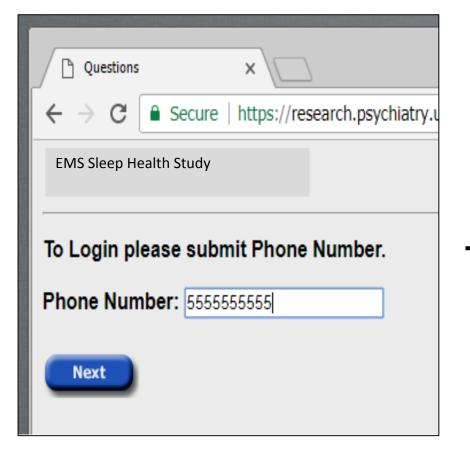
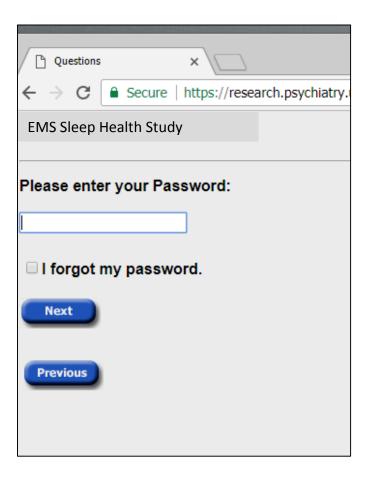
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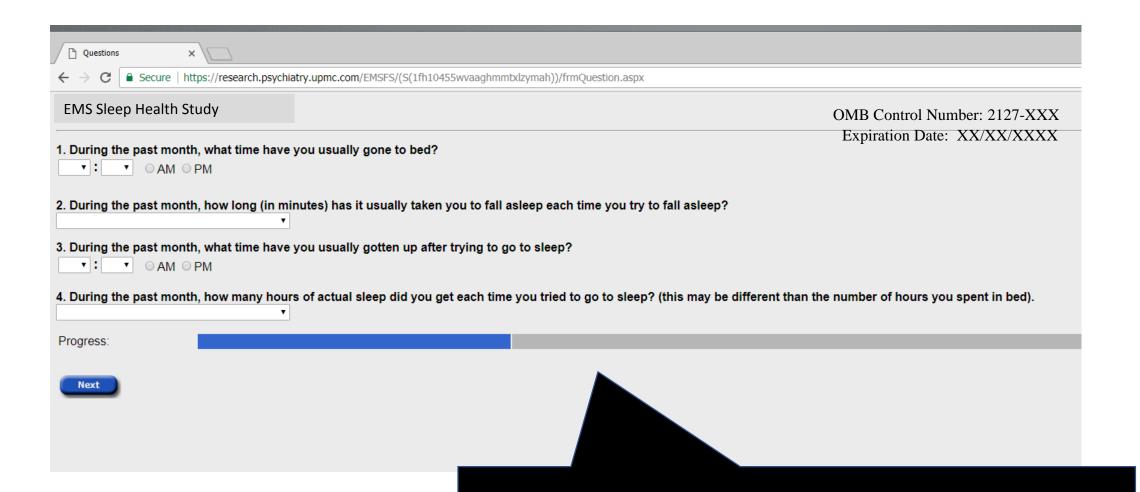
Form 1465 Follow-up Survey

Under the Paperwork Reduction Act, a federal agency may not conduct or sponsor, and a person is not required to respond to 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 2127-XXX (expiration date: MM/DD/YYYY). The average amount of time to complete this survey is 25 minutes. All responses to this collection of information are voluntary. If you have comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden send them to Information Collection Clearance Officer, National Highway Traffic Safety Administration, 1200 New Jersey Ave, S.E., Washington, DC, 20590.

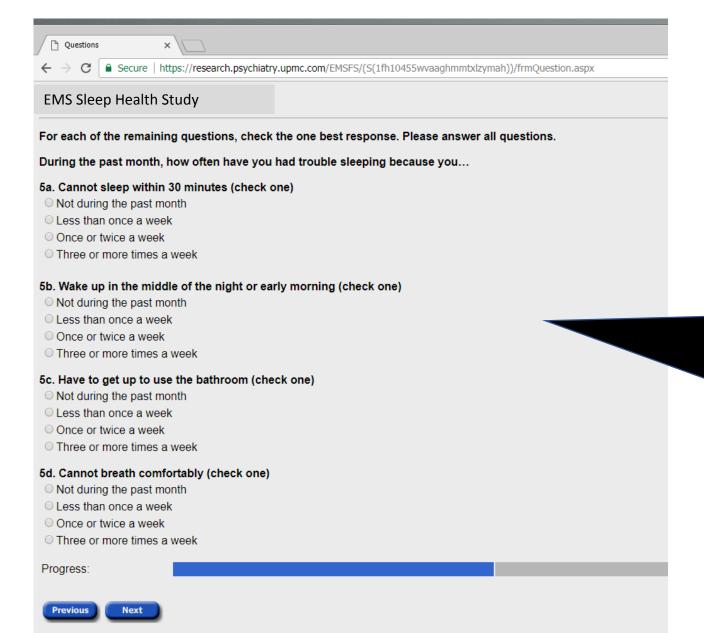
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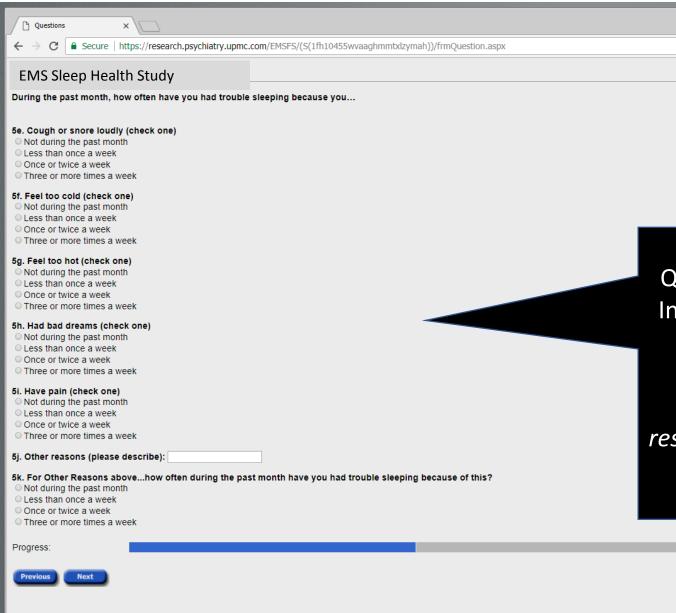


Questions from the Pittsburgh Sleep Quality Index (PSQI). Source: Buysse DJ, Reynolds CF, 3rd, Monk TH, Berman SR, Kupfer DJ. The Pittsburgh Sleep Quality Index: a new instrument for psychiatric practice and research. Psychiatry Res. May 1989;28(2):193-213



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(Questions ■ Secure | https://research.psychiatry.upmc.com/EMSFS/(S(1fh10455wvaaghmmtxlzymah))/frmQuestion.aspx EMS Sleep Health Study During the past month, how would you rate your sleep quality? (check one) Very good Fairly good Fairly bad Very bad During the past month, how often have you taken medicine to help you sleep (prescribed or "over the counter")? (check one) Not during the past month Less than once a week Once or twice a week Three or more times a week 8. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity? (check one) Not during the past month Less than once a week Once or twice a week Three or more times a week 9. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done? (check one) No problem at all Only a very slight problem Somewhat of a problem A very big problem 10. Do you have a bed partner or a roommate? (check one) O No bed partner or roommate

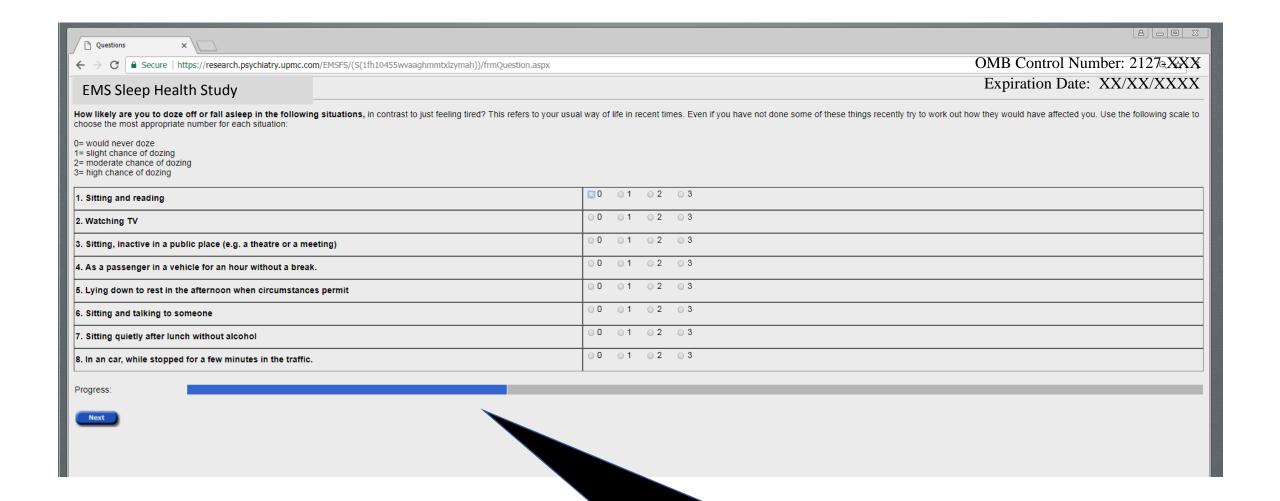
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Partner/roommate in other room
 Partner in same room, but not same bed

