**WORK AND HEALTH SURVEY**

**Form Approved**

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**Section A – Taxi/rideshare driving**

**First, I’m going to ask you questions about driving a taxi/rideshare.**

**1a.** What month and year did you start working as a taxi/rideshare driver?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*mm/yy*

**1b**. What month and year did you start working as a taxi/rideshare driver in this city?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*mm/yy*

**1c.** What month and year did you start working for this company?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *mm/yy*

**1d**. In a typical week, what is your work schedule at this company?

\_\_\_ days/week AND \_\_\_ hours/day

**1e**. Have you had any breaks in service from driving a taxi/rideshare in this city?

Yes ------1 (Go to 1f)

No -------2 (Go to 2a)

**1f.** How long did you stop driving?

\_\_\_ yrs \_\_\_\_ months \_\_\_\_ days

**1g.** Why did you stop driving?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1h**. Why did you return to driving a taxi/rideshare?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2a.** Do you drive for other companies or hold any other jobs?

Yes -------1 (Go to 2b)

No -------- 2 (Go to 3)

**2b.** What other jobs do you currently hold? Please include your occupation and how many hours you work in a typical week. Include driving for other companies.

A \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| \_\_\_\_ hrs/ week

B \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| \_\_\_\_ hrs/ week

C \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| \_\_\_\_ hrs/ week

**2c**. Do you own another business?

Yes……1, describe: \_\_\_\_\_\_\_\_\_\_\_

No…….2

**3.** Which of the following apply to you?

**Check all that apply.**

I have my own medallion……..1

I own the taxi/rideshare vehicle that I drive…..2

I drive somebody else’s taxi on a gas-and- gates basis by the:

\_\_\_\_shift

\_\_\_\_ 24 Hours

\_\_\_\_weekly

\_\_\_\_other, describe \_\_\_\_\_\_\_\_\_

**4.** Do you own another taxi/rideshare vehicle?

Yes……1, how many? \_\_\_\_\_

No…….2

**5.** Which shift do you typically drive your taxi/rideshare?

\_\_\_ Day (7am-7pm) \_\_\_ Night (7pm-7am) \_\_\_ Other, please describe: \_\_\_\_\_\_\_\_\_\_

**6a**. In a typical work day, how many miles do you drive your taxi/rideshare? \_\_\_\_\_\_\_ miles per day

**6b**. In a typical work day, how many hours do you drive your taxi/rideshare? \_\_\_\_\_\_\_ hours per day

**6c**. In a typical work week, how many days do you work? \_\_\_\_\_\_\_ days

**6d**. In a typical work week, what percentage of driving is highway? \_\_\_%

**7a.** What types of breaks do you take? *Circle all that apply*.

To eat …………1 To rest/take a nap…….4

To stretch…......2 To use the restroom….5

To socialize…...3 Other…..6

**7b**. Where do you take breaks? *Circle all that apply*.

At taxi/rideshare zone/airport……1 At a park……….3

At a restaurant/café…..2 Other……………4 Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8.** How many times do you take a break from driving during a typical shift?\_\_\_\_\_\_ times

**9a**. Do you have to drive to pick up your taxi/rideshare? Yes……1 (Go to 9b) No……..2 (Go to Section B)

**9b.** How far do you drive from home to pick it up? \_\_\_\_ miles

**9c**. How long does it take to pick it up from home? \_\_\_\_ minutes

**9d**. How long does it take to get home after dropping it off? \_\_\_ minutes

**Section B – Job Demands**

***The next questions are about your job demands as a taxi/rideshare driver. Work duties include driving, cleaning the vehicle, refueling and cashiering. On a scale from 1 to 5 with 1 being “Never/Rarely” and 5 being “Very often/All the time”:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Questions** | 1  Never/  rarely | 2  Not often | 3  Some-times | 4  Often | 5  Very often/all the time |
| 1. How often does your work as a taxi/rideshare driver make you feel rushed? |  |  |  |  |  |
| 2. How often do your work duties as a taxi/rideshare driver require you to work very hard? |  |  |  |  |  |
| 3. How often is there a great deal of work/duties to be done (as a taxi/rideshare driver)? |  |  |  |  |  |
| 4. How often do your work duties as a taxi/rideshare driver leave you with little time to get things done outside of your job? |  |  |  |  |  |

