

ATTACHMENT F5: MAIN INTERVIEW

Form Approved
OMB #0920-XXXX
Exp. Date XX/XX/20XX

Before we begin, I'd like to collect some basic information.

PA1. What year were you born?

1 9 |__|__| → GO TO PA3

REFUSED..... -7
DON'T KNOW..... -8

INTERVIEWER NOTE:
IF YEAR IS GIVEN IN PA1, SKIP TO PA3.

PA2. Please tell me in which one of the following age categories you belong. Are you...

18 – 20,..... 1
21 – 30,..... 2
31 – 40,..... 3
41 – 50,..... 4
51 – 60,..... 5
61 – 70, or..... 6
71 or older?..... 7
REFUSED..... -7
DON'T KNOW..... -8

PA3. ASK ONLY IF NECESSARY. OTHERWISE RECORD OBSERVATION.

Are you male or female?

MALE..... 1
FEMALE..... 2
REFUSED..... -7
DON'T KNOW..... -8

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PA6. Would you say your health in general is excellent, very good, good, fair, or poor?

- EXCELLENT,1
- VERY GOOD,.....2
- GOOD, 3
- FAIR, OR 4
- POOR..... 5
- REFUSED8
- DON'T KNOW9

A. CURRENT TRUCK DRIVING

Let's begin by talking about your current trip and job.

A1. Do you consider yourself ...

- A company employee who does not lease, own,
or make payments on your truck?.....1
- An owner-operator who leases, owns or makes
payments on your truck and is leased to a motor carrier?.....2
- An owner-operator who leases, owns, or makes payments on your
truck and operates under your own authority getting your own loads?.....3
- REFUSED.....-7
- DON'T KNOW.....-8

A2. Which of the following best describes the type of company that you currently work for?
Would you describe it as...

- For hire, meaning that your company's primary business is
providing trucks and drivers to transport goods for other
individuals or companies;..... 1
- Private carriage, meaning that your company owns trucks
to primarily haul its own merchandise; or,..... 2
- Something else?..... 91
- (SPECIFY)_____
- REFUSED..... -7
- DON'T KNOW..... -8

A3. Are you carrying cargo today?

- YES..... 1
- NO..... 2 -> GO TO A3B
- REFUSED..... -7 -> GO TO A4
- DON'T KNOW..... -8 -> GO TO A4

A3a. What cargo are you carrying today?

[INTERVIEWER NOTE: If response exactly matches any category in the list below, record the number of that category. If response does not match exactly, record response as 'other' and specify cargo]

LIVE ANIMALS/LIVESTOCK.....	1
FARM PRODUCE (OTHER THAN ANIMALS)....	2
AUTOMOBILES (INCLUDING PICKUP TRUCKS).....	3
GASOLINE.....	4
LOGS/TIMBER.....	5
MOBILE HOME.....	6
RADIOACTIVE WASTE.....	7
RUBBISH/TRASH/REFUSE/WASTE.....	8
USED HOUSEHOLD OR OFFICE GOODS/ MOVING VAN.....	9
OTHER.....	91
(SPECIFY)_____	
REFUSED.....	-7
DON'T KNOW.....	-8

[INTERVIEWER NOTE: GO TO A4.]

A3b. What was your last cargo?

[INTERVIEWER NOTE: If response exactly matches any category in the list below, record the number of that category. If response does not match exactly, record response as 'other' and specify cargo]

LIVE ANIMALS/LIVESTOCK.....	1
FARM PRODUCE (OTHER THAN ANIMALS)....	2
AUTOMOBILES (INCLUDING PICKUP TRUCKS).....	3
GASOLINE.....	4
LOGS/TIMBER.....	5
MOBILE HOME.....	6
RADIOACTIVE WASTE.....	7
RUBBISH/TRASH/REFUSE/WASTE.....	8
USED HOUSEHOLD OR OFFICE GOODS/ MOVING VAN.....	9
OTHER.....	91
(SPECIFY)_____	
REFUSED.....	-7
DON'T KNOW.....	-8

A4. What type of truck are you driving today?

[INTERVIEWER NOTE: If response exactly matches any category in the list below, record the number of that category. If response does not match exactly, record response as 'other' and specify type of truck]

- STRAIGHT TRUCK (TRUCK THAT DOES NOT PULL A TRAILER)..... 1
- TRACTOR WITHOUT TRAILER..... 2
- AUTO CARRIER..... 3
- DUMP..... 4
- FLATBED..... 5
- GARBAGE/REFUSE..... 6
- LIVESTOCK CARRIER..... 7
- LOW BOY..... 8
- POLE/LOGGING..... 9
- REFRIGERATED VAN ("REFER")..... 10
- TANKER..... 11
- VAN, ENCLOSED (BOX)..... 12
- VAN, OPEN TOP..... 13
- OTHER..... 91
- (SPECIFY)_____
- REFUSED..... -7
- DON'T KNOW..... -8

A5. Do you usually keep the temperature in your cab comfortable during your 10- hour rest period?

- YES..... 1
- NO..... 2 -> GO To A6
- REFUSED..... -7
- DON'T KNOW..... -8

A5a. How do you usually keep the temperature in your cab comfortable during your 10-hour rest period?

- Idle my truck's engine..... 1
- Use my truck's Auxiliary Power Unit (APU)..... 2
- Hook up to the truck stop's power..... 3
- Other (specify _____)..... 5
- REFUSED..... -7
- DON'T KNOW..... -8

The next few questions are about your current trip. If you are not carrying cargo or if you are waiting for another load, then your current trip is the trip just completed.

A6. On your current trip, are you....

- Carrying one or more shipments to deliver within a network of terminals? Each shipment is less than 10,000 pounds and considered to be "LTL" freight, or..... 1
- Carrying one or more shipments that are each 10,000 pounds or more, and considered to be "TL" freight?..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

A6a. On your current trip, how many total pickups will you make?

-
- REFUSED..... -7
 - DON'T KNOW..... -8

A6b. On your current trip, how many total drops will you make?

-
- REFUSED..... -7
 - DON'T KNOW..... -8

A7. On your current trip, are you driving alone, with a non-driving passenger, as part of a driving team, as a trainer, or as a trainee with a senior driver?

- DRIVING ALONE..... 1
- WITH A NON-DRIVING PASSENGER..... 2
- DRIVING AS PART OF A TEAM..... 3
- TRAINER..... 4
- TRAINEE..... 5
- REFUSED..... -7
- DON'T KNOW..... -8

A8. How are you being paid for your driving time on your current trip? **[INTERVIEWER NOTE: ALLOW A 'YES' RESPONSE TO ONLY ONE OPTION BELOW, DO NOT READ OPTIONS]**

- | | YES | NO | RF | DK |
|-----------------------------------|-----|----|----|----|
| a. BY THE HOUR..... | 1 | 2 | -7 | -8 |
| b. BY THE MILE..... | 1 | 2 | -7 | -8 |
| c. BY THE LOAD | 1 | 2 | -7 | -8 |
| d. A PERCENTAGE OF REVENUES | 1 | 2 | -7 | -8 |

A8a. Are you paid for nondriving work, such as waiting at the dock or loading/unloading?

YES..... 1
 NO..... 2
 REFUSED..... -7
 DON'T KNOW..... -8

A9. On your current trip, does your company offer bonuses or penalties based on whether or not you deliver your cargo on time?

YES..... 1
 NO..... 2
 REFUSED..... -7
 DON'T KNOW..... -8

A10. Before arriving at this truck stop, how many hours had you driven continuously without stopping for any reason?

NUMBER OF HOURS.....|_|_|._|

RANGE: 1 – 11 HOURS

A10A. How many hours have you been at this truck stop?