Partner in same bed

Progress:



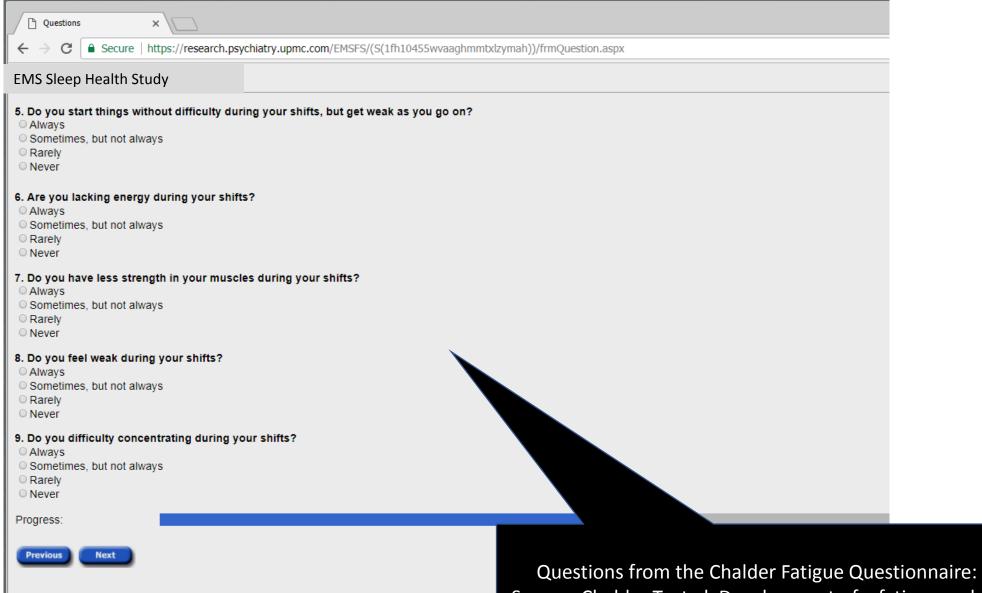
Questions from the Epworth Sleepiness Scale (ESS): Source: Johns MW. A new method for measuring daytime sleepiness: the Epworth sleepiness scale. Sleep. 1991 Dec;14(6):540-5. PubMed PMID: 1798888.

OMB Control Number: 2127-XXX Expiration Date: XX/XX/XXXX

Questions ■ Secure | https://research.psychiatry.upmc.com/EMSFS/(S(1fh10455wvaaghmmtxlzymah))/frmQuestion.aspx EMS Sleep Health Study 1. Do you have problems with tiredness during your shifts? Always O Sometimes, but not always Rarely Never 2. Do you need to rest during your shifts? Always O Sometimes, but not always Rarely Never 3. Do you feel sleepy or drowsy during your shifts? Always Sometimes, but not always Rarely Never 4. Do you have problems starting things during your shifts? Sometimes, but not always Rarely Never Progress:

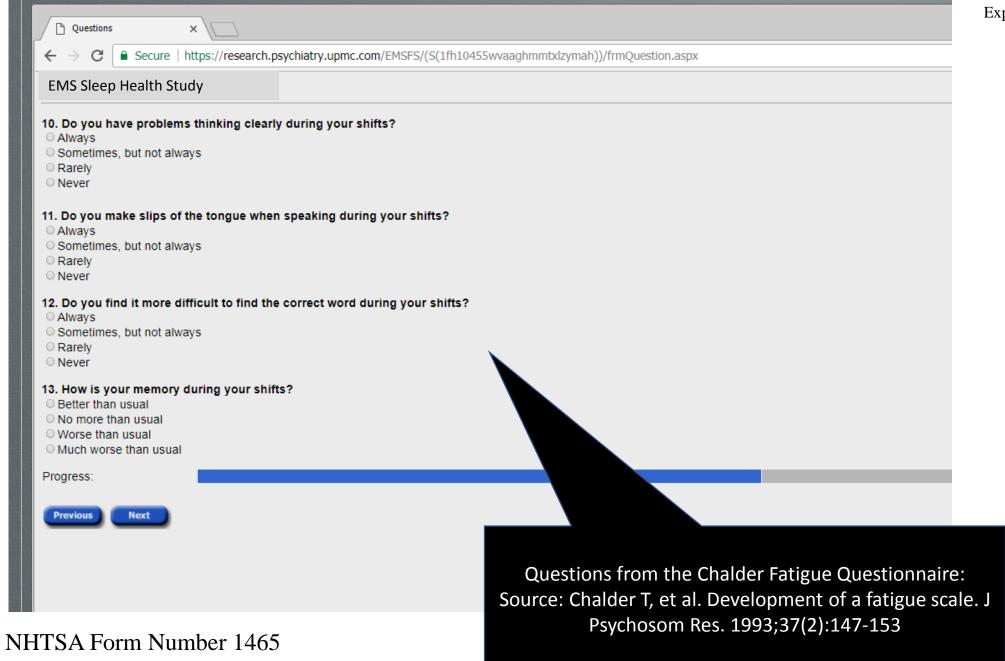
> Questions from the Chalder Fatigue Questionnaire: Source: Chalder T, et al. Development of a fatigue scale. J Psychosom Res. 1993;37(2):147-153

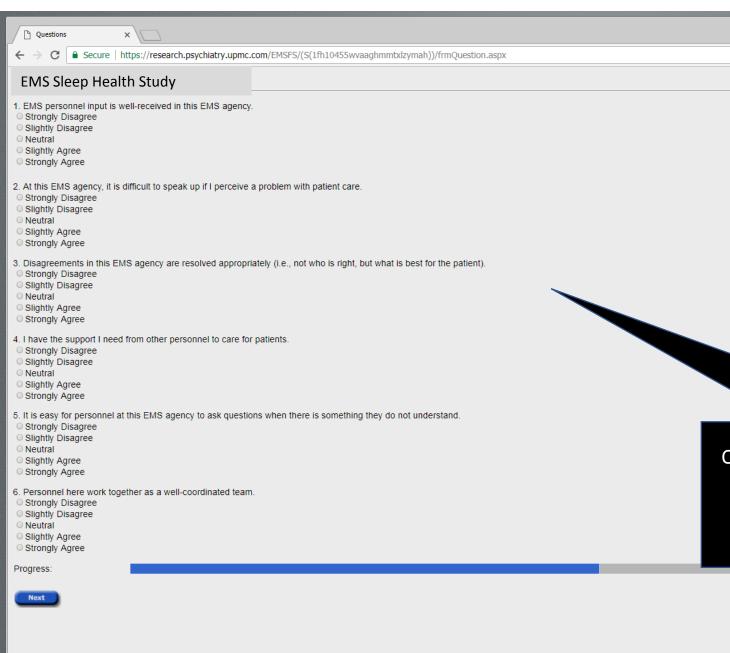
OMB Control Number: 2127-XXX Expiration Date: XX/XX/XXXX



Source: Chalder T, et al. Development of a fatigue scale. J Psychosom Res. 1993;37(2):147-153

