

Form 1463

Baseline Survey

Screenshots

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 XXXX-XXXX (expiration date: MM/DD/YYYY). The average amount of time to complete this survey is 145 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.

Home page

OMB Control Number: 2127-XXX

Expiration Date: XX/XX/XXXX

Mail - holquistkl@upmc.edu x The EMS Sleep Health and Fatigue Educati... x

www.emssleephealth.pitt.edu

The EMS Sleep Health and Fatigue Educati... 0 + New Edit Page Enable Visual Builder

Howdy, Kate Flickinger




emsfatigue@pitt.edu

EMS SLEEP HEALTH HOME

The EMS Sleep Health and Fatigue Education Study

About This Study Interested? Already Enrolled? Sign in Here

More than half of all EMS clinicians report severe mental and physical fatigue while at work. Prior research and reports in the media show a link between EMS clinician sleepiness and fatigue with medical error, adverse events, and injury. The recently published Evidence Based Guideline for Fatigue Risk Management in EMS recommends that EMS personnel receive education and training. The purpose of the EMS Sleep Health and Fatigue Education Study is to test the impact of a sleep health and fatigue education program.



NHTSA Form Number 1463

Interested/Screening Page

The screenshot shows a web browser window with the URL www.emssleephealth.pitt.edu. The page header includes the text "EMS SLEEP HEALTH HOME" and "The EMS Sleep Health and Fatigue Education Study". Below the header are three blue buttons: "About This Study", "Interested?", and "Already Enrolled? Sign in Here". A yellow arrow points to the "Interested?" button. Below the buttons is a paragraph of text: "More than half of all EMS clinicians report severe mental and physical fatigue while at work. Prior research and reports in the media show a link between EMS clinician sleepiness and fatigue with medical error, adverse events, and injury. The recently published Evidence Based Guideline for Fatigue Risk Management in EMS recommends that EMS personnel receive education and training. The purpose of the EMS Sleep Health and Fatigue Education Study is to test the impact of a sleep health and fatigue education program." At the bottom of the page are three images: a city skyline with a helicopter, two firefighters in gear, and an ambulance.

Please answer a few questions to help us determine your eligibility to participate in the study...

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

1. Are you 18 years or older?

No Yes

2. Do you live in the United States (Hawaii & Alaska included)?

No Yes

3. Are you a licensed/certified EMS professional? (e.g. EMT-basic, Firefighter, Paramedic, Flight Nurse, etc.)

No Yes

4. Do you currently work in shifts? (e.g. 8-hour, 12-hour, 16-hour, 24-hour, Kelly Shift, or other)

No Yes

5. Do you work at least one shift per week?

No Yes

6. Do you currently own and use a cellular phone or smart phone that can both send and receive text messages?

No Yes

7. Are you willing to answer online surveys and willing to respond to text-message queries for 7 days in a row every third week of the month for a total of 24 weeks/6 months?

No Yes

8. Are you willing to answer a follow up survey at the end of the study period?

No Yes

9. Do you currently work as a full-time or part-time EMS clinician at an EMS agency that has agreed to participate in this research study?

No Yes

Next

Questions x

Secure | [https://research.psychiatry.upmc.com/EMSFS/\(S\(vra0sx45dz5cjliyasgnyh45\)\)/frmQuestion.aspx](https://research.psychiatry.upmc.com/EMSFS/(S(vra0sx45dz5cjliyasgnyh45))/frmQuestion.aspx)

Video version of IRB-approved consent form

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I have watched the above informed consent video and agree to participate (I ACCEPT).

I DO NOT ACCEPT and do NOT want to participate in this research study.

[Next](#)

Questions x

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Please enter the number of the phone, including area code, which you will use during the study:

Please enter your email address:



Questions x

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Please review your phone number and email below..
Click Previous to make a change or Next to accept.

Your phone number is:

Your email address is:

NHTSA Form Number 1463



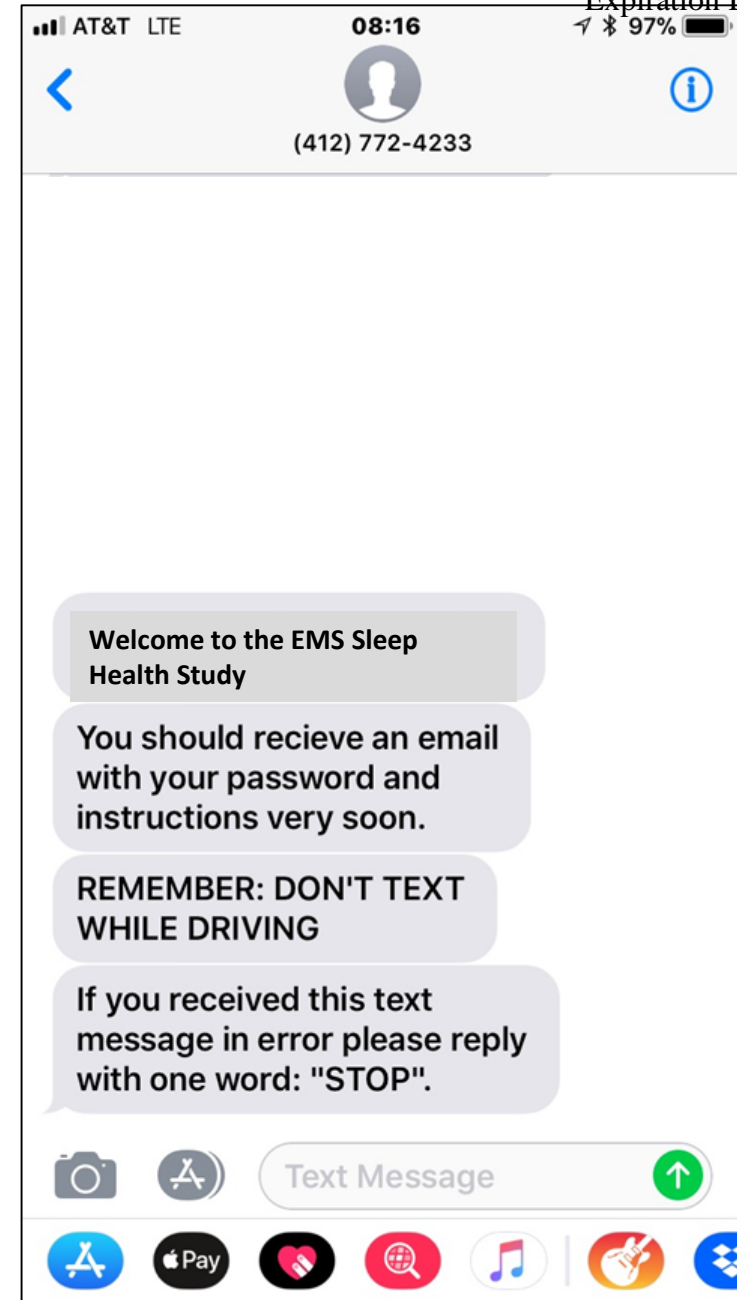
Questions x

Secure | [https://research.psychiatry.upmc.com/EMSFS/\(S\(vra0sx45dz5cjliyasgnyh45\)\)/frmQuestion.aspx](https://research.psychiatry.upmc.com/EMSFS/(S(vra0sx45dz5cjliyasgnyh45))/frmQuestion.aspx)

Thank you for consenting to participate!

