

# Local/Short-Haul Truck Drivers Health & Safety Survey



**Participant ID:** Your participant ID will be used to verify participation at the time of incentive disbursement. Your ID will be composed of your birth year and the first two letters of your mother's first name. Please write your participant ID down in the space provided below.

## **PARTICIPANT ID:**

**Birth year:** \_\_\_\_\_

**First 2 Letters of your Mother's First Name:** \_\_\_\_\_

## **SURVEY INSTRUCTIONS**

- You must be 18 years of age or older to complete this survey.
- Think carefully and be honest with your responses; they will be kept private to the extent provided by the law.
- Please answer each question to the best of your ability.

Public reporting burden for this collection of information is estimated to average 25 minutes per response, including time for reviewing instructions, gathering the information needed, and completing the interview. If you have any comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to CDC Reports Clearance Officer, 1600 Clifton Road, MS-D-74, Atlanta, GA 30333; ATTN:PRA xxxx-xxxx. Do not send the completed phone call form to this address. Please do not complete and return this form; you will be contacted by telephone to collect this information. Persons are not required to respond to the work history questions unless a currently valid OMB number is display.

**Section 1: Truck Driver Attributes**

***Please respond to each of the following items in terms of how they apply to your current employment as a local/short haul truck driver.***

**1) What type of truck do you typically drive?**

- Straight Truck
- Dry Van/Container
- Flatbed
- Refrigerated Truck
- Single Trailer
- Tandem Trailer
- Other (please specify): \_\_\_\_\_

**2) How many years have you worked as a truck driver?**

- 5 years or less
- 6-10
- 11-15
- 16-20
- More than 20 years

**3) How many years have you worked as a local/short haul truck driver?**

- 5 years or less
- 6-10
- 11-15
- 16-20
- More than 20 years

**4) Approximately how many miles do you drive per shift as a truck driver?**

- Less than 100 miles
- 100 miles – 150 miles
- 151 miles – 300 miles
- 301 miles – 450 miles
- More than 450 miles

**5) What is your typical shift?**

- Days
- Evenings
- Nights
- Rotating
- Other (Please specify): \_\_\_\_\_

**6) Do you routinely drive the same route day to day?**

- Yes
- No

**7) How many hours per week do you typically work including overtime?**

- 30 hours or less
- 30 – 40 hours
- 40 – 50 hours
- 50 – 60 hours
- More than 60 hours

**8) How are you compensated for your time?**

- Hourly
- By the mile
- Salary
- Other (Please specify): \_\_\_\_\_

**9) How is overtime compensated (hours worked per week over standard 40 hour)?**

- Straight rate
- Premium rate (time and a half)
- Not compensated
- Does not apply

**10) Are you paid for non-driving work such as dropping and hooking trailer, waiting at the loading dock, or loading/unloading/securing the load?**

- Yes
- No

**11) Do you operate under the short haul exemption for electronic logging device (ELD)?**

- Yes
- No

**12) Does your company use software or other technologies to monitor your driving performance?**

- Yes
- No

**13) If so, are there incentives or penalties tied to the reports from these monitoring activities?**

- Penalties only
- Incentives only
- Penalties & Incentives
- Neither

**14) Does your company offer incentives or penalties based on delivery schedule performance?**

- Penalties only
- Incentives only
- Penalties & Incentives
- Neither

**15) How often do you manually handle cargo (using your body to lift, push, pull, and load cargo)?**

- Never
- Rarely
- Sometimes
- Often
- Always

**16) Do you use personal or mechanical assistance (i.e., hand trucks or additional personnel) if available?**

- Yes
- No

**17) If you require personal or mechanical assistance (i.e., hand trucks or additional personnel), how often is that assistance available for your use?**

- Never
- Rarely
- Sometimes

- Often
- Always

**18) Do you ever handle cargo that requires Personal Protective Equipment or PPE? This would include face masks, hearing protectors, or a respirator. It does not include work gloves or steel toe boots or shoes.**

- Yes
- No

**19) When you are handling cargo that requires use of PPE, who provides the equipment?**

- Employer provides
- Customer provides
- Self-provides
- Other (Please specify): \_\_\_\_\_

**20) Do you regularly work with runners or lumpers?**

- Yes
- No
- Does not apply

**21) If you answered yes to number 20, do you find this working relationship to be a disadvantage or advantage?**

Please explain: \_\_\_\_\_

22) In thinking about your work, please indicate your level of concern for EACH of the following topics:

	Not a concern	Somewhat a concern	A concern	Very much a concern
Traffic crashes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being injured in crash	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other work injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workplace abuse (verbal, physical, sexual)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying and harassment (i.e., repeated intimidation, slandering, social isolation, or humiliation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other drivers not paying attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Road rage involving other drivers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traffic issues (congestion, volume, delays, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Truck conditions (seating comfort, vibration, noise, diesel fumes, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unrealistic delivery schedules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long work hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irregular work hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being tired or fatigued while driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dozing off while driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Problems with dispatcher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems with supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems with other drivers (including truck drivers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of physical exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of family time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of healthy food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**23) Have you ever experienced workplace bullying or harassment at work?**

- Yes  
 No

**24) To what extent does your company engage in comprehensive and cooperative efforts to maximize employer safety, health, and well-being?**

	Not at all	Some of the time	Most of the time	All of the time
Managers and employees work together to plan and implement comprehensive safety and health programs for employees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees are encouraged to voice concerns about working conditions without fear of retaliation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervisors and managers initiate discussions with employees to identify hazards or other work-related concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This company provides a supportive environment for safe and healthy behaviors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**25) In thinking about the following policies within your company, how well are they are followed by drivers?**

	Not at all	Somewhat	Mostly	Completely	No such policy exists
Policy regulating cellphone (or prohibiting cellphone) usage while driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Policy that requires seatbelt use at all times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Policy that requires drivers to conduct pre-trip vehicle inspections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Policy that requires reporting of crashes, near misses, and/or vehicle defects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatigue management policy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Journey management policy (e.g., safe routes, break schedule, driving risk management)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Section 2: Truck Driving Attributes**

*Please respond to each of the following items in terms of how they apply to your current employment as a local/short haul truck driver.*

**1) Please indicate the extent to which you have received each type of training below. You may check more than one response for each type of training:**

	I HAVE received training on this topic	I receive this training annually	I HAVE NOT received training on this topic	I would like to receive this training
Hours of Service regulations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Federal regulations concerning trucking safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safe driving practices and/or defensive driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proper lifting techniques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventing slips, trips and falls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vehicle maintenance and safety checks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Security procedures and awareness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Handling hazardous goods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding or preventing mental and physical assaults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Customer courtesy/customer relations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
License-related training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crash liability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other offered training not listed (Please specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**2) Is there another type of training not listed above that you would like to receive?**

- Yes
- No

**3) If so, please describe:** \_\_\_\_\_

**4) Keeping in mind that all responses are anonymous, how often do each of the following occur during your shift?**

	Never	At least once a month	At least once a week	At least once a day
Continue to drive when you are tired?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get frustrated by other drivers on the road?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get frustrated by operations at the loading dock?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drive aggressively?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continue to drive when visibility or road conditions are poor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drive 10 miles faster than the speed limit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**5) How often do the following situations occur?**

	Never	At least once a month	At least once a week	At least once a day
Your load(s) must arrive at a given time or within a given window of time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



You receive an unrealistic delivery schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The time you are allotted for loading and unloading is unrealistic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traffic congestion causes your delivery to be later than scheduled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other factors (shipper delays, insufficient personnel or equipment, etc.) cause your delivery to be later than scheduled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Section 3: Job Design Factors**

*Please respond to each of the following items in terms of how they apply to your current employment as a local/short haul truck driver.*

**1) Please respond to each of the following statements in terms of how they apply to your current employment as a local/short haul truck driver:**

	Strongly disagree	Disagree	Agree	Strongly agree
I am given a lot of freedom to decide how to do my own work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not including the time spent driving, my job requires that I work very fast.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have too much work to do everything well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The job security is good.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I receive enough help and equipment to get the job done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have enough information to get the job done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My supervisor is concerned about the welfare of those under him or her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My supervisor is helpful to me in getting the job done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have the training opportunities I need to perform my job safely and competently.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust the management at the place where I work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The safety and health conditions where I work are good.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The safety of workers is a high priority with management where I work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are no significant compromises or shortcuts taken when worker safety is at stake.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Where I work, employees and management work together to insure the safest possible working conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am proud to be working for my employer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conditions on my job allow me to be about as productive as I could be.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The place where I work is run in a smooth and effective manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**2) How often do the demands of your family interfere with your work on the job?**

