

ID _____

Training Evaluation Survey

Date _____

Form Approved
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Exp. Date XX/XX/XXXX

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Section 1. Please rate the training and give your honest opinion.

On a scale from 1 to 5, where 1 indicates strongly agree, and 5 indicates strongly disagree, please give the number which indicates how much you agree or disagree with each statement.

	1 Strongly disagree	2	3 Neutral	4	5 Strongly agree
I liked this training overall.					
This training told me something new.					
This training motivated me to do something to improve my sleep.					
This training said something important to me.					
The messages did not apply to me or my driving situation.					

Next questions ask how you feel about NIOSH (National Institute for Occupational Safety and Health) as the source of this information.

	Yes	No	Do not know/no t sure	Refuse to respond
Have you heard of NIOSH before taking this training?				
Is NIOSH a good source of information?				
Does NIOSH seem				

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trustworthy?				
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Was there any content in the training that was difficult to understand? If yes, which sections _____

What part of the training did you dislike the most? _____

Is there additional content on the topic of sleep, shift work, and long work hours that you would like to have seen? If yes, please enter the topics here.

What could improve this training?

Section 2. Please tell us what barriers may prevent you from using the information in the NIOSH shift work and long hours training for drivers for hire. Please select the number that corresponds with your opinion.

	1 Not a barrier at all	2 Minimal barrier	3 Neutral	4 Strong barrier	5 Very strong barrier
The cost in sleep aids (like blackout curtains, white noise machines, coffee)	1	2	3	4	5
The cost for seeing a healthcare provider about a possible sleep disorder	1	2	3	4	5
Being able to control my work schedule and hours	1	2	3	4	5
The time needed to set up my sleep environment	1	2	3	4	5
The ability to do the recommended techniques (like	1	2	3	4	5
Getting support from persons I live with	1	2	3	4	5

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Getting support from family and friends I don't live with	1	2	3	4	5
Getting support from the company I drive for	1	2	3	4	5
My competing personal priorities	1	2	3	4	5
Other _____ (Please specify)	1	2	3	4	5

Section 3. Influencers in your life. Now we would like to ask you about **who might influence you** to use or not use information from the NIOSH shift work and long hours taxi drivers training. Please select the number that corresponds with your opinion.

Based on your knowledge and experience with these persons below, how likely is it that the following would like you to use the information from the training program.	Extremely Unlikely	Somewh at unlikely	Neither Likely or Unlikely	Somewhat likely	Extremely Likely
1. The company I drive for	1	2	3	4	5
2. Other taxi drivers	1	2	3	4	5
3. Taxi driver associations	1	2	3	4	5
4. Passengers	1	2	3	4	5
5. Spouse, partner, girlfriend, or boyfriend	1	2	3	4	5
6. Parents	1	2	3	4	5
7. Children	1	2	3	4	5
8. Family, friends, or people I know who have worked night or rotating shifts or long hours	1	2	3	4	5
9. The public	1	2	3	4	5
10. SFMTA and law enforcement					
11. Other, Please specify _____	1	2	3	4	5

Is there anything else you would like to tell us about the training?

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Section 4. Changes in sleep health behaviors. Please tell us about changes in your behavior after taking the training.

Has your life improved at all since you took the NIOSH training for shift work and long work hours for taxi drivers?

- ☐ Yes, my worklife has improved because I took the NIOSH training for shift work and long work hours for taxi drivers
- ☐ No, my worklife has not improved because I took the NIOSH training for shift work and long work hours for taxi drivers

Please explain: _____

Have you noticed any changes in your behavior since you took the NIOSH training for shift work and long work hours for taxi drivers?

- ☐ Yes, I have changed my behavior as a result of the training
- ☐ No, I have not changed my behavior as a result of the training

If yes, please select all the ways in which you have changed your behavior:

- ☐ I try to get more sleep
- ☐ I take more naps than I used to
- ☐ I have improved my sleeping environment
- ☐ I adjust the times I use caffeine now
- ☐ I adjust the amount of caffeine I use now
- ☐ I pay more attention to my level of fatigue
- ☐ I am less likely to drive while drowsy
- ☐ I am more likely to balance driving additional hours with my need for sleep
- ☐ I use relaxation techniques
- ☐ I educated my family and the important people in my life so they understand my needs due to my work hours
- ☐ I went to or plan to go to a sleep disorder specialist or my healthcare provider for help with sleep symptoms

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☐ Other

Please explain: _____