You should receive an email momentarily with your new password. When you receive this password, you can return to to begin the study.

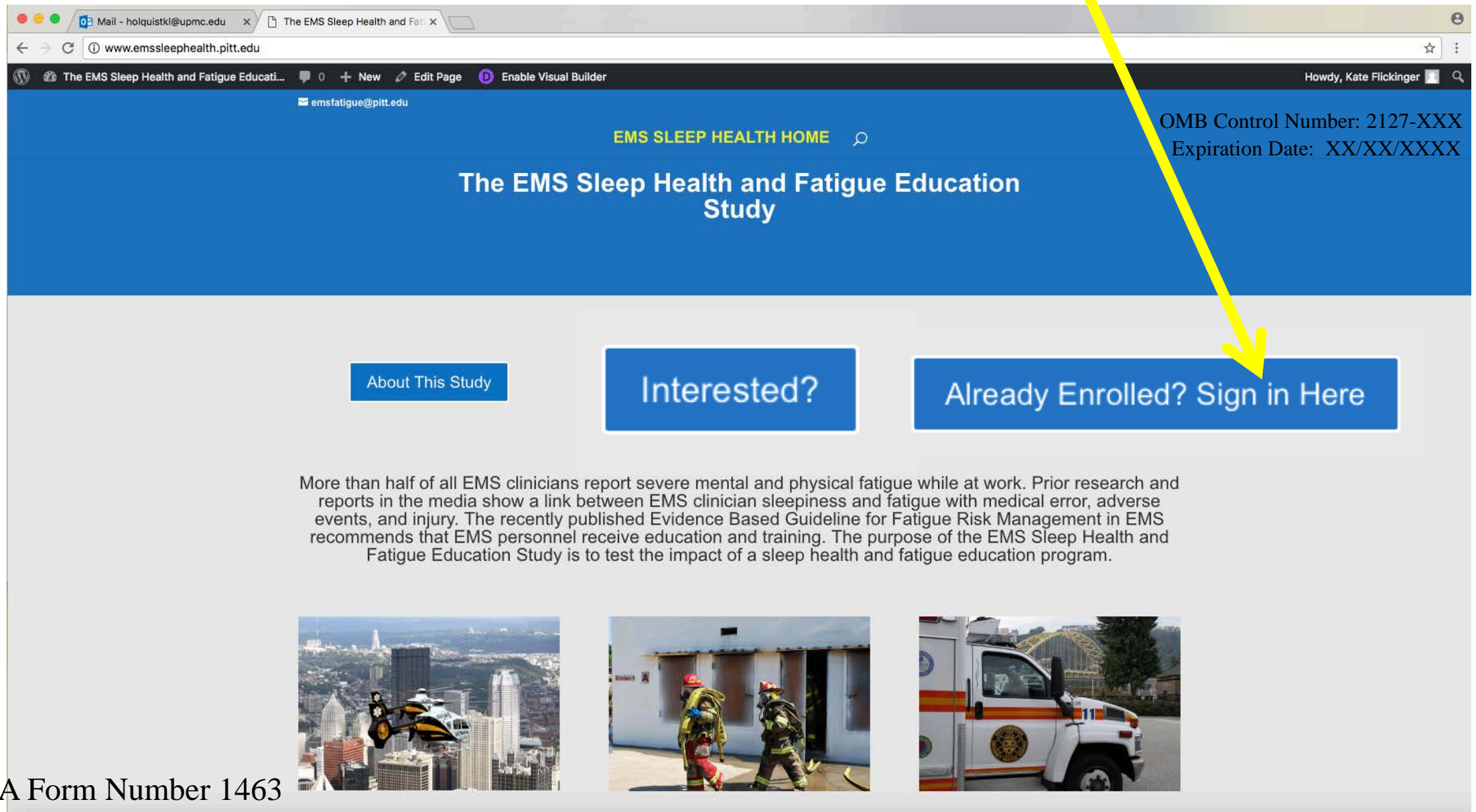
The welcoming text message from the study's data collection platform.



Initial email from data
collection system with
temporary password
included

Thank you for consenting to participate in the study!
Your new password is New081343.
You can log back into www.emssleephealth.pitt.edu to
continue the study process.

Back to website and click on already enrolled



Mail - holquistkl@upmc.edu x The EMS Sleep Health and Fatigue Educati... x

www.emssleephealth.pitt.edu

The EMS Sleep Health and Fatigue Educati... 0 + New Edit Page Enable Visual Builder

Howdy, Kate Flickinger

emsfatigue@pitt.edu




EMS SLEEP HEALTH HOME

OMB Control Number: 2127-XXX
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The EMS Sleep Health and Fatigue Education Study

About This Study Interested? **Already Enrolled? Sign in Here**

More than half of all EMS clinicians report severe mental and physical fatigue while at work. Prior research and reports in the media show a link between EMS clinician sleepiness and fatigue with medical error, adverse events, and injury. The recently published Evidence Based Guideline for Fatigue Risk Management in EMS recommends that EMS personnel receive education and training. The purpose of the EMS Sleep Health and Fatigue Education Study is to test the impact of a sleep health and fatigue education program.



Questions

Secure | https://research.psychiatry.u

EMS Sleep Health Study

To Login please submit Phone Number.

Phone Number: 5555555555

Next



Questions

Secure | https://research.psyc

EMS Sleep Health Study

Please enter your Password:

I forgot my password.

Next

Previous



Questions

Secure | https://research.psychiatry.upmc.com/EMSF5/(S(3xm4co4532l25q455fsbxr55))

EMS Sleep Health Study

Please enter your current password, then the password you would like to change it too. You must provide the new password twice. All passwords must be at least 6 characters long.

