaska       Other
21. In what time zone was your assigned work domicile/base?  
 Eastern       Central       Mountain       Pacific       Hawaiian       Alaska       Other

**Within your previous bid period...**

22. How long did it typically take you to travel from your home to your assigned domicile/base?  
 Less than 30 min                       1 hr to less than 1½ hrs                       2 hrs to less than 2½  
 30 min to less than 1 hr                       1½ hrs to less than 2 hrs                       2½ hrs or more
23. What modes of transportation did you typically use when traveling from your home to your assigned domicile/base?  
 [Mark all that apply]  
 Personal vehicle                       Bus                       Train/subway  
 Taxi                       Boat/ferry                       Airplane
24. Did you have a **second paid job** in addition to your flight attendant position?  
 Yes                       No (Skip to item 26)
25. How many hours did you work at your **second** paid job?                       hrs per bid period
26. What home responsibilities did you have? [Mark all that apply]  
 Children younger than school age in the home                       Parents with special needs in the home  
 Children with special needs in the home                       Parents with special needs outside the home  
 School aged children in the home                       Pets  
 Children outside the home                       None  
 Spouse or significant other in the home                       Other (Please specify)  
 Spouse or significant other with special needs in the home

If *Other*, please specify.

**WORKLOAD AND DUTY TIME**

**Instructions:** Read each statement carefully and indicate your response by filling in the blank or marking the box that corresponds to the response options that best describe your typical experiences as a flight attendant **within your previous bid period**.

**Reserve Status**

**Within your previous bid period...**

27. What percentage of your **bid period** was scheduled '**on reserve**'?  
 None (Skip to item 33)     1-15%     16-30%     31-45%     46-60%     61-75%     76-100%
28. What percentage of your **bid period** were you **without a flying assignment** when 'on reserve' ?  
 None     1-15%     16-30%     31-45%     46-60%     61-75%     76-100%
29. Which type of reserve were you assigned?  
 'On reserve' NOT at the airport (must be near airport and report for duty within 1-2 hours of receiving a call)  
 'On reserve' at airport (must stay at the airport for immediate boarding of flight)  
 Both 'on reserve NOT at the airport' and 'on reserve at airport'
30. When '**on reserve at the airport**', were you required to perform other duties (e.g., board flights for late-arriving flight attendants, distribute company materials)?  
 Was not 'on reserve' at the airport                       Yes                       No

Within your previous bid period...

31. When 'on reserve', what was the **minimum** number of hours...  
 Less than 1 hr    1-2 hrs    3-4 hrs    5-6 hrs    7 hrs or more  
**prior to report time** that you were notified? .....       
**sleep** you had **prior to reporting** for duty? .....
32. When 'on reserve', what was the **average** number of hours...  
 Less than 1 hr    1-2 hrs    3-4 hrs    5-6 hrs    7 hrs or more  
**prior to report time** that you were notified? .....       
**sleep** you had **prior to reporting** for duty? .....

**Duty Time**

Within your previous bid period...

33. What was the **minimum** number of duty **days** you worked...  
 0    1    2    3    4    5    6    7  
 in a 7-day week? .....          
**consecutively** in a 7-day week? .....
34. What was the **average** number of duty **days** you worked...  
 0    1    2    3    4    5    6    7  
 in a 7-day week? .....          
**consecutively** in a 7-day week? .....
35. What was the **maximum** number of duty **days** you worked...  
 0    1    2    3    4    5    6    7  
 in a 7-day week? .....          
**consecutively** in a 7-day week? .....
36. What was the...  
 0    1    2    3    4    5    6    7  
**minimum** number of **flight segments/legs** you flew in a duty day? .....          
**average** number of **flight segments/legs** you flew in a duty day? .....          
**maximum** number of **flight segments/legs** you flew in a duty day? .....
37. What was the **minimum** number of...  
 hours you **worked** in a duty day? .....  hrs  
**flight hours** you worked in a duty day? .....  hrs  
 hours **on duty between flight segments/legs** in a duty day (e.g., 'sit time')? .....  hrs
38. What was the **average** number of...  
 hours you **worked** in a duty day? .....  hrs  
**flight hours** you worked in a duty day? .....  hrs  
 hours **on duty between flight segments/legs** in a duty day (e.g., 'sit time')? .....  hrs



Within your previous bid period...

