

UNITED STATES DEPARTMENT OF TRANSPORTATION
Federal Motor Carrier Safety Administration

Truck Driver Fatigue Management Survey

Thank you for volunteering to complete this survey. Please note that your identity and responses will be kept strictly confidential. Use a BLACK pen or a pencil to fill in your responses, according to the following example:

Example: Are you a member of the IBT? • Yes 0 No

- 1a. Company you work for? 0 ABF 0 New Penn 0 Roadway 0 USF Holland 0 Yellow Trans.
1b. Are you a million miler? 0 Yes, I'm a million miler 0 No, I'm not a million miler
1c. What ethnic group are you in? 0 Hispanic or Latino 0 Not Hispanic or Latino
1d. What race are you (Select one or more)? 0 American Indian or Alaska Native 0 Asian
0 White 0 Black or African American 0 Native Hawaiian or Other Pacific Islander

2. What sex are you? 0 Male 0 Female

3. Age? 0 under 30 0 31-35 0 36-40 0 41-45 0 46-50 0 51-55 0 56-60
0 61-65 0 over 65

4. Height (ft:in)? 0 ≤ 5' 0" 0 5' 1" 0 5' 2" 0 5' 3" 0 5' 4" 0 5' 5" 0 5' 6"
0 5' 7" 0 5' 8" 0 5' 9" 0 5' 10" 0 5' 11" 0 6' 0" 0 6' 1" 0 6' 2"
0 6' 3" 0 6' 4" 0 6' 5" 0 6' 6" 0 6' 7" 0 ≥6' 8"

5. Weight (lbs)? hundreds 0 100 0 200 0 300 0 400
tens 0 00 0 10 0 20 0 30 0 40 0 50 0 60 0 70 0 80 0 90
ones 0 0 0 1 0 2 0 3 0 4 0 5 0 6 0 7 0 8 0 9

For example, if you weigh 235 pounds, fill in the dots as shown below

hundreds 0 100 • 200 0 300 0 400
tens 0 00 0 10 0 20 • 30 0 40 0 50 0 60 0 70 0 80 0 90
ones 0 0 0 1 0 2 0 3 0 4 • 5 0 6 0 7 0 8 0 9

6. Marital status? 0 Married 0 Single

7. Number of years you have been driving trucks? 0 < 5 0 6-10 0 11-15 0 16-20
0 21-25 0 26-30 0 31-35 0 36-40 0 40-45 0 >45

8. What sort of vehicle do you normally drive? 0 Semi 0 Double 0 Triple

Public reporting for this collection of information is estimated to be 30 minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information. All responses to this collection of information are voluntary, and will be provided confidentiality to the extent allowed by law. Notwithstanding any other provision of law, no person is required to respond to nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The valid OMB Control Number for this information collection is 2126-0029. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, Room 8207, U.S. Department of Transportation, Washington, D.C. 20590.

9a. What sort of driving operation do you have?

0 Single (Skip to 10) 0 Team 0 It varies frequently between single and team

9b. How long have you been driving as part of a team?

0 <1 yr 0 1-5 yr 0 6-10 yr 0 >10 yr

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- 9c. If you are currently driving as part of a team, are you usually with the same partner? Yes No
10. About how many cigarettes do you smoke in a day?
 don't smoke less than a pack 1 pack 2 packs more than 2 packs
11. Do you chew tobacco? Yes No
12. How many caffeinated drinks (coffee, tea, cola combined) do you drink on average each day? less than 2 2 to 4 5 to 7 8 to 10 more than 10
13. Do you drink alcohol when off duty? Yes No
14. Are you currently taking any of the following medications (please answer yes or no to each item)?
- 14a. Blood pressure medicine Yes No
 - 14b. Breathing pills for lungs Yes No
 - 14c. Breathing pills for heart Yes No
 - 14d. Breathing sprays or Inhalers Yes No
 - 14e. Heart pills Yes No
 - 14f. Water pills Yes No
 - 14g. Sleeping pills Yes No
 - 14h. Pills to lower your cholesterol Yes No
 - 14i. Antihistamine and/or decongestant Yes No
 - 14j. Thyroid medicine Yes No
 - 14k. Tranquilizers Yes No

Work Schedule

15. Please describe a typical 2-day period during a typical workweek for you. We would like to know when you were working and when you were not working. Please fill in a "working" or not working" circle for each of the 36 times.