**Section C – Passenger Violence**

**The next questions are about your contact with passengers (not another driver).**

**1.** In the past year (12 months), have you been verbally assaulted? This includes being yelled at, threatened or insulted (such as racial/ethnic or sexual slurs) by a passenger.

No------0 Yes-----1

Refused to Answer ---99

**2.** In the past year (12 months), have you had a passenger refuse to pay their fare (theft of service)?

No---- 0 Yes-----1

Refused to Answer ---99

**3.** In the past year (12 months), have you been physically assaulted by a passenger? This includes being hit, pushed or grabbed.

­­

No------0 Yes-----1

Refused to Answer ---99

**4.** In the past year (12 months), has your taxicab/rideshare been stolen?

No------0 Yes-----1

Refused to Answer ---99

**5.** In the past year (12 months), has your phone, wallet, or other items been stolen?

No------0 Yes-----1

Refused to Answer ---99

**6.** In the past year (12 months), have you been robbed by an armed passenger (such as with gun, knife, or other weapon)?

No------0 Yes-----1

Refused to Answer ---99

**Section D – Crash #1**

**The next questions ask about any crashes you may have been involved in while driving your taxicab/rideshare.**

**1a.** In the past year (12 months) were you involved in a motor vehicle crash while driving a taxi/rideshare? This includes being hit by another car, rear-ending another car, being rear-ended, hitting a parked vehicle, a cyclist, or a pedestrian.

No------0 (Skip to Section E, page 7)

Yes-----1

**1b.** In the last year, how many crashes total?

\_\_\_\_\_\_\_\_\_\_

***Now I will ask you some questions about each crash you were involved in during the past year (12 months) while driving a taxicab, beginning with the most recent.***

**For crash #1:**

**2 a.1.1** How did the crash happen?

*Prompt driver to describe and select all accurate responses.*

***The taxicab:***

struck another vehicle ………..…1

was struck by another vehicle..…2

hit an object or animal................. 3

ran off the road………………. ….4

struck a pedestrian…………….…5

struck a cyclist..… ……………….6

lost control…………………….…..7

fell asleep………………………….8

hit a curb…………………………..9

Other……………………………….10 Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.a.1.2** Around what time did the crash happen?

\_\_\_\_:\_\_\_\_\_ am pm

**2.a.1.3** What was the weather like at the time of the crash? *Read all to driver and select all that apply.*

Clear………….………….1

Cloudy………….………..2

Fog, Smog, Smoke….....3

Rain………………..……..4

Sleet, hail………..……….5

Severe crosswinds………6

Blowing sand, soil, dirt…..7

Other……………………...8

Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unknown……………………..98

**2a.2.1.** How much was the estimated total property damage for the taxicab/rideshare?

$\_\_\_\_\_\_\_ Write amount -or- Unknown…98

**2a.2.2** How much was the estimated total property damage for the other vehicle?

$\_\_\_\_\_\_\_ Write amount

Unknown…..……98

-or- N/A……97

**2a.2.3** How much was your medical costs?

Taxi/rideshare driver: $\_\_\_\_\_\_\_ Write amount Unknown………98

N/A….…....97

**Section D – Crash #2**

**Please complete this section if the driver had more than one crash in the last year.**

**3.** In the past year (12 months) were you involved in a second motor vehicle crash while driving a taxi/rideshare? This includes being hit by another car, rear-ending another car, being rear-ended, hitting a parked vehicle, a cyclist, or a pedestrian.

