

## Appendix B: Survey (Baseline, Immediate Post-training and Post-training @ 1, 3, and 6 months)

### BASELINE SURVEY

Date \_\_\_\_\_

1. What is your age?  
\_\_\_\_\_
2. Which of the following best represents how you think of yourself?  
 Gay / lesbian or gay  
 Straight, that is, not gay / lesbian or gay  
 Bisexual  
 Something else  
 I don't know the answer
3. What sex were you assigned at birth, on your original birth certificate?  
 Male  
 Female  
 Refused  
 I don't know
4. Do you currently describe yourself as male, female, or transgender?  
 Male  
 Female  
 Transgender  
 None of these
5. Which one of the following would you say is your ethnicity?  
 Hispanic or Latino  
 Not Hispanic or Latino
6. 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
7. Are you...

- Married
- Divorced
- Widowed
- Separated
- Never Married
- A member of an unmarried couple

8. How many children less than 18 years of age live in your household?

\_\_\_\_\_

9. What is your highest degree or year of school you completed?

- Diploma
- Associate degree in nursing
- Completed Baccalaureate degree in another discipline
- Baccalaureate degree in Nursing
- Completed graduate degree (Master's or Doctorate)

10. How long have you been working as a registered nurse?

- Less than 1 year
- 1 to 5 years
- 6 to 10 years
- 11 or more years

11. Do you have any jobs besides your main job or do any other work for pay?

- Yes
- No

12. How many hours did you work LAST WEEK at ALL jobs or businesses?

13. What type of patient care facility do you work?

- Acute care hospital
- Urgent Care
- Post-acute facility (e.g., skilled nursing facility, long-term care, rehabilitation)
- Other

14. What is your primary unit or work area? Think of your "unit" as the work area, department, or clinical area where you spend most of your work time.

- Multiple Units/No specific unit

- Medical/Surgical (including cardiology, gastroenterology, oncology/hematology, pulmonology, telemetry units)
- Emergency Department/Observation/Short Stay
- ICU (all adult types)
- Labor & Delivery,
- Obstetrics & Gynecology
- Pediatrics (including NICU, PICU)
- Psychiatry, Behavioral Health
- Surgical services (endoscopy, colonoscopy, pre-op, operating room, PACU/post-op, peri-op)
- Skilled Nursing, Long-term care, Rehabilitation
- Hospice
- Other

15. Which of the following best describes the shift length you usually work at your main job?

- 8 hours
- 10 hours
- 12 hours
- 16 hours
- other

16. One hears about “morning” and “evening” types of people. Which one of these types do you consider yourself to be?

- Definitely a morning type
- Rather more a morning than an evening type
- Rather more an evening than a morning type
- Definitely an evening type

17. Please respond to each item by marking one box per row.

**In the past 7 days...**

	Very Poor	Poor	Fair	Good	Very good
My sleep quality was	5	4	3	2	1

  

	Not at all	A little bit	Somewhat	Quite a bit	Very much
My sleep was refreshing	5	4	3	2	1
I had a problem with my sleep	1	2	3	4	5

I had difficulty falling asleep	1	2	3	4	5
My sleep was restless	1	2	3	4	5
I tried hard to get to sleep	1	2	3	4	5
I worried about not being able to fall asleep	1	2	3	4	5
I was satisfied with my sleep	5	4	3	2	1

18. Please respond to each item by marking one box per row.

**In the past 7 days...**

	Not at all	A little bit	Somewhat	Quite a bit	Very much
I had a hard time getting things done because I was sleepy	1	2	3	4	5
I felt alert when I woke up	5	4	3	2	1
I felt tired	1	2	3	4	5
I had problems during the day because of poor sleep	1	2	3	4	5
I had a hard time concentrating because of poor sleep	1	2	3	4	5
I felt irritable because of poor sleep	1	2	3	4	5
I was sleepy during the daytime	1	2	3	4	5
I had trouble staying awake during the day	1	2	3	4	5