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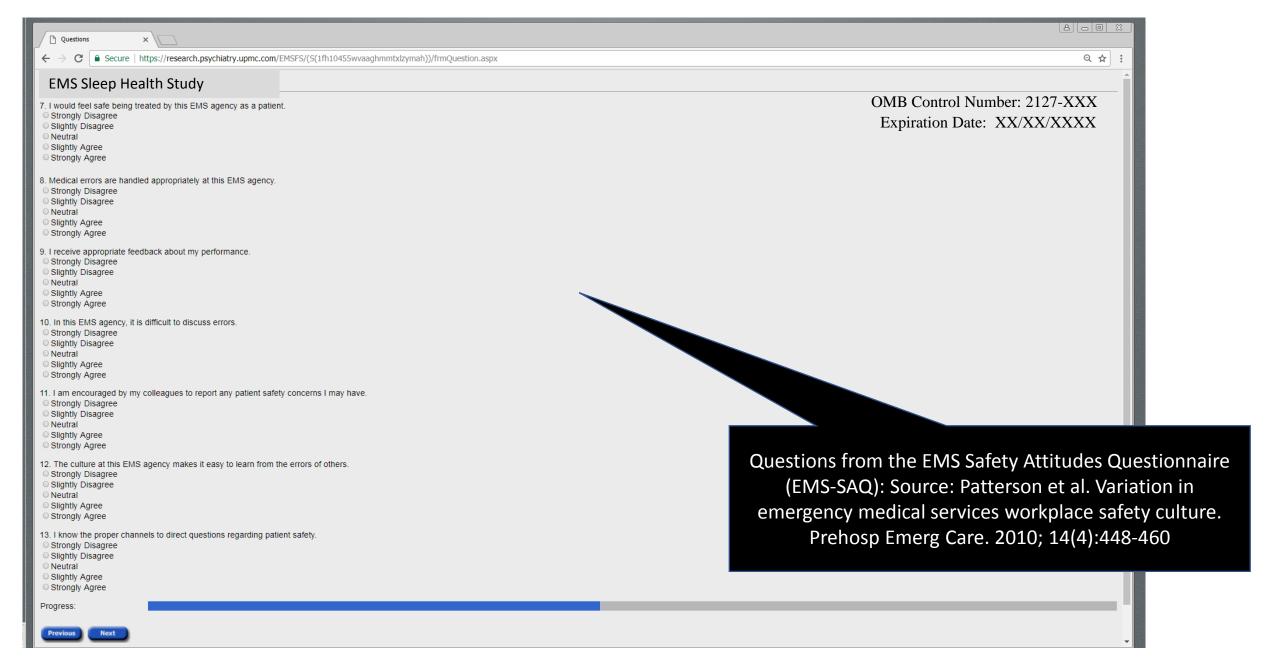


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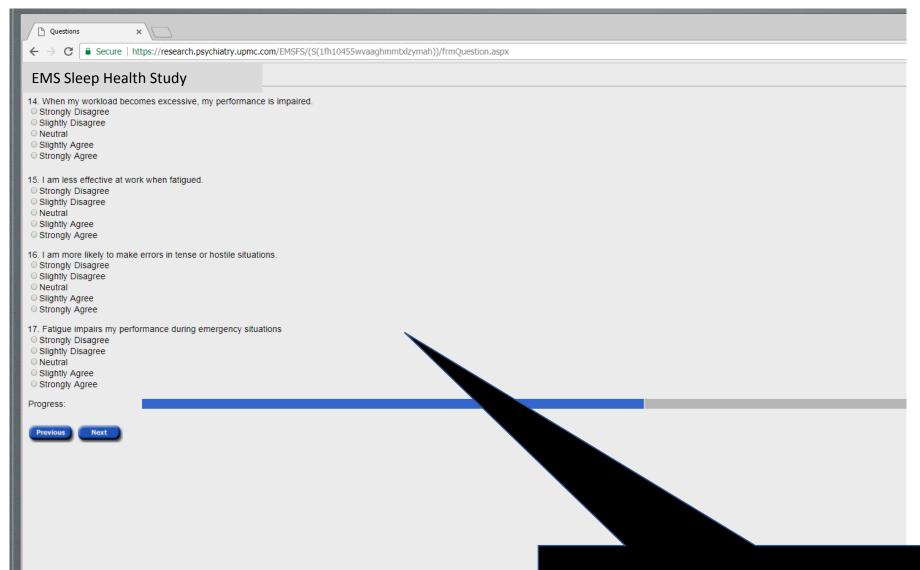
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Questions from the EMS Safety Attitudes Questionnaire (EMS-SAQ): Source: Patterson et al. Variation in emergency medical services workplace safety culture.

Prehosp Emerg Care. 2010; 14(4):448-460



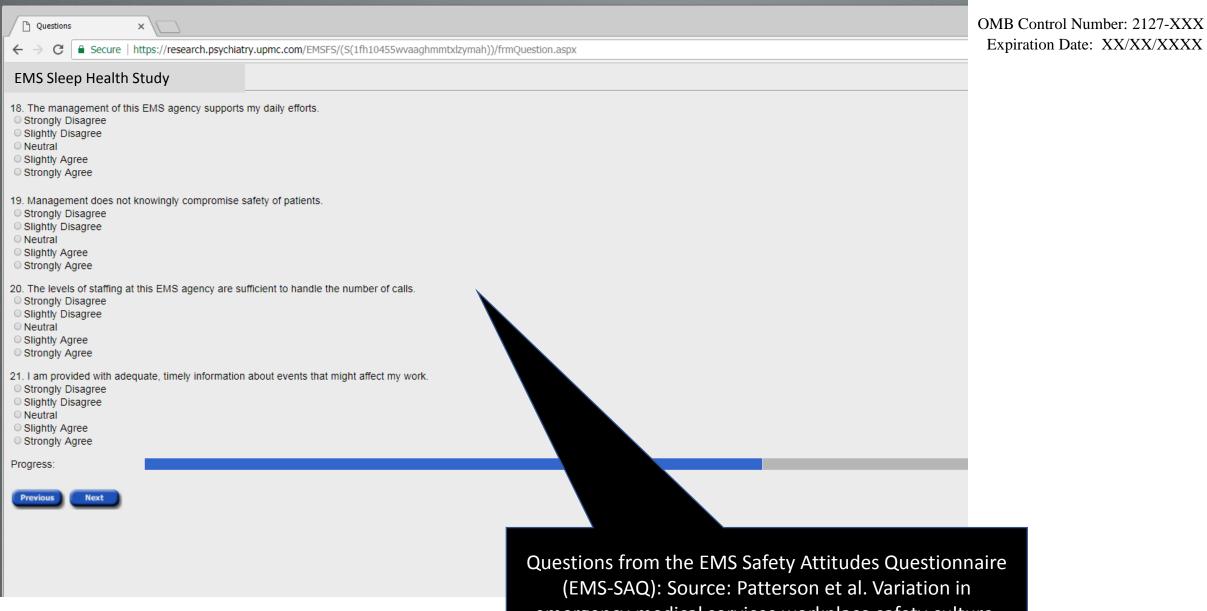
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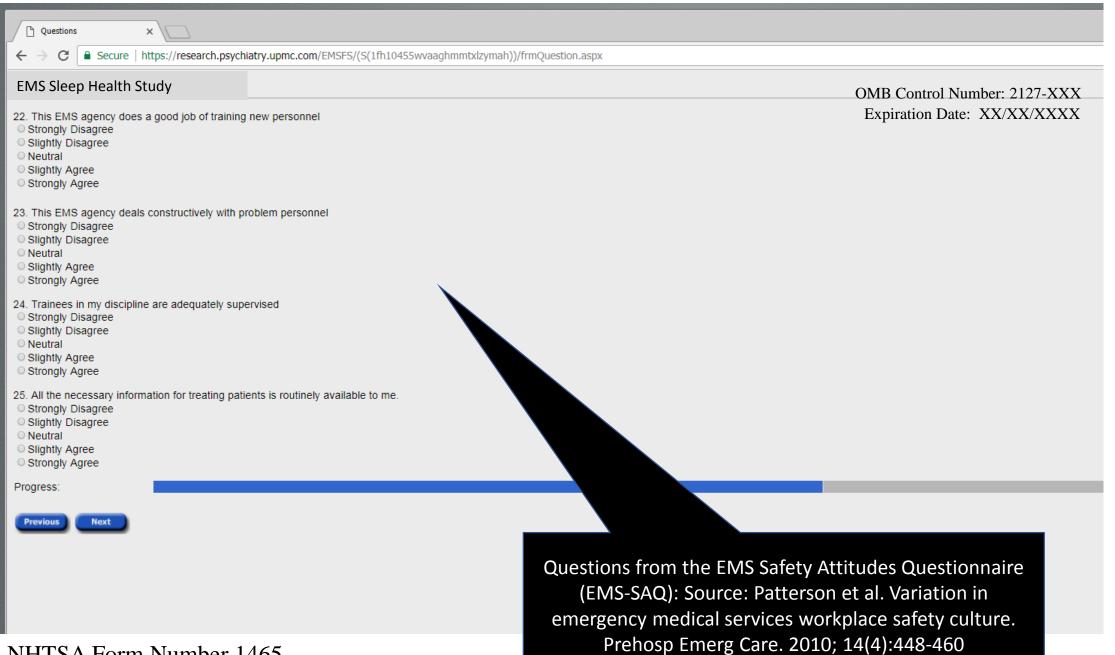
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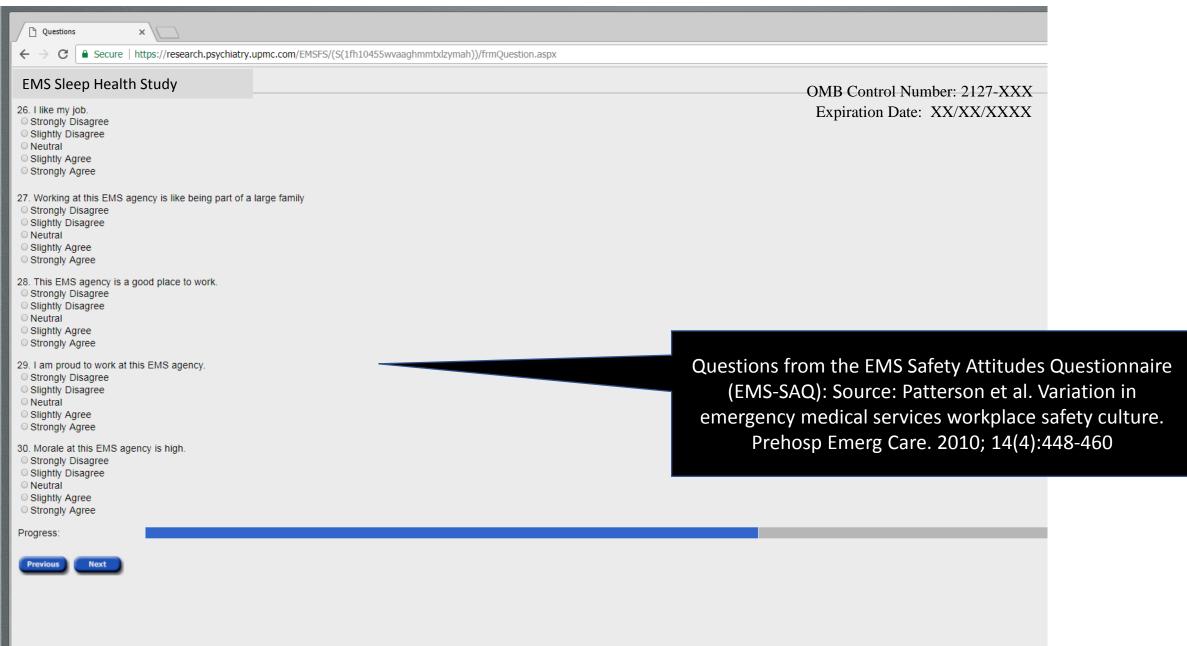


