

Attachment 3b. Pilot Survey

NIOSH2018 - Aviation Safety – Pilots

Screening Question: Q00 Do you currently work for (*Pipe in company name*)?

- Yes, I work for (*Pipe in company name*).
- Yes, I work for (*Pipe in company name*) seasonally, occasionally, on-call, or when needed
- No, I no longer work for (*Pipe in company name*).

Skip To: END of Survey if Do you currently work for (Pipe in company name)? = No, I no longer work for (Pipe in comp...)

Screening Question: Q00 Do you currently work as a pilot?

- Yes, I work as a pilot.
- No, I no longer work as a pilot.

Skip To: END of Survey if Do you currently work as a pilot? = No, I no longer work as a pilot.

Q0 INSERT CONSENT FORM HERE

- I agree to participate in this study.
- I do not agree to participate in this study.

Skip To: END of Survey IF Informed Consent = I do not agree to participate in this study.

These first questions ask about your entire career as a pilot.

Q1 Over your entire career, how many years have you been a pilot? Please enter the number of months if less than 1 year.

Years: _____

Months: _____

Q2 Over your entire career, how many different companies have you worked for as a pilot?

Number of companies: _____

If Over your entire career, how many different employers have you work for... # Employers > 1

Q2a Over how many years has that been?

Years: _____

These questions are about your current job as a pilot.

Q3 Which of the following best describes your position as a pilot?

Captain

First officer

Other. Please specify: _____

Q4 How long have you worked for your company?

Please enter the number of months if less than 1 year.

Years: _____

Months: _____

Q5 How long have you worked for your company as a pilot?

Please enter the number of months if less than 1 year.

Years: _____

Months: _____

Q6 In general, do you work as...

Please check all that apply.

- A single pilot
- A member of a multi-pilot crew
- Something else. Please specify: _____

Q7 Do you routinely perform tasks that are not in your job description?

Yes

No

I don't know

Display This Question:

If Do you routinely perform tasks that are not in your job description? = Yes

Q7a What three tasks do you perform most often that are not in your job description?

Task 1: _____

Task 2: _____

Task 3: _____

Q8 What pilot ratings and certificates do you hold?

Please select all that apply.

Commercial

Instrument

Airline Transport

Helicopter

Flight Instructor

Single-engine land

Multi-engine land

Single-engine sea

Multi-engine sea

Other. Please specify: _____

Q9 On your FAA pilot certificate, is your address in Alaska?

Yes

No

Q10 Please fill in the table below with the number of hours flown in Alaska and in all locations, including Alaska, for your total flight career and during the last 12 months.

***If you are using a mobile device, like a smart phone or tablet, please turn it sideways so you can see the full question. You may need to turn off your "screen lock" feature so the screen will turn.**

	<u>Alaska</u>		<u>All locations (including Alaska)</u>	
	Total Flight Career	Last 12 Months	Total Flight Career	Last 12 Months
Total paid flight hours				
Instrument hours				
Current employer hours				

Q11 Thinking about the number of years you have flown in Alaska, has your work ever been **seasonal**?

Yes

No

Display This Question:

*If Thinking about the number of years you have flown in Alaska, has your work ever been **seasonal**?= Yes*

Q11a How many years was your work **seasonal**?

Years

Q12 Thinking about the number of years you have flown in Alaska, has your work ever been **year-round**?

Yes

No

Display This Question:

*If Thinking about the number of years you have flown in Alaska, has your work ever been **year-round**? = Yes*

Q12a How many years was your work **year-round**?

Years

These next questions are about your work schedule as a pilot.

Q13 Some people work a rotating schedule such as 2 weeks on and 2 weeks off. Do you currently work a rotating schedule?

Yes

No

Display This Question:

If Some people work a rotating schedule such as 2 weeks on and 2 weeks off. Do you currently work a rotating schedule? = Yes

Q13a Do you currently work...

1 week on and 1 week off

2 weeks on and 2 weeks off

3 weeks on and 1 weeks off

Other. Please specify: _____

Q14 Is your work for your current employer seasonal or year-round?