39. What was the **maximum** number of...

hours you **worked** in a duty day? .....  hrs

**flight hours** you worked in a duty day? .....  hrs

hours **on duty between flight segments/legs** in a duty day (e.g., 'sit time')? .....  hrs

40. What percentage of the time did you have the opportunity to **leave** the aircraft **between flight segments/legs**?

None (Skip to item 42)  1-15%  16-30%  31-45%  46-60%  61-75%  76-100%

41. How many minutes did you typically have **off** the aircraft **between flight segments/legs**?

None  1 to 14 min  15 to 19 min  20 to 29 min  30 to 44 min  45 min or more

42. Did your airline **schedule regular breaks** into your duty day to provide you rest?

Yes  No (Skip to item 46)

43. What percentage of the time were you able to take your scheduled breaks?

None (Skip to item 46)  1-15%  16-30%  31-45%  46-60%  61-75%  76-100%

44. What percentage of the time did your airline provide you with crew rest facilities (e.g., chair, bed)?

None  1-15%  16-30%  31-45%  46-60%  61-75%  76-100%

45. How long were your typical scheduled breaks?

1 to 14 min  15 to 19 min  20 to 29 min  30 to 44 min  45 min or more

46. What percentage of your flights were delayed?

None (Skip to item 48)  1-15%  16-30%  31-45%  46-60%  61-75%  76-100%

47. When your flights were delayed, how long was the typical delay?

1 to 14 min  15 to 19 min  20 to 29 min  30 to 44 min  45 min or more

48. When the cabin door was opened at the end of your duty day, how long did it take you to get to your accommodations?

1 to 14 min  15 to 19 min  20 to 29 min  30 to 44 min  45 min or more

49. How long was your typical wait for transportation to your accommodations?

1 to 14 min  15 to 19 min  20 to 29 min  30 to 44 min  45 min or more

50. How many times did you stay in the following accommodations?

Home .....

Hotel .....

Trailer .....

Airport lounge .....

Other (Please specify) .....

Within your previous bid period...

51. How many times did you **report for duty** during each of the following time periods?

0000 to 0359 hrs.....	<input type="text"/>
0400 to 0759 hrs.....	<input type="text"/>
0800 to 1159 hrs.....	<input type="text"/>
1200 to 1559 hrs.....	<input type="text"/>
1600 to 1959 hrs.....	<input type="text"/>
2000 to 2359 hrs.....	<input type="text"/>

52. How many times did your **duty day end** during each of the following time periods?

0000 to 0359 hrs .....	<input type="text"/>
0400 to 0759 hrs .....	<input type="text"/>
0800 to 1159 hrs .....	<input type="text"/>
1200 to 1559 hrs .....	<input type="text"/>
1600 to 1959 hrs .....	<input type="text"/>
2000 to 2359 hrs .....	<input type="text"/>

**Instructions:** Read each statement carefully and indicate your response by filling in the blank or marking the box that corresponds to the response options that best describe your typical experiences as a flight attendant **within your previous bid period**.

**Continuous Duty Overnight**

**Continuous Duty Overnight (CDO):** A duty day that begins in the evening and runs all night or ends the following morning. Although a break may be provided, it is less than the reduced rest period and the flight attendant remains on duty between flights segments/legs. Also referred to as a "stand-up" or "red eye".

53. Did you fly any CDOs **within your previous bid period**?

Yes                       No **(Skip to item 61)**

54. How many CDOs **within your previous bid period** were...

'all night'?.....	<input type="text"/>
'night into day'?.....	<input type="text"/>

55. How many flight segments/legs were typically assigned during a CDO?

1-2               3-4               5-6               7-8               9 or more

56. Describe the typical **scheduled ground time** (period of rest while on duty between flight segments/legs) you experienced when on a CDO.