emergency medical services workplace safety culture. Prehosp Emerg Care. 2010; 14(4):448-460

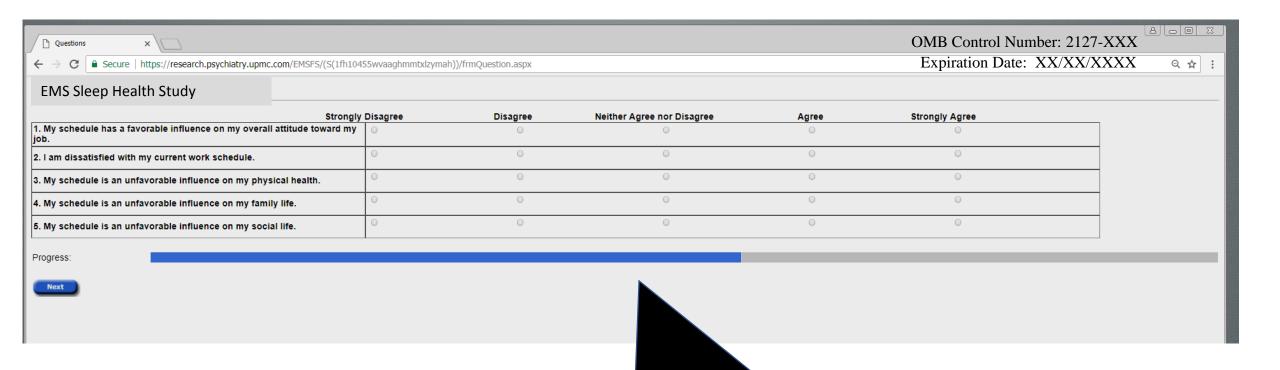


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NHTSA Form Number 1465



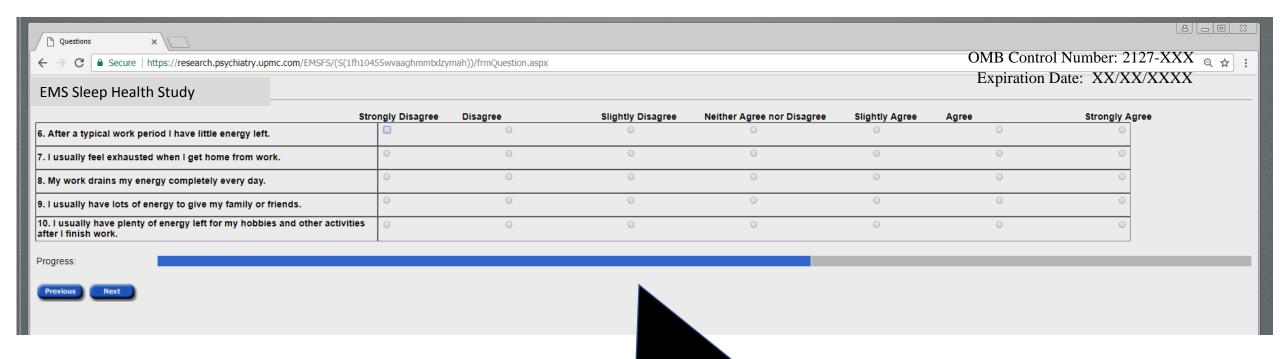
Questions from the Schedule Attitudes Survey (SAS): Source: Dunham RB, Pierce JL. Attitudes toward work schedules: Construct definition, instrument development, and validation. Academy of Management Journal. 1986.

We incorporate items from the general affect subscale (items 1 & 2) and the social and family life subscale (items 3-5). Response options include a 5-point Likert scale from strongly disagree to strongly agree.

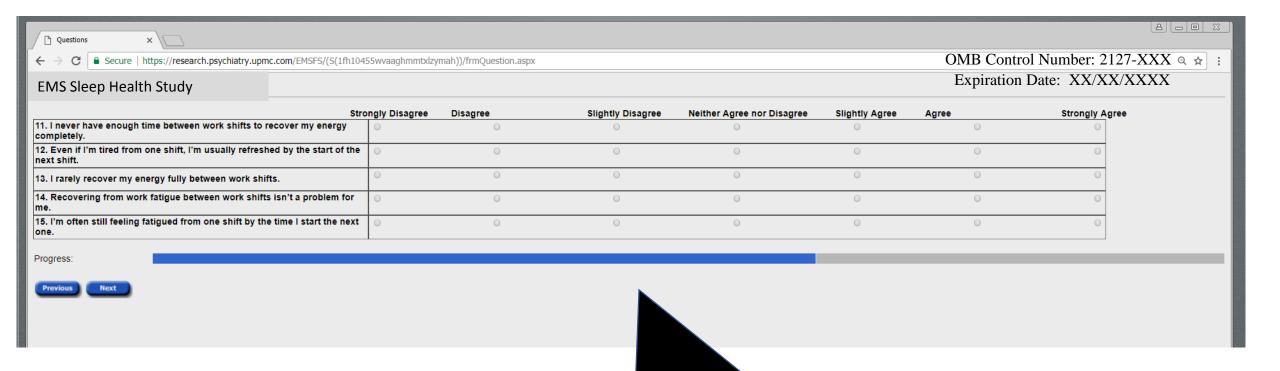
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① Questions X							Expiration Date: XX/XX/XXXX
\leftarrow \rightarrow \mathbf{C} $\widehat{\mathbf{a}}$ Secure https://research.psychiatry.upmc.com/EMSF	S/(S(1fh10455wvaaghmmtxlzy	mah))/frmQuestion.aspx					익 ☆ :
EMS Sleep Health Study							
These statements are about your experience of FATIGUE and STR	RAIN at Work and Home OV	ER THE LAST FEW MON	ITHS.				
Choose from "Strongly Disagree" to "Strongly Agree" which best indicates your response.							
	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree
1. I often feel I'm 'at the end of my rope' with my work.	0	0	0	0	0	0	0
2. I often dread waking up to another day of my work.	0	0	0	0	0	0	0
3. I often wonder how long I can keep going at my work.	0	0	0	0	0	0	0
4. I feel most of the time I'm just 'living to work'.	0	0	0	0	0	0	0
5. Too much is expected of me in my work.	0	0	0	0	0	0	0
Progress:	·						
Next							