Year-round

Mostly year-round

Seasonal

Mostly seasonal

Other. Please explain _____

Q15 Please estimate what percent of your paid flight hours in **YEAR** occurred in each season.

Spring: _____

Summer: _____

Autumn: _____

Winter: _____

Total: _____

Q16 Does your work as a pilot have a peak season?

Yes

No

I don't know

Display This Question:

If Does your work as a pilot have a peak season? = Yes

Q16a Have you worked during peak season as a pilot?

Yes

No

Display This Question:

If Does your work as a pilot have a peak season? = Yes AND Have you worked during peak season as a pilot? = Yes

Q17 During the peak season, what is your typical duty time each day?

Please enter your typical duty time in 24-hour clock format. That is, for 7:00 AM please enter 0700; for 1:00 PM please enter 1300.

From: _____

To: _____

Display This Question:

If Does your work as a pilot have a peak season? = Yes AND Have you worked during peak season as a pilot? = Yes

Q18 On the days you work during the peak season, how many **flight hours per day** do you typically log?

Flight hours per day: _____

Display This Question:

If Does your work as a pilot have a peak season? = Yes AND Have you worked during peak season as a pilot? = Yes

Q19 During the peak season, how many **days per week** do you typically work?

Duty days per week: _____

Display This Question:

If Does your work as a pilot have a peak season? = Yes AND Have you worked during peak season as a pilot? = Yes

Q20 During the peak season, do you typically work more than 40 hours **per week**?

Yes

No

Display This Question:

If During the peak season, do you typically work more than 40 hours per week? = Yes

Q20a During the peak season, about how many hours over 40 do you work **per week**?

Hours over 40 per week: _____

Display This Question:

If Does your work as a pilot have a peak season? = No -OR- I don't know OR Have you worked during peak season as a pilot? = No

Q17z What is your typical duty time each day?

Please enter your typical duty time in 24-hour clock format. That is, for 7:00 AM please enter 0700; for 1:00 PM please enter 1300.

From: _____

To: _____

Display This Question:

If Does your work as a pilot have a peak season? = No -OR- I don't know OR Have you worked during peak season as a pilot? = No

Q18z How many **flight hours per day** do you typically log?

Flight hours per day: _____

Display This Question:

If Does your work as a pilot have a peak season? = No -OR- I don't know OR Have you worked during peak season as a pilot? = No

Q19z How many **days per week** do you typically work?

Duty days per week: _____

Display This Question:

If Does your work as a pilot have a peak season? = No -OR- I don't know OR Have you worked during peak season as a pilot? = No

Q20z Do you generally work more than 40 hours **per week**?

Yes

No

Display This Question:

If Do you generally work more than 40 hours **per week**? = No

Q20az About how many hours over 40 do you work **per week**?

Hours over 40 per week: _____

These next questions are about weather and decision-making in your job.

Q21 From the list of resources below, which ones do you use when making decisions to launch flights? Please select all that apply.

- Flight Service Station - in person
- Flight Service - by telephone (1-800-WXBRIEF)
- Alaska Aviation Weather Unit online – (weather.gov/aawu)
- Aviation Weather Center online (aviationweather.gov)
- Aviation applications (Aerovie, Foreflight, SkyVector, Garmin Pilot)
- AWOS/ASOS/ATIS
- FIS-B Weather
- Weather cameras
- PIREPs
- Other pilots who are en route or have flown in that area that day
- Station manager, company personnel, or village agent at destination
- Dispatchers, flight followers, or other company personnel
- Unofficial weather observer
- Other. Please specify: _____

Q22 While working for your current employer, have you ever declined a flight due to poor visibility or other weather-related reasons?

- Yes
- No
- Prefer not to answer

Display This Question:

If While working for your current employer, have you ever declined a flight due to poor visibility or other weather-related reasons? = Yes

Q22a Did the company support your decision?

- Yes
- No
- Other. Please explain
- Prefer not to answer

Q23 How often do you fly into weather that is different from what was predicted when you started your flight?

- Daily
- Weekly
- Monthly
- Less often than monthly
- Never

Q24 How often do you have to decide whether to fly on a Visual Flight Rules (VFR) flight plan into unknown weather conditions that may deteriorate below VFR minimums?