	None	Less than 1 hr	1-2 hrs	3-4 hrs	5-6 hrs	7-8 hrs	9 hrs or more
Hours of <b>scheduled ground time</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours <b>available for sleep</b> during the <b>scheduled ground time</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours <b>slept</b> during the <b>scheduled ground time</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Within your previous bid period...

57. Did your airline provide periods of **'on board' crew rest** when on CDOs?

Yes  No (Skip to item 59)

58. Did your airline provide **'on board' crew rest facilities** when on CDOs?

Yes  No

59. What percentage of the time did you stay in each of the **following** accommodations when on **CDOs**? (Total must sum to 100%.)

Home .....	<input type="text"/>	%
Hotel .....	<input type="text"/>	%
Trailer.....	<input type="text"/>	%
Airport lounge .....	<input type="text"/>	%
Other.....	<input type="text"/>	%
<b>Total (Must sum to 100%).....</b>	<input type="text"/>	%

60. Please rate the typical quality of rest you experienced when on CDO?

Very poor  Poor  Fair  Good  Very good

**Rest Periods**

**Instructions:** Read each statement carefully and indicate your response by filling in the blank or marking the box that corresponds to the response options that best describe your typical experiences as a flight attendant **within your previous bid period**.

Within your previous bid period...

61. How many hours did your airline designate as the normal minimum rest period?

5 hrs or fewer  6 hrs  7 hrs  8 hrs  9 hrs  10 hrs or more

62. How many hours did your airline designate as the reduced rest period?

5 hrs or fewer  6 hrs  7 hrs  8 hrs  9 hrs  10 hrs or more

63. How many times were you...

**scheduled** for the **normal minimum rest period**? .....

**scheduled** for **reduced rest**? .....

required to take **unscheduled reduced rest**? .....

64. How many times did you work seven consecutive duty days **without** 24 hours of rest?

0  1  2  3  4  5  6 or more

65. How frequently did your airline designate your previous **24-hour period free from duty** as a **required rest period** when notifying you of a trip?

0  1  2  3  4  5  6 or more

Within your previous bid period...

66. At the end of your duty day, **during your required rest period**, typically how many **time zones** were you **away from your home** (i.e., your personal residence)?

- 0       1       2       3       4       5       6 or more

67. Describe how frequently your job is characterized by the following statements.

	Never	Rarely	Occasionally	Frequently	Always
My job requires that I work hard.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My job requires that I work fast.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My job requires that I work excessive amounts.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My job has conflicting demands.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SLEEP DEMOGRAPHICS**

**Instructions:** Read each statement carefully and indicate your response by filling in the blank or marking the box that corresponds to the response options that best describe your typical experiences as a flight attendant **within your previous bid period**.

Within your previous bid period...

68. How many **nights** (or days) did you sleep at **home**?

nights (or days) (If 0 (zero), skip to item 77)

69. When at **home**, how many nights (or days) did you...

- have a **problem falling to sleep**? .....  nights (or days)
- take a **prescribed medication** to help you sleep? .....  nights (or days)
- take an **over-the-counter medication** to help you sleep? .....  nights (or days)
- use **alcohol** to help you sleep? .....  nights (or days)
- use **melatonin** to help you sleep? .....  nights (or days)

70. When at **home**, how many times did you take a nap?

- None       1-5       6-10       11-15       16-20       21 or more

71. During what time period did you typically sleep when at **home**?

- Day time       Night time       Both

72. After going to bed, how long did it typically take you to fall asleep when at **home**?

- 0-5 min       6-10 min       11-15 min       16-20 min       21-25 min       26-30 min       31 min or more

73. In a **24-hour period**, how many times did you typically wake up during your sleep period when at **home**?

- 0 (Skip to item 75)       1       2       3       4       5 or more

74. When you awoke at **home**, during your sleep period, how many minutes did it typically take you to fall back to sleep?

