

OMB CONTROL NUMBER: 2130-0628
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EXPIRATION

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FATIGUE AND SAFETY OF LOCOMOTIVE ENGINEERS & CONDUCTORS QUESTIONNAIRE

1. How old are you?

- Less than 25 years
- 25 to 34 years
- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- 65 + years

2. What is your gender?

- Male
- Female

3. Are you a:

- Locomotive engineer
- Conductor

4. Do you work on a:

- Freight train
- Passenger train

5. In total, how long have you worked as a locomotive engineer or conductor?

- _____ years _____ months

6. In total, how long have you worked in the rail industry?

- _____ years _____ months

ANSWER THE NEXT SET OF QUESTIONS THINKING ABOUT THE LAST MONTH OF WORK:

7. In the LAST MONTH, how many *hours per day* did you usually work (*i.e., sign on to sign off*)?

_____ hours

8. In the LAST MONTH, how many *days per week* did you usually work?

_____ days

9. In the LAST MONTH, which category best describes your usual work?

- Majority of work is at night
- Majority of work is in the day
- Regular rotating work (*tours of duty switch between day and night on a regular roster*)
- Very irregular work (*i.e., tours of duty have no regular pattern*)

10. In the LAST MONTH, how many times were you called in for work on your days off?

_____ number of times called in for work

11. In the LAST MONTH, how much did the start time of your tours of duty vary from day to day?

- Less than 2 hours
- 2 hours or more, but less than 4 hours
- 4 hours or more, but less than 8 hours
- 8 hours or more

12. In the LAST MONTH, how often did your tours of duty change from day work to night work during a one-week period?

- Zero times
- Once
- Twice
- More than two times

13. On average, in the LAST MONTH, how many hours did you sleep per day (i.e., in a 24-hour period) during your work week?

_____ hours

14. Was this sleep typically during the daytime or nighttime?

- Day
- Night

The following statements are about your experience of FATIGUE and STRAIN at work OVER THE LAST FEW MONTHS.

Choose from “Strongly Disagree” to “Strongly Agree” which best indicates your response.

15. I never have enough time between work shifts to recover my energy completely

_____ | _____ | _____ | _____ | _____ | _____ | _____
Strongly Disagree Disagree Slightly Disagree Neither Agree or Disagree Slightly Agree Agree Strongly Agree

16. I usually feel exhausted when I get home from work

_____ | _____ | _____ | _____ | _____ | _____ | _____
Strongly Disagree Disagree Slightly Disagree Neither Agree or Disagree Slightly Agree Agree Strongly Agree

17. Even if I’m tired from one shift, I’m usually refreshed by the start of the next shift

_____ | _____ | _____ | _____ | _____ | _____ | _____
Strongly Disagree Disagree Slightly Disagree Neither Agree or Disagree Slightly Agree Agree Strongly Agree

18. I rarely recover my energy fully between work shifts

_____ | _____ | _____ | _____ | _____ | _____ | _____
Strongly Disagree Disagree Slightly Disagree Neither Agree or Disagree Slightly Agree Agree Strongly Agree

19. Recovering from work fatigue between work shifts isn’t a problem for me

_____ | _____ | _____ | _____ | _____ | _____ | _____
Strongly Disagree Disagree Slightly Disagree Neither Agree or Disagree Slightly Agree Agree Strongly Agree

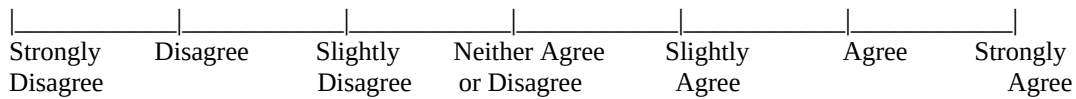
Disagree

Disagree or Disagree

Agree

Agree

20. I'm often still feeling fatigued from one shift by the time I start the next one



21. In the LAST MONTH, how did you normally commute from home to work/from work to home? (Tick main mode of transport)

- Drive my own car
- Drive my own motorcycle
- Public transportation (train, bus, etc.)
- Car/van pool
- Ride a bicycle
- Walk
- Other