- Daily
- Weekly
- Monthly
- Less often than monthly
- Never

Q25 If you refuse to launch a flight due to marginal weather, how likely is it that your customers will fly with a different company?

- Not at all likely
- Somewhat likely
- Very likely
- I don't know

Q26 Do you have standard procedures to follow if you unexpectedly fly into Instrument Meteorological Conditions (IMC)?

- Yes
- No
- I don't know

Q27 How confident are you that you can safely fly under Visual Flight Rules (VFR) in the following conditions?

Whiteout conditions are when blowing snow, fog, or haze limit all visual references.

Flat light conditions are when an overcast limits visual cues, the features of the terrain, and make it hard to determine distance.

	Not confident	Somewhat confident	Very confident
Whiteout conditions	0	0	0
Low visibility conditions	0	0	0
Flat light conditions	0	0	0

Q29 In your current job as a pilot, did your employer provide you with training, equipment, or information on any of the following safety topics?

***If you are using a mobile device, like a smart phone or tablet, please turn it sideways so you can see the full question. You may need to turn off your "screen lock" feature so the screen will turn.**

	<u>Training</u>		<u>Equipment</u>		<u>Information</u>	
	Yes	No	Yes	No	Yes	No
Hazardous materials safety	0	0	0	0	0	0
Fire safety	0	0	0	0	0	0
Ramp safety	0	0	0	0	0	0
Office safety	0	0	0	0	0	0
Lifting safely	0	0	0	0	0	0
Forklift use	0	0	0	0	0	0
Fall from heights prevention	0	0	0	0	0	0
	Yes	No	Yes	No	Yes	No
Fall from the same level prevention	0	0	0	0	0	0
Prevention of slips on ice	0	0	0	0	0	0
Personal protective equipment use	0	0	0	0	0	0
Exposure to pathogens or chemical contaminants	0	0	0	0	0	0
De-escalation of threats from customers, passengers, or co-workers	0	0	0	0	0	0
Other. Please specify:	0	0	0	0	0	0

Q30 In your opinion, what additional training might reduce injuries, prevent illnesses, and increase safety?

Q31 While at work, about how often do you lift more than 50 pounds without equipment?

- Daily
- 2-3 times a week
- Once a week
- Once a month
- 2-3 times a year
- Never
- Other. Please describe:

Q32 Is any of the following equipment available at work to assist with moving heavy items?
Please select all that apply.

- Forklift
- Pallet jack
- Mechanical lift
- Other. Please describe: _____
- None of the above

Q33 Compared to non-piloting jobs, how safe is your pilot job?

- Much safer than other jobs
- Slightly safer than other jobs
- As safe as other jobs
- Slightly more dangerous than other jobs
- Much more dangerous than other jobs

The following questions are about work-related exposures, illnesses, and injuries and measures to eliminate them at your job as a pilot.

Examples of exposures are workplace exposures to harmful substances, fumes, loud noises, and temperature extremes.

Examples of illnesses are skin diseases, respiratory disorders, and poisonings resulting from work exposures.

Examples of injuries are work-related cuts, fractures, sprains, hearing loss, and amputations.

These questions refer to a time when your body was damaged and required medical attention at the time of the event, or caused you to take time away from work, or required you to change how you did your job.

Q34 Exposures in the workplace may be to harmful substances, fumes, loud noises, or temperature extremes. In the past five years, have you had any exposures as a result of your work that required medical care, first aid, time off work, or changes in how you do your job?

Yes. Please explain:

No

Q35 Other than piloting the aircraft, which of your duties or tasks are most likely to make you ill?

Q36 In the past five years, have you been made ill as a result of your work?

Yes. Please explain:

No

Q37 Other than piloting the aircraft, which of your duties or tasks are most likely to injure you?

Q38 In the past five years, have you been injured as a result of your work?

Yes

No

Display This Question:

If In the past five years, have you been injured as a result of your work? = Yes

Q39 In the past five years, how many different times have you been injured at work?