NUMBER OF HOURS.....|_|_|._|

RANGE: 1 – 48 HOURS

A11. How long has it been since you had at least 24 hours off? This would be at least 24 hours when you knew you wouldn't be working, allowing you to plan other activities such as extra sleep, shopping, exercise, etc. It could have been either at home or away from home. **(INTERVIEWER: INCLUDE TIME SINCE THE END OF THE OFF-DUTY PERIOD)**

DAYS.....|_|_|

HOURS.....|_|_|._|

REFUSED..... -7

DON'T KNOW..... -8

A12. We would like to know about the number of hours you spend working as a truck driver. Please estimate all time you spent doing your job; include not only driving time, but also time spent loading or unloading, waiting for loads, doing paperwork, or any other job-related tasks, even if you are not paid for these activities. Do not include mandatory rest periods. How many total hours have you worked as a truck driver since last _____ **[INTERVIEWER: INSERT THE DAY OF THE WEEK THAT WAS 7**

DAYS AGO]? [INTERVIEWER: ENCOURAGE DRIVER TO TAKE HIS TIME ANSWERING THE QUESTION]

HOURS.....|_|_|._|

[INTERVIEWER, IF MORE THAT 126 HOURS, ASK 'how did you come up with your answer?']

A13. During those |_|_|_| hours **(INTERVIEWER: INSERT RESPONSE FROM A12)**, how many total hours did you spend on each of the following tasks?

	TOTAL TIME SPENT (HOURS)	RE	DK
a. Driving your truck?.....	_ _ ._	-7	-8
b. Truck maintenance or repair?.....	_ _ ._	-7	-8
c. Physical labor such as loading and unloading, staking, or tarping or securing loads?.....	_ _ ._	-7	-8
d. Other work at terminal?.....	_ _ ._	-7	-8
e. Waiting for the dispatcher to call, waiting at the loading dock, or with the log book or other paper work?.....	_ _ ._	-7	-8
f. Waiting for some other reason?.....	_ _ ._	-7	-8
g. Some other major job duty?.....	_ _ ._	-7	-8
(SPECIFY 1)_____	_ _ ._	-7	-8
(SPECIFY 2)_____	_ _ ._	-7	-8
TOTAL (To be completed by Interviewer)	_ _ ._		

[INTERVIEWER: ADD TIMES TOGETHER A MAKE SURE THEY EQUAL ANSWER IN A12. IF THEY DO NOT ADD UP, PROBE TO SEE WHY NOT]

A14. Are your wages and benefits negotiated by a labor union?

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

A15. What do you like most about your job as a truck driver?

- INDEPENDENCE..... 1
- TRAVELING TO DIFFERENT PLACES..... 2
- BEING MY OWN BOSS..... 3
- FLEXIBILITY..... 4
- MAKE A GOOD LIVING..... 5
- ONLY WORK I'VE EVER DONE..... 6
- I'M A GOOD DRIVER..... 7
- I LIKE DRIVING..... 8
- I LIKE TRUCKS..... 9

I LIKE THE CULTURE.....	10
JOB SECURITY.....	11
FILLS THE TIME WHEN I'M NOT DOING MY OTHER JOB (E.G., FARMING).....	12
OTHER.....	91
(SPECIFY)_____	
REFUSED.....	-7
DON'T KNOW.....	-8

A16. What do you like least about your job as a truck driver?

RISK OF CRASH INJURY.....	1
RISK OF NON-CRASH INJURY.....	2
POOR MAINTENANCE OF OTHER TRUCKS ON THE ROAD.....	3
LONG WORK HOURS.....	4
IRREGULAR WORK HOURS.....	5
UNPREDICTABLE WORK HOURS.....	6
NIGHT SHIFT.....	7
DON'T SLEEP WELL/LACK OF SLEEP.....	8
FORCED TO SLEEP IN DAYTIME.....	9
LACK OF EXERCISE.....	10
LACK OF HEALTHY FOOD.....	11
LOW INCOME.....	12
ECONOMIC UNCERTAINTY.....	13
UNREALISTIC DELIVERY SCHEDULES.....	14
WORKPLACE VIOLENCE.....	15
TOO MANY REGULATIONS.....	16
AWAY FROM HOME TOO MUCH.....	17
OTHER.....	91
(SPECIFY)_____	
REFUSED.....	-7
DON'T KNOW.....	-8

B. WORK HISTORY

Now I would like you to think about your work in the trucking industry.

- B1. You indicated earlier that your current job requires you to spend at least one 10-hour rest period away from home on each run. For how many years have you worked in this type of truck driving job?

NUMBER OF YEARS|_|_|

REFUSED..... -7

DON'T KNOW..... -8

- B2. Have you ever worked as a driver in a truck job which did not require you to sleep away from home for at least one 10-hour rest period on each run?

YES..... 1

NO..... 2

REFUSED..... -7 GO TO B3

DON'T KNOW..... -8

- B2a. For how many total years did you work in this type of truck driving job?

NUMBER OF YEARS|_|_|

REFUSED..... -7

DON'T KNOW..... -8

- B3. Have you ever worked in the trucking industry but not as a truck driver?

YES..... 1

NO..... 2

REFUSED..... -7 GO TO B4

DON'T KNOW..... -8

- B3a. For how many years did you work in the trucking industry but not as a truck driver?

NUMBER OF YEARS|_|_|

REFUSED..... -7

DON'T KNOW..... -8

B3b. What job(s) did you have? Were you a...

JOB TITLE	YES	NO	RE	DK	B3c. How long did you do this job? (YEARS)	RE	DK
a. Mechanic?.....	1	2	-7	-8	_ _ _ _	-7	-8
b. Dock Worker?.....	1	2	-7	-8	_ _ _ _	-7	-8
c. Dispatcher?.....	1	2	-7	-8	_ _ _ _	-7	-8
d. Supervisor/Management?.....	1	2	-7	-8	_ _ _ _	-7	-8
e. Anything else?.....	1	2	-7	-8	_ _ _ _	-7	-8

[INTERVIEWER: IF RESPONSE IS GIVEN IN MONTHS, CONVERT TO YEARS.]

B4. How many weeks per year do you work as a truck driver? Please include vacation time.

NUMBER OF WEEKS|_|_|_|
RANGE 1-52

REFUSED..... -7
DON'T KNOW..... -8

B5. Do you currently have a second job?

YES..... 1
NO..... 2 □
REFUSED..... -7 □ GO TO B6
DON'T KNOW..... -8 □

B5a. What is your second job?

Job Title _____

B5b. What type of business is this?

(Business)_____

B5c. Approximately how many hours per week do you work at your second job?

HOURS PER WEEK.....|_|_|_|_|

REFUSED..... -7
DON'T KNOW..... -8

B5d. For how long have you had a second job, including the current one?

NUMBERS OF YEARS.....| | |
NUMBER OF MONTHS.....| | |

REFUSED..... -7
DON'T KNOW..... -8

B6. These next four questions are about benefits you receive from your current truck driving job.

	YES	NO	RE	DK
a. Will you receive pension checks from your current employer or union pension plan when you retire?.....	1	2	-7	-8
b. Does your employer contribute to a 401k retirement plan on your behalf?	1	2	-7	-8
c. Does your employer or union offer you health insurance?.....	1	2	-7	-8
d. Do you receive paid vacation?.....	1	2	-7	-8

C. HEALTH

Now let's talk about your health and health care coverage.

C1. Are you covered by any type of health insurance or health care plan? Include coverage provided by your spouse or partner's plan.