19. During the past month...

have you felt burned out from your work?	Yes	No
have you worried that your work is hardening you emotionally?	Yes	No
have you often been bothered by feeling down, depressed, or hopeless?	Yes	No
have you fallen asleep while sitting inactive in a public place?	Yes	No
have you felt that all the things you had to do were piling up so high that you could not overcome them?	Yes	No
have you been bothered by emotional problems (such as feeling anxious, depressed, or irritable)?	Yes	No
has your physical health interfered with your ability to do your daily work at home and/or away from home?	Yes	No

20. Please rate how much you agree with the following statements:

The work I do is meaningful to me

1- Very strongly disagree    2    3    4    5    6    7- Very strongly agree

My work schedule leaves me enough time for my personal/family life

\_\_\_Strongly agree    \_\_\_agree    \_\_\_neutral    \_\_\_disagree    \_\_\_strongly disagree

**SURVEY FOR IMMEDIATE POST-TRAINING**

1. How strongly do you agree or disagree with the following statements:

I intend to use behaviors to promote sleep by improving sleep hygiene (e.g. improved sleep environment, taking naps, adjusting caffeine intake)	1 Disagree	2 Somewhat disagree	3 Neither agree nor disagree	4 Somewhat agree	5 Agree
I intend to use behaviors to promote sleep by changing my work environment (e.g., schedule adjustments, less overtime, etc.)	1 Disagree	2 Somewhat disagree	3 Neither agree nor disagree	4 Somewhat agree	5 Agree

2. What did you like about the training program?

3. What could improve in the training program?

**SURVEY FOR POST-TRAINING (1, 3, AND 6-MONTHS)**

1. Please respond to each item by marking one box per row.

**In the past 7 days...**

	Very Poor	Poor	Fair	Good	Very good
My sleep quality was	5	4	3	2	1

	Not at all	A little bit	Somewhat	Quite a bit	Very much
My sleep was refreshing	5	4	3	2	1
I had a problem with my sleep	1	2	3	4	5
I had difficulty falling asleep	1	2	3	4	5
My sleep was restless	1	2	3	4	5
I tried hard to get to sleep	1	2	3	4	5
I worried about not being able	1	2	3	4	5

to fall asleep					
I was satisfied with my sleep	5	4	3	2	1

2. Please respond to each item by marking one box per row.

**In the past 7 days...**

	Not at all	A little bit	Somewhat	Quite a bit	Very much
I had a hard time getting things done because I was sleepy	1	2	3	4	5
I felt alert when I woke up	5	4	3	2	1
I felt tired	1	2	3	4	5
I had problems during the day because of poor sleep	1	2	3	4	5
I had a hard time concentrating because of poor sleep	1	2	3	4	5
I felt irritable because of poor sleep	1	2	3	4	5
I was sleepy during the daytime	1	2	3	4	5
I had trouble staying awake during the day	1	2	3	4	5

3. During the past month...

have you felt burned out from your work?	Yes	No
have you worried that your work is hardening you emotionally?	Yes	No
have you often been bothered by feeling down, depressed, or hopeless?	Yes	No
have you fallen asleep while sitting inactive in a public place?	Yes	No
have you felt that all the things you had to do were piling up so high that you could not overcome them?	Yes	No
have you been bothered by emotional problems (such as feeling anxious, depressed, or irritable)?	Yes	No
has your physical health interfered with your ability to do your daily work at home and/or away from home?	Yes	No

4. Please rate how much you agree with the following statements:

The work I do is meaningful to me

1- Very strongly disagree    2    3    4    5    6    7- Very strongly agree

My work schedule leaves me enough time for my personal/family life

\_\_\_ Strongly agree    \_\_\_ agree    \_\_\_ neutral    \_\_\_ disagree    \_\_\_ strongly disagree

5. Since taking the NIOSH online training for nurses, what strategies to improve sleep were you able to implement?

6. What in your personal and/or professional experience made it easy for you to implement these strategies?

7. What in your personal and/or professional experience prevented you from implementing strategies to improve your sleep?