No------0 (*Skip to Section E, page 7*)

Yes-----1

***Now I will ask you some questions about the crash you were involved in while driving a taxi/rideshare, before the most recent.***

**For crash #2:**

**4a.1.1** How did the crash happen?

*Prompt driver to describe and select all accurate responses.*

***The taxicab/rideshare:***

struck another vehicle ………..…1

was struck by another vehicle…..2

hit an object or animal................. 3

ran off the road………………..….4

struck a pedestrian…………….…5

struck a cyclist..… ……………….6

lost control………………………...7

fell asleep………………………….8

hit a curb…………………………..9

Other……………………………….10 Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4.a.1.2** Around what time did the crash happen?*.*

\_\_\_\_:\_\_\_\_ am pm

**4.a.1.3** What was the weather like at the time of the crash? *Read all to driver and select all that apply.*

Clear………….…………….1

Cloudy………….……….....2

Fog, Smog, Smoke…........3

Rain………………..……....4

Sleet, hail………..………...5

Severe crosswinds…….…6

Blowing sand, soil, dirt…...7

Other……………………....8

Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unknown……………………..98

**4a.2.1.** How much was the estimated total property damage for the taxi/rideshare?

$\_\_\_\_\_\_\_ Write amount -or- Unknown…98

**4a.2.2** How much was the estimated total property damage for the other vehicle?

$\_\_\_\_\_\_\_ Write amount

Unknown…..……98

-or- N/A……97

**4a.2.3** How much was your medical costs?

Taxi/rideshare driver: $\_\_\_\_\_\_\_ Write amount Unknown………98

N/A….…....97

**Section E – Safety equipment**

***The next questions are about safety equipment installed in your taxi/rideshare*.**

1. What is the year, make, and model of the taxi/rideshare you usually drive?
   1. Year \_\_\_\_\_\_\_\_\_\_\_
   2. Make \_\_\_\_\_\_\_\_\_\_
   3. Model \_\_\_\_\_\_\_\_\_\_\_
2. Does your taxi/rideshare have any of the following features:

<https://mycardoeswhat.org/safety-features/>, select all that apply:

* 1. Anti-Lock Braking System o. Lane Departure Warning cc. Traction Control
  2. Automatic Emergency Braking p. Drowsiness Alert
  3. Adaptive Headlights q. Lane Keeping Assist
  4. Bicycle Detection r. Blind Spot Warning
  5. Brake Assist s. Sideview Camera
  6. Forward Collision Warning t. Back-up Camera
  7. Left Turn Crash Avoidance u. Back-up Warning
  8. Obstacle Detection v. Rear Cross Traffic Alert
  9. Pedestrian Detection w. Automatic Parallel Parking
  10. Traction Control x. Parking Sensors
  11. Curve Speed Warning y. Temperature Warning
  12. High Speed Alert z. Tire Pressure Monitoring System
  13. Adaptive Cruise Control aa. Hill Assist
  14. Adaptive Headlights bb. Electronic Stability Control

1. On a scale of 1 to 10, with 1 being “no safer than before” and 10 being “extremely safe”

how does having driving safety features (for example, lane assist) in your taxicab make you feel?

1 2 3 4 5 6 7 8 9 10

No safer than before Extremely safe

**Section F – Safety Training and Habits**

***The next questions ask about your safety training and habits.***

**1a.** Have you received driver safety training to be a taxicab/rideshare driver in this city?

No…..0 **1b.** Would you benefit from such a training?