Current Password:

New Password:

Repeat New Password:

Next



Questions

Secure | https://research.psychiatry.upmc.co

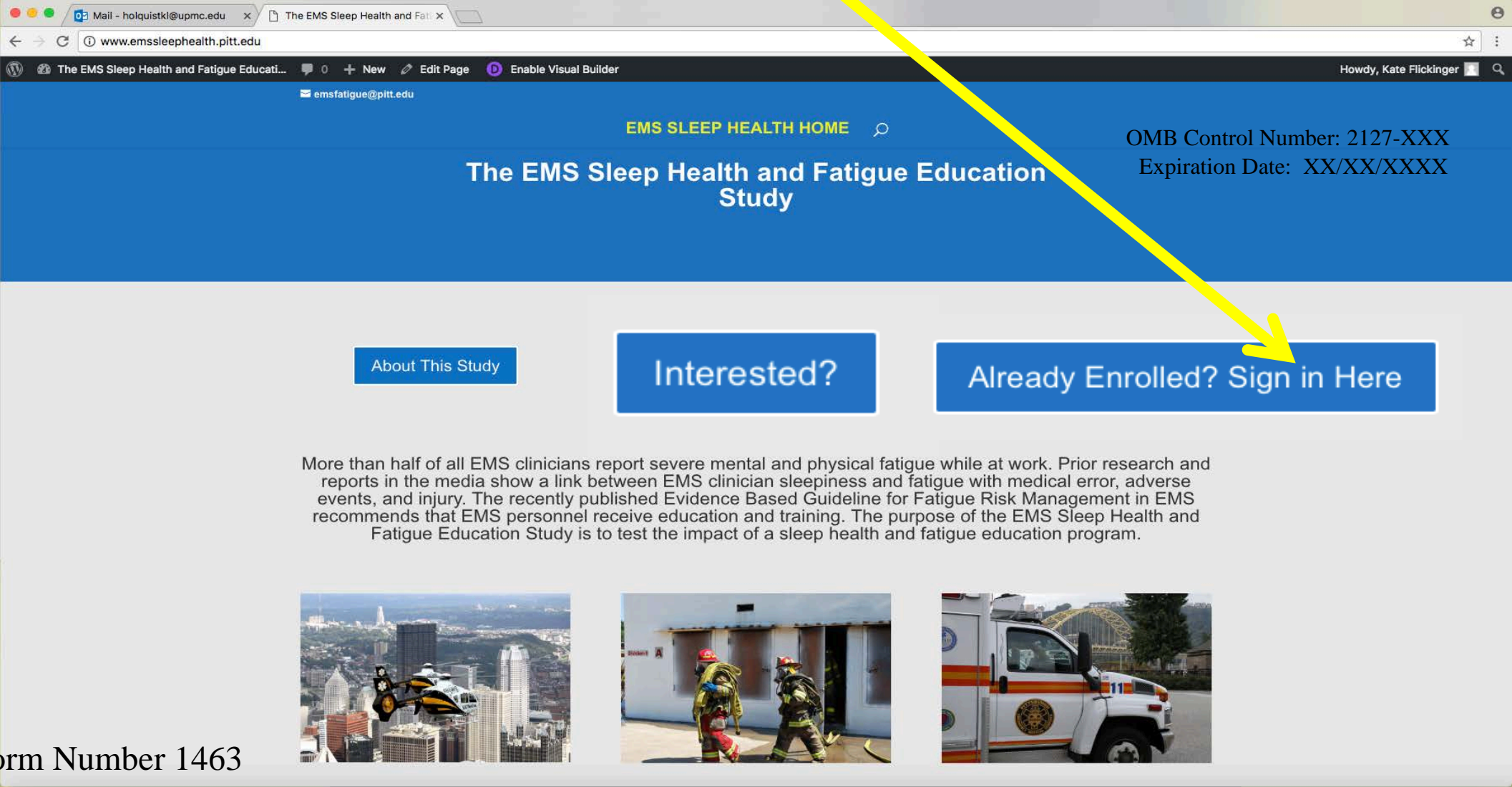
EMS Sleep Health Study

Thank You

You can close the browser now.

[Return to](#) EMS Sleep Health Study main page

Back to website and click on already enrolled to login with new password



www.emssleephealth.pitt.edu

The EMS Sleep Health and Fatigue Education Study

EMS SLEEP HEALTH HOME


OMB Control Number: 2127-XXX
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About This Study

Interested?

Already Enrolled? Sign in Here

More than half of all EMS clinicians report severe mental and physical fatigue while at work. Prior research and reports in the media show a link between EMS clinician sleepiness and fatigue with medical error, adverse events, and injury. The recently published Evidence Based Guideline for Fatigue Risk Management in EMS recommends that EMS personnel receive education and training. The purpose of the EMS Sleep Health and Fatigue Education Study is to test the impact of a sleep health and fatigue education program.



Questions

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EMS Sleep Health Study

To Login please submit Phone Number.

Phone Number: 5555555555

Next



Questions

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EMS Sleep Health Study

Please enter your Password:

I forgot my password.

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Answer Baseline Survey

Questions x

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EMS Sleep Health Study

1. What is your Race?

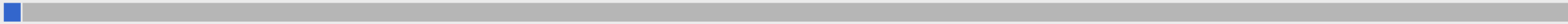
- American Indian/Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Black or African American
- White
- More than One Race

2. Please select an Ethnicity

- Hispanic or Latino
- NOT Hispanic or Latino

3. Do you have young children in your home?

- No
- Yes

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Questions x

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EMS Sleep Health Study

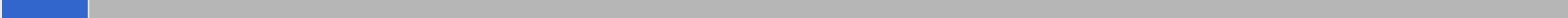
1. Sex
 M F

2. Age in years:

3. Your medical licensure/certification?
 EMT-Basic
 Paramedic
 Nurse
 Physician
 Patient Care Technician
 Health Unit Coordinator
 Other (describe):
Other:

4. Where do you do most of your clinical work?
 Emergency Department
 Intensive Care Unit
 Ground-based ambulance EMS
 Air-medical based EMS
 Other (describe):
Other:

5. Do you work multiple jobs as a clinician?
 No
 Yes

Progress: 

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EMS Sleep Health Study

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5a. How many different clinical jobs do you currently hold? (e.g. 2)

6. Total years of experience as a clinician at any level of licensure/certification:(e.g. 8)

7. Employment status where you do your primary work as a clinician?

- Full-time
- Part-time
- Volunteer only

8. Total number of shifts you worked last month as a clinician? (e.g. 5)

9. Type of shift you most commonly work as a clinician.

- 24-hour shifts
- 12-hour shifts
- 8-hour shifts
- Shifts less than 8-hours
- Other

Other (Describe):

Progress:



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Questions x

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EMS Sleep Health Study

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10. How would you rate your health in general?

Excellent
 Good
 Fair
 Poor

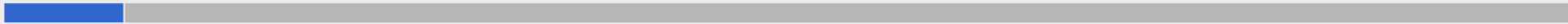
11. Have you EVER been told by a doctor or health professional that you have...