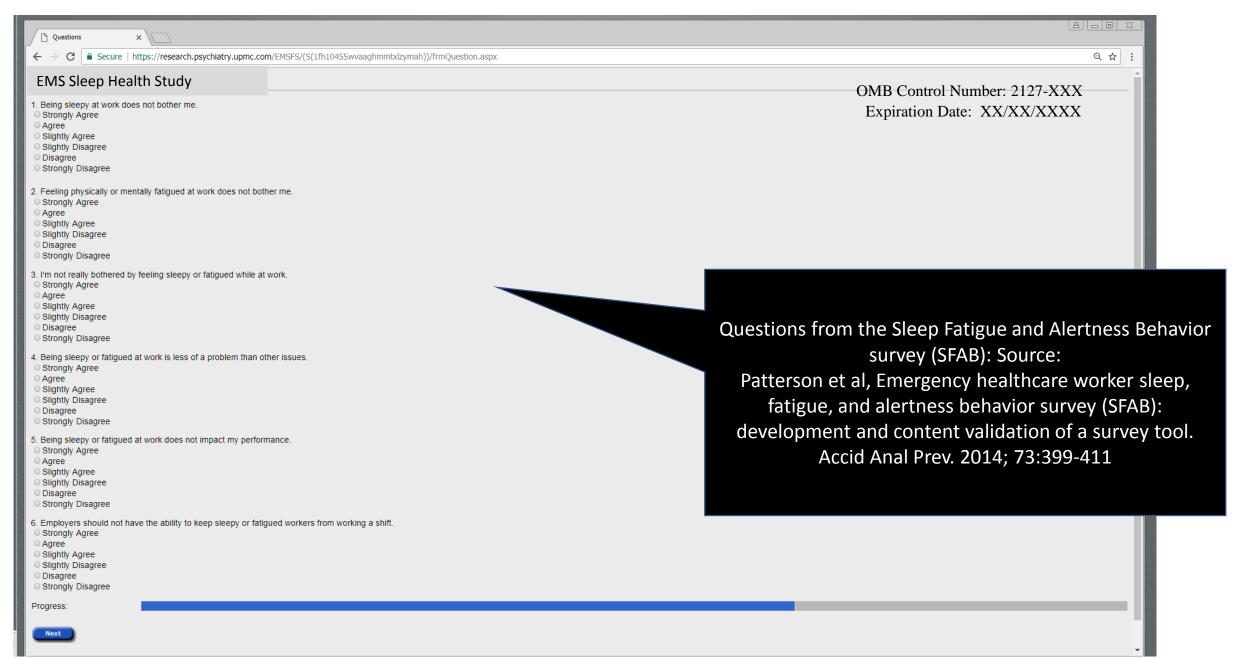
Questions from the The Occupational Fatigue,
Exhaustion, Recovery Scale (OFER): Source: Winwood PC,
et al. Development and validation of a scale to measure
work-related fatigue and recovery: the Occupational
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Environ Med. Jun 2005;47(6):594-606.
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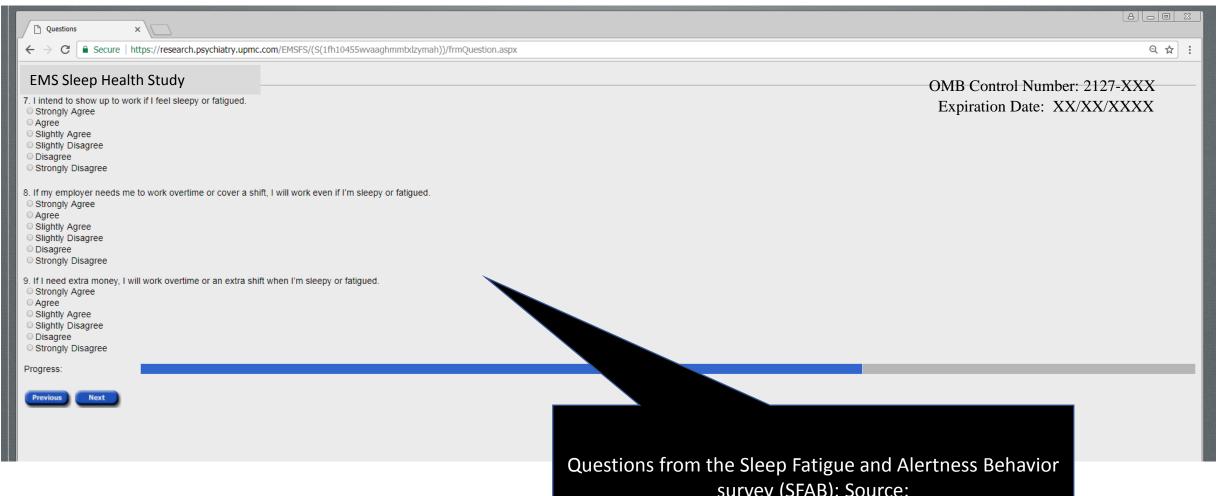
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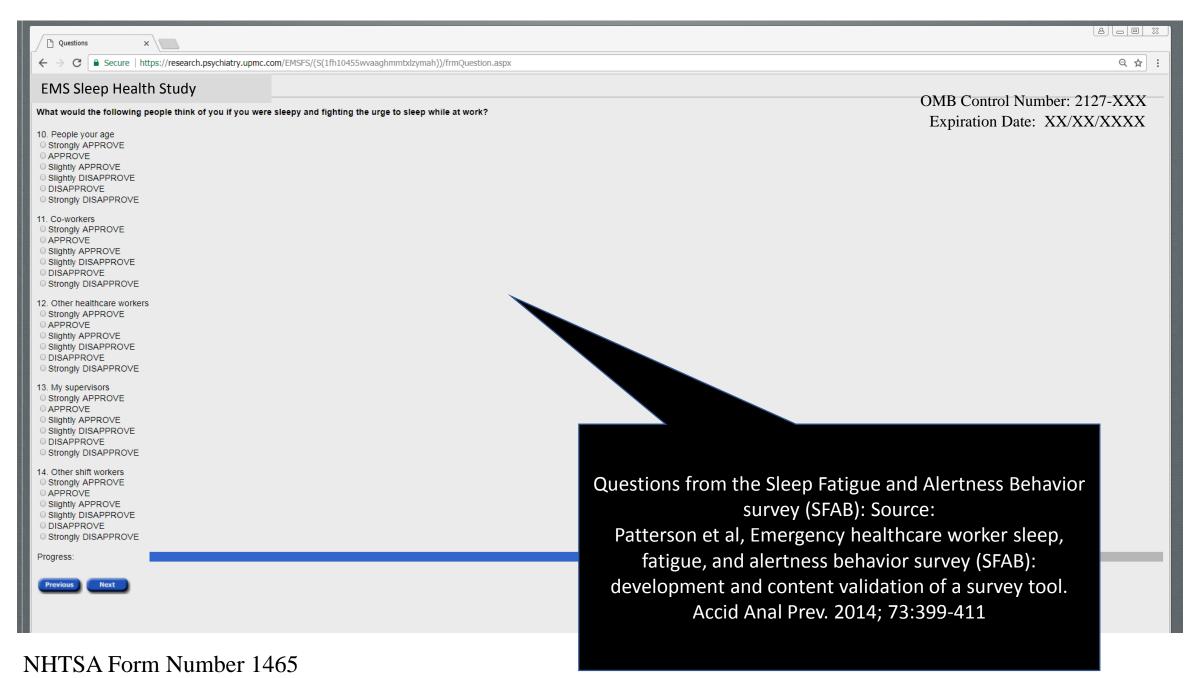