- Never
- Rarely
- Sometimes
- Often
- Very Often

**3) How often do the demands of your job interfere with your family life?**

- Never
- Rarely
- Sometimes
- Often
- Very Often

**4) How often do you find your work stressful?**

- Never
- Rarely
- Sometimes
- Often
- Very Often

**5) All in all, how satisfied would you say you are with your job?**

- Very Satisfied
- Somewhat Satisfied

- Not too Satisfied
- Not at all Satisfied

**6) Does your company offer any of the following programs? (check all that apply)**

- Stress Management or Stress Reduction Programs
- Health Promotion/Education (tobacco cessation, physical activity, weight loss, flu shot, etc.)
- Health Screenings (sleep apnea, cancer, blood draw, height/weight, blood pressure, etc.)
- EAP (employee assistance program)
- Other (Please specify): \_\_\_\_\_

**7) If so, which program(s) do you participate in? (check all that apply)**

- Stress Management or Stress Reduction Programs
- Health Promotion/Education (tobacco cessation, physical activity, weight loss, flu shot, etc.)
- Health Screenings (sleep apnea, cancer, blood draw, height/weight, blood pressure, etc.)
- EAP (employee assistance program)
- Other (Please specify): \_\_\_\_\_

**8) Does your company offer programs that promote employee physical activity (e.g., step count program, fitness challenge, stretch schedule, active breaks)?**

- Yes
- No
- Don't know

**9) Does your company promote employee physical activity by providing physical activity facilities (gym, workout space and equipment, etc.) and/or free or reduced price gym or fitness center memberships?**

- Yes
- No
- Don't know

**10) Taking everything into consideration, how likely is it you will make a serious effort to find a new job with another employer within the next year?**

- Very likely
- Somewhat likely
- Not at all likely

**11) If you are very likely or somewhat likely to find a new job, what type of job would it be? (check all that apply)**

- Local/short haul truck driver

- Long haul truck driver
- Some other job in trucking
- Some other industry

**12) If you are very likely or somewhat likely to find a new job, what would be your reason(s) for making the change? (check all that apply)**

- Better pay
- Better hours
- Better benefits
- Job security
- Better relationships with supervisors and/or co-workers
- Other: \_\_\_\_\_

**13) How easy would it be for you to find a job with another employer with approximately the same income and fringe benefits as you have now?**

- Very easy to find similar job
- Somewhat easy to find similar job
- Not easy at all to find similar job

#### Section 4: Truck Driver Health

*Please respond to each of the following items in terms of how they apply to your health status as a local/short haul truck driver.*

**1) Would you say that in general your health is Excellent, Very Good, Good, Fair, or Poor?**

- Excellent
- Very Good
- Good
- Fair
- Poor

**2) Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health NOT good?**

- Number of days: \_\_\_\_\_

**3) During the past 30 days, for about how many days did your poor physical health keep you from doing your usual activities, such as self-care, work, or recreation?**

- Number of days: \_\_\_\_\_

4) Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health NOT good?

- Number of days: \_\_\_\_\_

5) During the past 30 days, for about how many days did your poor mental health keep you from doing your usual activities, such as self-care, work, or recreation?

- Number of days: \_\_\_\_\_

6) Do you have or have you been diagnosed with any of the following conditions? (check all that apply)

	Yes	No
Angina or coronary heart disease		
Heart attack		
Stroke		
High blood pressure		
High cholesterol		
Diabetes		
Lung or respiratory disease		
Cancer		
Obesity		
Sleep apnea		
Anxiety		
Depression		
Chronic pain		

7) Are you currently receiving medical treatment for any of these conditions? (check all that apply)

	Yes	No
Angina or coronary heart disease		
Heart attack		
Stroke		
High blood pressure		
High cholesterol		
Diabetes		
Lung or respiratory disease		
Cancer		
Obesity		
Sleep apnea		
Anxiety		
Depression		
Chronic pain		

8) If yes, how easy is it to manage your condition or conditions taking into consideration your work schedule and other job requirements?

- Very difficult

- Difficult
- Neutral
- Easy
- Very easy

**9) If you answered difficult or very difficult for number 8, please indicate why (check all that apply):**

- Lack of time
- Don't have regular physician
- Don't have adequate health insurance
- Competing priorities
- Other (Please specify): \_\_\_\_\_
- Does not apply

**10) How easy is it to see a medical professional for help with this condition or conditions given your work schedule and other job requirements?**

- Very difficult
- Difficult
- Neutral
- Easy
- Very easy

**11) If you answered difficult or very difficult for number 10, please indicate why (check all that apply):**

- Lack of time
- Don't have regular physician
- Don't have adequate health insurance
- Competing priorities
- Other (Please specify): \_\_\_\_\_
- Does not apply

**12) Please enter your height and weight without shoes.**

- **Height:**        \_\_\_\_\_ FEET    \_\_\_\_\_ INCHES
- **Weight:**        \_\_\_\_\_ POUNDS