Yes……1 No…….0 Maybe……3 **Skip to Question 3 below**

Yes….1 **1c.1.**When was your most recent training? \_\_\_\_\_\_\_\_\_\_\_**mm / yy**

**1c.2.** Who provided the training \_\_\_\_\_ SFMTA \_\_\_\_\_\_ taxi/rideshare company \_\_\_other, describe: \_\_\_\_\_\_\_\_\_\_\_\_

**1c.3.** Was the training: \_\_\_\_\_\_\_ in person \_\_\_\_\_\_\_ online

**1c.2.**How long did it last? \_\_\_**\_\_\_\_\_\_\_\_\_** **hours**

**1c**.3. Did your training cover the following topics (select all that apply)

1. Driver safety from passenger violence
2. Safe road behaviors
3. Dangers of fatigue
4. How to identify and reduce fatigue

2.On a scale of 1 to 10 with 1 being least useful and 10 being most useful,

how do you rate the driver safety training for the following:

1. Helpful in identifying and reducing fatigue:

(Least useful) 1 2 3 4 5 6 7 8 9 10 (Most useful)

1. Helpful in describing safety measures for de-escalating violence from passenger:

(Least helpful) 1 2 3 4 5 6 7 8 9 10 (Most helpful)

1. Helpful in describing effective road safety measures to minimize events/accidents while driving:

(Least helpful) 1 2 3 4 5 6 7 8 9 10 (Most helpful)

**Please think about safety practices at the company you drive for.**

***Please rate how much you agree with the following statement ranging from Strongly agree to Strongly disagree*.**

3.Taxicab/rideshare drivers new to this companylearn quickly that they are expected to follow good safety practices.

Strongly agree-**1** Agree-**2** Disagree-**3** Strongly Disagree-**4**

4.This company tellstaxi/rideshare drivers when they do not follow good safety practices.

Strongly agree-**1** Agree-**2** Disagree-**3** Strongly Disagree-**4**

5.Taxi/rideshare drivers and taxi/rideshare company management work together to ensure the safest possible conditions.

Strongly agree-**1** Agree-**2** Disagree-**3** Strongly Disagree-**4**

6.There are no shortcuts taken when taxi/rideshare driver health and safety are at stake.

Strongly agree-**1** Agree-**2** Disagree-**3** Strongly Disagree-**4**

7.The health and safety of taxi/rideshare drivers is a high priority with the company’s management.

Strongly agree-**1** Agree-**2** Disagree-**3** Strongly Disagree-**4**

8.I feel free to report safety problems to the taxi/rideshare company where I drive.

Strongly agree-**1** Agree-**2** Disagree-**3** Strongly Disagree-**4**

**The next questions are about your driving habits as a taxi/rideshare driver.**

**On a scale from 1 to 5, with 1 being rarely/never and 5 being very often*:***

9. How often do you wear your seat belt while driving?

(Rarely/Never) 1 2 3 4 5 (Very often/all the time)

10. How often do you exceed the speed limit on a residential road?

(Rarely/Never) 1 2 3 4 5 (Very often/all the time)

11.How often do you exceed the speed limit on a highway or freeway?

(Rarely/Never) 1 2 3 4 5 (Very often/all the time)

12.How often do you exceed the speed limit when travelling to do pickups?

(Rarely/Never) 1 2 3 4 5 (Very often/all the time)

13. How often do you exceed the speed limit when travelling with a passenger?

(Rarely/Never) 1 2 3 4 5 (Very often/all the time)

14.How often do you not signal to change lanes when no other traffic is around?

(Rarely/Never) 1 2 3 4 5 (Very often/all the time)

15.How often do you perform a U-turn in a non-designated zone?

(Rarely/Never) 1 2 3 4 5 (Very often/all the time)

16.How often do you not come to a complete standstill at a stop sign?

(Rarely/Never) 1 2 3 4 5 (Very often/all the time)

17. How often do you use a handheld device while driving?

(Rarely/Never) 1 2 3 4 5 (Very often/all the time)

18.How often do you drive while thinking about how to get to your destination?

(Rarely/Never) 1 2 3 4 5 (Very often/all the time)

19.How often do you drive while thinking about your next pickup or work task?

(Rarely/Never) 1 2 3 4 5 (Very often/all the time)

20.How often do you drive while thinking about your work-related problems/issues?

(Rarely/Never) 1 2 3 4 5 (Very often/all the time)

21.How often do you drive while tired?