- YES..... 1 → GO TO C2
- NO..... 2 → IF B6c=1 ASK C1a
ELSE GO TO C2
- REFUSED..... -7
- DON'T KNOW..... -8

C1a. Why don't you participate in your employer or union health insurance plan?

- IT IS TOO EXPENSIVE..... 1
- I AM NOT ELIGIBLE..... 2
- OTHER (SPECIFY _____) 3
- REFUSED..... 4
- DON'T KNOW..... -8

C2. In the past twelve months, were there times when you needed medical care but did not get it? Do not include dental care.

- YES..... 1
- NO..... 2 →
- REFUSED..... -7 → GO TO C4
- DON'T KNOW..... -8 →

C3. Why did you not get the needed medical care? Was it because...

	YES	NO	RE	DK
a. you couldn't afford it?.....	1	2	-7	-8
b. you were unable to go to a clinic because you were working?.....	1	2	-7	-8
d. of lack of health insurance?.....	1	2	-7	-8
e. of some other reason?.....	1	2	-7	-8
(SPECIFY)_____				

C4. During the past 12 months, did you get a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.

- YES..... 1 → GO TO C6
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

C5. Why didn't you get a flu shot? PROBE: Any other reason?

	YES	NO	RF	DK
a. TOO EXPENSIVE.....	1	2	-7	-8
b. INCONVENIENT.....	1	2	-7	-8
c. DON'T THINK I NEED IT.....	1	2	-7	-8
d. DON'T KNOW WHERE TO GET IT.....	1	2	-7	-8
e. DON'T HAVE TIME.....	1	2	-7	-8
f. FLU SHOT WILL GIVE ME THE FLU.....	1	2	-7	-8
g. OTHER.....	1	2	-7	-8
(SPECIFY)_____				

The next few questions are about cigarette smoking.

C6. Have you smoked at least 100 cigarettes, or 5 packs, in your entire life?

YES.....	1	
NO.....	2	□
REFUSED.....	-7	□ GO TO C11
DON'T KNOW.....	-8	□

C7. How old were you when you first started to smoke fairly regularly?

YEARS..... _ _	
NEVER SMOKED REGULARLY.....	1 → GO TO C9
REFUSED.....	-7
DON'T KNOW.....	-8

C8. Thinking back over the years you have smoked regularly, about how many cigarettes did you usually smoke each day? Recall that 1 pack equals 20 cigarettes.

CIGARETTES PER DAY..... _ _	
REFUSED.....	-7
DON'T KNOW.....	-8

C9. Do you now smoke cigarettes every day, some days, or not at all?

EVERY DAY.....	1 → GO TO C11
SOME DAYS.....	2 → GO TO C11
NOT AT ALL.....	3
REFUSED.....	-7 → GO TO C11
DON'T KNOW.....	-8 → GO TO C11

C10. How long has it been since you quit smoking cigarettes?

YEARS..... _ _	
----------------	--

MONTHS.....|_|_|

REFUSED..... -7

DON'T KNOW..... -8

These next few questions are about drinking alcoholic beverages. Included are liquor such as whiskey or gin, beer, wine, wine coolers, and any other type of alcoholic beverage.

C11. In the past 12 months, how often did you drink any type of alcoholic beverage?

|_|_| DAYS PER

WEEK..... 1

MONTH..... 2

YEAR..... 3

DON'T DRINK ALCOHOL..... 4 → GO TO C13

REFUSED..... -7

DON'T KNOW..... -8

C12. In the past 12 months, on those days that you drank alcoholic beverages, how many drinks did you usually have? Would you say...

1 or 2 drinks,..... 1

3 or 4 drinks, or..... 2

5 or more drinks?..... 3

REFUSED..... -7

DON'T KNOW..... -8

Now I'd like to ask about your height, weight, and physical activity.

Please tell me your height and weight without shoes.

C13. _____ FEET _____ INCHES

REFUSED..... -7

DON'T KNOW..... -8

C14. _____ POUNDS

REFUSED..... -7

DON'T KNOW..... -8

The next question is about physical activity. We are interested in moderate or vigorous physical activities that cause at least light sweating or a slight increase in your breathing or heart rate. Examples include fast walking, pushing a lawn mower, or moving heavy boxes by hand. Activities could have been either during work or in your free time.

C15. Since last _____ [INTERVIEWER: INSERT THE DAY OF THE WEEK THAT WAS 7 DAYS AGO.], on how many days did you do moderate or vigorous physical activities for at least 30 minutes at a time?

DAYS []

REFUSED..... -7
 DON'T KNOW..... -8

The next few questions are about health conditions you might have.

C16. During the past three months, did you have low back pain that lasted a whole day or more? Do not report aches and pains that are fleeting or minor.

YES..... 1
 NO..... 2
 REFUSED..... -7
 DON'T KNOW..... -8

C17. Are you currently taking medicine to lower your blood pressure?

YES..... 1 → GO TO C19
 NO..... 2
 REFUSED..... -7
 DON'T KNOW..... -8

C18. Have you ever been told by a doctor or other health professional that you had hypertension, also called high blood pressure?

YES..... 1
 NO..... 2
 REFUSED..... -7
 DON'T KNOW..... -8

C19. Have you ever been told by a doctor or other health professional that you had...

	YES	NO	RE	DK
a. coronary heart disease?.....	1	2	-7	-8
b. angina, also called angina pectoris?.....	1	2	-7	-8
c. any kind of heart condition or heart disease other than the ones already mentioned?..... (SPECIFY) _____	1	2	-7	-8
d. diabetes or sugar diabetes?..... [IF FEMALE, READ... <u>Don't include</u> diabetes only during pregnancy, otherwise known as gestational diabetes.]	1	2	-7	-8
e. emphysema?.....	1	2	-7	-8
f. obstructive lung disease or chronic lower respiratory disease?...	1	2	-7	-8

C20. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?

YES..... 1
NO..... 2 → GO TO C23
REFUSED..... -7
DON'T KNOW..... -8

C21. Are you currently taking medicine to lower your cholesterol?

YES..... 1→ GO TO C23
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

C22. Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

C23. Have you ever been told by a doctor or other health professional that you had cancer or a malignancy of any kind?

YES..... 1
NO..... 2 □
REFUSED..... -7 □ GO TO C25
DON'T KNOW..... -8 □

C24. What kind of cancer was it? PROBE: Any other type?

		How old were you when you were diagnosed?
BLADDER.....	1	_ _
BLOOD.....	2	_ _
BONE.....	3	_ _
BRAIN.....	4	_ _
BREAST.....	5	_ _
CERVIX.....	6	_ _
COLON.....	7	_ _
ESOPHAGUS.....	8	_ _
GALLBLADDER.....	9	_ _
KIDNEY.....	10	_ _
LARYNX-WINDPIPE.....	11	_ _
LEUKEMIA.....	12	_ _
LIVER.....	13	_ _
LUNG.....	14	_ _
LYMPHOMA.....	15	_ _
MELANOMA.....	16	_ _
MOUTH/TONGUE/LIP.....	17	_ _
OVARY.....	18	_ _
PANCREAS.....	19	_ _
PROSTATE.....	20	_ _
RECTUM.....	21	_ _
SKIN (NON-MELANOMA)	22	
SKIN (DON'T KNOW WHAT KIND).....	23	_ _
SOFT TISSUE (MUSCLE OR FAT).....	24	_ _
STOMACH.....	25	_ _
TESTIS.....	26	_ _
THROAT-PHARYNX.....	27	_ _
THYROID.....	28	_ _
UTERUS.....	29	_ _
OTHER.....	91	_ _
(SPECIFY)_____		
REFUSED.....	-97	
DON'T KNOW.....	-99	

The next few questions are about your sleep patterns.

