

Attachment

J

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

Number of days.....|__|__|

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9. Where do you usually take your longest sleep period on days that you drive your truck and away from home? Is it...

In a motel,..... 1

In the truck, or..... 2

Somewhere else?..... 91

(SPECIFY)_____

10. On average, how many hours (including naps and primary sleep) did you sleep each day in the past 7 days.

Hours.....|__|

11. Have you received training in a classroom setting for any of the following topics in the last 12 months?

	YE	NO
	S	
a. Federal regulations concerning trucking safety, such as the Hours of Service regulation?.....	1	2
b. Safe driving practices and/or defensive driving?.....	1	2
c. Fatigue and fatigue management?.....	1	2
d. Health and wellness?.....	1	2

III. HEALTH CONDITIONS

12. Do you (circle all the apply): smoke cigarettes, smoke cigars; chew tobacco, e-cigarette/vape

a. If you circled any of the responses in #13, how much do you smoke on a typical day (1 large cigar or 200 vape puffs = 1 pack of cigarettes; 1 can of dip = 4 packs of cigarettes)

less than 1/2 pack day 1/2 to 1 pack/day more than 1 pack/day

13. Regarding your vision, which of the following applies:

- Contact Lenses Glasses to drive Reading Glasses Corrective eye surgery
 No Contact Lenses and No Glasses

14. Have you ever been told by a doctor or other health professional that you have any of the following conditions? (Check all that apply to you.)

- Diabetes High Blood Pressure Heart Disease Insomnia Heart Burn Asthma

15. Are you currently taking medicine for? (Check all that apply to you)

- Diabetes Heart disease High blood pressure Insomnia
 Breathing, including inhalers

16. How often do you experience body pain (excluding a recent injury, such as closing door on hand or stubbing toe) of any kind during a typical daily work shift? (Check only 1 box)

- 0–5% of shift 6–25% of shift 26–50% of shift 51–75% of shift
 76% or more of shift

17. How tall are you? _____ feet _____ inches

18. What is your weight? _____ pounds (lbs)

19. What is your neck size? _____ inches

20. Have you ever undergone a heart operation procedure? Yes No

21. Do you take medication to thin your blood? Yes No

22. Do you have COPD (emphysema)? Yes No

23. Have you been treated for depression? Yes No

24. Do you take medicines to control your blood sugar? Yes No

25. Do you take medications for your heart? Yes No

26. Do you snore louder than talking? Yes No

27. Does your snoring bother other people? Yes No

28. Do you take any of the following medications (Protonix, Prevacid, Nexium, Pepcid, or Tagamet)?
Yes No

29. On average, do you urinate more than once per sleep period? Yes No

30. Do you become drowsy while driving? Never Sometimes Often

31. Does head back, neck, or joint pain affect your sleeping? Yes No

32. Do you take any medications to control your blood pressure, including diuretics (fluid pills)?
 Yes No

33. Do you sleep restlessly or find the blankets on the floor in the morning? Yes No

34. Has anyone ever noticed that you quit breathing during your sleep? Yes No

35. Have you awakened from sleep with gasping breaths? Yes No

36. Do you take estrogen replacement therapy? Yes No

IV. SLEEP APNEA

37. My doctor and I have talked about obstructive sleep apnea

- a. Yes (skip the next question)
- b. No (please answer question 38)
- c. Don't know (skip to question 43)
- d. Refused (skip to question 43)

38. If you and your doctor have not talked about sleep apnea, is it because

- a. I do not know what sleep apnea is
- b. My doctor and/or I do not believe that I have sleep apnea
- c. I am afraid of losing my job
- d. Don't know
- e. Refused

39. Have you ever been told by a doctor or other health professional that you have obstructive sleep apnea?

- a. Yes
- b. No
- c. Don't know
- d. Refused

40. I currently use the following for my sleep apnea (pick one)

[Only ask this question if the respondent says that a doctor told them they have sleep apnea]

- a. CPAP (Skip to question 43)
- b. APAP (Skip to question 43)
- c. BiPAP (Skip to question 43)
- d. Other—Please specify: _____ (Skip to question 43)
- e. Not currently on treatment for sleep apnea

41. If you aren't treating your sleep apnea, do you plan to start treating it within the next 2 months?

[Only ask this question if the respondent answered "Not currently on treatment for sleep apnea" for question 40]