- 0-5 min       6-10 min       11-15 min       16-20 min       21-25 min       26-30 min       31 min or more

Within your previous bid period...

75. How many hours of sleep did you typically get in a **24-hour period** when at **home**?

hrs

76. What was your overall quality of sleep when at **home**?

Very poor       Poor       Fair       Good       Very good

77. How many **nights** (or days) did you sleep **away from home**?

nights (or days) (If 0 (zero), skip to item 86)

78. When **away from home**, how many nights (or days) did you...

have a **problem falling to sleep**? .....  nights (or days)  
 take a **prescribed medication** to help you sleep? .....  nights (or days)  
 take an **over-the-counter medication** to help you sleep? .....  nights (or days)  
 use **alcohol** to help you sleep? .....  nights (or days)  
 use **melatonin** to help you sleep? .....  nights (or days)

79. How many times did you take a nap when **away from home**?

None       1-5       6-10       11-15       16-20       21 or more

80. During what time period did you typically sleep when **away from home**?

Day time       Night time       Both

81. After going to bed, how long did it typically take you to fall asleep when **away from home**?

0-5 min       6-10 min       11-15 min       16-20 min       21-25 min       26-30 min       31 min or more

82. In a **24-hour period** how many times did you typically wake up during your sleep period when **away from home**?

0 (Skip to item 84)       1       2       3       4       5 or more

83. When you awoke **away from home**, during your sleep period, how many minutes did it typically take you to fall back to sleep?

0-5 min       6-10 min       11-15 min       16-20 min       21-25 min       26-30 min       31 min or more

84. How many hours of sleep did you typically get in a **24-hour period** when **away from home**?

hrs

85. What was your overall quality of sleep when **away from home**?

Very poor       Poor       Fair       Good       Very good

86. On your **days off**, what time did you typically...

**go** to bed? .....  0001 to 2400  
**get out** of bed? .....  0001 to 2400

Within your previous bid period...

87. Indicate to what extent each factor **interfered** with your sleep during a typical sleep period **'at home'** and **'away from home'**.

Extent Factor Interfered with Sleep	At home						Away from home					
	1	2	3	4	5	NA	1	2	3	4	5	NA
<b>Physical</b>												
Quality of sleep surface.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedding material (e.g., blanket, sheet).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfort of clothing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Humidity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Random noise events.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constant background noise.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trips to the bathroom.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hunger.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thirst.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory factors (e.g., asthma).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bed partner.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family responsibilities (e.g., children)...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone calls from scheduling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Privacy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time zone changes/jet lag.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Readiness for sleep.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal worries.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear of over sleeping.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**HEALTH**

**Instructions:** Read each statement carefully and indicate your response by filling in the blank or marking the box that corresponds to the response options that best describe your health **within your previous bid period**.

Within your previous bid period...

88. How would you rate your overall **physical** health?

Very poor     
  Poor     
  Fair     
  Good     
  Very good

**Within your previous bid period...**89. How would you rate your overall **mental** health?

- Very poor       Poor       Fair       Good       Very good

90. How would you describe your overall quality of life?

- Very poor       Poor       Fair       Good       Very good

91. How many times did you exercise in a week?

- Did not routinely exercise (**Skip to item 93**)       1-2       3-4       5-6       7 or more

92. How many minutes was your regular exercise period?

- 0-15       16-30       31-45       46-60       More than 60

93. On duty days, how many 8 oz. glasses of water did you typically drink in a 24-hour period?

- 0       1-2       3-4       5-6       7-8       9 or more

94. On duty days, how many meals did you typically eat in a 24-hour period?

- 0 (**Skip to item 96**)       1       2       3       4       5 or more

95. Of the meals you ate in a typical duty day, how many were relatively well-balanced and healthy?

- 0       1       2       3       4       5 or more

96. Describe your typical diet/eating pattern?

- Very unhealthy       Unhealthy       Healthy       Very healthy

97. Which of the following tobacco products did you typically use in a 24-hour period?

- None (**Skip to item 99**)       Cigarettes       Cigars       Pipe       Chew/dip       Other

98. Approximately how many times did you typically use tobacco products in a 24-hour period?

- 0       1       2       3       4       5 or more

99. How many servings of alcohol did you typically drink in a 24-hour period (e.g., 1 serving = 1 bottle of beer, 1 glass of wine, 1 shot of liquor)?