(Rarely/Never) 1 2 3 4 5 (Very often/all the time)

22.How often do you have difficulty driving because of tiredness or fatigue?

(Rarely/Never) 1 2 3 4 5 (Very often/all the time)

23.How often do you find yourself nodding off while driving?

(Rarely/Never) 1 2 3 4 5 (Very often/all the time)

**SECTION G**

**Please think about your health, including your sleep, eating and exercising habits.**

24.Have you ever undergone a heart operation or procedure? **Yes No**

25. Have you been told by a healthcare provider that you have any of the following conditions:

1. A sleep disorder (for example, obstructive sleep apnea, insomnia, narcolepsy) **Yes No**

**If yes:**

* + Do you take medication for your sleep disorder? **Yes No**
  + If yes, what **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Heart Disease **Yes No**

**If yes:**

* 1. Do you take medicine for your heart disease? **Yes No**
  2. If yes, what **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

High Blood Pressure **Yes No**

**If yes:**

* 1. Do you take medicine for your high blood pressure, including diuretics (fluid pills)? **Yes No**
  2. If yes, what **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Stroke **Yes No**

**If yes:**

How long ago did you have your stroke? **\_\_\_\_\_ months \_\_\_\_\_\_ weeks \_\_\_\_\_\_ days**

* 1. Do you take medicine for your stroke? **Yes No**
  2. If yes, what **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Diabetes **Yes No**

**If yes:**

* 1. Do you take medicine for your diabetes? **Yes No**
  2. If yes, what **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Heartburn **Yes No**

**If yes:**

* 1. Do you take medicine for heartburn? **Yes No**
  2. If yes, what **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Emphysema **Yes No**

**If yes:**

* 1. Do you take medicine for your emphysema? **Yes No**
  2. If yes, what **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Asthma **Yes No**

**If yes:**

* 1. Do you take medicine (e.g., inhalers) for your asthma? **Yes No**
  2. If yes, what **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Depression, anxiety, schizophrenia, or personality disorders? **Yes No**

**If yes:**

* 1. Do you take medicine for your mood disorder or personality disorder? **Yes No**
  2. If yes, what **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. ADHD (Attention-deficit/hyperactivity disorder)? **Yes No**

**If yes:**

* 1. Do you take medicine for your ADHD? **Yes No**
  2. If yes, what **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medications**

26.Do you take any other medicines not included above? **Yes No** If yes, what medicine **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Health and Sleep Habits**

27**.** In a typical week, how many minutes of exercise do you get? \_\_\_\_\_\_\_\_\_ minutes total

28. In the past 30 days, for about how many of those days have you felt you did not get enough rest or sleep? \_\_\_\_ days

29. In a typical day, how many hours of sleep do you get? \_\_\_\_\_\_\_\_\_\_\_ hours

30. In a typical day, how many times do you get up to use the restroom while sleeping? \_\_\_\_times

31. Do you have a sleep routine?

**Yes No**

While getting ready to sleep:

31a. Do you adjust the lighting?  **Yes No**

31b. Do you adjust the temperature? **Yes No**

31c. Do you adjust your TV viewing? **Yes No**

31d. Do you make any other adjustments? **Yes No**

Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

32.Considering your work schedule, how many days did you sleep in a bed **in the last 30 days**? \_\_\_\_\_\_\_\_\_\_ days

32a. How many times did you sleep (not nap) in your car/taxi in the last 30 days? \_\_\_\_\_\_\_\_ days

33. How many people are living in your household, including yourself? \_\_\_\_\_\_\_\_\_

33a. How many of these are children age 18 and younger? \_\_\_\_\_\_\_\_\_

34. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

\_\_\_\_\_ days per week \_\_\_\_\_ days in the past 30 days \_\_\_\_\_None (Go to Q)

35. One drink is a 12-oz beer, a 5-ounce glass of wine, or a drink with one shot (1.5 oz) of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on average?

