Form Approved OMB No. 0920-XXXX Exp. Date XX/XX/XXXX

Family Interactions

A "partner" can be anyone who would have enough information and interaction to answer the following questions. Some examples are: wife, husband, common-law partner, girlfriend, boyfriend, son, daughter, roommate, mother, father, etc.

Due to the variety of relationships mentioned above, not all questions will apply. If a question does not apply or if you do not wish to answer then skip the question.

1. Please rate your partner's knowledge about the underlying effects of fatigue on your job as a truck driver?

	□Low	□Medium	□High	
2. Rate the level of	fatigue you see	e typically experier	nce around your partner?	
	□Low	□Medium	□High	
	ound family life	to be difficult as a	result of your job as a truck driver?	
	riba thaaa diffia	ult times and why	very falt that they ware difficult (i.e.	
beginning of relatio			you felt that they were difficult (i.e.,	

1. How has fatigue affected your partner's life in the following areas:

a. Love life/sexual relationship	\Box A lot \Box Moderate \Box Some \Box Not at All
b. Interaction with children	□A lot □Moderate □Some □ Not at All
c. Day to day chores	□A lot □Moderate □Some □ Not at All
d. Social activities	□A lot □Moderate □Some □ Not at All
e. Interaction as a family or with other family member	\Box A lot \Box Moderate \Box Some \Box Not at All

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5. How effectively does your partner deal with your fatigue?										
Very Effectively		Neutral		Not Effectively						