- 0       1       2       3       4       5 or more

100. How many servings of caffeinated coffee/tea/cola did you typically drink in a 24-hour period?

- 0       1       2       3       4       5 or more

**FATIGUE**

**Instructions:** Read each statement carefully and indicate your response by filling in the blank or marking the box that corresponds to the response option(s) that best describe your typical experiences as a flight attendant **within your previous bid period**.

**Within your previous bid period...**

101. Did you experience fatigue while on duty?

- Yes       No (**Skip to item 104**)

Within your previous bid period...

102. Which of the following factors do you think contributed to your fatigue while on duty? [Mark all that apply]

- Workload
  - Work pace
  - Work schedule
  - Family demands
  - Physical health
  - Other (Please specify)
- 

103. Which of the following aspects of your performance were affected by fatigue? [Mark all that apply]

- Preflight safety briefing
  - Provision of snacks/drinks
  - Provision of meals
  - Response to passenger needs (includes service and safety related items)
  - Cabin safety (e.g., arming/disarming doors, verifying carry-on items stowed or seatbelts fastened)
  - Cabin security (e.g., passenger risk assessment)
  - Other (Please specify)
- 

104. Approximately how many times did you experience micro-sleep (brief inadvertent "nodding off") while working on a flight segment/leg?

- 0
- 1-3
- 4-6
- 7-9
- 10 or more

**Instructions:** The following events are intended to provide information regarding your typical experiences as a flight attendant **within your previous bid period**. Read each event carefully and indicate the **frequency with which each event occurred** and the **extent to which each event contributed to your perceived level of fatigue**. If an event did not contribute to your perceived fatigue, select 'Not applicable'.

	Frequency of Occurrence					Extent Contributed to Perceived Fatigue					
	1	2	3	4	5	1	2	3	4	5	NA
Light turbulence.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate turbulence.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe turbulence.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weather conditions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High cabin temperature.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low cabin temperature.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faulty cabin pressure.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loud noises.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contaminated cabin air.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of crew rest facilities (e.g., chair, bunk).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Flight Attendant Duty/Rest/Fatigue Survey

OMB #: TBD##

## Frequency of Occurrence

## Extent Contributed to Perceived Fatigue

1=Never  
2=Rarely  
3=Occasionally  
4=Frequently  
5=Always

1=Not at all  
2=Limited extent  
3=Moderate extent  
4=Considerable extent  
5=Very great extent  
NA=Not applicable

	Frequency of Occurrence					Extent Contributed to Perceived Fatigue					
	1	2	3	4	5	1	2	3	4	5	NA
Flying 3 or fewer flight segments/legs in a day.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flying 4 or more flight segments/legs in a day.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6-9 hour duty day.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10-13 hour duty day.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 hour or longer duty day.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long flights (over 5 hours).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unpredictable schedule.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consecutive continuous duty overnight (CDO).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early morning report.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Night flying (back of the clock).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rotating schedule.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quick shift turnaround (less than 9 hr rest period).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 or fewer consecutive duty days.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-13 consecutive duty days.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 or more consecutive duty days.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jet lag.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short Delays (15 min to 2 hrs).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long Delays (3 hrs or more).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short layovers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long layovers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate crew staffing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactions with crew members.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unruly or hostile passengers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inebriated passengers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passenger with a medical problem.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency situations.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Luggage handling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operation of food/beverage carts.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dehydration.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals with poor nutrition.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No breaks.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missed breaks.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missed meals.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal health (e.g., headache, congestion).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Within your previous bid period...