None Diabetes High Blood Pressure Heart problems Sleep Apnea Lung/breathing problems Arthritis Weight problems Migraine headaches Depression Other

Other (Describe):

12. Have you ever been told by a doctor that you have one of the following sleep disorders? (Check None for No)

None Insomnia hyperinsomnia sleep apnea – obstructive, congenital narcolepsy cataplexy circadian rhythm sleep disorder

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Questions x

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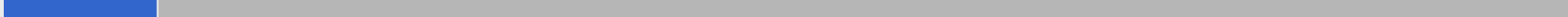
EMS Sleep Health Study

13. How many cigarettes do you smoke per week? (e.g.10)

14. How many alcoholic drinks do you consume per week (one drink=8 oz. beer)? (e.g.10)

15. Height:

16. Weight:(e.g. 150 pounds)

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Questions

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EMS Sleep Health Study

1. Describe your 2nd job title/role (e.g., firefighter)

2. How many times per week do you work at your 2nd job (e.g., 2)?

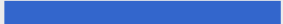
3. Thinking only about your 2nd job, describe your role, tasks, and responsibilities:

4. On average, how many dispatches do you respond to while working shifts for the employer where you are enrolling in this study?

5. On average, how many patient transports do you perform while working shifts for the employer where you are enrolling in this study?

6. Describe the type of work you do at your 2nd job:

7. My workload at my 2nd job is greater/lesser than my workload at my job where I am enrolling in this study.
 greater lesser

Progress: 

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Questions asked of participant if he/she responds to question 5a indicating that he/she works more than one job.

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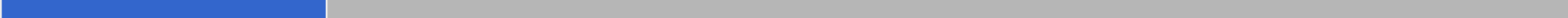
Questions x

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EMS Sleep Health Study

1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

No Yes

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Questions x

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EMS Sleep Health Study

1. What type of physical activity or exercise did you spend the most time doing during the past month?

- running
- High Intensity Interval Training (HIIT)
- walking
- rowing
- tennis
- soccer
- Frisbee
- golf
- weight lifting
- biking
- yoga
- spinning
- calisthenics
- swimming
- hiking
- pilates

2. How many times did you take part in this activity during the past month?

3. And when you took part in this activity, for how many minutes did you usually keep at it?

4. What other type of physical activity gave you the next most exercise during the past month?

- running
- High Intensity Interval Training (HIIT)
- walking
- rowing
- tennis
- soccer
- Frisbee
- golf
- weight lifting
- biking
- yoga
- spinning
- calisthenics
- swimming
- hiking
- pilates

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Physical activity
questions from the
BRFSS Physical Activity
Rotating Core

pilates

5. How many times did you take part in this activity during the past month?

6. And when you took part in this activity, for how many minutes did you usually keep at it?

7. During the past month, how many times did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups, or push-ups and those using weight machines, free weights, or elastic bands.

Progress:

Questions x

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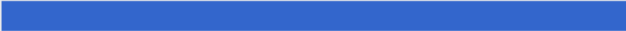
EMS Sleep Health Study

1. During the past month, what time have you usually gone to bed?
 : AM PM

2. During the past month, how long (in minutes) has it usually taken you to fall asleep each time you try to fall asleep?

3. During the past month, what time have you usually gotten up after trying to go to sleep?
 : AM PM

4. During the past month, how many hours of actual sleep did you get each time you tried to go to sleep? (this may be different than the number of hours you spent in bed).

Progress: 

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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*

Questions x

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EMS Sleep Health Study

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For each of the remaining questions, check the one best response. Please answer all questions.

During the past month, how often have you had trouble sleeping because you...

5a. Cannot sleep within 30 minutes (check one)

- Not during the past month
- Less than once a week
- Once or twice a week
- Three or more times a week

5b. Wake up in the middle of the night or early morning (check one)


- Not during the past month
- Less than once a week
- Once or twice a week
- Three or more times a week

5c. Have to get up to use the bathroom (check one)

- Not during the past month
- Less than once a week
- Once or twice a week
- Three or more times a week

5d. Cannot breath comfortably (check one)

- Not during the past month
- Less than once a week
- Once or twice a week
- Three or more times a week

Progress: 

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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*

Questions x

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EMS Sleep Health Study

During the past month, how often have you had trouble sleeping because you...

5e. Cough or snore loudly (check one)

- Not during the past month
- Less than once a week
- Once or twice a week
- Three or more times a week

5f. Feel too cold (check one)

- Not during the past month
- Less than once a week
- Once or twice a week
- Three or more times a week

5g. Feel too hot (check one)

- Not during the past month
- Less than once a week
- Once or twice a week
- Three or more times a week

5h. Had bad dreams (check one)

- Not during the past month
- Less than once a week
- Once or twice a week
- Three or more times a week

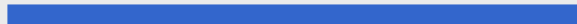
5i. Have pain (check one)

- Not during the past month
- Less than once a week
- Once or twice a week
- Three or more times a week

5j. Other reasons (please describe):

5k. For Other Reasons above...how often during the past month have you had trouble sleeping because of this?

- Not during the past month
- Less than once a week
- Once or twice a week
- Three or more times a week

Progress: 

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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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EMS Sleep Health Study

6. During the past month, how would you rate your sleep quality? (check one)

- Very good
- Fairly good
- Fairly bad
- Very bad

7. 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)

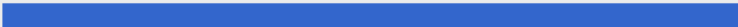
- Not during the past month
- Less than once a week
- Once or twice a week
- Three or more times a week

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)

- No bed partner or roommate
- Partner/roommate in other room
- Partner in same room, but not same bed
- Partner in same bed

Progress: 

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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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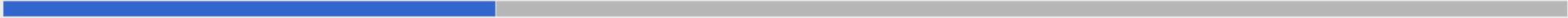
EMS Sleep Health Study

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? 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 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

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1. Sitting and reading	<input checked="" type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
2. Watching TV	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
3. Sitting, inactive in a public place (e.g. a theatre or a meeting)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
4. As a passenger in a vehicle for an hour without a break.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
5. Lying down to rest in the afternoon when circumstances permit	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
6. Sitting and talking to someone	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
7. Sitting quietly after lunch without alcohol	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
8. In an car, while stopped for a few minutes in the traffic.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

Progress: 

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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.

Questions x

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EMS Sleep Health Study

1. Do you have problems with tiredness during your shifts?

- Always
- Sometimes, but not always
- Rarely
- Never

2. Do you need to rest during your shifts?

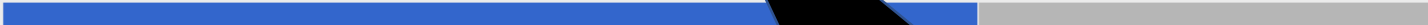
- Always
- Sometimes, but not always
- Rarely
- Never

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?