C25. On average, how many hours of sleep do you get in a 24-hour period? Think about the time you actually spend sleeping or napping, not just the amount of sleep you think you should get.

TOTAL NUMBER OF HOURS.....|_|_|

[INTERVIEWER: IF ANSWER IS MORE THAN 8, PROBE TO DISCOVER IF THIS IS ACTUAL SLEEPING TIME]

REFUSED..... -7

DON'T KNOW..... -8

C26. Is this sleep usually continuous or broken up? For example, if you had slept for 8 hours, was that 8 uninterrupted hours or was it broken up with work?

- BROKEN UP..... 1
- CONTINUOUS..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

C27. Considering your work schedule, how many days did you have the opportunity to sleep at home in the last 30 days?

- NUMBER OF DAYS.....|_|_|
- REFUSED..... -7
- DON'T KNOW..... -8

C28. Where do you usually take your longest sleep period on days that you drive your truck? Is it...

- In a motel,..... 1
- At home,..... 2
- In the truck, or..... 3
- Somewhere else?..... 4
- (SPECIFY) _____
- REFUSED..... -7
- DON'T KNOW..... -8

C29. Do you use a Continuous Positive Airway Pressure (CPAP) machine while sleeping?

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

INTERVIEWER NOTE:

GIVE SHOW CARD TO RESPONDENT.

C30. The following questions refer to your behavior while sleeping or trying to sleep. On a scale from one, meaning you never do this or have never been told you do this while sleeping or trying to sleep, to 5 meaning this happens 5 – 7 times or more per week, please tell me the one number that best describes you while sleeping or trying to sleep in the past month.

	NEVER	RARELY, LESS THAN ONCE A WEEK	1-2 TIMES PER WEEK	3-4 TIMES PER WEEK	5-7 TIMES PER WEEK	DK
a. Loud snoring?.....	1	2	3	4	5	-8
b. Snorting or gasping?.....	1	2	3	4	5	-8
c. Your breathing stops or you struggle for breath?.....	1	2	3	4	5	-8

INTERVIEWER NOTE:

TAKE SHOW CARD FROM RESPONDENT.

C31. In the past month, have you used alcohol to help you fall asleep?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

INTERVIEWER NOTE:

GIVE SHOW CARD TO RESPONDENT.

C32. I'm going to read you a list of activities. How likely are you to doze off or fall asleep during each activity? Use a scale from 1 to 4, with 1 being "I would never doze or fall asleep," and 4 being "that it would be highly likely that you would doze off or fall asleep." Even if you have not done some of these things in the past week, try to think how they would have affected you..

	WOULD NEVER DOZE	SLIGHT CHANCE	MODERATE CHANCE	HIGH CHANCE	RE	DK
a. Sitting and reading?.....	1	2	3	4	-7	-8
b. Watching TV?.....	1	2	3	4	-7	-8
c. Sitting inactive in a public place such as a theatre or meeting?.....	1	2	3	4	-7	-8
d. As a passenger in a vehicle for an hour without a break?.....	1	2	3	4	-7	-8
e. Lying down in the afternoon when circumstances permit?.....	1	2	3	4	-7	-8
f. Sitting and talking to someone?.....	1	2	3	4	-7	-8
g. Sitting quiet after a lunch	1	2	3	4	-7	-8
h. In a vehicle, while stopped for a few minutes in traffic?.....	1	2	3	4	-7	-8

INTERVIEWER NOTE:

TAKE SHOW CARD FROM RESPONDENT.

C33. How often do you feel very drowsy when you are driving?

- Never (or almost never)..... 1
- About once per month 2
- About once per week..... 3
- 2 or 3 times per week..... 4
- 4 or 5 times per week..... 5
- Almost every day..... 6
- REFUSED..... -7
- DON'T KNOW..... -8

C34. Keeping in mind that all of your responses are anonymous, have you ever nodded off or fallen asleep while driving your truck?

- YES..... 1
 - NO..... 2
 - REFUSED..... -7
 - DON'T KNOW..... -8
- GO TO C35

C34a. How often do you estimate this has happened in the last 3 months?

Would you say...

Never.....	1
Only one or two times.....	2
About once per week.....	3
2 or 3 times per week.....	4
More than 3 times per week	5
REFUSED.....	-7
DON'T KNOW.....	-8

C35. In the last 2 days, have you used medications or drugs to help you stay awake while driving? Some examples include Sudafed, Ritalin, methamphetamines ("meth"), or Provigil. Please exclude caffeine when answering.

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT YOUR JOB.

C36. How often do you load and unload your truck at work? Would you say often, sometimes, or never?

OFTEN.....	1
SOMETIMES.....	2
NEVER.....	3 □ GO TO C38c
REFUSED.....	-7
DON'T KNOW.....	-8

C37. When loading or unloading your cargo, do you use any of the following types of personal protective equipment?

	YES	NO	RF	DK
a. Face mask?.....	1.....	2	-7	-8
b. Respirator?.....	1.....	2	-7	-8
c. Hearing protectors?.....	1.....	2	-7	-8
d. Chemical barrier gloves?.....	1.....	2	-7	-8
e. Safety glasses, work gloves, work boots, hard hats, or safety vests				
f. Any other type of personal protective equipment?.....	1.....	2	-7	-8
(SPECIFY)_____				

INTERVIEWER NOTE:

GIVE SHOW CARD TO RESPONDENT.

C38. Now I'm going to read you some statements about how you may or may not feel during your work as a truck driver. On a scale from zero, meaning "not at all likely" to agree with the statement to 5 meaning "very likely" to agree with the statement, please tell me the number that best indicates how likely it would be for you to agree with each statement. Think about your work since last _____ **[INTERVIEWER: INSERT THE DAY OF THE WEEK THAT WAS 7 AGO]** when answering.

	NOT AT ALL LIKELY					VERY LIKELY	RE	DK	NA
a. After several days with lots of loading and unloading I can't do my work so well because I am too tired.....0...	1	2	3	4	5	-7	-8	-9	
b. After doing a lot of loading and unloading for some days, I feel physically exhausted.....0...	1	2	3	4	5	-7	-8	-9	
c. After a long day at work I have enough energy to tackle anything.....0...	1	2	3	4	5	-7	-8	-9	
d. During the working day I need extra breaks.....0...	1	2	3	4	5	-7	-8	-9	
e. When I have driven all day, it's hard for me to unwind.....0...	1	2	3	4	5	-7	-8	-9	
f. After work I relax easily.....0...	1	2	3	4	5	-7	-8	-9	
g. I sleep well.....0...	1	2	3	4	5	-7	-8	-9	
h. I usually fall asleep easily.....0...	1	2	3	4	5	-7	-8	-9	
i. I sleep uneasily.....0...	1	2	3	4	5	-7	-8	-9	
j. When I wake up in sleep, it's hard for me to fall asleep again.....0...	1	2	3	4	5	-7	-8	-9	
k. After several days with lots of driving I can't do my work so well because I am too tired.....0...	1	2	3	4	5	-7	-8	-9	

INTERVIEWER NOTE:

TAKE SHOW CARD FROM RESPONDENT.

INTERVIEWER NOTE:

GIVE SHOW CARD TO RESPONDENT. FATIGUE IS DEFINED AS BEING SO TIRED THAT YOU NEED TO SLEEP.