\_\_\_\_\_ No. of drinks/day

36. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?

\_\_\_No. of times

37. During the past 30 days, what is the largest number of drinks you had on any occasion?

\_\_\_\_ No. of drinks

38. Have you smoked at least 100 cigarettes in your entire life?

\_\_\_ Yes \_\_\_\_\_ No

39. Do you now smoke cigarettes every day, some days, or not at all?

\_\_\_ Every day \_\_\_\_Some days \_\_\_\_ Not at all

40. When you are driving and getting drowsy, what do you do to try to stay alert? Check all that apply.

\_\_\_\_ pull over and take a nap

\_\_\_\_ pull over and rest

\_\_\_\_ get out of the car and walk around

\_\_\_\_ drink coffee

\_\_\_\_ drink something with caffeine other than coffee – please specify: \_\_\_\_\_\_\_\_\_

\_\_\_\_ roll down the window

\_\_\_\_ turn up the radio

\_\_\_\_ eat something with sugar

\_\_\_\_change driving position (e.g., move seat forward, sit more upright)

\_\_\_\_ take pills – please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

40a. How frequently do you do these things to stay alert?

\_\_\_\_ times per shift

\_\_\_\_ times per workweek

**STOP-Bang Questionnaire**

1. Do you snore loudly? (loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night)

Yes-----1 No-------2

1. Do you often feel tired, fatigued, or sleepy during the daytime (such as falling asleep during driving)?

Yes-----1 No-------2

1. Has anyone observed you stop breathing or choking/gasping during your sleep?

Yes-----1 No-------2

1. Do you have or are being treated for high blood pressure?

Yes-----1 No-------2

1. Is your Body Mass Index more than 35 kg/m2?

Yes-----1 No-------2

1. Are you older than 50 years old?

Yes-----1 No-------2

1. Is your neck size large with a circumference of 40cm or 16 inches or greater? (Measured around Adams apple)

Yes-----1 No-------2

1. Is your gender male?

Yes-----1 No-------2

**Sleepiness**

In your current, usual way of life, how likely are you to nod off or fall asleep in the following situations, in contrast to feeling just tired? Even if you haven't done some of these things recently, try to work out how they would affect you. It is important that you answer each question as best you can.

Using the following scale, choose the most appropriate number for each situation.

Top of Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No chance | Slight chance | Moderate chance | High chance |
| **Situation** |  |  |  |  |
| 49. Sitting and reading | 0 | 1 | 2 | 3 |
| 50. Watching TV | 0 | 1 | 2 | 3 |
| 51. Sitting, inactive, in a public place (e.g., in a meeting, theater, or dinner event) | 0 | 1 | 2 | 3 |
| 52. As a passenger in a vehicle for an hour or so without stopping for a break | 0 | 1 | 2 | 3 |
| 53. Lying down to rest when circumstances permit | 0 | 1 | 2 | 3 |
| 54. Sitting and talking to someone | 0 | 1 | 2 | 3 |
| 55. Sitting quietly after a meal without alcohol | 0 | 1 | 2 | 3 |
| 56. In a vehicle, while stopped for a few minutes in traffic or at a light | 0 | 1 | 2 | 3 |

**Now think about the majority of days and nights during the past month.**

57. What time have you usually gone to bed after your work shift? \_\_\_:\_\_\_ hrs pm/am

58. How long (in minutes) has it usually taken you to fall asleep when going to bed after your work shift? \_\_\_\_\_\_\_\_\_\_ number of minutes