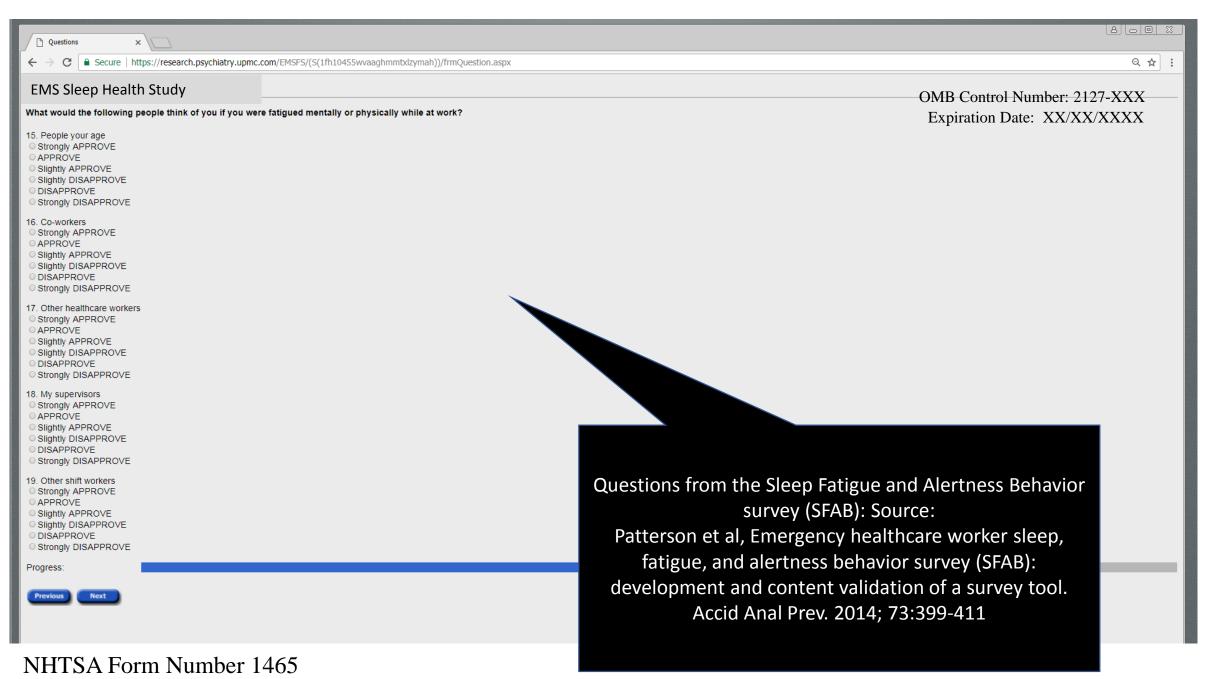
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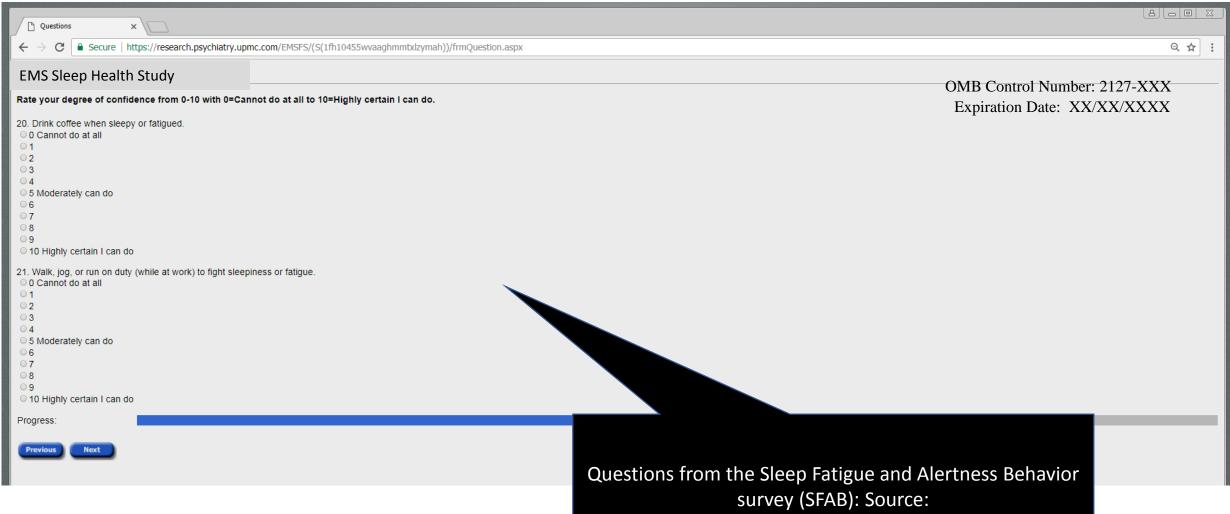


survey (SFAB): Source:

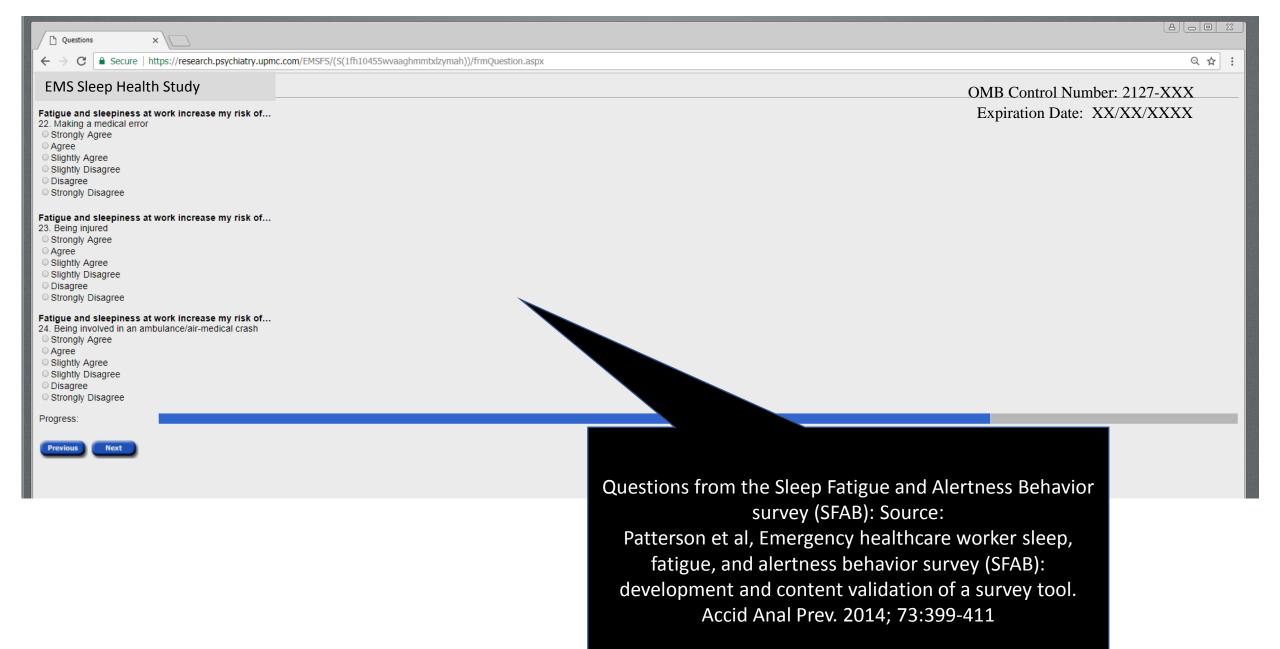
Patterson et al, Emergency healthcare worker sleep, fatigue, and alertness behavior survey (SFAB): development and content validation of a survey tool. Accid Anal Prev. 2014; 73:399-411