C39. I am going to read some statements about how fatigue might affect you. On a scale from zero, which means “not at all fatigued,” to 10, which means “as fatigued as I could be,” please tell me the number that best indicates how the statement describes your level of fatigue since last _____

[INTERVIEWER: INSERT THE DAY OF THE WEEK THAT WAS 7 DAYS AGO]

	NOT AT ALL FATIGUED										AS FATIGUED AS I COULD BE										R	DK		
	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	-7	-8
a. Your level of fatigue on the day you felt most fatigued.....	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	-7	-8
b. Your level of fatigue on the day you felt least fatigued.....	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	-7	-8
c. Your average level of fatigue.....	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	-7	-8
d. Your level of fatigue right now ...	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	-7	-8

INTERVIEWER NOTE:

ASK RESPONDENT TO TURN OVER SHOW CARD.

C39a. Continuing with statements about how fatigue might affect you, please rate the following statements on a scale of zero, which means “no interference,” to 10, which means “extreme interference.” Again, base your answers on the time since last _____ **[INTERVIEWER: INSERT THE DAY OF THE WEEK THAT WAS 7 DAYS AGO]**

	NO INTERFERENCE										EXTREME INTERFERENCE										R	DK		
	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	-7	-8
a. How much did fatigue interfere with your general level of activity	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	-7	-8
b. How much did fatigue interfere with your leisure activities	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	-7	-8
c. How much did fatigue interfere with your work	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	-7	-8
d. How much did fatigue interfere with your ability to concentrate	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	-7	-8

D. TRUCK CRASHES AND WORK-RELATED INJURIES

The next set of questions is about work-related crashes and injuries.

D1. In your career as a truck driver, have you ever been in a DOT recordable truck crash, either as a driver or as a non-driving team member? A DOT recordable crash occurs when the crash results in one of the following: a fatality; an injury to a person requiring immediate treatment away from the scene of the accident; or disabling damage to a vehicle, requiring it to be towed.

YES..... 1
NO..... 2 □
REFUSED..... -7 □ GO TO D7
DON'T KNOW..... -8 □

D2. How many of these crashes have you had?

NUMBER OF CRASHES.....|_|_|
REFUSED..... -7
DON'T KNOW..... -8

INTERVIEWER NOTE:

IF D2 = 1, READ “this” IN D3. OTHERWISE, READ “your first.”

D3. In what calendar year was [this/your first] crash?

YEAR.....|_|_|_|_|
REFUSED..... -7
DON'T KNOW..... -8

INTERVIEWER NOTE:

IF D2 = 1, GO TO D3b.

D3a. In what calendar year was your most recent crash?

YEAR.....|_|_|_|_|
REFUSED..... -7
DON'T KNOW..... -8

INTERVIEWER NOTE:

IF D2 = 1, READ “this” IN D3b. OTHERWISE, READ “your most recent.”

D3b. In [this/your most recent] crash, were you the driver or a team member?

DRIVER..... 1
 TEAM MEMBER..... 2
 OTHER..... 91
 (SPECIFY) _____
 REFUSED..... -7
 DON'T KNOW..... -8

D4. As a result of the crash, did you suffer any injuries that required immediate medical attention?

YES..... 1
 NO..... 2 □
 REFUSED..... -7 □ GO TO D7
 DON'T KNOW..... -8 □

D5. Where did you first receive medical attention for the injury?

ON-SITE MEDICAL TREATMENT..... 1
 EMERGENCY DEPARTMENT/HOSPITAL..... 2
 DOCTORS' OFFICE..... 3
 COMPANY CLINIC..... 4
 DID NOT RECEIVE MEDICAL ATTENTION..... 5 → GO TO D6
 OTHER..... 91
 SPECIFY _____
 REFUSED..... -7
 DON'T KNOW..... -8

D5a. How was the medical treatment paid? Was it by...

	YES	NO	RE	DK
a. Insurance?.....	1	2	-7	-8
b. Self – cash payment?.....	1	2	-7	-8
c. Not paid?.....	1	2	-7	-8
d. Some other way?.....	1	2	-7	-8
(SPECIFY) _____				

INTERVIEWER NOTE:

IF D5aa = 1, GO TO D5b. OTHERWISE, GO TO D6.

D5b. What kind of insurance was it? Was it...

	YES	NO	RE	DK
a. Worker's compensation?.....	1	2	-7	-8
b. Insurance related to operating your truck?.....	1	2	-7	-8
c. Your health insurance policy?.....	1	2	-7	-8
d. Insurance carried by the other party?.....	1	2	-7	-8
e. Other?.....	1	2	-7	-8
(SPECIFY) _____				

D6. Did you miss any work days due to this injury?

- YES..... 1
- NO..... 2 ☐
- REFUSED..... -7 ☐ GO TO D7
- DON'T KNOW..... -8 ☐

D6a. How much time did you miss from work [due to this injury]?

DAYS.....|_|_|_|

WEEKS.....|_|_|_|

MONTHS.....|_|_|_|

- REFUSED..... -7
- DON'T KNOW..... -8

D6b. Did you file a worker's compensation claim?

- YES..... 1
- NO..... 2 ☐
- REFUSED..... -7 ☐ GO TO D7
- DON'T KNOW..... -8 ☐

D6c. Did you receive worker's compensation payment for?

	YES	NO	RE	DK
a. Lost work days?.....	1	2	-7	-8
b. Disability?.....	1	2	-7	-8
c. Disfigurement?.....	1	2	-7	-8
d. Anything else?.....	1	2	-7	-8
(SPECIFY).....				
e. CLAIM PENDING	1	2	-7	-8

D7. Since last _____ [INTERVIEWER: INSERT THE DAY OF THE WEEK THAT WAS 7 DAYS AGO], have you had "a near miss" that made you feel lucky not to have been in a crash?

- YES..... 1
- NO..... 2 ☐
- REFUSED..... -7 ☐ GO TO D8
- DON'T KNOW..... -8 ☐

D7a. How many times since last _____ [INTERVIEWER: INSERT THE DAY OF THE WEEK THAT WAS 7 DAYS AGO] have you had "a near miss?"

NUMBER OF TIMES.....|_|_|

- REFUSED..... -7
- DON'T KNOW..... -8

The next set of questions is about any injuries you received on the job as a truck driver but were not a result of a truck crash. This could include injuries that you received while doing any part of your job as a truck driver—for example, loading or unloading.

D8. During the last 12 months, did you receive any injuries on your job for which you visited a doctor or other health professional?

- YES..... 1
- NO..... 2
- REFUSED..... -7 GO TO SECTION E
- DON'T KNOW..... -8

D9. How many of these on-the-job injuries did you have during the last 12 months?

- NUMBER OF INJURIES.....|_|_|
- REFUSED..... -7
- DON'T KNOW..... -8

The following questions are about the most recent injury you had. Please keep in mind that these injuries should not have been as a result of a truck crash.

D10. Which of the following best describe the type of injury or injuries you received. Was it a...

- | | YES | NO | RE | DK |
|---------------------------|-----|----|----|----|
| a. Sprain or strain?..... | 1 | 2 | -7 | -8 |
| b. Fracture?..... | 1 | 2 | -7 | -8 |
| C Something else?..... | 1 | 2 | -7 | -8 |
| (SPECIFY)_____ | | | | |

D11. Again, thinking about your most recent injury, what part or parts of your body were injured? Was it your...

- | | YES | NO | RE | DK |
|--------------------------------|-----|----|----|----|
| a. Back?..... | 1 | 2 | -7 | -8 |
| b. Neck?..... | 1 | 2 | -7 | -8 |
| c. Hands, wrist, or arms?..... | 1 | 2 | -7 | -8 |
| d. Legs?..... | 1 | 2 | -7 | -8 |
| e. Feet?..... | 1 | 2 | -7 | -8 |
| f. Something else?..... | 1 | 2 | -7 | -8 |
| (SPECIFY)_____ | | | | |

D12. How did it occur? Was it...