59. What time have you usually gotten up after your main sleep period during a work week ?

\_\_\_:\_\_\_ hrs pm/am

60. On average how many hours of actual sleep did you get during your main sleep period? \_\_\_\_\_\_\_\_ hours

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 |
| 61. Cannot get to sleep within 30 minutes? | 1 | 2 | 3 | 4 |
| 62. Wake up in the middle of your sleep between work shifts? | 1 | 2 | 3 | 4 |
| 63. Have to get up to use the bathroom? | 1 | 2 | 3 | 4 |
| 64. Cannot breathe comfortably? | 1 | 2 | 3 | 4 |
| 65. Cough or snore loudly? | 1 | 2 | 3 | 4 |
| 66. Feel too cold? | 1 | 2 | 3 | 4 |
| 67. Feel too hot? | 1 | 2 | 3 | 4 |
| 68. Had bad dreams? | 1 | 2 | 3 | 4 |
| 69. Have pain? | 1 | 2 | 3 | 4 |
| 70. Have any other reason(s)? Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 | 3 | 4 |

**Still thinking about during the past month…**

71. How would you rate your sleep quality overall?

Very good \_\_\_\_\_\_\_\_1

Fairly good \_\_\_\_\_\_\_2

Fairly bad\_\_\_\_\_\_\_\_\_3

Very bad\_\_\_\_\_\_\_\_\_\_4

72. How often have you taken medicine to help you sleep (prescribed or "over the counter")?

Not during the past month\_\_\_\_ Less than once a week\_\_\_\_ Once or twice a week\_\_\_ Three or more times a week\_\_\_

73. How often have you had trouble staying awake while driving, eating meals, or engaging in social activity?

Not during the past month\_\_\_\_ Less than once a week\_\_\_\_ Once or twice a week\_\_\_ Three or more times a week\_\_\_

74. How much of a problem has it been for you to keep up enough enthusiasm to get things done?

No problem at all \_\_\_\_\_\_\_\_\_\_

Only a very slight problem \_\_\_\_\_\_\_\_\_\_

Somewhat of a problem \_\_\_\_\_\_\_\_\_\_

A very big problem \_\_\_\_\_\_\_\_\_\_

75. Do you have a bed partner or roommate?

No bed partner or room mate \_\_\_\_\_\_\_\_\_\_

Partner/roommate in other room \_\_\_\_\_\_\_\_\_\_

Partner in same room, but not same bed \_\_\_\_\_\_\_\_\_\_

Partner in same bed \_\_\_\_\_\_\_\_\_\_

76. If you have a roommate or bed partner, how often has he/she told you in the past month you have had . . .

a) Loud snoring

Not during the past month\_\_\_\_ Less than once a week\_\_\_\_ Once or twice a week\_\_\_ Three or more times a week\_\_\_

b) Long pauses between breaths while asleep

Not during the past month\_\_\_\_ Less than once a week\_\_\_\_ Once or twice a week\_\_\_ Three or more times a week\_\_\_

c) Legs twitching or jerking while you sleep

Not during the past month\_\_\_\_ Less than once a week\_\_\_\_ Once or twice a week\_\_\_ Three or more times a week\_\_\_

d) Episodes of disorientation or confusion during sleep

Not during the past month\_\_\_\_ Less than once a week\_\_\_\_ Once or twice a week\_\_\_ Three or more times a week\_\_\_

e) Other restlessness while you sleep; please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Not during the past month\_\_\_\_ Less than once a week\_\_\_\_ Once or twice a week\_\_\_ Three or more times a week\_\_\_

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**Fatigue**

77. The company I drive for has written policies about obstructive sleep apnea management.

**Yes**……….1 **No**……..2 **Don’t know**……..3

78. How much of a problem is fatigue to *you personally* in your job?

**A major problem**……….1 **A minor problem**………..2 **Not a problem at all**…………3

79. How much of a problem is fatigue to other drivers in the company you drive for?

**A major problem**……….1 **A minor problem**………..2 **Not a problem at all**…………3

80. What main difficulties do you have in avoiding driving while drowsy? (Mark any that apply to you).

* 1. Not enough time between rides to take breaks…………………………..1
  2. Lack of available places to stop to take a break when I need it……….…2
  3. Lack of safe places to stop to take a break when I need it………….……3
  4. Not enough hours to sleep during my main sleep time…………………..4
  5. Difficulty sleeping well at home……………………………………........5
  6. Difficulty sleeping well in my car…………………………………….….6
  7. Never have had the difficulty of driving while drowsy………………7
  8. Cannot afford to take breaks………………………………………….8
  9. Other—Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