- Once
- Twice
- Three or more times

Display This Statement:

If In the past five years, how many different times have you been injured at work? != Once

AND

If In the past five years, have you been injured as a result of your work? = Yes

Please think about your most serious injury when answering these next questions.

Display This Question:

If In the past five years, have you been injured as a result of your work? = Yes

Q40 How did your injury occur?

- Lifting (picking up cargo, baggage, equipment, etc.)
- Slip (on ice, wet or oily surfaces, etc.)
- Trip (over objects, uncovered hoses or cables, etc.)
- Fall
- Pushing or pulling
- Contact injury with object (aircraft wing, tug, etc.)
- Assault or injury by another person
- Other. Please specify: _____

Display This Question:

If How did your injury occur? = Fall

AND

If In the past five years, have you been injured as a result of your work? = Yes

Q40a Was your fall while you were above ground level or at ground level?

- Above ground level (on a ladder, aircraft wing, etc.)
- At ground level

Display This Question:

If In the past five years, have you been injured as a result of your work? = Yes

Q41 How was your injury treated?

Please select all that apply.

- Did not receive any treatment
- Received first aid at work
- Self-treatment at home after work
- Went to medical or community clinic
- Went to hospital or emergency room, but wasn't admitted to hospital
- Hospitalized 1-3 days
- Hospitalized 4-7 days
- Hospitalized more than 7 days
- Received outpatient long-term care including therapy (physical, occupational, massage, counseling, etc.)
- Other. Please explain: _____

Display This Question:

If In the past five years, have you been injured as a result of your work? = Yes

Q42 Due to your injury, did you miss any workdays?

- Yes
- No
- I don't remember
- Prefer not to answer

Display This Question:

If Due to your injury, did you miss any workdays? = Yes

AND

If In the past five years, have you been injured as a result of your work? = Yes

Q42a Due to your injury, about how much time did you miss from work?

- Days _____
- Weeks _____
- Months _____
- Years _____
- I don't remember

Display This Question:

If In the past five years, have you been injured as a result of your work? = Yes

Q43 What part or parts of your body were affected?

Please select all that apply.

- Head
- Neck
- Upper limbs (shoulders, arms, hands, wrists)
- Lower limbs (legs, knees, feet)
- Trunk (back, lungs, stomach, chest, hips, buttocks)
- Other. Please explain: _____

Display This Question:

If In the past five years, have you been injured as a result of your work? = Yes

Q44 At the time of your injury, about how long had you been at work that day?

- Less than 1 hour
- 1 – 2 hours
- 3 – 5 hours
- 6 – 8 hours
- More than 8 hours
- I don't remember

Q45 Did you file a worker's compensation claim for your injury?

- Yes
- No, I didn't have coverage at the time
- No, other reason
- I don't remember
- Prefer not to answer

Display This Question:

*If Did you file a worker's compensation claim for your injury? = No AND
If In the past five years, have you been injured as a result of your work? = Yes*

Q45a Which of following best describes your reasons for not filing a worker's compensation claim?

Please select all that apply.

- I didn't think the injury was bad enough, filing was unnecessary
- I didn't know I could
- I didn't know how
- I didn't want to hurt the company or my employer
- I didn't want my employer to be disappointed in me
- I was worried it would make me look bad
- I didn't want to get a co-worker in trouble
- I was worried about getting in trouble with my employer
- Other. Please describe: _____

Display This Question:

If In the past five years, have you been injured as a result of your work? = Yes

Q46 Did you report your injury to your employer?

- Yes
- No
- I don't remember
- Prefer not to answer

Display This Question:

If In the past five years, have you been injured as a result of your work? = Yes

Q47 Do you think your injury could have been prevented?

- Yes. What could have prevented it? _____
- No. Please explain: _____
- I don't know

Q48 Please indicate how much you agree or disagree with each of the following statements. Where I work...

Where I work...	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
the safety of workers is a high priority with management.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
workers are discouraged from reporting safety issues.	<input type="radio"/>	<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"/>	<input type="radio"/>
keeping aircraft in the air is more important than worker safety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
employees and management work together to ensure the safest possible working conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
management isn't interested in safety issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q49 What do you think contributes most to injuries in aviation in Alaska?