105. What strategies did you use to cope with fatigue **when 'off duty'**? [Mark all that apply]

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Did not experience fatigue                   | <input type="checkbox"/> Take stimulants (e.g., ephedrine) | <input type="checkbox"/> Take walk   |
| <input type="checkbox"/> Eat nutritious meals                         | <input type="checkbox"/> Increase tobacco                  | <input type="checkbox"/> Use isometric exercises                                     |
| <input type="checkbox"/> Eat multiple meals or snacks                 | <input type="checkbox"/> Decrease tobacco                  | <input type="checkbox"/> Use cardio exercises  |
| <input type="checkbox"/> Increase simple carbohydrates (e.g., sugars) | <input type="checkbox"/> Increase alcohol                  | <input type="checkbox"/> Use relaxation techniques (e.g., meditation, yoga, tai chi) |
| <input type="checkbox"/> Decrease simple carbohydrates (e.g., sugars) | <input type="checkbox"/> Decrease alcohol                  | <input type="checkbox"/> Take cold shower  |
| <input type="checkbox"/> Drink plenty of water                        | <input type="checkbox"/> Develop good sleep habits         | <input type="checkbox"/> Increase exposure to bright light (e.g., sun)               |
| <input type="checkbox"/> Take vitamins                                | <input type="checkbox"/> Take naps                         | <input type="checkbox"/> Change work schedule  |
| <input type="checkbox"/> Use caffeine (e.g., energy drinks, coffee)   | <input type="checkbox"/> Take breaks                       | <input type="checkbox"/> Prioritize tasks  |
|   | <input type="checkbox"/> Rest in provided area             | <input type="checkbox"/> Other (Please specify)                                      |
|   | <input type="checkbox"/> Stretch muscles                   |  |

If *Other*, please specify.

106. What strategies did you use to cope with fatigue **when 'on duty'**? [Mark all that apply]

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Did not experience fatigue                   | <input type="checkbox"/> Take stimulants (e.g., ephedrine) | <input type="checkbox"/> Take walk   |
| <input type="checkbox"/> Eat nutritious meals                         | <input type="checkbox"/> Increase tobacco                  | <input type="checkbox"/> Use isometric exercises                                     |
| <input type="checkbox"/> Eat multiple meals or snacks                 | <input type="checkbox"/> Decrease tobacco                  | <input type="checkbox"/> Use cardio exercises  |
| <input type="checkbox"/> Increase simple carbohydrates (e.g., sugars) | <input type="checkbox"/> Increase alcohol                  | <input type="checkbox"/> Use relaxation techniques (e.g., meditation, yoga, tai chi) |
| <input type="checkbox"/> Decrease simple carbohydrates (e.g., sugars) | <input type="checkbox"/> Decrease alcohol                  | <input type="checkbox"/> Take cold shower  |
| <input type="checkbox"/> Drink plenty of water                        | <input type="checkbox"/> Develop good sleep habits         | <input type="checkbox"/> Increase exposure to bright light (e.g., sun)               |
| <input type="checkbox"/> Take vitamins                                | <input type="checkbox"/> Take naps                         | <input type="checkbox"/> Change work schedule  |
| <input type="checkbox"/> Use caffeine (e.g., energy drinks, coffee)   | <input type="checkbox"/> Take breaks                       | <input type="checkbox"/> Prioritize tasks  |
|   | <input type="checkbox"/> Rest in provided area             | <input type="checkbox"/> Other (Please specify)                                      |
|   | <input type="checkbox"/> Stretch muscles                   |  |

If *Other*, please specify.