81. How well do you think other drivers in your company avoid drowsy driving?

1. Extremely poorly………….1
2. Quite poorly……………….2
3. Quite well…………………3
4. Extremely well……………4
5. Don't have an opinion…….5

82. How well do you think *you* avoid drowsy driving?

1. Extremely poorly………….1
2. Quite poorly……………….2
3. Quite well…………………3
4. Extremely well……………4
5. Don’t have an opinion……5

83. In general, how would you rate your health today?

a. Poor…………1

b. Fair…………..2

c. Good…………3

d. Very Good…..4

e. Excellent…….5

**Section H – Demographics**

**The following questions are about you.**

**1.** In the past year (12 months) how many motor vehicle crashes have you been involved in *not related to your job as a taxicab driver*?

\_\_\_\_\_\_ number of crashes

**2.** Are you of Hispanic or Latino origin?

No………..0 Yes……….1

**3.** What is your race? *Show driver card with options and let driver check all that apply.*

American Indian or Alaska Native....……...1

Asian……………………………………..…..2

Black or African American…………...…….3

Native Hawaiian or Other Pacific Islander……………………………...............4

White………………………………...…….....5

1. What is your age today? \_\_\_\_\_\_ **years**

**4a.** Pregnant? No……1 Yes……..2

**5.** What sex were you assigned at birth, on your original birth certificate?

1. Male……..1 Female…….2

**5a**. How do you describe your gender identity?

Male……………………………………..1

Female………………………………….2

Male-to-female transgender (MTF)….3

Female-to-male transgender (FTM)…4

Other gender identify (specify) ………5

**6.** Were you born in the US?

No………0 Yes…….1 *Go to Q8*

**7a.** What is the name of your country of birth/origin?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7b.** What was your primary occupation before you came to the US?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7c.** How many years have you lived in the

U.S.?

\_\_\_\_\_\_\_\_ **years**

7d. What is the primary language spoken in your home?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Grade school…………………………1

Secondary school……………….…..2

Some high school………………..….3

High school diploma……………...…4

Technical/trade school……….……..5

Associate’s degree………………..…6

Bachelor’s degree…….....................7

Master’s degree…………………......8

Professional degree..…………….…9

Doctoral degree………………….…10

**9.** What is your marital status?

Married……………..…………………..1

Not married, but in a long-term relationship…………………………....2 Separated……………………..………3

Divorced………………….……………4

Widowed……………….……………...5

Single……………….………………….6

Refused……….………………………96

**10.** What religion do you practice?

None……………….0

Buddhism……..…..1

Islam…..…………..2

Christianity…..……3

Judaism….………..4

Sikhism……..……..5

Hinduism…………..6

Other……..………..7 Specify\_\_\_\_\_\_

Refused…….…….96

**Section I – Mood**

**The following questions are about you. Which best describes how often you felt or behaved this way DURING THE PAST 2 WEEKS.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0  Not at all | 1  Several days | 2  More than half the days | 3  Nearly every day |  |  |

**Over the past 2 weeks, how often have you been bothered by any of the following problems?**

1**.**Little interest or pleasure in doing things

2.Feeling down, depressed or hopeless

3.Feeling nervous, anxious or on edge

4.Not being able to stop or control worrying

**The following questions are about your participation in this survey.**

1. Why did you participate in the survey?
2. Did you understand that your participation in the survey was voluntary?

No………0, Why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes…….1

**3.** Did you understand you could stop the survey at any time?

No………0, Why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes…….1

**4.** If you have any questions or concerns about the survey, do you know who you can contact?

No………0, Why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes…….1

**5.** Did you feel that you could be completely honest in your responses in this survey?

No………0, Why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes…….1