### **Section 5: Truck Driver Health Behavior**

***Please respond to each of the following items in terms of how they apply to your health behavior as a local/short haul truck driver.***

**1) Considering a 7-day period (one week), how many times on average do you do the following kinds of exercise for more than 15 minutes during your free, non-work time (write on each line the appropriate number)?**

- Strenuous exercise (heart beats rapidly) \_\_\_\_\_ times per week
- Moderate exercise (not exhausting) \_\_\_\_\_ times per week
- Mild exercise (minimal effort) \_\_\_\_\_ times per week

**2) Considering a 7-day period (one week), how many times on average do you do LEISURE-TIME physical activities specifically designed to STRENGTHEN your muscles such as activities using your own body weight like yoga, sit-ups, or push-ups, or those activities using weight machines, free weights, or elastic bands.**

\_\_\_\_\_ times per week

**3) Please indicate how often you do the following DURING WORK HOURS:**

	Never	Rarely	Sometimes	Often	Very Often
Skip meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating while driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overeat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink caffeinated beverages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monitor portion sizes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat fast food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink high sugar beverages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat high sugar foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat the recommended amount of fruits and vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**4) Please indicate how often you do the following DURING NON-WORK HOURS:**

	Never	Rarely	Sometimes	Often	Very Often
Skip meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating on the go	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overeat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink caffeinated beverages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monitor portion sizes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat fast food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Drink high sugar beverages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat high sugar foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat the recommended amount of fruits and vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**5) How many drinks of alcoholic beverages do you have in a typical week? (one drink = one beer, glass of wine, shot of liquor or mixed drink)**

- Number of drinks per week \_\_\_\_\_

**6) Do you currently use any tobacco product (such as cigarettes, pipes, cigars, little cigars or cigarillos, water pipes, hookahs, or e-cigarettes) on a regular basis?**

- Yes
- No

**7) During the past 30 days, to what extent have you used prescription or other drugs for each of the following reasons?**

	More than once per day	Once a day	At least once a week	At least once a month	Less than once a month	Not at all
To stay alert while driving (do not include caffeine)						
To manage physical pain or discomfort						
To manage chronic health conditions (e.g., high blood pressure, elevated cholesterol)						

To help you get to sleep or stay asleep						
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**8) During the past 30 days, have you used any products (such as energy drinks or supplements) to stay awake?**

- Yes
- No

**9) Overall, how many hours of sleep do you usually get during a 24-hour period during a typical work week?**

- 6 hours or less
- 7 hours
- 8 hours
- 9 hours or more

**10) During the past month, how would you rate your sleep quality overall?**

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

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

	Would never doze	Slight chance of dozing	Moderate chance of dozing	High chance of dozing
Sitting and reading	○	○	○	○
Watching TV	○	○	○	○
Sitting, inactive in a public place (e.g. a theatre or a meeting)	○	○	○	○
As a passenger in a car for an hour without a break	○	○	○	○

Lying down to rest in the afternoon when circumstances permit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting and talking to someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting quietly after a lunch without alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In a car, while stopped for a few minutes in the traffic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
Cannot get to sleep within 30 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wake up in the middle of the night or early morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have to get up to use the bathroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cannot breathe comfortably	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cough or snore loudly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel too cold	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel too hot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have bad dreams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**13) During the past month...**

	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
How often have you taken medicine (prescribed or "over the counter") to help you sleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you had trouble staying awake while driving, eating meals, or engaging in social activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much of a problem has it been for you to keep up enthusiasm to get things done?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**14) List anything about your work that PREVENTS you from making healthy choices while at work:**

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**15) List anything about your work that HELPS you make healthy choices while at work:**

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**Section 6: Work-Related Injuries**

*Please respond to each of the following items in terms of how they apply to your injury and near miss history as a local/short haul truck driver.*

**1) In your career as a local short-haul truck driver, have you ever been in a crash while driving?**

- No
- Once
- Twice
- Three times or more

**2) Did any of these crashes involve personal injury to you or others involved in the crash?**

- No
- Once

- Twice
- Three times or more

**3) As a result of any of these crashes, did you receive any of following types of treatment? (check all that apply)**

- No treatment
- First aid (including self-treatment)
- Treatment by healthcare professional (EMT, nurse, physician, etc.)
- Emergency room treatment
- Hospital admittance

**4) Did you report these crashes to your supervisor or employer?**

- Have not been involved in any crashes
- Reported all crashes
- Reported only those involving substantial damage to equipment or load
- Reported only those involving personal injuries

**5) If you reported these crashes, what was the outcome?**

- Implemented training
- New policy
- Reprimand
- Additional comments: \_\_\_\_\_