**WORK ENVIRONMENT**

**Instructions:** Read each question carefully and indicate your response by filling in the blank or marking the box that corresponds to the response options that best describe your typical experiences as a flight attendant **within your current airline.**

107. Indicate your level of agreement with the following statements.

- |   | Strongly disagree        | Disagree                 | Agree                    | Strongly agree           |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| I am satisfied with my job overall. ....        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I frequently think of quitting. ....            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am satisfied with the kind of work I do. .... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

108. To what extent do you feel your airline has shown concern for employees' overall health?

- Not at all       Limited extent       Moderate extent       Considerable extent       Great extent

109. To what extent has your airline adjusted scheduling to minimize fatigue?

- Not at all     
  Limited extent     
  Moderate extent     
  Considerable extent     
  Great extent

110. Indicate your level of agreement with the following statements.

	Strongly disagree	Disagree	Agree	Strongly agree
Flight attendant fatigue is a common occurrence.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have experienced fatigue when at work. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flight attendant fatigue represents a safety risk.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue affects my ability to perform my job effectively. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue affects my general health and well-being. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have committed errors at work because of my fatigue.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

111. What type of **training or information** has your airline provided you regarding **fatigue**? [Mark all that apply]

- |   |  |
|---|--|
| <input type="checkbox"/> None ( <b>Skip to item 114</b> ) | <input type="checkbox"/> Multiple classroom events |
| <input type="checkbox"/> Bulletins or information packets | <input type="checkbox"/> Annual course             |
| <input type="checkbox"/> Single classroom event           | <input type="checkbox"/> Other (Please specify)    |

If *Other*, please specify.

112. To what extent has the **training or information** provided by your airline helped you **reduce or minimize fatigue**?

- Not at all     
  Limited extent     
  Moderate extent     
  Considerable extent     
  Great extent

113. Which of the following coping strategies has your airline recommended to help you **reduce or minimize fatigue**? [Mark all that apply]

- |   |  |
|---|--|
| <input type="checkbox"/> Eat nutritious meals                         | <input type="checkbox"/> Take naps   |
| <input type="checkbox"/> Eat multiple meals or snacks                 | <input type="checkbox"/> Take breaks   |
| <input type="checkbox"/> Increase simple carbohydrates (e.g., sugars) | <input type="checkbox"/> Rest in provided area                                       |
| <input type="checkbox"/> Decrease simple carbohydrates (e.g., sugars) | <input type="checkbox"/> Stretch muscles   |
| <input type="checkbox"/> Drink plenty of water                        | <input type="checkbox"/> Take walk   |
| <input type="checkbox"/> Take vitamins                                | <input type="checkbox"/> Use isometric exercises                                     |
| <input type="checkbox"/> Use caffeine (e.g., energy drinks, coffee)   | <input type="checkbox"/> Use cardio exercises  |
| <input type="checkbox"/> Take stimulants (e.g., ephedrine)            | <input type="checkbox"/> Use relaxation techniques (e.g., meditation, yoga, tai chi) |
| <input type="checkbox"/> Increase tobacco                             | <input type="checkbox"/> Take cold shower  |
| <input type="checkbox"/> Decrease tobacco                             | <input type="checkbox"/> Increase exposure to bright light (e.g., sun)               |
| <input type="checkbox"/> Increase alcohol                             | <input type="checkbox"/> Change work schedule  |
| <input type="checkbox"/> Decrease alcohol                             | <input type="checkbox"/> Prioritize tasks  |
| <input type="checkbox"/> Develop good sleep habits                    | <input type="checkbox"/> Other (Please specify)                                      |

If *Other*, please specify.

114. Other than providing training or information, are you aware of any efforts by your airline to reduce fatigue?

- Yes     
  No

If *Yes*, please specify.