- Always
- Sometimes, but not always
- Rarely
- Never

Progress: 

Next

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

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

Questions x

Secure | [https://research.psychiatry.upmc.com/EMSFS/\(S\(1fh10455wvaaghmmtxizmah\)\)/frmQuestion.aspx](https://research.psychiatry.upmc.com/EMSFS/(S(1fh10455wvaaghmmtxizmah))/frmQuestion.aspx)

EMS Sleep Health Study

5. Do you start things without difficulty during your shifts, but get weak as you go on?

- Always
- Sometimes, but not always
- Rarely
- Never

6. Are you lacking energy during your shifts?

- Always
- Sometimes, but not always
- Rarely
- Never

7. Do you have less strength in your muscles during your shifts?

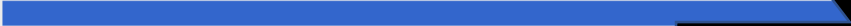
- Always
- Sometimes, but not always
- Rarely
- Never

8. Do you feel weak during your shifts?

- Always
- Sometimes, but not always
- Rarely
- Never

9. Do you difficulty concentrating during your shifts?

- Always
- Sometimes, but not always
- Rarely
- Never

Progress: 

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OMB Control Number: 2127-XXX
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Questions from the Chalder Fatigue Questionnaire:
Source: Chalder T, et al. Development of a fatigue scale. J
Psychosom Res. 1993;37(2):147-153

Questions

Secure | [https://research.psychiatry.upmc.com/EMSFS/\(S\(1fh10455wvaaghmmbxlzymah\)\)/frmQuestion.aspx](https://research.psychiatry.upmc.com/EMSFS/(S(1fh10455wvaaghmmbxlzymah))/frmQuestion.aspx)

EMS Sleep Health Study

10. Do you have problems thinking clearly during your shifts?

- Always
- Sometimes, but not always
- Rarely
- Never

11. Do you make slips of the tongue when speaking during your shifts?

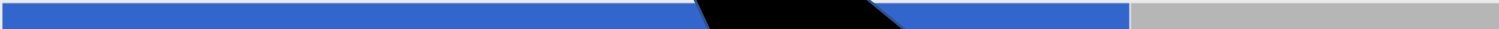
- Always
- Sometimes, but not always
- Rarely
- Never

12. Do you find it more difficult to find the correct word during your shifts?

- Always
- Sometimes, but not always
- Rarely
- Never

13. How is your memory during your shifts?

- Better than usual
- No more than usual
- Worse than usual
- Much worse than usual

Progress: 

OMB Control Number: 2127-XXX
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Questions from the Chalder Fatigue Questionnaire:
Source: Chalder T, et al. Development of a fatigue scale. J
Psychosom Res. 1993;37(2):147-153

EMS Sleep Health Study

1. EMS personnel input is well-received in this EMS agency.

- Strongly Disagree
- Slightly Disagree
- Neutral
- Slightly Agree
- Strongly Agree

OMB Control Number: 2127-XXX

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2. At this EMS agency, it is difficult to speak up if I perceive a problem with patient care.

- Strongly Disagree
- Slightly Disagree
- Neutral
- Slightly Agree
- Strongly Agree

3. Disagreements in this EMS agency are resolved appropriately (i.e., not who is right, but what is best for the patient).

- Strongly Disagree
- Slightly Disagree
- Neutral
- Slightly Agree
- Strongly Agree

4. I have the support I need from other personnel to care for patients.

- Strongly Disagree
- Slightly Disagree
- Neutral
- Slightly Agree
- Strongly Agree

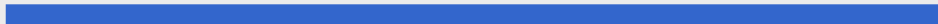
5. It is easy for personnel at this EMS agency to ask questions when there is something they do not understand.

- Strongly Disagree
- Slightly Disagree
- Neutral
- Slightly Agree
- Strongly Agree

6. Personnel here work together as a well-coordinated team.

- Strongly Disagree
- Slightly Disagree
- Neutral
- Slightly Agree
- Strongly Agree

Progress:



Next

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

Questions

Secure | [https://research.psychiatry.upmc.com/EMSFS/\(S\(1fh10455wvaaghmmxlymah\)\)/frmQuestion.aspx](https://research.psychiatry.upmc.com/EMSFS/(S(1fh10455wvaaghmmxlymah))/frmQuestion.aspx)

EMS Sleep Health Study

7. I would feel safe being treated by this EMS agency as a patient.

- Strongly Disagree
- Slightly Disagree
- Neutral
- Slightly Agree
- Strongly Agree

8. Medical errors are handled appropriately at this EMS agency.

- Strongly Disagree
- Slightly Disagree
- Neutral
- Slightly Agree
- Strongly Agree

9. I receive appropriate feedback about my performance.

- Strongly Disagree
- Slightly Disagree
- Neutral
- Slightly Agree
- Strongly Agree

10. In this EMS agency, it is difficult to discuss errors.

- Strongly Disagree
- Slightly Disagree
- Neutral
- Slightly Agree
- Strongly Agree

11. I am encouraged by my colleagues to report any patient safety concerns I may have.


- Strongly Disagree
- Slightly Disagree
- Neutral
- Slightly Agree
- Strongly Agree

12. The culture at this EMS agency makes it easy to learn from the errors of others.

- Strongly Disagree
- Slightly Disagree
- Neutral
- Slightly Agree
- Strongly Agree

13. I know the proper channels to direct questions regarding patient safety.

- Strongly Disagree
- Slightly Disagree
- Neutral
- Slightly Agree
- Strongly Agree

Progress: 

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

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

Questions

Secure | [https://research.psychiatry.upmc.com/EMSFS/\(S\(1fh10455wvaaghmmtxlzymbah\)\)/frmQuestion.aspx](https://research.psychiatry.upmc.com/EMSFS/(S(1fh10455wvaaghmmtxlzymbah))/frmQuestion.aspx)

EMS Sleep Health Study

14. When my workload becomes excessive, my performance is impaired.

- Strongly Disagree
- Slightly Disagree
- Neutral
- Slightly Agree
- Strongly Agree

15. I am less effective at work when fatigued.


- Strongly Disagree
- Slightly Disagree
- Neutral
- Slightly Agree
- Strongly Agree

16. I am more likely to make errors in tense or hostile situations.

- Strongly Disagree
- Slightly Disagree
- Neutral
- Slightly Agree
- Strongly Agree

17. Fatigue impairs my performance during emergency situations

- Strongly Disagree
- Slightly Disagree
- Neutral
- Slightly Agree
- Strongly Agree

Progress: 

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

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

Questions x

Secure | [https://research.psychiatry.upmc.com/EMSFS/\(S\(1fh10455wvaaghmmbxlzumah\)\)/frmQuestion.aspx](https://research.psychiatry.upmc.com/EMSFS/(S(1fh10455wvaaghmmbxlzumah))/frmQuestion.aspx)

EMS Sleep Health Study

18. The management of this EMS agency supports my daily efforts.

- Strongly Disagree
- Slightly Disagree
- Neutral
- Slightly Agree
- Strongly Agree

19. Management does not knowingly compromise safety of patients.

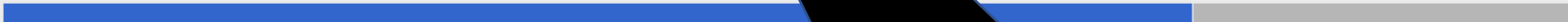
- Strongly Disagree
- Slightly Disagree
- Neutral
- Slightly Agree
- Strongly Agree

20. The levels of staffing at this EMS agency are sufficient to handle the number of calls.

- Strongly Disagree
- Slightly Disagree
- Neutral
- Slightly Agree
- Strongly Agree

