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

**BASELINE SURVEY**

Date \_\_\_\_\_\_\_\_

1. What is your age?

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

1. 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

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

\_\_\_ Male

\_\_\_ Female

\_\_\_ Refused

\_\_\_ I don’t know

1. Do you currently describe yourself as male, female, or transgender?

\_\_\_ Male

\_\_\_ Female

\_\_\_ Transgender

\_\_\_ None of these

1. Which one of the following would you say is your ethnicity?

\_\_\_Hispanic or Latino

\_\_\_Not Hispanic or Latino

1. 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

1. Are you…

\_\_\_Married

\_\_\_Divorced

\_\_\_Widowed

\_\_\_Separated

\_\_\_Never Married

\_\_\_A member of an unmarried couple

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

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

1. 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)

1. 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

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

\_\_\_Yes

\_\_\_No

1. How many hours did you work LAST WEEK at ALL jobs or businesses?
2. 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

1. 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

1. 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

1. 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

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

1. 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 |

 |

1. 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 |

1. 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 |

What did you like about the training program?

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

1. 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 |

 |

1. 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 |

1. 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

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

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

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