22. In the LAST MONTH, if you drove your own car, did you normally commute to/from work alone?

- Usually alone
- Not usually alone
- N/A – I didn't drive my own car

23. In the LAST MONTH, on how many days during a work week did you commute from home to work?

- 1
- 2
- 3
- 4
- 5
- 6
- 7

24. In the LAST MONTH, on days when you commuted to work, how long did it usually take you to get:

- To work from home? _____ minutes
- To home from work? _____ minutes

25. Did you typically make stops or detours during your commute to work from home? (e.g., stop at shops, pick up/drop off children)

- Yes
- No

26. Did you typically make stops or detours during your commute to home from work? (e.g., stop at shops, pick up/drop off children)

- Yes
- No

27. In the LAST MONTH, approximately how many miles was your commute, one way?

_____ miles

ANSWER THE NEXT SET OF QUESTIONS THINKING ABOUT THE LAST SIX MONTHS OF WORK:

28. In the LAST 6 MONTHS, how frequently have you felt too tired to drive home after work?

- After every tour of duty
- Several times a week
- About once a week
- Once every few weeks
- Once every couple of months
- Rarely (i.e., once in 6 months)
- Never

29. In the LAST 6 MONTHS, during your commute to work from home have you: (Tick all that apply)

<input type="checkbox"/> Crashed	<input type="checkbox"/> Fallen asleep while driving
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<input type="checkbox"/> Felt drowsy	<input type="checkbox"/> Pulled over to take a nap
<input type="checkbox"/> Nearly had a crash	<input type="checkbox"/> Fallen asleep while stopped at a red light
<input type="checkbox"/> Fallen asleep while stopped in traffic	<input type="checkbox"/> Had to have a nap at home before driving to work
<input type="checkbox"/> Drifted out of the lane of traffic	<input type="checkbox"/> Run off the road in your vehicle

30. In the LAST 6 MONTHS, during your commute to home from work have you: (Tick all that apply)

<input type="checkbox"/> Crashed	<input type="checkbox"/> Fallen asleep while driving
<input type="checkbox"/> Felt drowsy	<input type="checkbox"/> Pulled over to take a nap
<input type="checkbox"/> Nearly had a crash	<input type="checkbox"/> Fallen asleep while stopped at a red light
<input type="checkbox"/> Fallen asleep while stopped in traffic	<input type="checkbox"/> Had to have a nap at work before driving home
<input type="checkbox"/> Drifted out of the lane of traffic	<input type="checkbox"/> Run off the road in your vehicle

31. In the LAST 6 MONTHS, how often have you experienced fatigue while operating a train?

- Every tour of duty
- On most tours of duty
- About half the tours of duty
- Occasionally
- Rarely
- Never

32. To what degree do you think fatigue impacts your operation of a train?

- No impact
- A minimal impact
- Moderate impact
- A significant impact

33. In the LAST 6 MONTHS, when were you most likely to experience fatigue while operating a train? Tick all that apply

<input type="checkbox"/> Early morning (3am to 6am)	<input type="checkbox"/> If I'm feeling bored
<input type="checkbox"/> Morning (6am to 12pm)	<input type="checkbox"/> If I haven't had enough sleep
<input type="checkbox"/> Early afternoon (12pm to 3pm)	<input type="checkbox"/> If I started work really early in the morning
<input type="checkbox"/> Late afternoon (3pm to 6pm)	<input type="checkbox"/> Towards the end of a long tour of duty
<input type="checkbox"/> Evening (6pm to 9pm)	<input type="checkbox"/> If I operate on the same route a few times in a row
<input type="checkbox"/> Night (9pm to 12am)	<input type="checkbox"/> If I started work late in the evening
<input type="checkbox"/> Late night (12am to 3am)	<input type="checkbox"/> After a long commute to work
<input type="checkbox"/> After extended limbo or deadheading time	<input type="checkbox"/> Other: _____