Q50 If you could make changes, how would you make your job safer?

Q51 Have you ever felt so tired at work that you forgot what you were doing, what you had done, or made a mistake?

- Yes
- No
- I don't remember
- Prefer not to answer

Q52 During **YEAR**, about how often would you have liked to decline a flight because you were too tired, but you flew anyway?

- Daily
- Weekly
- Monthly
- Less often than monthly
- Never
- Prefer not to answer

Display This Question:

*If During **YEAR**, about how often would you have liked to decline a flight because you were too tired, but you flew anyway? != Never OR Prefer not to answer*

Q52a When you continued to work despite being tired, you did so because...

Please select all that apply.

- Your employer expected you to get the job done
- Passengers were waiting
- You needed the money
- You didn't want to let your coworkers down
- You didn't want to let your company down
- Other. Please describe: _____

Q53 In the list of equipment below, indicate how helpful you think each is in preventing aircraft crashes:

	Not helpful	Somewhat helpful	Very helpful	Don't know
Autopilot	0	0	0	0
ADS-B (Automatic Dependent Surveillance- Broadcast)	0	0	0	0
VOR (Very high frequency omni- directional range navigation equipment)	0	0	0	0
GPS (Global Positioning System)	0	0	0	0
NDB (Non-directional beacon)	0	0	0	0
Interactive map	0	0	0	0
TAWS (Terrain awareness and warning system)	0	0	0	0
TCAS (Traffic collision avoidance system)	0	0	0	0
Other. Please describe:	0	0	0	0

Q54 In the list of equipment below, indicate how helpful you think each is in surviving after a crash:

	Not helpful	Somewhat helpful	Very helpful	Don't know
Satellite phone	0	0	0	0
Cell phone	0	0	0	0
Personal Location Beacon	0	0	0	0
ELT (Emergency Locator Transmitter)	0	0	0	0
Satellite Tracking Device (Spidertracks, SPOT)	0	0	0	0
Survival kit	0	0	0	0
Other. Please describe:	0	0	0	0

The questions in the table below ask for your opinion about measures that might improve aviation safety throughout Alaska (not just at your company).

Q55 Please indicate **how effective** you think each measure would be in **preventing aircraft crashes** if widely applied in Alaska aviation.

Whiteout conditions are when blowing snow, fog, or haze limit all visual references.

Flat light conditions are when an overcast limits visual cues, the features of the terrain, and make it hard to determine distance.

	Not effective	Somewhat effective	Very effective	Don't know
Pilot training in meteorology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pilot training in aeronautical decision-making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pilot training in whiteout conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pilot training in flat light conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not effective	Somewhat effective	Very effective	Don't know
Pilot training in CFIT avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pilot training in regional hazards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Greater ability to refuse flights due to weather	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Easing of time limit to move by-pass mail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not effective	Somewhat effective	Very effective	Don't know
Changes in Medicare patient transport requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improvement in infrastructure to allow more IFR flights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improvements in company operational control structures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q56 Thinking of the measures you just rated, if you had to choose only two as most useful, which would they be?

First choice: (Dropdown list of 11 measures in **Q55** above)

Second choice: (Dropdown list of 11 measures in **Q55** above)

Q57 If there are other measures that you believe might improve aviation safety in Alaska, but which weren't listed in the two questions above, please list them below.

Q58 What do you think contributes most to aviation accidents in Alaska?

These final questions are about you.

Q59 What is the highest level of education you have completed?

- Less than high school
- Attended high school; didn't graduate
- GED or equivalent
- High school diploma
- Attended college; no degree
- Associate's degree
- Bachelor's degree
- Graduate or Professional degree

Q60 Are you male or female?

- Male
- Female
- Prefer not to answer

Q61 How old are you?

Years: _____

Prefer not to answer

Q62 What is your race?

Please select all that apply.

American Indian or Alaska Native

White

Black or African American

Native Hawaiian or Other Pacific Islander

Asian

Some other race. Please specify: _____

Prefer not to answer

Q63 Please add any other comments about aviation safety in Alaska you think we should know.

Thank you for your help!

End of Survey