Contact with object or equipment,.....	1
Fall on same level,.....	2
Fall to lower level,.....	3
Assault, or.....	4
Something else?.....	5
(SPECIFY)_____	
REFUSED.....	-7
DON'T KNOW.....	-8

D13. What were you doing when the injury occurred? Were you...

Getting in/getting out of cab,.....	1
Getting on/off the freight carrying portion of the truck	2
Loading/unloading,.....	3
Securing the load,.....	4
Spreading a tarp,.....	5
Doing truck maintenance, or.....	6
Doing something else?.....	7
REFUSED.....	-7
DON'T KNOW.....	-8

D14. Where did the injury occur? Was it...

On the road,.....	1
On the dock	2
At a loading or unloading location other than a dock	3
At a truck stop or rest area,.....	4
Somewhere else?.....	5
(SPECIFY)_____	
REFUSED.....	-7
DON'T KNOW.....	-8

D15. Where did you first receive medical attention for the injury?

ON-SITE MEDICAL TREATMENT.....	1
EMERGENCY DEPARTMENT.....	2
DOCTOR'S OFFICE.....	3
COMPANY CLINIC.....	4
DIDN'T RECEIVE MEDICAL ATTENTION.....	5 → GO TO D17
OTHER.....	91
(SPECIFY)_____	
REFUSED.....	-7
DON'T KNOW.....	-8

D16. Were you hospitalized due to this injury?

YES..... 1
 NO..... 2
 REFUSED..... -7
 DON'T KNOW..... -8

D16a. How was the medical treatment paid? Was it by...

	YES	NO	RE	DK
a. Insurance?.....	1	2	-7	-8
b. Self – cash payment?.....	1	2	-7	-8
c. Not paid?.....	1	2	-7	-8
d. Some other way?.....	1	2	-7	-8
(SPECIFY)_____				

INTERVIEWER NOTE:

IF D16aa = 1, GO TO D16b. OTHERWISE, GO TO D17.

D16b. What kind of insurance was it? Was it...

	YES	NO	RE	DK
a. Worker's compensation?.....	1	2	-7	-8
b. Insurance related to operating your truck?.....	1	2	-7	-8
c. Your health insurance policy?.....	1	2	-7	-8
d. Insurance carried by the other party?.....	1	2	-7	-8
e. Other?.....	1	2	-7	-8
(SPECIFY)_____				

D17. Did you miss any work days due to this injury?

YES..... 1
 NO..... 2 □
 REFUSED..... -7 □ GO TO D18
 DON'T KNOW..... -8 □

D17a. How much time did you miss from work [due to this injury]?

DAYS.....|_|_|_|
 WEEKS.....|_|_|_|
 MONTHS.....|_|_|_|

REFUSED..... -7
 DON'T KNOW..... -8

D18. Did you file worker's compensation claim?

- YES..... 1
- NO..... 2 → GO TO D18b
- REFUSED..... -7 → GO TO D19
- DON'T KNOW..... -8 → GO TO D19

D18a. Did you receive worker's compensation payment for?

- | | YES | NO | RE | DK |
|-------------------------|-----|----|----|----|
| a. Lost work days?..... | 1 | 2 | -7 | -8 |
| b. Disability?..... | 1 | 2 | -7 | -8 |
| c. Disfigurement?..... | 1 | 2 | -7 | -8 |
| d. Anything else?..... | 1 | 2 | -7 | -8 |
| (SPECIFY)_____ | | | | |
| e. CLAIM PENDING | 1 | 2 | -7 | -8 |

[INTERVIEWER NOTE: IF ANY OPTION IN D18a = 1, THEN GO TO E1]

D18b. Why didn't you file a worker's compensation claim?

D19. Did you report this injury to your employer?

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

E. JOB-RELATED TRAINING

Now I have some questions about any job-related training you have received while employed as a truck driver.

E1a. At the beginning of your career as a truck driver, did you receive enough training to drive your truck safely under all road and weather conditions?

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

E1b. Do you now have enough training to safely handle and secure your cargo?

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

E2. I'm going to read you a list of health and safety topics. Have you received training in a classroom setting for each of these in the last 12 months?

	YE S	NO	RE	DK
a. Federal regulations concerning trucking safety, such as the Hours of Service regulation?.....1....	2	-7	-8	
b. Safe driving practices and/or defensive driving?.....1....	2	-7	-8	
c. Proper lifting techniques?.....1....	2	-7	-8	
d. Fall prevention?.....1....	2	-7	-8	
e. Vehicle maintenance and safety checks?.....1....	2	-7	-8	
f. Security procedures and awareness?.....1....	2	-7	-8	
g. Assault prevention?.....1....	2	-7	-8	

F. COMPANY SAFETY CLIMATE/CULTURE

The next set of questions is about the safety policies of the company for which you currently work.

INTERVIEWER NOTE:

IF DRIVER IS AN INDEPENDENT OWNER OPERATOR, GO TO G1

F1. Does the company offer safety awards/incentives?

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

F2. Does the company have safety programs, written policies, rules, or guidelines regarding workplace safety?

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

F3. Does the company use a satellite-based system, such as Qual-com to communicate about the location of your truck?

- YES..... 1
- NO..... 2 □
- REFUSED..... -7 □ GO TO F4
- DON'T KNOW..... -8 □

F3a. Do you like, dislike, or have no feeling about this technology?

- LIKE..... 1
- DISLIKE..... 2
- NEITHER LIKE NOR DISLIKE..... 3
- REFUSED..... -7
- DON'T KNOW..... -8

F4. Now I'm going to read you a list of statements about worker safety. Please tell me whether you strongly disagree, disagree, agree, or strongly agree with each of these statements.

	STRONGLY DISAGREE	1	2	STRONGLY AGREE	3	RE	DK
a. The safety of workers is a high priority with management where I work.....	0	1	2	3	-7	-8	
b. There are no significant compromises or shortcuts taken when worker safety is at stake.....	0	1	2	3	-7	-8	
c. Where I work, employees and management work together to ensure the safest possible working conditions.....	0	1	2	3	-7	-8	

G. OTHER SAFETY RELATED QUESTIONS

G1. Once you start a trip, how many hours do you usually drive before stopping for fuel or a break? [INTERVIEWER NOTE: IF DRIVER PROVIDES A RANGE, RECORD IN G1b, BUT THEN PROBE FOR A SPECIFIC NUMBER OF HOURS for G1a]

a) NUMBER OF HOURS

INTERVIEWER NOTE: GOTO G2

b) <2 HOURS.....1
 2-4 HOURS..... 2
 5-8 HOURS.....3
 >8 HOURS.....4
 REFUSED.....-7
 DON'T KNOW.....-8

INTERVIEWER NOTE:

GIVE SHOW CARD TO RESPONDENT.

G2. How often do you continue to drive despite fatigue, bad weather, or heavy traffic because:

	OFTEN	SOME-TIMES	NEVER	RE	DK
a. You must deliver or pick up a load at a given time?.....	1	2	3	-7	-8
b. The 14-hour continuous shift?.....	1	2	3	-7	-8
c. You need to make more money?.....	1	2	3	-7	-8
d. Delays associated with dispatching?.....	1	2	3	-7	-8
e. Delays associated with loading/ unloading?.....	1	2	3	-7	-8
f. You want to get home	1	2	3	-7	-8
g. Some other reason?..... (SPECIFY)_____	1	2	3	-7	-8

G3. How often do you do the following while driving a truck at work? Would you say often, sometimes, or never?