21. I am provided with adequate, timely information about events that might affect my work.

- Strongly Disagree
- Slightly Disagree
- Neutral
- Slightly Agree
- Strongly Agree

Progress: 

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

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

Questions

Secure | [https://research.psychiatry.upmc.com/EMSFS/\(S\(1fh10455wvaaghmmbxlzymbah\)\)/frmQuestion.aspx](https://research.psychiatry.upmc.com/EMSFS/(S(1fh10455wvaaghmmbxlzymbah))/frmQuestion.aspx)

EMS Sleep Health Study

22. This EMS agency does a good job of training new personnel

- Strongly Disagree
- Slightly Disagree
- Neutral
- Slightly Agree
- Strongly Agree

23. This EMS agency deals constructively with problem personnel

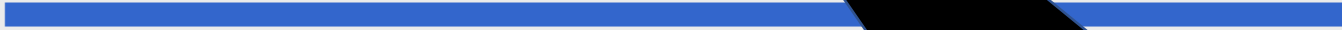
- Strongly Disagree
- Slightly Disagree
- Neutral
- Slightly Agree
- Strongly Agree

24. Trainees in my discipline are adequately supervised

- Strongly Disagree
- Slightly Disagree
- Neutral
- Slightly Agree
- Strongly Agree

25. All the necessary information for treating patients is routinely available to me.

- Strongly Disagree
- Slightly Disagree
- Neutral
- Slightly Agree
- Strongly Agree

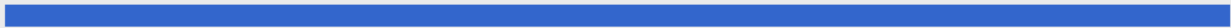
Progress: 

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

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

EMS Sleep Health Study

26. I like my job.
- Strongly Disagree
 - Slightly Disagree
 - Neutral
 - Slightly Agree
 - Strongly Agree
27. Working at this EMS agency is like being part of a large family
- Strongly Disagree
 - Slightly Disagree
 - Neutral
 - Slightly Agree
 - Strongly Agree
28. This EMS agency is a good place to work.
- Strongly Disagree
 - Slightly Disagree
 - Neutral
 - Slightly Agree
 - Strongly Agree
29. I am proud to work at this EMS agency.
- Strongly Disagree
 - Slightly Disagree
 - Neutral
 - Slightly Agree
 - Strongly Agree
30. Morale at this EMS agency is high.
- Strongly Disagree
 - Slightly Disagree
 - Neutral
 - Slightly Agree
 - Strongly Agree

Progress: 

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Expiration Date: XX/XX/XXXX

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


Questions x

Secure | [https://research.psychiatry.upmc.com/EMSFS/\(S\(1fh10455wvaaghmmbxlzymah\)\)/frmQuestion.aspx](https://research.psychiatry.upmc.com/EMSFS/(S(1fh10455wvaaghmmbxlzymah))/frmQuestion.aspx)

EMS Sleep Health Study

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	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. My schedule has a favorable influence on my overall attitude toward my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I am dissatisfied with my current work schedule.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My schedule is an unfavorable influence on my physical health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My schedule is an unfavorable influence on my family life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My schedule is an unfavorable influence on my social life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Progress: 

[Next](#)

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.

Questions

Secure | [https://research.psychiatry.upmc.com/EMSFS/\(S\(1fh10455wvaaghmmbdxymah\)\)/frmQuestion.aspx](https://research.psychiatry.upmc.com/EMSFS/(S(1fh10455wvaaghmmbdxymah))/frmQuestion.aspx)

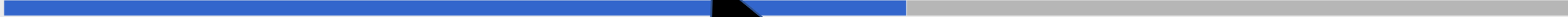
EMS Sleep Health Study

OMB Control Number: 2127-XXX
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These statements are about your experience of **FATIGUE** and **STRAIN** at Work and Home **OVER THE LAST FEW MONTHS**.

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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I often dread waking up to another day of my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I often wonder how long I can keep going at my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I feel most of the time I'm just 'living to work'.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Too much is expected of me in my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Progress: 

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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 Fatigue Exhaustion/Recovery Scale (OFER). *J Occup Environ Med.* Jun 2005;47(6):594-606.

Winwood PC, Lushington K, Winfield AH. Further development and validation of the Occupational Fatigue Exhaustion Recovery (OFER) scale. *J Occup Environ Med.* Apr 2006;48(4):381-389].


Questions

Secure | [https://research.psychiatry.upmc.com/EMSFS/\(S\(1fh10455wvaaghmmbxlzumah\)\)/frmQuestion.aspx](https://research.psychiatry.upmc.com/EMSFS/(S(1fh10455wvaaghmmbxlzumah))/frmQuestion.aspx)

EMS Sleep Health Study

OMB Control Number: 2127-XXX
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	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree
6. After a typical work period I have little energy left.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I usually feel exhausted when I get home from work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. My work drains my energy completely every day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I usually have lots of energy to give my family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I usually have plenty of energy left for my hobbies and other activities after I finish work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Progress: 

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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 Fatigue Exhaustion/Recovery Scale (OFER). J Occup Environ Med. Jun 2005;47(6):594-606.

Winwood PC, Lushington K, Winfield AH. Further development and validation of the Occupational Fatigue Exhaustion Recovery (OFER) scale. J Occup Environ Med. Apr 2006;48(4):381-389].

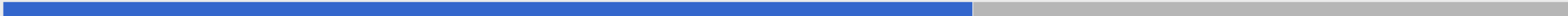
Questions x

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EMs Sleep Health Study

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	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree
11. I never have enough time between work shifts to recover my energy completely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Even if I'm tired from one shift, I'm usually refreshed by the start of the next shift.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I rarely recover my energy fully between work shifts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Recovering from work fatigue between work shifts isn't a problem for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I'm often still feeling fatigued from one shift by the time I start the next one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Progress: 

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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 Fatigue Exhaustion/Recovery Scale (OFER). J Occup Environ Med. Jun 2005;47(6):594-606.

Winwood PC, Lushington K, Winfield AH. Further development and validation of the Occupational Fatigue Exhaustion Recovery (OFER) scale. J Occup Environ Med. Apr 2006;48(4):381-389].

EMS Sleep Health Study

1. Being sleepy at work does not bother me.

- Strongly Agree
 Agree
 Slightly Agree
 Slightly Disagree
 Disagree
 Strongly Disagree

2. Feeling physically or mentally fatigued at work does not bother me.

- Strongly Agree
 Agree
 Slightly Agree
 Slightly Disagree
 Disagree
 Strongly Disagree

3. I'm not really bothered by feeling sleepy or fatigued while at work.

- Strongly Agree
 Agree
 Slightly Agree
 Slightly Disagree
 Disagree
 Strongly Disagree

4. Being sleepy or fatigued at work is less of a problem than other issues.

- Strongly Agree
 Agree
 Slightly Agree
 Slightly Disagree
 Disagree
 Strongly Disagree

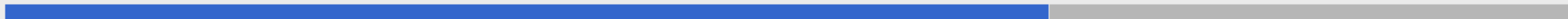
5. Being sleepy or fatigued at work does not impact my performance.