**6) Aside from motor vehicle crashes, have you ever been injured while working as a local short-haul trucker?**

- No
- Once
- Twice
- Three times or more

**7) Please identify which of the following best describe the type of injury you received (check all that apply):**

- Sprain or strain
- Fracture
- Burn/scald
- Bruise/contusion
- Crushing
- Concussion
- Cut/laceration

Something else (Please specify): \_\_\_\_\_

**8) How did it occur?**

- Contact with object or equipment
- Fall on the same level
- Fall to lower level
- Assault
- Something else (Please specify): \_\_\_\_\_

**9) What were you doing when the injury occurred?**

- Getting in/getting out of the truck
- Loading/unloading
- Spreading a tarp
- Doing truck maintenance
- Doing something else (Please specify): \_\_\_\_\_

**10) Where did the injury occur?**

- On the road
- At a truck stop and rest area
- At company headquarters
- At a loading or unloading dock
- Somewhere else (Please specify): \_\_\_\_\_

**11) As a result of any of these injuries, did you receive any of following types of treatment? (check all that apply)**

- No treatment
- First aid (including self-treatment)
- Treatment by health professional (EMT, nurse, physician, etc.)
- Emergency room treatment
- Hospital admittance

**12) Did you report these injuries to your supervisor or employer?**

- Have not been injured at work
- Reported all injuries
- Reported those involving medical treatment or missed work days

Did not report any work-related injuries

**13) If you reported these injuries, what was the outcome?**

- Implemented training
- New or updated policy
- Reprimand
- Additional comments: \_\_\_\_\_

**14) Now shift your thinking to the broad L/SH industry, please review the following list of topics and then rank your top five in order of importance (1 being most and 5 being least):**

	<b>Rank Your Top 5</b> (1 is most important and 5 is least important)
Driver Shortage issues	
Driver Health and Wellness	
Electronic Logging Device (ELD) mandate	
Truck Parking availability	
Hours-of-Service (HOS) regulations	
Driver Hiring & Retention	
Compliance, Safety, Accountability (CSA)	
Driver Distraction	
Cumulative Economic Impacts of Trucking Regulations on the Industry	
Transportation Infrastructure Decay/Traffic Congestion/Funding	
Autonomous Vehicle/Emerging Technology	

**Section 7: Demographic Questionnaire**

***Please respond to each of the following items in terms of how they apply to general demographics.***

**1) What is your gender?**

- Male
- Female

**2) What is your age range?**

- 18-30
- 31-40
- 41-60
- >60

**3) Are you Hispanic or Latino?**

- Yes
- No

**4) Which one or more of the following would you say is your race?**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- 

**5) What is your current marital status?**

- Now married
- Widowed
- Divorced
- Separated
- Never married

**6) If you have children living at home, how many are in each of the following age groups?**

- Less than 3 years old: \_\_\_\_\_
- 3-6 years old: \_\_\_\_\_
- 7-12 years old: \_\_\_\_\_
- 13-18 years old: \_\_\_\_\_
- 19 and over: \_\_\_\_\_

**7) Do you have additional caregiver responsibilities (such as ill, disabled, and/or aging family members)?**

- Yes
- No

**8) What is the highest level of education you have completed?**

- Some high school
- High school graduate / GED
- Some college or technical/vocational training
- Associate degree
- Bachelor's degree
- Graduate degree

**9) Which of the following best describes your compensation as a LSH driver?**

- < \$20,000
- \$20,001 - \$30,000
- \$30,001 - \$40,000
- \$40,001 - \$50,000
- \$50,001 - \$60,000
- \$60,001 - \$70,000
- \$70,001 - \$80,000
- >\$80,000

**10) Do you have other paid employment?**

- Yes
- No

**11) If so, what is the nature of work for the second job?**

- Truck driver
- Other (Please specify: \_\_\_\_\_)

**12) If so, approximately how many hours per week do you work at your second job?**

Hours per week: \_\_\_\_\_



**13) The information collected in this survey about L/SH workers will be used to fulfill the NIOSH mission of making workplaces safer and healthier for everyone. Any information we share will only include workers' responses in groups so your individual responses are confidential and anonymous. In what ways do you think safety and health information should be shared with you, your coworkers, and your company? (check all that apply)**

- AM/FM Radio
- Pamphlets through your company
- Internet Sites: \_\_\_\_\_
- Industry Magazines: \_\_\_\_\_
- Industry Alerts
- E-mail alerts
- Various social media platforms/forums
- Supervisors/Leadership/Subject matter experts
- Other: \_\_\_\_\_