

MCSA-5864

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-XXXX. Public reporting for this collection of information is estimated to be approximately 30 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are voluntary and confidentiality will be provided to the extent allowed by law. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590-0001.

FOLLOW UP SURVEY

Below are 41 life experiences you may have experienced recently. For each of the following experiences, indicate to what degree it has been a part of your life **OVER THE PAST MONTH.**

1. Disliking your daily activities _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

2. Disliking your work _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

3. Ethnic or racial conflict _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

4. Conflicts with in-laws or boyfriend's/girlfriend's family _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

5. Being let down or disappointed by friends _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

6. Conflict with supervisor(s) at work _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

7. Social rejection _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

8. Too many things to do at once _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

9. Being taken for granted _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

10. Financial conflicts with family members _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

11. Having your trust betrayed by a friend _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

12. Having your contributions overlooked _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

13. Struggling to meet your own standards of performance or accomplishment _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

14. Being taken advantage of _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

15. Not enough leisure time _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

16. Cash-flow difficulties _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

17. A lot of responsibilities _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

18. Dissatisfaction with work _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

19. Decisions about intimate relationship(s) _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

20. Not enough time to meet your obligations _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

21. Financial burdens _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

22. Lower evaluation of your work than you think you deserve _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

23. Experiencing high levels of noise _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

24. Lower evaluation of your work than you hoped for _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

25. Conflicts with family member(s) _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

26. Finding your work too demanding _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

27. Conflicts with friends _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

28. Trying to secure loans _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

29. Getting “ripped off” or cheated in the purchase of goods _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

30. Unwanted interruptions of your work _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

31. Social isolation _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

32. Being ignored _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

33. Dissatisfaction with your physical appearance _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

34. Unsatisfactory housing conditions _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

35. Finding work uninteresting _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

36. Failing to get money you expected _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

37. Gossip about someone you care about _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

38. Dissatisfaction with your physical fitness _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

39. Gossip about yourself _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

40. Difficulty dealing with modern technology _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

41. Hard work to look after and maintain home _____

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

Below are 18 statements about your opinions related to your work as a commercial driver. Please read each statement and circle your response based on the following scale:

- Circle: **1** for "Yes" if it describes your work
2 for "No" if it does not describe it
3 for "?" if you cannot decide

Think of your job in general as a commercial driver. All in all, what is it like most of the time?
 For each of the following words or phrases, circle:

	Yes	No	?
Pleasant.....	1	2	3
Bad.....	1	2	3
Ideal	1	2	3
Waste of time.....	1	2	3
Good	1	2	3
Undesirable.....	1	2	3
Worthwhile	1	2	3
Worse than most	1	2	3
Acceptable	1	2	3
Superior	1	2	3
Better than most.....	1	2	3
Disagreeable	1	2	3
Makes me content.....	1	2	3
Inadequate.....	1	2	3
Excellent	1	2	3
Rotten	1	2	3
Enjoyable	1	2	3
Poor.....	1	2	3

Please choose your response to each following question.

1. Do you snore? Yes No Don't Know

If you snore, proceed to question 2. Otherwise, proceed to question 3.

2. Your snoring is:

- Slightly louder than breathing
 As loud as talking
 Louder than talking
 Very loud – can be heard in adjacent rooms

3. How often do you snore?

- Nearly every day
 3-4 times a week
 1-2 times a week
 1-2 times a month
 Never or nearly never

4. Has your snoring ever bothered other people?

- Yes No Don't Know

5. Has anyone noticed that you quit breathing during your sleep?

- Nearly every day
 3-4 times a week
 1-2 times a week
 1-2 times a month
 Never or nearly never

6. How often do you feel tired or fatigued after your sleep?

- Nearly every day
 3-4 times a week
 1-2 times a week
 1-2 times a month
 Never or nearly never

7. During your waking time, do you feel tired, fatigued or not up to par?

- Nearly every day
 3-4 times a week
 1-2 times a week
 1-2 times a month
 Never or nearly never

8. Have you ever nodded off or fallen asleep while driving a vehicle?

- Yes No

If you answered yes in question 8, proceed to question 91. Otherwise, proceed to question 10.

9. How often does this occur?

- Nearly every day
- 3-4 times a week
- 1-2 times a week
- 1-2 times a month
- Never or nearly never

10. Do you have high blood pressure? Yes No Don't Know

The following scale is used to determine the level of daytime sleepiness. *How likely are you to doze or fall asleep in the following situations?* This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you. Use the following scale for questions 1-8 to choose the most appropriate number for each situation:

- 0 = would *never* doze
- 1 = *slight* chance of dozing
- 2 = *moderate* chance of dozing
- 3 = *high* chance of dozing

It is important that you answer each question as best you can.

Situation	Chance of Dozing (0-3)
1. Sitting and reading	_____
2. Watching TV	_____
3. Sitting, inactive in a public place (e.g. a theatre or a meeting)	_____

Situation	Chance of Dozing (0-3)
4. As a passenger in a motor vehicle for an hour without a break	_____
5. Lying down to rest in the afternoon when circumstances permit	_____
6. Sitting and talking to someone	_____
7. Sitting quietly after lunch (no alcohol)	_____
8. In a motor vehicle, while stopped for a few minutes in traffic	_____