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Information and Communications Technology Needs Assessment

Before beginning, please confirm that you read the attached consent form by answering this question:

I have read and signed the consent to participate. (Fill in the circle that applies.) Yes No

INSTRUCTIONS

- a. In this questionnaire, except where otherwise stated, the term “computer technology” is meant to include all forms of electronic computing devices, such as desktops (e.g., PC, Mac), laptops (e.g., MacBook Air, Microsoft Surface Book), tablets (e.g., iPad, Amazon Kindle Fire), smart watches (e.g., Apple Watch, Samsung Watch), and smart phones (e.g., iPhone, Samsung Galaxy).
- b. The second set of questions ask about the Railroaders’ Guide to Healthy Sleep website (www.RailroaderSleep.org). We are hoping to learn how much people know about and have used this resource.
- c. After reading each item, please fully fill in the circle (O) to reflect your best response.

Section A: Your ICT Preferences

1. How do you connect to the Internet? (Select all that apply.)

- | | | |
|---|--|---|
| <input type="radio"/> Dial-up modem
<input type="radio"/> DSL
<input type="radio"/> Cable modem | <input type="radio"/> Fiber-optic
<input type="radio"/> Satellite
<input type="radio"/> Mobile | <input type="radio"/> Other _____
<input type="radio"/> I don’t know.
<input type="radio"/> I do not access the Internet. |
|---|--|---|

2. How many hours per week, on average, do you typically use computer technology at home for work or personal use? (For each of the following items, fill in the circle that best applies to your usage. Hours=hrs.)

Equipment	1-4 hrs.	5-9 hrs.	10-15 hrs.	>15 hrs.	I don’t use this
a. Desktop or Laptop computer (Mac, Dell, HP, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Tablet (iPad, Kindle Fire, Surface Pro, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Smartphone (iPhone, Samsung, Blackberry, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Smart watch (Apple Watch, Samsung Watch, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Other _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. How often do you use these information sources? (Select one or more.)

Printed Materials				
	Never	Rarely	Sometimes	Frequently
a. Newspaper (New York Times, Wall Street Journal, USA Today, a local paper, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Magazine (Progressive Railroading, Railway Age, Sports Illustrated, Reader’s Digest, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Printed Materials				
	Never	Rarely	Sometimes	Frequently
c. Newsletter (union, community, hobby, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Posting (flyer, poster, informational fact-sheet, hand-out, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Other _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Online or Electronic Materials				
	Never	Rarely	Sometimes	Frequently
f. Newspaper(s), Online (nytimes.com, latimes.com, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Magazine(s), Online (thedailybeast.com, trn.trains.com, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Email lists (listservs, e.g., local union lists, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Internet websites (cnn.com, webmd.com, progressiverailroading.com, railwayage.com, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. RSS Feeds (stock market, news sites, carrier feed, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Videos (youtube.com, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Podcasts (letstalktrains.com, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Blog Sites (gizmodo.com, mashable.com, tmz.com, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Online Communities (Facebook, Twitter, Pinterest, Instagram, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Other _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. How confident are you in performing these technology-related tasks? (Select only one response per item.)

	Not at all confident	Slightly confident	Somewhat confident	Moderately confident	Extremely confident
a. Using an Internet search engine (Google, Bing, or Yahoo) to find information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Subscribing to blogs, newsfeeds, and other news-related online services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Using social media sites like Facebook, Twitter, Instagram, Foursquare, LinkedIn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Completing video-based training on the Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Which option best describes your agreement with these statements? (Select only one response per item.)

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
a. I prefer to receive information electronically using a computer, tablet, smartphone, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I prefer to receive information printed on paper.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section B: Your Use of the *Railroaders' Guide to Healthy Sleep* Website

6. Are you familiar with the *Railroaders' Guide to Healthy Sleep* website?

- Yes (if yes, please go to question 7)
- No (if no, please skip to question 16)

7. How did you learn about the website?

8. Did you find what you were looking for on the website? *(If no, please tell us what you were hoping to find.)*

9. When is the last time you visited the website?

- Within the last week
- More than a week ago, but within the last month
- More than a month ago, but within the last 6 months
- More than 6 months ago, but within the last year
- A year or more ago
- I have never visited, but I have heard of it

10. How often do you visit the website?

- Once a week, or more
- Once a month or so
- Twice a year or so
- Once a year or so
- I do not visit the site regularly

11. Have you completed the *Anonymous Sleep Disorders Screening Tool* on the website?

- Yes (if yes, please go to question 12)
- No (if no, please skip to question 15)
- I do not know what this is

12. Did the results from the *Tool* recommend that you see your healthcare provider for possible sleep disorder(s)?

- Yes (if yes, please go to question 13)
- No (if no, please skip to question 15)
- Prefer not to answer
- I did not understand the results

13. Did you see a healthcare provider for a possible sleep disorder, based on the *Tool's* recommendation?

- Yes (if yes, please go to question 14)
- No (if no, please skip to question 15)

- Prefer not to answer
- I did not understand the results

14. Tell us more about any steps you took after visiting the *Railroaders' Guide to Healthy Sleep* website.

15. What would make the *Railroaders' Guide to Healthy Sleep* website more useful to railroaders, like you?

Section C: About You

Note to participant: The following questions allow us to group responses for analysis and will not be used to identify any individual.