- a. Yes

- b. No
- c. Maybe
- d. Don't know

42. If you aren't treating your sleep apnea, what are the main reasons? (Check all that apply)

[Only ask this question if the respondent says that a doctor told them they have sleep apnea]

- a. Discomfort of treatment
- b. Expense of treatment
- c. Inconvenient to use
- d. Just haven't gotten around to it yet
- e. Don't want to go to the doctor
- f. Treatment isn't that effective for me
- g. My sleep apnea is not that bad
- h. Other—Please specify_____
- i. Don't know

V. **FATIGUE**

43. My company has written policies about obstructive sleep apnea management.

- a. Yes
- b. No
- c. Don't know

44. How much of a problem is fatigue to *you personally* in your job (Mark one response)?

- a. A major problem
- b. A minor problem
- c. Not a problem at all

45. How much of a problem is fatigue to drivers in your company (Mark one response)?

- a. A major problem
- b. A minor problem
- c. Not a problem at all

46. What main difficulties do you have in avoiding driving while drowsy? (Mark any that apply to you).

- a. Driving schedule is too tight to take breaks
- b. Lack of good places to stop to take a break when I need it
- c. Not enough hours to sleep during my main sleep time

- d. Difficulty sleeping well at home or motel
- e. Difficulty sleeping well in sleeping berth in the truck
- f. Never have had the difficulty of driving while drowsy
- g. Other—Please specify:_____

47. How well do you think drivers in your organization do in keeping drowsiness while driving to a minimum?

- a. Extremely badly
- b. Quite badly
- c. Quite well
- d. Extremely well
- e. Don't have an opinion

48. How well do you think you do personally at keeping drowsiness while driving to a minimum?

- a. Extremely badly
- b. Quite badly
- c. Quite well
- d. Extremely well
- e. Don't have an opinion

49. Indicate your belief with each of the following statements on a 5-point scale:

- a. Driving while drowsy is:
 Not dangerous Slightly Dangerous Dangerous Moderately Dangerous
 Extremely dangerous
- b. For me, avoiding driving while drowsy is
 Extremely Difficult Difficult Neutral Easy Extremely Easy
- c. For me, getting sufficient and proper sleep is:
 Extremely Difficult Difficult Neutral Easy Extremely Easy
- d. For me, to stop driving when I get drowsy and take a nap is:
 Extremely Difficult Difficult Neutral Easy Extremely Easy
- e. Drivers in my company would expect me to avoid driving while drowsy.
 Disagree Slightly Disagree Neutral Slightly Agree Agree
- f. Management in my company would expect me to avoid driving while drowsy.
 Disagree Slightly Disagree Neutral Slightly Agree Agree
- g. I try to reduce my drowsiness on the road by getting plenty of sleep each day.
 Disagree Slightly Disagree Neutral Slightly Agree Agree

h. I will reduce my drowsiness on the road by increasing the amount of sleep I get each day.

Disagree Slightly Disagree Neutral Slightly Agree Agree

i. I usually continue to drive when I feel drowsy, and fight to stay alert.

Disagree Slightly Disagree Neutral Slightly Agree Agree

j. I intend more often in the future to stop driving when I feel drowsy, and take a break or a nap.

Disagree Slightly Disagree Neutral Slightly Agree Agree

50. How likely are you to doze off or fall asleep during each activity? Use a scale from 0 to 3, with 0 being "I would never doze or fall asleep," and 3 being "that it would be highly likely that you would doze off or fall asleep." Even if you have not done some of these things in the past week, try to think how they would have affected you...

	WOULD NEVER DOZE	SLIGHT CHANCE	MODERATE CHANCE	HIGH CHANCE
a. Sitting and reading?	0	1	2	3
b. Watching TV?	0	1	2	3
c. Sitting inactive in a public place such as a theatre or meeting?	0	1	2	3
d. As a passenger in a vehicle for an hour without a break?	0	1	2	3
e. Lying down in the afternoon when circumstances permit?	0	1	2	3
f. Sitting and talking to someone?	0	1	2	3
g. Sitting quiet after a lunch	0	1	2	3
h. In a vehicle, while stopped for a few minutes in traffic?	0	1	2	3

End of the survey. Thank you!