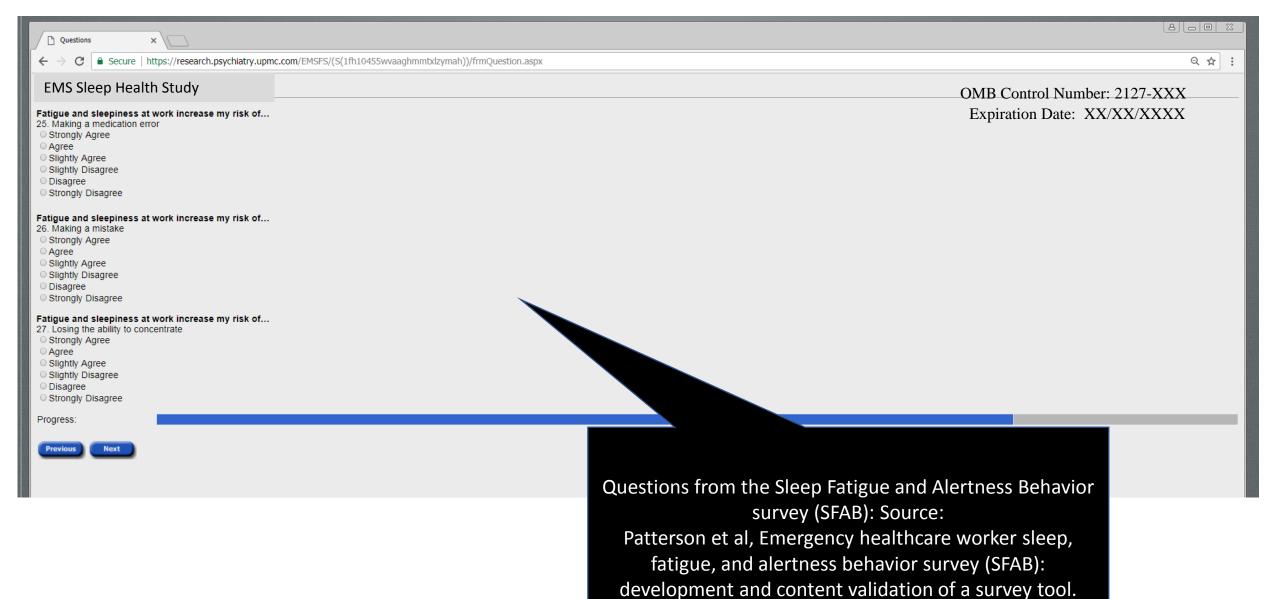






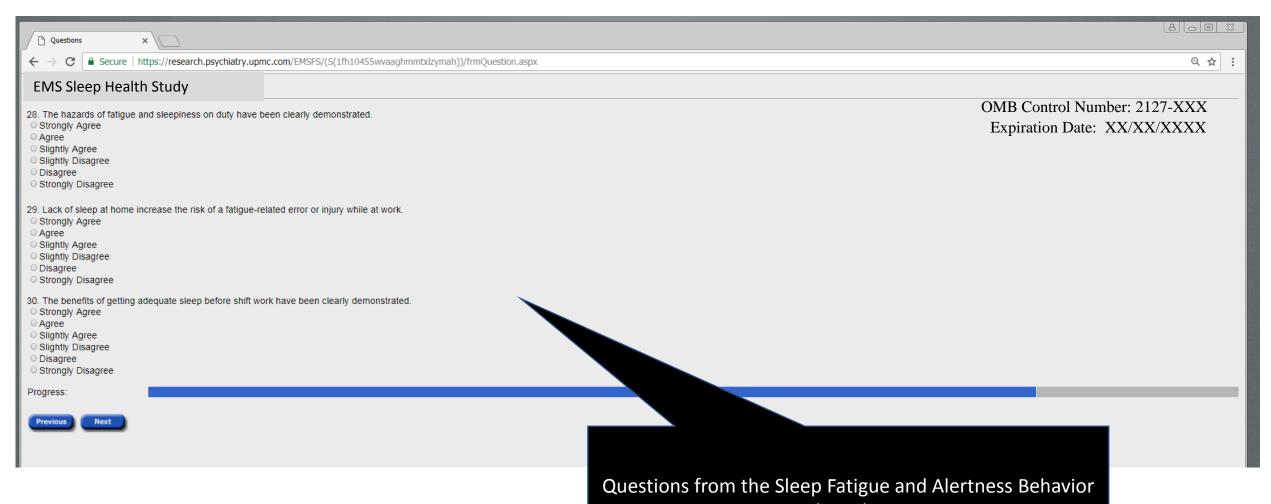
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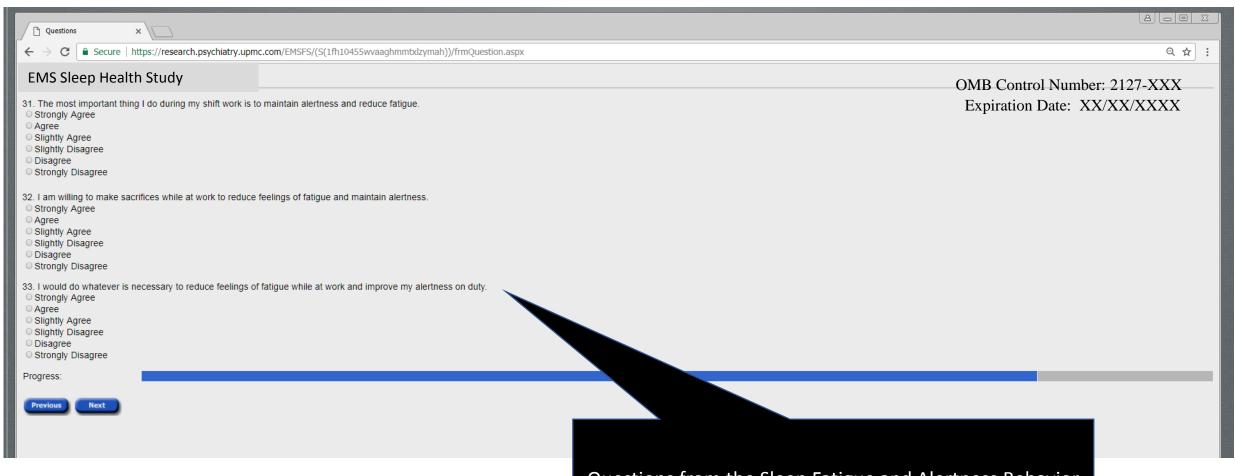
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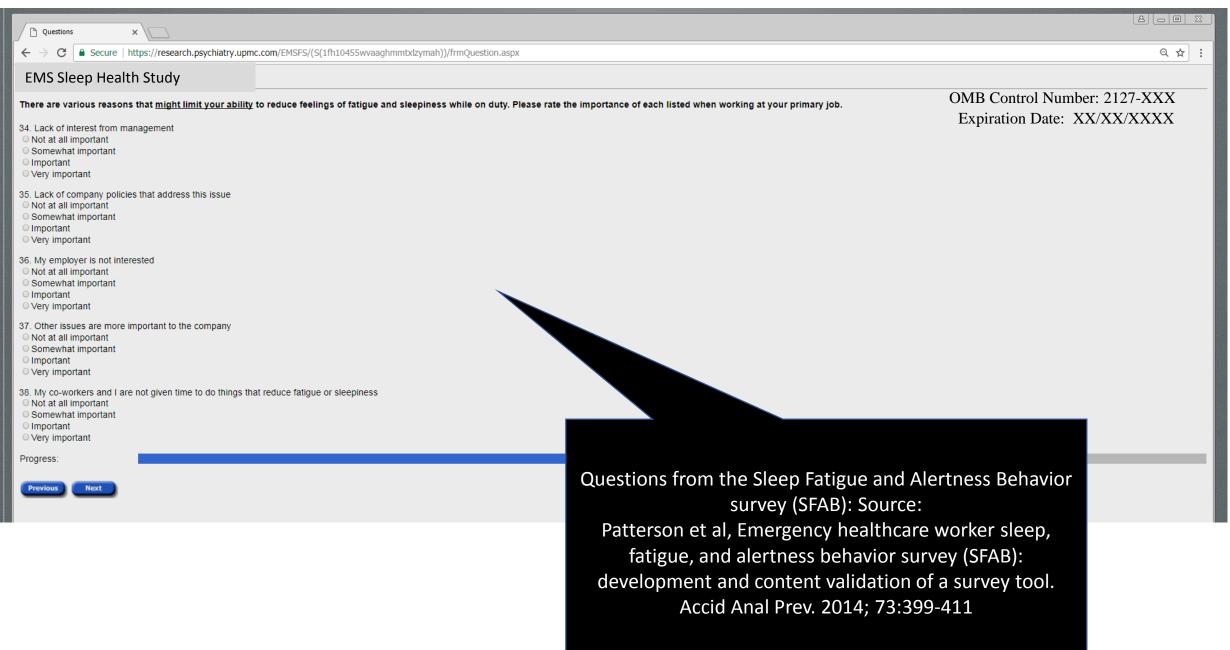
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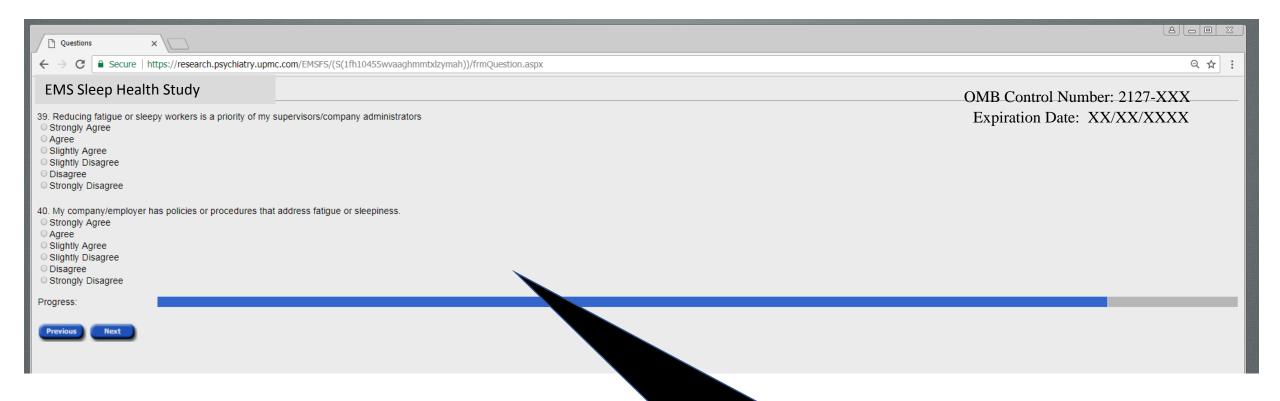
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Questions from the Sleep Fatigue and Alertness Behavior survey (SFAB): Source:

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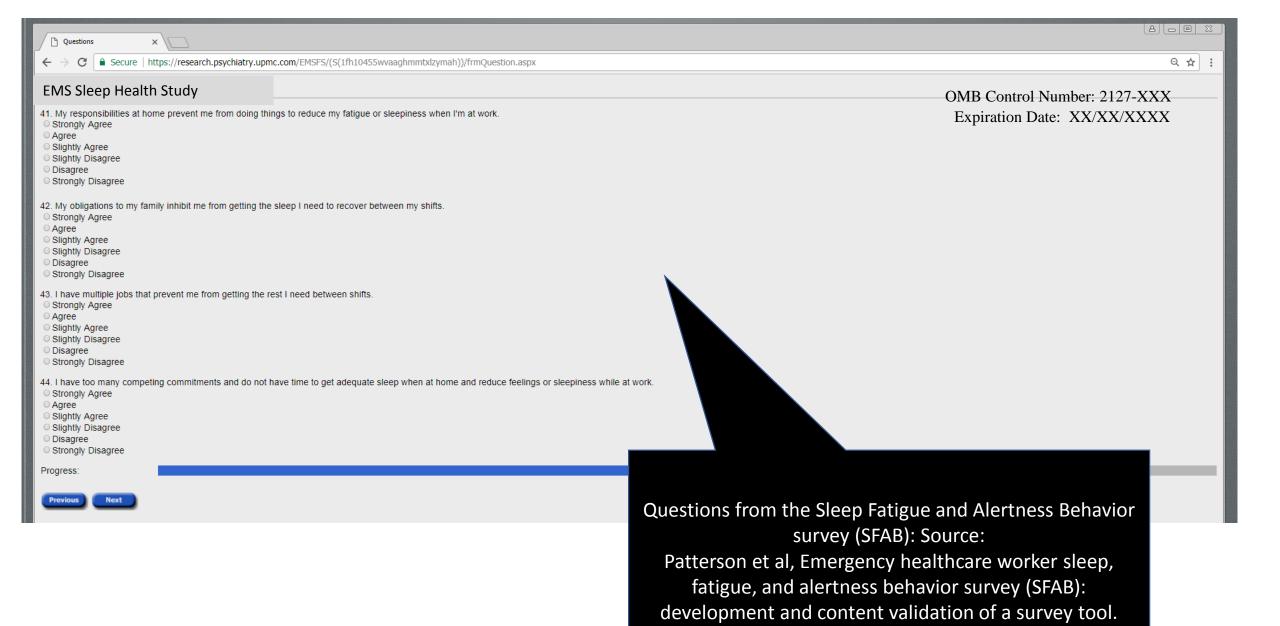




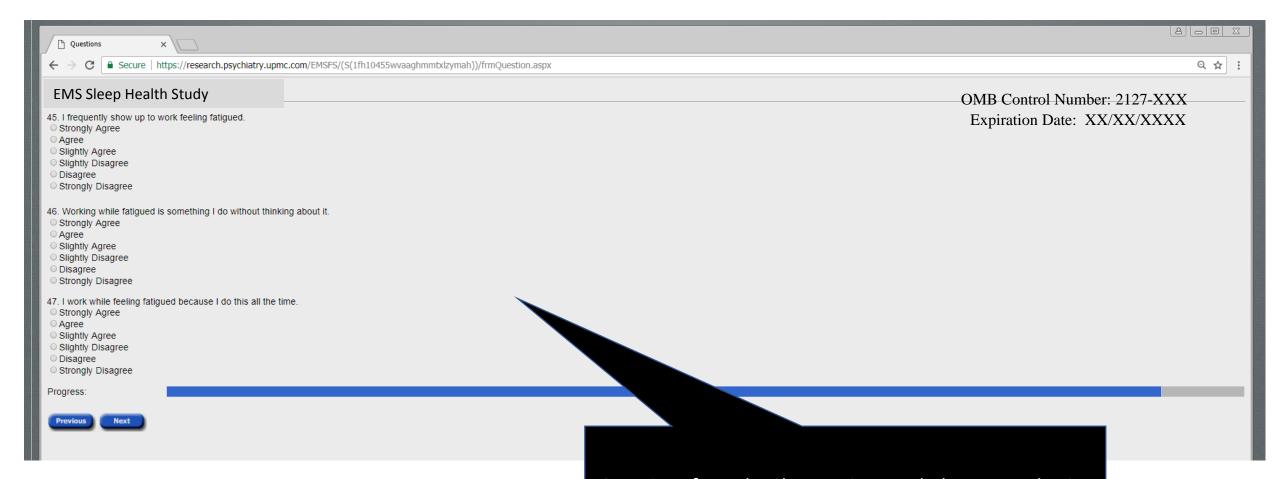
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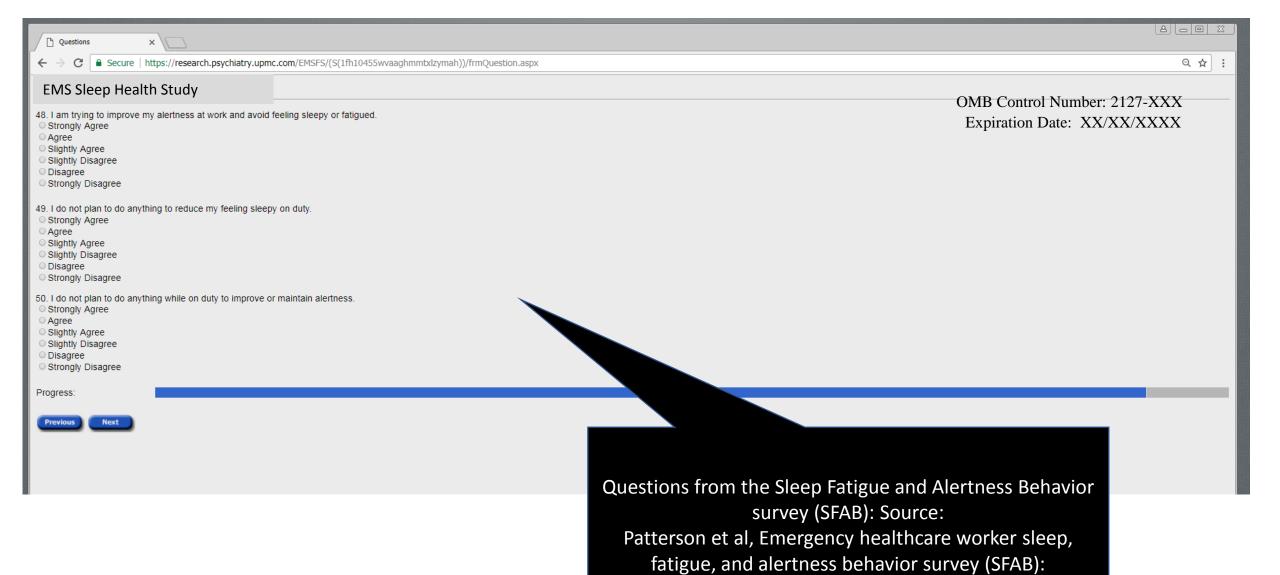


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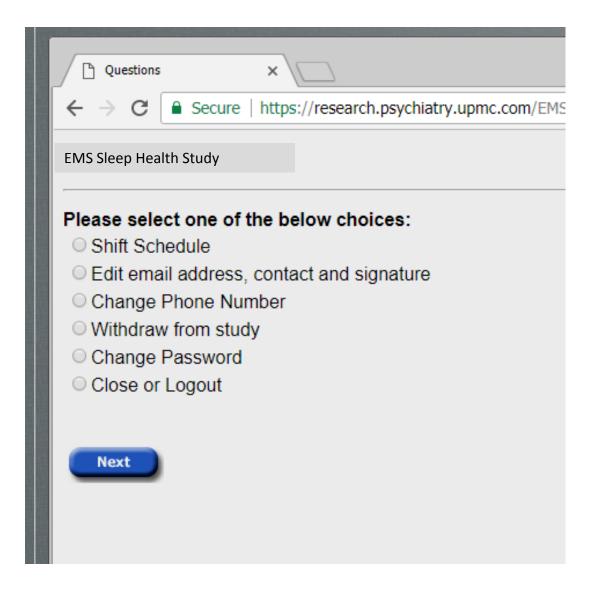
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