	OFTEN	SOME-TIMES	NEVER	RE	DK
a. Get frustrated by operations at the loading dock?.....	1	2	3	-7	-8
b. Wear a seatbelt?.....	1	2	3	-7	-8
c. Get frustrated by other drivers on the road?....	1	2	3	-7	-8
d. Drive 10 miles or more faster than the speed limit.....	1	2	3	-7	-8

G4. Remembering that this survey is anonymous, how many moving violations have you received while on duty in the last 12 months?

NUMBER OF MOVING VIOLATIONS|_|_|_|

REFUSED..... -7
 DON'T KNOW..... -8

G5. What do you usually do when you are given an unrealistic delivery time? Do you usually...

Refuse the load or renegotiate the time,..... 1
 Take the load,..... 2
 Do something else?..... 3
 (SPECIFY)_____

DISPATCHER OR SHIPPER DOES NOT ASSIGN AN UNREALISTICALLY TIGHT DELIVERY TIME 4
 NO DISPATCHER..... 5
 REFUSED..... -7
 DON'T KNOW..... -8

G6. In your driving experience over the past 12 months, how often do the following situations occur? Would you say often, sometimes, or never?

	OFTEN	SOME-TIMES	NEVER	RE	DK	N/A
a. You must deliver or pick up a load at a given time?.....	1	2	3	-7	-8	-9
b. You receive an unrealistically tight delivery schedule?.....	1	2	3	-7	-8	-9
c. The time you are allotted for loading and unloading is unrealistically tight?.....	1	2	3	-7	-8	-9
d. Your delivery is later than scheduled?.....	1	2	3	-7	-8	-9
e. Traffic congestion delays your deliveries significantly?.....	1	2	3	-7	-8	-9
f. The Hours-of-Service rules are violated?.....	1	2	3	-7	-8	-9
g. You arrive on time but are forced to wait to enter a dock?.....	1	2	3	-7	-8	-9
h. The dispatcher works with you get you home as scheduled?.....	1	2	3	-7	-8	-9
i. You feel your work has been adequately rewarded.	1	2	3	-7	-8	-9

INTERVIEWER NOTE:

TAKE SHOW CARD FROM RESPONDENT.

G7. I'm going to read you some activities that may or may not improve safety for truck drivers. Using a scale from 0, which means "not at all" to 5, which means "very much," please rate how well each statement describes how you feel about whether or not the activity would improve safety.

INTERVIEWER NOTE:

GIVE SHOW CARD TO RESPONDENT.

	NOT			VERY		RE	DK	
	AT ALL			MUCH				
a. Strictly enforce the Hours-of-Service (HOS) regulations	0	1	2	3	4	5	-7	-8
b. Strictly enforce traffic law on car and truck drivers equally.....	0	1	2	3	4	5	-7	-8
c. Equalize the car and truck maximum speed limit on interstate highways.....	0	1	2	3	4	5	-7	-8
d. Increase the current maximum speed limit on interstate highways by 10 miles per hour.....	0	1	2	3	4	5	-7	-8
e. Decrease the current maximum speed limit on interstate highways by 10 miles per hour.....	0	1	2	3	4	5	-7	-8
f. Require speed governors for all large trucks.....	0	1	2	3	4	5	-7	-8
g. Designate truck only lane on interstate highways.....	0	1	2	3	4	5	-7	-8
h. Build more truck stops/parking area.....	0	1	2	3	4	5	-7	-8
i. Pay drivers by the hour for driving time.....	0	1	2	3	4	5	-7	-8
J. Pay drivers by the hour for loading and unloading time	0	1	2	3	4	5	-7	-8
k. Require a short rest break after 4 hours continuous driving.....	0	1	2	3	4	5	-7	-8

INTERVIEWER NOTE:

TAKE SHOW CARD FROM RESPONDENT.

H. DEMOGRAPHICS

H1a. Do you consider yourself to be Hispanic or Latino?

INTERVIEWER NOTE:

IF RESPONDENT IS UNSURE, READ THE FOLLOWING: "This would include Spanish, Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, Dominican (Republic), Central or South American, Other Latin American or Other Hispanic/Latino."

YES..... 1
 NO..... 2
 REFUSED..... -7
 DON'T KNOW..... -8

INTERVIEWER NOTE:

GIVE SHOW CARD TO RESPONDENT.

H1b. What race or races do you consider yourself to be? Please select the ones which best describe you. PROBE: Anything else?

	Y	N	R	D
	E	O	E	K
a. WHITE.....	1	2	-7	-8
b. BLACK OR AFRICAN AMERICAN.....	1	2	-7	-8
c. ASIAN.....	1	2	-7	-8
d. AMERICAN INDIAN OR ALASKA NATIVE.....	1	2	-7	-8
e. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER.....	1	2	-7	-8
f. (OTHER)_____				

INTERVIEWER NOTE:

TAKE SHOW CARD FROM RESPONDENT.

H2. Are you now married, widowed, divorced, separated, or never been married, or living with a partner?

NOW MARRIED..... 1
 WIDOWED..... 2
 DIVORCED..... 3
 SEPARATED..... 4
 NEVER MARRIED..... 5
 LIVING WITH A PARTNER..... 6
 REFUSED..... -7

DON'T KNOW..... -8

H3. What is the highest grade of school or college that you completed?

- 8th GRADE OR LESS..... 1
- 9th – 12th GRADE (NO DIPLOMA)..... 2
- GED OR EQUIVALENT..... 3
- HIGH SCHOOL GRADUATE (DIPLOMA)..... 4
- SOME COLLEGE (NO DEGREE)..... 5
- ASSOCIATE DEGREE (VOCATIONAL/TECHNICAL)..... 6
- ASSOCIATE DEGREE (ACADEMIC)..... 7
- BACHELOR'S DEGREE OR HIGHER..... 8
- REFUSED..... -7
- DON'T KNOW..... -8

[INTERVIEWER: IF DRIVER IS A COMPANY DRIVER, ASK H5a, IF AN OWNER OPERATOR, ASK H5b]

H4a. What is your current personal annual income from truck driving, before taxes?

ANNUAL INCOME.....|_|_|_|_|_|_|_| → GO TO H5

- REFUSED..... -7
- DON'T KNOW..... -8

H4a1. Would you say it is...

- Under \$20,000,..... 1
- \$20,001 - \$30,000,..... 2
- \$30,001 - \$40,000,..... 3
- \$40,001 - \$50,000,..... 4
- \$50,001 - \$60,000,..... 5
- \$60,001 - \$70,000,..... 6
- \$70,001 - \$80,000,..... 7
- Over \$80,000?..... 8
- REFUSED..... -7
- DON'T KNOW..... -8

[INTERVIEWER NOTE: GO TO H5.]

H4b. What is your current net annual income from truck driving, before taxes and excluding all expenses?

ANNUAL INCOME.....|_|_|_|_|_|_|_| → GO TO H5

- REFUSED..... -7
- DON'T KNOW..... -8

H5b1. Would you say it is...

- Under \$20,000,..... 1

\$20,001 - \$30,000,.....	2
\$30,001 - \$40,000,.....	3
\$40,001 - \$50,000,.....	4
\$50,001 - \$60,000,.....	5
\$60,001 - \$70,000,.....	6
\$70,001 - \$80,000,.....	7
Over \$80,000?.....	8
REFUSED.....	-7
DON'T KNOW.....	-8

H5. We think this survey will provide useful information about safety and health of truck drivers. I'm going to read you a list of some ways that the information we learn can be shared. Please tell me which ways you think are most important to share what we learned with other drivers. Some ways are...

INTERVIEWER NOTE:

GIVE SHOW CARD TO RESPONDENT AND READ ALL RESPONSE OPTIONS AND THEN LET RESPONDENT PICK MOST IMPORTANT.

