Form Approved

OMB No. 0920-XXXX

Exp. Date XX/XX/XXXX

**Post-Study Questionnaire**

***For Drivers***

|  |  |  |  |  |  |
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| **Date** | |  | **Site** |  | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | | | | | | |  | 1. **General questions** | **Circle the Best Choice** | | | | | | **1** | How long have you been driving since you received the North American Fatigue Management Program (NAFMP) training? | 0–1 month | 2–3 months | 4–5 months | 6–7 months | 8 months | | **2** | What type of training did you receive? | Face-to-face Web-based  (skip to question 6 if face-to-face) | | | | | | **3** | If you received the web-based training, how many hours in total did you spend on module 3 (driver education module)? | \_\_\_\_\_\_\_ Hours | | | | | | **4** | If you received the web-based training for module 8 (driver sleep disorder management), how many hours in total did you spend on the web-based training? | \_\_\_\_\_\_\_Hours | | | | | | **5** | Is the NAFMP website easy to navigate? (\*this question can be changed after the participating drivers are trained) | Yes  No, please specify the reason. | | | | | | **6** | Has your spouse or anyone in your family taken the NAFMP driver family training? | Yes No Don’t know | | | | |   Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX). | | | | | |
|  | |  | | | |
|  | 1. **Statements about the driver training** | | | |  |
| **7** | The training content is clear and easy to understand. | | | | Disagree Neutral Agree  1 2 3 |
| **8** | The length of driver training is | | | | Too short About right Too long  1 2 3 |
| **9** | The training content is difficult to understand because it is too complex and has too much technical information | | | | Disagree Neutral Agree  1 2 3 |
| **10** | The training was interesting | | | | Disagree Neutral Agree  1 2 3 |
| **11** | Did you learn anything helpful about any of the following ways of reducing fatigue? Check all that apply. | | | |  Getting adequate sleep at home and on the road   Being aware of your “circadian clock”   Communicating your sleep needs and getting family support   Knowing about sleep disorders, recognizing their symptoms/signs and knowing what kinds of treatments/countermeasures can be used   Complying with hours of service regulations   Taking rest breaks on the road   Avoiding heavy meals before driving   Exercise   Others (please specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  None |
| **12** | Would you recommend this training course to fellow truck drivers? | | | | Yes (please answer the next question)  No (skip next question), please specify the reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **13** | Which one would you recommend to fellow truck drivers? | | | | Face-to-face Web-based  training training |
| **14** | Please provide any suggestions on how to make the driver training better? | | | |  |

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|  | 1. **Statements about changes after the implementation of NAFMP/taking the trucker driver training** |  |
| **15** | Delivery schedules are more effectively communicated to workers. | Disagree Neutral Agree  1 2 3 |
| **16** | Company fatigued driving prevention policies are more effectively communicated to workers. | Disagree Neutral Agree  1 2 3 |
| **17** | Management commitment to safety in my workplace has | Decreased No change Increased  1 2 3 |
| **18** | My ability to follow the hours-of-service regulations without conflicting with delivery schedules has | Decreased No change Increased  1 2 3 |
| **19** | My alertness while driving at work has | Decreased No change Increased  1 2 3 |
| **20** | My awareness of the impact of fatigue on my driving has | Decreased No change Increased  1 2 3 |
| **21** | My ability to handle stress or pressure has | Decreased No change Increased  1 2 3 |
| **22** | My working relationships with other people in my organization have become | Worse No change Better  1 2 3 |
| **23** | The daily PVT test scores helped me to manage my fatigue. I took a break when the PVT score was low. | Disagree Neutral Agree  1 2 3 |
| **24** | In general, I believe the NAFMP helps to prevent fatigue. | Disagree Neutral Agree  1 2 3 |
| **25** | I think that all commercial truck drivers should take this training. | Disagree Neutral Agree  1 2 3 |
| **26** | If you answered disagree to question 23 or 24, please provide the reason(s) |  |

1. **WORK CONDITIONS**
2. We’d like to know how many miles you drove your truck in the last 12 months, excluding any miles driven by others. Estimate how many miles you were actually behind the wheel in the last 12 months.