115. What **operational changes** would you recommend to reduce your risk of fatigue? [Mark all that apply]

- |   |   |
|---|---|
| <input type="checkbox"/> No change needed   | <input type="checkbox"/> Schedule fewer flight segments/legs  |
| <input type="checkbox"/> Eliminate reduced rest   | <input type="checkbox"/> Limit number of duty hours allowed   |
| <input type="checkbox"/> Eliminate scheduled reduced rest   | <input type="checkbox"/> Shorten duty days  |
| <input type="checkbox"/> Eliminate continuous duty overnights (CDOs)                                  | <input type="checkbox"/> Shorten reserve periods  |
| <input type="checkbox"/> Eliminate consecutive continuous duty overnights (CDOs)                      | <input type="checkbox"/> Consider time on reserve as duty time  |
| <input type="checkbox"/> Limit length of flight time allowed in multi-segment CDOs/all night flying   | <input type="checkbox"/> Start scheduled rest period on arrival at hotel (do not count transportation as part of rest period) |
| <input type="checkbox"/> Do not mix continuous duty overnights (CDOs) with early morning report times | <input type="checkbox"/> Lengthen rest periods  |
| <input type="checkbox"/> Minimize combination of night and day flying in the same duty day            | <input type="checkbox"/> Do not schedule several hour breaks or 'airport sits' between flight segments/legs                   |
| <input type="checkbox"/> Schedule for days or nights (not rotating)                                   | <input type="checkbox"/> Schedule enough time between flight segments/legs for meals  |
| <input type="checkbox"/> Maintain consistent scheduling   | <input type="checkbox"/> Provide flight attendants with food and beverage on flight   |
| <input type="checkbox"/> Minimize schedule changes  | <input type="checkbox"/> Other (Please specify)   |
| <input type="checkbox"/> Limit number of flight segments/legs   |   |

If *Other*, please specify.

**DEMOGRAPHIC INFORMATION**

**Instructions:** Read each question carefully and indicate your response by filling in the blank or marking the box that corresponds to the response options that best describe you.

116. What kind of sleeper are you?

- Very light     
  Light     
  Moderate     
  Heavy     
  Very heavy

117. Approximately how many hours of sleep do you **think you need** in a **24-hour period**?

- Less than 5     
  5-6     
  7-8     
  9-10     
  11 or more

118. Has a physician diagnosed you with any of the following medical conditions? [Mark all that apply]

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Not diagnosed with medical condition ( <b>Skip to item 120</b> ) | <input type="checkbox"/> Colitis                   | <input type="checkbox"/> Hemorrhoids            |
| <input type="checkbox"/> Anemia   | <input type="checkbox"/> Cystitis                  | <input type="checkbox"/> High blood pressure    |
| <input type="checkbox"/> Angina   | <input type="checkbox"/> Depression                | <input type="checkbox"/> High cholesterol       |
| <input type="checkbox"/> Arthritis  | <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> Kidney stones          |
| <input type="checkbox"/> Bronchial asthma   | <input type="checkbox"/> Eczema                    | <input type="checkbox"/> Severe heart attack    |
| <input type="checkbox"/> Cardiac arrhythmias  | <input type="checkbox"/> Gall stones               | <input type="checkbox"/> Sinusitis, tonsillitis |
| <input type="checkbox"/> Chronic anxiety  | <input type="checkbox"/> Gastric or duodenal ulcer | <input type="checkbox"/> Varicose veins         |
| <input type="checkbox"/> Chronic back pain  | <input type="checkbox"/> Gastritis, duodenitis     | <input type="checkbox"/> Other (Please specify) |
| <input type="checkbox"/> Chronic fatigue  | <input type="checkbox"/> Headaches                 |   |

If *Other*, please specify.

119. Has your medical condition prevented you from flying a scheduled trip **within the past year**?

- Yes     
  No

Flight Attendant Duty/Rest/Fatigue Survey

OMB #: TBD##

120. Gender:  Female  Male

121. Age:  yrs

122. Weight:  lbs

123. Height:  ft  
 in

124. What is your highest educational achievement?

High school or less

Some college

Bachelor's degree or higher

**COMMENTS.** Identifying information such as names will be deleted; however, if the nature of your comment identifies you, your confidentiality cannot be assured. All comments are subject to the Freedom of Information Act (FOIA).

Thanking for contributing your valuable time to complete this survey.