

Participant ID: _____

**Assessing Fatigue and Fatigue Management in U.S. Onshore Oil and Gas Extraction:
Post-Shift Questionnaire**
National Institute for Occupational Safety and Health

1. **Date (MM/DD/YYYY):**
2. **Time (HH:MM):** _____ **AM / PM**
3. **When is the end of your shift? (HH:MM):** _____ **AM / PM**
4. **How will you get back to your residence (that is, the place you sleep during your work rotation)?**
 - a. Driver
 - b. Passenger in a co-worker's vehicle
 - c. Passenger in a company-provided vehicle
 - d. Other (specify):
 - e. Prefer not to say
5. **Do you plan to sleep on the way back to your residence, even for a little while?**
 - a. Yes
 - b. No
 - c. Prefer not to say
6. **Please select the number that indicates your sleepiness in the past five minutes:**

Very alert	1
	2
Alert-normal level	3
	4
Neither alert nor sleepy	5
	6
Sleepy, but no effort to keep awake	7
	8
Very sleepy, great effort to keep awake	9

7. **About how many breaks did you take during your workday? Please include formal breaks, informal breaks, or downtime (e.g., between stages).**
 - a. No breaks
 - b. 1 break
 - c. 2 breaks
 - d. 3 or more breaks
 - e. Prefer not to say
8. **About how much total time did you spend today on a break or on downtime?**
_____ hours _____ minutes

9. During your shift when did you have breaks or downtime?

- a. Only during the first half of the shift
- b. Only during the second half of the shift
- c. Throughout the shift
- d. Other (please explain):
- e. Prefer not to say

10. How much of the following did you consume during your workday?

	Amount	I do not use	Prefer not to say
Caffeinated Beverages			
Cups of coffee or tea (8 oz)			
Cans of soda (12 oz)			
Cans of energy drinks (8 oz.; e.g., Monster, Redbull)			
Bottles of 5-hour Energy (2 oz)			
Nicotine			
Cigarettes			
Cigars, cigarillos, or little filtered cigars			
Electronic cigarettes (number of puffs per day)			
Cans/packages of smokeless tobacco			

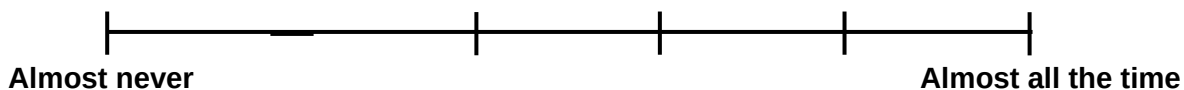
11. Did you use anything else to help you stay alert at work today?

12. Job rotation is when workers alternate between tasks and jobs. Did you rotate between tasks or jobs today?

- a. Yes
- b. No
- c. Prefer not to say

13. What were your main tasks for the day?

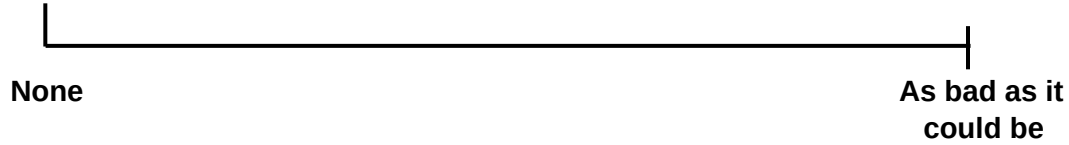
14. How much of your workday did you spend sitting?



15. How would you describe your physical activity at work today?

- a. Mostly sedentary, no strenuous physical activity
- b. Mostly standing or walking, but no strenuous physical activity
- c. Working while standing or walking with some lifting and carrying
- d. Heavy or fast work that is physically strenuous
- e. Prefer not to say

16. Indicate how stressed you feel on the small ruler.



17. How many times did you remove the device from your wrist during your workday?

- a. Zero
- b. 1 time
- c. 2 times
- d. 3 or more times
- e. I did not wear the device at all today
- f. Prefer not to say

18. [IF 6 = "b" OR 6 = "c" OR 6 = "d"] About how many minutes in total was the device off your wrist?

_____ minutes