MILES |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|

1. 27. Considering your work schedule, how many days did you have the opportunity to sleep at home in the last 30 days?
   1. NUMBER OF DAYS |\_\_\_|\_\_\_|
2. Where do you usually take your longest sleep period on days that you drive your truck and are away from home? Is it…
   1. In a motel, 1
   2. In the truck, or 2
   3. Somewhere else? 91
   4. (SPECIFY)
3. On average, how many hours did you sleep every day in the past 7 days.
   1. Hours |\_\_\_|
4. **HEALTH CONDITIONS AND SLEEP APNEA**
5. 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

1. 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 ☐ Heart Disease ☐ Insomnia ☐ High blood pressure

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

☐ Diabetes ☐ Heart disease ☐ High blood pressure ☐ Insomnia

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

a. Yes (skip question 35)

b. No (please answer question 35)

c. Don’t know (skip question 35)

d. Refused (skip question 35)

35. 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 does not believe that I have sleep apnea

c. I am afraid of losing my job

d. Don’t know

e. Refused

36. 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

37. 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 40)

b. APAP (Skip to question 40)

c. BiPAP (Skip to question 40)

d. Other—Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Skip to question 40)

e. Not currently on treatment for sleep apnea

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

* 1. Yes
  2. No
  3. Maybe
  4. Don’t know

39. If you aren’t treating your sleep apnea, what are the main reasons? (Circle all that apply)

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

40. If a truck driver has sleep apnea, how risky would you say it is to drive without treating it? Circle the best answer.

a. Not really risky at all

b. A little risky

c. Fairly risky

d. Very risky

41. My company has written policies about obstructive sleep apnea

a. Yes

b. No

c. Don’t know

1. **FATIGUE**

41. How often do you feel tired or fatigued after your sleep?

1. Nearly every day
2. 3-4 times a week
3. 1-2 times a week
4. 1-2 times a month
5. Never or nearly never

42. During your waking time, do you feel tired, fatigued or not up to par?

1. Nearly every day
2. 3-4 times a week
3. 1-2 times a week
4. 1-2 times a month
5. Never or nearly never

43. Have you ever nodded off or fallen asleep while driving your truck?

YES Please answer question 44

NO Skip to question 45

REFUSED Skip to question 45

DON’T KNOW Skip to question 45

44. How often do you estimate this has happened in the last 3 months? Would you say...

Not in the last 3 months,

Only one or two times in the last 3 months,

About once per week in the last 3 months,

2 or 3 times per week in the last 3 months

More than 3 times per week in the last 3 months?

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

A major problem

A minor problem

Not a problem at all

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

A major problem

A minor problem

Not a problem at all

47. How well do you think drivers in your organization do in staying alert and not driving while drowsy (Circle one response)?

Extremely bad

Quite bad

Quite well

Extremely well

Don't have an opinion

48. How well do you think you do personally at staying alert and not driving while drowsy (Circle one response)?

Extremely bad

Quite bad

Quite well

Extremely well

Don't have an opinion

49. What main difficulties do you have in avoiding driving while drowsy (Check any that apply)?

a. Driving schedule is too tight to take breaks

b. Lack of management support for taking adequate breaks

c. Lack of truck stops or rest areas to take a break when I need it

d. Not enough hours to sleep during my main sleep time

e. Difficulty sleeping well at home or in a motel

f. Difficulty sleeping well in sleeping berth in the truck

g. Other—Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Indicate how much you agree with the following statements on a 5-point scale:**

50. Driving while drowsy is:

☐ Not dangerous ☐ Slightly Dangerous ☐ Dangerous ☐ Moderately Dangerous

☐ Extremely dangerous

51. For me, avoiding driving while drowsy is

☐ Extremely Difficult ☐ Difficult ☐ Neutral ☐ Easy ☐ Extremely Easy

52. For me, getting sufficient and proper sleep is:

☐ Extremely Difficult ☐ Difficult ☐ Neutral ☐ Easy ☐ Extremely Easy

53. For me, to stop driving when I get drowsy and take a nap is:

☐ Extremely Difficult ☐ Difficult ☐ Neutral ☐ Easy ☐ Extremely Easy

54. Drivers in my company would expect me to avoid driving while drowsy.

☐ Disagree ☐ Slightly Disagree ☐ Neutral ☐ Slightly Agree ☐ Agree

55. Management in my company would expect me to avoid driving while drowsy.

☐ Disagree ☐ Slightly Disagree ☐ Neutral ☐ Slightly Agree ☐ Agree

56. I try to reduce my drowsiness on the road by getting plenty of sleep each day.

☐ Disagree ☐ Slightly Disagree ☐ Neutral ☐ Slightly Agree ☐ Agree

57. I intend in the future to reduce my drowsiness on the road by increasing the sleep I get each day.

☐ Disagree ☐ Slightly Disagree ☐ Neutral ☐ Slightly Agree ☐ Agree

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

☐ Disagree ☐ Slightly Disagree ☐ Neutral ☐ Slightly Agree ☐ Agree

59. 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

1. 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!**