

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

Thank you for continuing with our study on nurse sleep. It has been X months since you have taken the NIOSH online "Training for Nurses on Shift Work and Long Work Hours." We would like to ask you some follow-up questions. It is anticipated this survey will take approximately 19 minutes to complete.

These first questions ask about your sleep and wellbeing.

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

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

The next three questions do not have multiple choice answers. Instead, we would like you to provide information about what types of behaviors or strategies you have changed to improve your sleep, and what has made it easier or harder to apply these behaviors/strategies to your life.

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?