34. In the LAST 6 MONTHS, how long after the start of your tour of duty were you most likely to feel fatigued?

_____ hours

35. In the LAST 6 MONTHS, what factors contributed most to your fatigue at work? Tick all that apply

<input type="checkbox"/> Night work	<input type="checkbox"/> Irregular work
<input type="checkbox"/> Long work hours	<input type="checkbox"/> Not enough sleep before work
<input type="checkbox"/> Long commute to work	<input type="checkbox"/> Work starting early morning (i.e., before dawn)
<input type="checkbox"/> Long commute to home	<input type="checkbox"/> Boredom / monotony
<input type="checkbox"/> Stress	<input type="checkbox"/> Insufficient rest away from home
<input type="checkbox"/> Not enough time off between work	<input type="checkbox"/> Poor train cab design
<input type="checkbox"/> Social life during days off	<input type="checkbox"/> Not enough rest breaks

<input type="checkbox"/> Excessive limbo or deadheading time	<input type="checkbox"/> Being called into work on days off
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36. In the LAST 6 MONTHS, have you experienced a fatigue-related safety incident when operating a train?

- Yes
- No

37. If yes, what happened?

- Missed signal
- Crash
- Near miss
- Nodded off while controlling the train
- Missed designated stop
- Late braking for designated stop
- Going too fast
- Other: _____

38. Did you report the incident?

- Yes
- No

39. Does your company offer an anonymous reporting system for fatigue-related or safety-related incidents?

- Yes
- No
- Not sure

40. In the LAST 6 MONTHS, how often do you use each of the following strategies to cope with fatigue when operating a train? (Rate each strategy separately)

--	--	--	--	--	--

Listen to music					
Eat or snack while operating train					
Drink caffeine (e.g., coffee, black tea)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make additional effort to focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjust the ventilation (e.g., turn on air con or open window)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use over the counter stimulant (e.g., NoDoze)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take a quick nap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink energy drinks (e.g., Red Bull, Monster, 5-Hour Energy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk to conductor or engineer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stand while operating train	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk on cell phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Move body (i.e., walk, stretch, exercise)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play games/use apps on cell phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke/chew tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. In your opinion, how effective are the following strategies to reduce fatigue while operating a train (i.e., regardless of whether you use the strategy)? (Rate each strategy separately)

Listen to music					
Eat or snack while operating train					
Drink caffeine (e.g., coffee, black tea)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make additional effort to focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjust the ventilation (e.g., turn on air con or open window)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use over the counter stimulant (e.g., NoDoze)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take a quick nap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink energy drinks (e.g., Red Bull, Monster, 5-Hour Energy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Talk to conductor or engineer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stand while operating train	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk on cell phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Move body (i.e., walk, stretch, exercise)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play games/use apps on cell phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke/chew tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. Does your company provide you with a computer train line-up?

- Yes
- No
- Not sure

43. How reliable is the information provided in the computer train line-up?

- Very reliable
- Somewhat reliable
- Not particularly reliable or unreliable
- Somewhat unreliable
- Very unreliable

44. In the LAST MONTH, what percentage of computer train line-ups you received were accurate?

- _____ %

45. Does your current company have a fatigue management policy?

- Yes
- No
- Not sure

46. Does your current company educate employees about fatigue?

- Yes
- No

- Not sure

47. How much of a problem is fatigue for YOU PERSONALLY in your job?

- A major problem
- A substantial problem
- A minor problem
- Not a problem at all

48. How much of a problem is fatigue for locomotive engineers and conductors IN GENERAL?

- A major problem
- A substantial problem
- A minor problem
- Not a problem at all

49. How well do you believe fatigue is managed in the rail industry?

- Extremely badly
- Quite badly
- Ok
- Quite well
- Extremely well