	YE S	NO	RE	DK
AM/FM radio.....	1....	2	-7	-8
Satellite radio.....	1....	2	-7	-8
Television.....	1....	2	-7	-8
Truck stops.....	1....	2	-7	-8
Postings through your employer.....	1....	2	-7	-8
Union postings.....	1....	2	-7	-8
Internet website postings.....	1....	2	-7	-8
Trucking magazines/publications.....	1....	2	-7	-8
Something else?.....	1....	2	-7	-8
(SPECIFY)_____				
OTHER.....	1....	2	-7	-8
(SPECIFY1)_____				
OTHER.....	1....	2	-7	-8
(SPECIFY2)_____				
OTHER.....	1....	2	-7	-8
(SPECIFY3)_____				

H6. Have you seen data collection for this survey, the National Survey of Truck Driver Injury and Health, going on at any other truck stops? You would have seen posters like the ones we have here as well as interviewers with similar IDs.

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

The remainder of this questionnaire is to be completed only by you. Remember that all of your responses are anonymous. We are interested in learning the amount of time you spent driving/on

duty, off duty/not working, and sleeping for the past two days and today. A familiar format is used to make this task easy for you, however, we are **not** interested in your HOS-logged driving time; **only** your honest and best estimate for the hours you spent on these activities— For example, the number of hours you actually slept and not simply the hours you spent in the sleeper berth. When you are finished, please hand your activity diary back to the interviewer.

Thank you for participating in this survey.

INTERVIEWER NOTE:

HAND RESPONDENT DRIVER SLEEP AND ACTIVITY DIARY ON THEIR OWN AND HAND BACK TO INTERVIEWER.

Today (so far- please end at the current time)
Today (so far- please end at the current time)

Yesterday

Two Days Ago

Sleeping

Not Working

Driving/Working

12am

11

10

9

8

7

6

5

4

3

2

1

12pm

11

10

9

8

7

6

5

4

3

2

1

12am

11

10

9

8

7

6

5

4

3

2

1

12pm

11

10

9

8

7

6

5

4

3

2

1

12am

12am

11

10

9

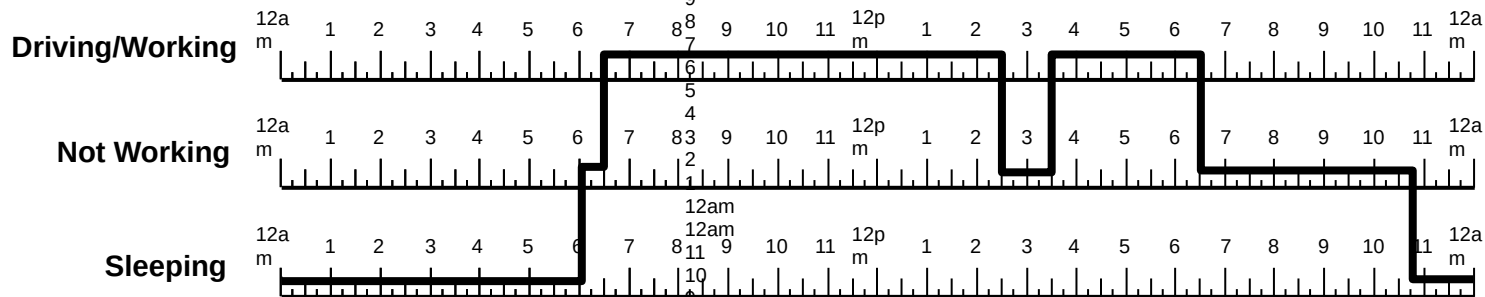
8

Driver Sleep and Activity Diary

Instructions: We are interested in learning the amount of time you spent driving/on duty, off duty/not working, and sleeping (including napping) for the past two days and today. A familiar format is used to make this task easy for you, however, we are NOT interested in your HOS-logged times; **Not Working** your honest and best estimate for the hours you spent on these activities— **Driving/Working** for example, the number of hours you actually slept and not simply the hours you spent in the sleeper berth.

Keep in mind that this survey is completely anonymous.

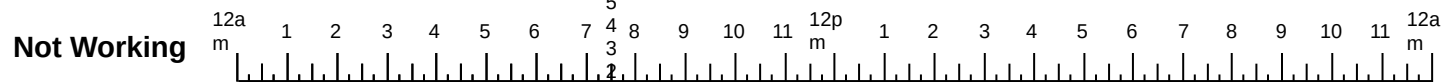
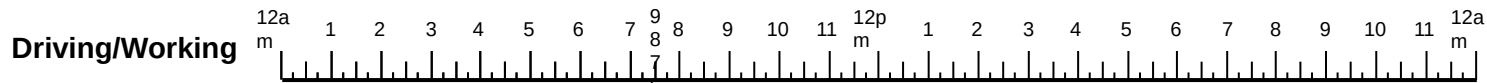
The example below shows how we would like you to indicate the hours you spent on these activities. Just like the example below, Please draw a continuous line to show your time spent on these activities.



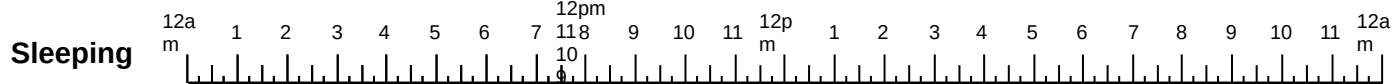
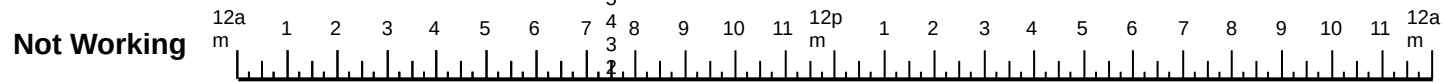
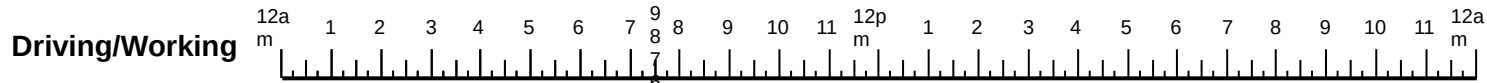
Please indicate on the back of this page your driving, off-duty, and sleep/nap activities for the previous two days, as well as so far today. Starting at 12 am two days ago, work forward through that day, yesterday, up to the the time now, today.

12am
12am
11
10
9
8
7
6
5
4
3
2
1

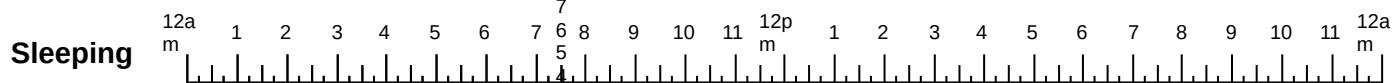
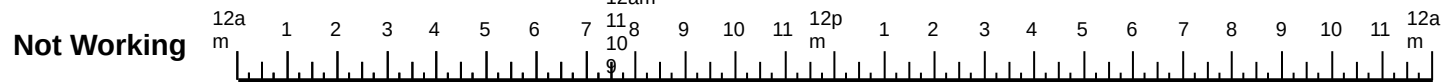
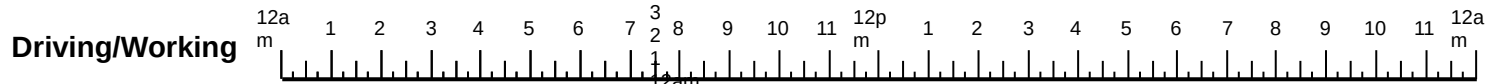
12pm
Two Days Ago



12am
Yesterday



12pm
11
10
9
8
7
6
5
4
3
2
1



12pm
11
10
9