- Strongly Agree
 Agree
 Slightly Agree
 Slightly Disagree
 Disagree
 Strongly Disagree

6. Employers should not have the ability to keep sleepy or fatigued workers from working a shift.

- Strongly Agree
 Agree
 Slightly Agree
 Slightly Disagree
 Disagree
 Strongly Disagree

Progress:

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OMB Control Number: 2127-XXX

Expiration Date: XX/XX/XXXX

Questions from the Sleep Fatigue and Alertness Behavior 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

Questions

Secure | [https://research.psychiatry.upmc.com/EMSFS/\(S\(1fh10455wvaaghmmtxlzvmah\)\)/frmQuestion.aspx](https://research.psychiatry.upmc.com/EMSFS/(S(1fh10455wvaaghmmtxlzvmah))/frmQuestion.aspx)

EMS Sleep Health Study

7. I intend to show up to work if I feel sleepy or fatigued.


- Strongly Agree
- Agree
- Slightly Agree
- Slightly Disagree
- Disagree
- Strongly Disagree

8. If my employer needs me to work overtime or cover a shift, I will work even if I'm sleepy or fatigued.

- Strongly Agree
- Agree
- Slightly Agree
- Slightly Disagree
- Disagree
- Strongly Disagree

9. If I need extra money, I will work overtime or an extra shift when I'm sleepy or fatigued.

- Strongly Agree
- Agree
- Slightly Agree
- Slightly Disagree
- Disagree
- Strongly Disagree

Progress: 

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

Questions from the Sleep Fatigue and Alertness Behavior 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

Questions

Secure | [https://research.psychiatry.upmc.com/EMSFS/\(S\(1fh10455wvaaghmmblzymah\)\)/frmQuestion.aspx](https://research.psychiatry.upmc.com/EMSFS/(S(1fh10455wvaaghmmblzymah))/frmQuestion.aspx)

EMS Sleep Health Study

What would the following people think of you if you were sleepy and fighting the urge to sleep while at work?

10. People your age

- Strongly APPROVE
- APPROVE
- Slightly APPROVE
- Slightly DISAPPROVE
- DISAPPROVE
- Strongly DISAPPROVE

11. Co-workers

- Strongly APPROVE
- APPROVE
- Slightly APPROVE
- Slightly DISAPPROVE
- DISAPPROVE
- Strongly DISAPPROVE

12. Other healthcare workers


- Strongly APPROVE
- APPROVE
- Slightly APPROVE
- Slightly DISAPPROVE
- DISAPPROVE
- Strongly DISAPPROVE

13. My supervisors

- Strongly APPROVE
- APPROVE
- Slightly APPROVE
- Slightly DISAPPROVE
- DISAPPROVE
- Strongly DISAPPROVE

14. Other shift workers

- Strongly APPROVE
- APPROVE
- Slightly APPROVE
- Slightly DISAPPROVE
- DISAPPROVE
- Strongly DISAPPROVE

Progress: 

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

Questions from the Sleep Fatigue and Alertness Behavior 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

Questions x

Secure | [https://research.psychiatry.upmc.com/EMSFS/\(S\(1fh10455wvaaghmmbdzymah\)\)/frmQuestion.aspx](https://research.psychiatry.upmc.com/EMSFS/(S(1fh10455wvaaghmmbdzymah))/frmQuestion.aspx)

EMS Sleep Health Study

What would the following people think of you if you were fatigued mentally or physically while at work?

15. People your age

- Strongly APPROVE
- APPROVE
- Slightly APPROVE
- Slightly DISAPPROVE
- DISAPPROVE
- Strongly DISAPPROVE

16. Co-workers

- Strongly APPROVE
- APPROVE
- Slightly APPROVE
- Slightly DISAPPROVE
- DISAPPROVE
- Strongly DISAPPROVE

17. Other healthcare workers

- Strongly APPROVE
- APPROVE
- Slightly APPROVE
- Slightly DISAPPROVE
- DISAPPROVE
- Strongly DISAPPROVE

18. My supervisors

- Strongly APPROVE
- APPROVE
- Slightly APPROVE
- Slightly DISAPPROVE
- DISAPPROVE
- Strongly DISAPPROVE

19. Other shift workers

- Strongly APPROVE
- APPROVE
- Slightly APPROVE
- Slightly DISAPPROVE
- DISAPPROVE
- Strongly DISAPPROVE

Progress:

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

Questions from the Sleep Fatigue and Alertness Behavior 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

Questions

Secure | [https://research.psychiatry.upmc.com/EMSFS/\(S\(1fh10455wvaaghmmtxlzymbah\)\)/frmQuestion.aspx](https://research.psychiatry.upmc.com/EMSFS/(S(1fh10455wvaaghmmtxlzymbah))/frmQuestion.aspx)

EMS Sleep Health Study

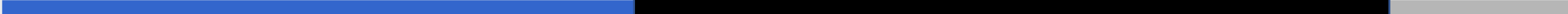
Rate your degree of confidence from 0-10 with 0=Cannot do at all to 10=Highly certain I can do.

20. Drink coffee when sleepy or fatigued.

- 0 Cannot do at all
- 1
- 2
- 3
- 4
- 5 Moderately can do
- 6
- 7
- 8
- 9
- 10 Highly certain I can do

21. Walk, jog, or run on duty (while at work) to fight sleepiness or fatigue.

- 0 Cannot do at all
- 1
- 2
- 3
- 4
- 5 Moderately can do
- 6
- 7
- 8
- 9
- 10 Highly certain I can do

Progress: 

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Expiration Date: XX/XX/XXXX

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Questions

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Fatigue and sleepiness at work increase my risk of...
22. Making a medical error

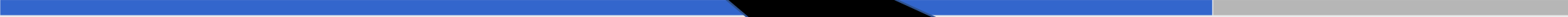
- Strongly Agree
- Agree
- Slightly Agree
- Slightly Disagree
- Disagree
- Strongly Disagree

Fatigue and sleepiness at work increase my risk of...
23. Being injured

- Strongly Agree
- Agree
- Slightly Agree
- Slightly Disagree
- Disagree
- Strongly Disagree

Fatigue and sleepiness at work increase my risk of...
24. Being involved in an ambulance/air-medical crash

- Strongly Agree
- Agree
- Slightly Agree
- Slightly Disagree
- Disagree
- Strongly Disagree

Progress: 

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Questions x

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EMS Sleep Health Study

Fatigue and sleepiness at work increase my risk of...
25. Making a medication error

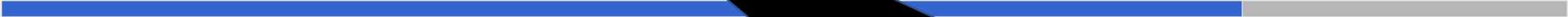
- Strongly Agree
- Agree
- Slightly Agree
- Slightly Disagree
- Disagree
- Strongly Disagree

