

T&E Passenger 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 (T&E) passenger service employees. The study results will inform possible future FRA policy and regulatory actions in passenger service, will assist the railroad industry in addressing any work-schedule related fatigue issues of passenger 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 private to the extent permitted by law, 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 **OMB No. XXXX-XXXX** and the expiration date is **Month DD, Year**.*

3. How does your job provide for rest days?
 no guaranteed rest days 2 consecutive days per week
 2 days per week 1 day per week
 other (Please explain. For example, 7 on/2 off, 8 on/2 off)

4. How many times in the past month did you work on your rest day? _____
5. How often do you feel well rested and alert over the course 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
- Lack of guaranteed uninterrupted rest
- Coordination with other departments
- Ambiguous operating rules or procedures
- Management policies and decisions
- Job security
- Communication problems
- Inadequate staffing
- Crew management
- Responsibility for safety of others
- Lack of break time
- Inadequate time off
- Oversight of new hires
- Other (please specify) _____

About Yourself

1. Age: _____ years
2. Sex: _____ male _____ female
3. How long have you worked in commuter/passenger service?
 _____ years and _____ months
4. How long have you worked in commuter/passenger service at your current railroad?
 _____ years and _____ months
5. What type of work do you currently do?
 _____ commuter service
 _____ intercity service
 _____ long haul
 _____ other (please explain) _____
6. My current position is
 _____ conductor _____ locomotive engineer
 _____ asst. conductor/ticket collector
 _____ yard foreman _____ switchman
 _____ trainee
 _____ other (please explain) _____
7. What is your marital status?
 _____ single _____ divorced _____ other
 _____ married _____ widowed
8. How many children or other dependents do you have (not including your spouse)? _____
9. How many of your dependents are under the age of 2 years? _____
10. 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

1. How many times have you marked off sick in the last year? ___ days
2. In general, how would you rate your health? Circle one:
 Poor Fair Good Excellent
3. Some people feel younger or older than their biological age. How old do you feel? ___ years
4. What type of educational materials or training has your railroad provided you on fatigue, sleep hygiene, napping, or sleep disorders?
 ___ videotape ___ safety briefing
 ___ brochure ___ none
 ___ other (please explain) _____
5. Have you been diagnosed as having a sleep disorder?
 ___ yes ___ no (skip questions 6 and 7)
6. Do you have sleep apnea?
 ___ yes ___ no
7. 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.

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

2. 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 accommodations.
 ___ Provides me with a quiet room.
 ___ Does not provide either sleep/rest accommodations or daily per diem.

Your Work Schedule

1. a) If you work a job that has a regular schedule, please describe your work schedule using this table. Leave rest days blank and use military time.

	S	M	T	W	Th	F	S
On-duty time							
Off-duty time							
Break/interim release length							

- b) If you work a job that does not have a regular schedule, please answer the following:
 call time _____(hr:min)
 call window ___ 24 hr ~~or~~ from ___ to ___
 On average, how many times a day do you check the line up? ___

2. On average, how many on-duty hours do you work per week, not including interim release? ___