16. How many years have you worked in the railroad industry?

(Please write the years in the top boxes, and fill in the circles that correspond. See the example for a 19-year railroader. If you have been in the industry less than 1 year, round up to complete as 1 year.)

Tens		Ones	
0	<input type="checkbox"/>	0	<input type="checkbox"/>
1	<input type="checkbox"/>	1	<input type="checkbox"/>
2	<input type="checkbox"/>	2	<input type="checkbox"/>
3	<input type="checkbox"/>	3	<input type="checkbox"/>
4	<input type="checkbox"/>	4	<input type="checkbox"/>
5	<input type="checkbox"/>	5	<input type="checkbox"/>
6	<input type="checkbox"/>	6	<input type="checkbox"/>
7	<input type="checkbox"/>	7	<input type="checkbox"/>
8	<input type="checkbox"/>	8	<input type="checkbox"/>
9	<input type="checkbox"/>	9	<input type="checkbox"/>

EXAMPLE			
Tens		Ones	
1		9	
0	<input type="checkbox"/>	0	<input type="checkbox"/>
1	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>
2	<input type="checkbox"/>	2	<input type="checkbox"/>
3	<input type="checkbox"/>	3	<input type="checkbox"/>
4	<input type="checkbox"/>	4	<input type="checkbox"/>
5	<input type="checkbox"/>	5	<input type="checkbox"/>
6	<input type="checkbox"/>	6	<input type="checkbox"/>
7	<input type="checkbox"/>	7	<input type="checkbox"/>
8	<input type="checkbox"/>	8	<input type="checkbox"/>
9	<input type="checkbox"/>	9	<input checked="" type="checkbox"/>

17. What type of work do you currently do? (Select one or more.)

- Yard operations
- Road freight
- Local freight
- Hostling
- Passenger or commuter operations
- Other (please explain _____)

18. What is your current position?

- Conductor
- Yard foreman
- Brakeman
- Trainee
- Trainman
- Locomotive engineer
- RCL operator
- Switchman
- Hostler
- Other (please explain _____)

19. How long have you been in this position?

(Please fill in the circle for the range that corresponds.
See the example for an 11-month employee.)

Years	
< 1	<input type="checkbox"/>
1-3	<input type="checkbox"/>
4-9	<input type="checkbox"/>
10-15	<input type="checkbox"/>
16-20	<input type="checkbox"/>
21-25	<input type="checkbox"/>
26-30	<input type="checkbox"/>
31-35	<input type="checkbox"/>
36-40	<input type="checkbox"/>
> 40	<input type="checkbox"/>

EXAMPLE	
Years	
< 1	<input checked="" type="checkbox"/>
1-3	<input type="checkbox"/>
4-9	<input type="checkbox"/>
10-15	<input type="checkbox"/>
16-20	<input type="checkbox"/>
21-25	<input type="checkbox"/>
26-30	<input type="checkbox"/>
31-35	<input type="checkbox"/>
36-40	<input type="checkbox"/>
> 40	<input type="checkbox"/>

20. What is your sex?

- Male
- Female

21. Which level(s) of education have you completed? (Select one or more.)

- | | |
|--|---|
| <input type="radio"/> Junior High School | <input type="radio"/> Railroad Trade School (e.g., MODOC) |
| <input type="radio"/> Some High School | <input type="radio"/> Associate's Degree |
| <input type="radio"/> GED | <input type="radio"/> Bachelor's Degree |
| <input type="radio"/> High School Graduate | <input type="radio"/> Master's Degree |
| <input type="radio"/> Some College | <input type="radio"/> PhD Degree |

22. Have you obtained a professional license or certificate?

(Please write in any work-related license or certification you have obtained.)

23. What is your age?

(Please write the years in the top boxes, and fill in the circles that correspond.
See the example for a 19-year old.)

Tens		Ones	
0	<input type="checkbox"/>	0	<input type="checkbox"/>
1	<input type="checkbox"/>	1	<input type="checkbox"/>
2	<input type="checkbox"/>	2	<input type="checkbox"/>
3	<input type="checkbox"/>	3	<input type="checkbox"/>
4	<input type="checkbox"/>	4	<input type="checkbox"/>
5	<input type="checkbox"/>	5	<input type="checkbox"/>
6	<input type="checkbox"/>	6	<input type="checkbox"/>
7	<input type="checkbox"/>	7	<input type="checkbox"/>
8	<input type="checkbox"/>	8	<input type="checkbox"/>

EXAMPLE			
Tens		Ones	
1		9	
0	<input type="checkbox"/>	0	<input type="checkbox"/>
1	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>
2	<input type="checkbox"/>	2	<input type="checkbox"/>
3	<input type="checkbox"/>	3	<input type="checkbox"/>
4	<input type="checkbox"/>	4	<input type="checkbox"/>
5	<input type="checkbox"/>	5	<input type="checkbox"/>
6	<input type="checkbox"/>	6	<input type="checkbox"/>
7	<input type="checkbox"/>	7	<input type="checkbox"/>



24. Are you of Hispanic, Latino, or Spanish origin?

(Please answer both questions 24 and 25. For this questionnaire, Hispanic, Latino, and Spanish origins are not races.)

- No, I am not of Hispanic, Latino, or Spanish origin
- Yes, I am of Hispanic, Latino, or Spanish origin

25. What is your race? *(Select one or more.)*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

END OF SURVEY – THANK YOU!