Fatigue and sleepiness at work increase my risk of...
26. Making a mistake

- Strongly Agree
- Agree
- Slightly Agree
- Slightly Disagree
- Disagree
- Strongly Disagree

Fatigue and sleepiness at work increase my risk of...
27. Losing the ability to concentrate

- Strongly Agree
- Agree
- Slightly Agree
- Slightly Disagree
- Disagree
- Strongly Disagree

Progress: 

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Questions x

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EMS Sleep Health Study

28. The hazards of fatigue and sleepiness on duty have been clearly demonstrated.

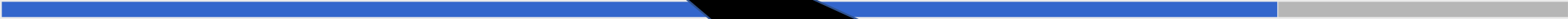
- Strongly Agree
- Agree
- Slightly Agree
- Slightly Disagree
- Disagree
- Strongly Disagree

29. Lack of sleep at home increase the risk of a fatigue-related error or injury while at work.

- Strongly Agree
- Agree
- Slightly Agree
- Slightly Disagree
- Disagree
- Strongly Disagree

30. The benefits of getting adequate sleep before shift work have been clearly demonstrated.

- Strongly Agree
- Agree
- Slightly Agree
- Slightly Disagree
- Disagree
- Strongly Disagree

Progress: 

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Questions x

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EMS Sleep Health Study

31. The most important thing I do during my shift work is to maintain alertness and reduce fatigue.


- Strongly Agree
- Agree
- Slightly Agree
- Slightly Disagree
- Disagree
- Strongly Disagree

32. I am willing to make sacrifices while at work to reduce feelings of fatigue and maintain alertness.

- Strongly Agree
- Agree
- Slightly Agree
- Slightly Disagree
- Disagree
- Strongly Disagree

33. I would do whatever is necessary to reduce feelings of fatigue while at work and improve my alertness on duty.

- Strongly Agree
- Agree
- Slightly Agree
- Slightly Disagree
- Disagree
- Strongly Disagree

Progress: 

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Questions

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There are various reasons that might limit your ability to reduce feelings of fatigue and sleepiness while on duty. Please rate the importance of each listed when working at your primary job.

34. Lack of interest from management

- Not at all important
- Somewhat important
- Important
- Very important

35. Lack of company policies that address this issue

- Not at all important
- Somewhat important
- Important
- Very important

36. My employer is not interested

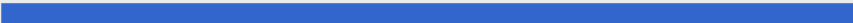
- Not at all important
- Somewhat important
- Important
- Very important

37. Other issues are more important to the company

- Not at all important
- Somewhat important
- Important
- Very important

38. My co-workers and I are not given time to do things that reduce fatigue or sleepiness

- Not at all important
- Somewhat important
- Important
- Very important

Progress: 

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EMS Sleep Health Study

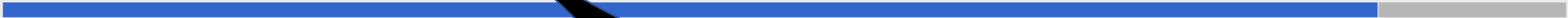
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39. Reducing fatigue or sleepy workers is a priority of my supervisors/company administrators

- Strongly Agree
- Agree
- Slightly Agree
- Slightly Disagree
- Disagree
- Strongly Disagree

40. My company/employer has policies or procedures that address fatigue or sleepiness.

- Strongly Agree
- Agree
- Slightly Agree
- Slightly Disagree
- Disagree
- Strongly Disagree

Progress: 

[Previous](#) [Next](#)

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Questions

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EMS Sleep Health Study

41. My responsibilities at home prevent me from doing things to reduce my fatigue or sleepiness when I'm at work.

- Strongly Agree
- Agree
- Slightly Agree
- Slightly Disagree
- Disagree
- Strongly Disagree

42. My obligations to my family inhibit me from getting the sleep I need to recover between my shifts.

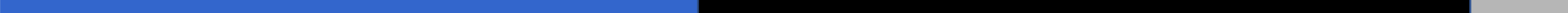
- Strongly Agree
- Agree
- Slightly Agree
- Slightly Disagree
- Disagree
- Strongly Disagree

43. I have multiple jobs that prevent me from getting the rest I need between shifts.

- Strongly Agree
- Agree
- Slightly Agree
- Slightly Disagree
- Disagree
- Strongly Disagree

44. I have too many competing commitments and do not have time to get adequate sleep when at home and reduce feelings or sleepiness while at work.

- Strongly Agree
- Agree
- Slightly Agree
- Slightly Disagree
- Disagree
- Strongly Disagree

Progress: 

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Questions

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EMS Sleep Health Study

45. I frequently show up to work feeling fatigued.

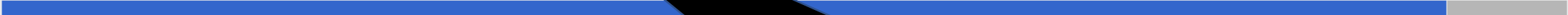
- Strongly Agree
- Agree
- Slightly Agree
- Slightly Disagree
- Disagree
- Strongly Disagree

46. Working while fatigued is something I do without thinking about it.

- Strongly Agree
- Agree
- Slightly Agree
- Slightly Disagree
- Disagree
- Strongly Disagree

47. I work while feeling fatigued because I do this all the time.

- Strongly Agree
- Agree
- Slightly Agree
- Slightly Disagree
- Disagree
- Strongly Disagree

Progress: 

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Questions x

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48. I am trying to improve my alertness at work and avoid feeling sleepy or fatigued.

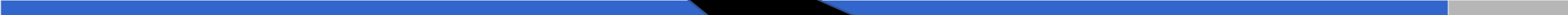
- Strongly Agree
- Agree
- Slightly Agree
- Slightly Disagree
- Disagree
- Strongly Disagree

49. I do not plan to do anything to reduce my feeling sleepy on duty.

- Strongly Agree
- Agree
- Slightly Agree
- Slightly Disagree
- Disagree
- Strongly Disagree

50. I do not plan to do anything while on duty to improve or maintain alertness.

- Strongly Agree
- Agree
- Slightly Agree
- Slightly Disagree
- Disagree
- Strongly Disagree

Progress: 

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Questions x

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EMS Sleep Health Study

In case we lose contact with you, please provide the name/contact information for someone who can reach you.

Your Email Address

Please specify your text message signature, if any

Secondary Contact Information

Name

Phone

Relationship: e.g. Friend

What is your Time Zone?

Click Next below to save and return to the main menu.

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

EMS Sleep Health Study

OMB Control Number: 2127-XXX

Expiration Date: XX/XX/XXXX

Enter Your Shift Schedule

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
January 28	29	30	31	February 1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	March 1	2	3

Add New Shift or

Select Shift to Edit or Delete

Next

Check the Done box to return to the menu.

Done

EMS Sleep Health Study

Adding New Shift:

Time Zone:

Shift Start Date:

Shift Start Time (military):

Shift End Date(If different than Start Date):

Shift End Time (military):

Next

Previous

OMB Control Number: 2127-XXX
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