	12	1	2	3	4	5	6	7	8	9	10	11
	am	am	am	am	am	am	am	am	am	am	am	am
Working	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not Working	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	12	1	2	3	4	5	6	7	8	9	10	11
	pm	pm	pm	pm	pm	pm	pm	pm	pm	pm	pm	pm
Working	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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27. How much does your start time and your work schedule vary?
 Quite a lot A little Not at all
- 28a. Do you typically stop when working to exercise?
 Yes (please answer 28b) No (skip to 29a)
- 28b. What type of exercise do you get? (fill in as many as apply)
 Leisurely walk Jog Strength building Brisk walk Run Other
- 29a. Do you find daytime sleeping as restful as nighttime sleeping?
 I don't sleep during the daytime Yes (please answer 29b) No (please answer 29c)
- 29b. If you find daytime sleep as restful as nighttime sleep, why you think that is the case. (Fill in all that apply)
 I sleep in a dark room I get all of my chores done before I sleep
 I disconnect the phone I sleep in a separate room
 I make sure my family knows how important quiet sleep is for me
- 29c. If you answered NO to 29a, why do you think your daytime sleep is not as restful as your nighttime sleep? (Fill in as many as apply)
 too much light too much noise my internal clock wakes me
 hunger wakes me other
30. In a normal workday, how many hours do you like to drive before stopping for a break?
 1 1½ 2 2½ 3 3½ 4 4½ 5 5½ 6 6½ 7 7½ ≥8
31. In a normal workday, on average how long (in hours) do you stop for a break?
 Less than ½ ½ -1 1-1½ 1½ -2 2-2½ 2½ -3 3-3½ More than 3½
32. How much of a problem is fatigue to YOU PERSONALLY in your job? (Fill in only one)
 A major problem A noticeable problem A minor problem Not a problem at all
33. How often do you become fatigued while driving in your job? (Fill in only one)
 On every trip On most trips On about half the trips
 Occasionally Rarely Never
34. What hours of the day or night are you most likely to feel fatigued WHILE WORKING?
 Please fill in all hours that you are most likely to feel fatigued.
 midnight 1am 2am 3am 4am 5am 6am 7am 8am 9am
 10am 11am noon 1pm 2pm 3pm 4pm 5pm 6pm 7pm
 8pm 9pm 10pm 11pm
- 35a. During the past month, how many times have you pulled the truck off the road at night to take a rest?
 zero 1-5 5-10 10-15 15-20 20-25 25-30 30-35 More than 35
- 35b. If more than zero, why? (Fill in all that apply)
 To rest (without sleep) To rest (with sleep) To go to the bathroom
 To eat Reached driving hours limit Other
36. How well do you think that YOU can manage fatigue? (Fill in one only)
 Not very well Fairly well Quite well Very well Don't know No opinion

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37. While driving at work, when you felt drowsy or were fighting to keep your eyes open did you think that you were in danger of falling asleep? Yes No
- 38a. Have you ever been diagnosed with a sleep disorder? Yes No
 If yes, what disorder? Sleep Apnea Insomnia Narcolepsy Restless Legs Other
- 38b. If you answered YES to 38a, are you currently receiving treatment for the condition? Yes No
- 39a. Considering only your own "feeling best" rhythm, at what time would you get up if you were entirely free to plan your day?
 midnight 1am 2am 3am 4am 5am 6am 7am 8am 9am
 10am 11am noon 1pm 2pm 3pm 4pm 5pm 6pm 7pm
 8pm 9pm 10pm 11pm
- 39b. During the first half hour after having awakened from your main sleep, how tired do you feel? Very tired Fairly tired Fairly refreshed Very refreshed
- 39c. At what time of the day do you feel tired and as a result feel in need of sleep?
 midnight 1am 2am 3am 4am 5am 6am 7am 8am 9am
 10am 11am noon 1pm 2pm 3pm 4pm 5pm 6pm 7pm
 8pm 9pm 10pm 11pm
- 39d. At what time of the day do you think that you reach your 'feeling best' peak?
 midnight 1am 2am 3am 4am 5am 6am 7am 8am 9am
 10am 11am noon 1pm 2pm 3pm 4pm 5pm 6pm 7pm
 8pm 9pm 10pm 11pm
- 39e. One hears about "morning" and "evening" types of people. Which ONE of these types do you consider yourself to be? (Fill in the appropriate circle)
 Definitely a "morning" type Rather more a "morning" type than an "evening" type
 Rather more an "evening" type than a "morning" type Definitely an "evening" type

ESS

40. How likely are you to **DOZE OFF OR FALL ASLEEP**, in contrast to just feeling tired in the following situations? These situations refer to your usual way of life in recent times. Even if you have not done some of these things recently try to work out how they would have affected you.

Use the following scale to choose the **MOST APPROPRIATE NUMBER** for indicating how likely it is you would have dozed off in each situation.

- 0 - Would **never** doze 2 - **Moderate** chance of dozing
 1 - **Slight** chance of dozing 3 - **High** chance of dozing

Situation	Chance of dozing				Situation	Chance of dozing			
	0	1	2	3		0	1	2	3
Sitting and reading	0	0	0	0	Lying down to rest in the afternoon when circumstances permit	0	0	0	0
Watching TV	0	0	0	0	Sitting and talking to someone	0	0	0	0
Sitting inactive in a public place (e.g., in a theater or meeting)	0	0	0	0	Sitting quietly after a lunch without alcohol	0	0	0	0

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As a passenger in a motor vehicle for an hour without a break	0	0	0	0	In a motor vehicle, while stopped for a few minutes in traffic	0	0	0	0
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41. Which of the following can contribute to YOUR fatigue while driving?

Please FILL IN one option next to each request

	Most relevant to me	Somewhat relevant to me	Not relevant to me
41a. Driving Hours	0	0	0
41b. Non-driving work	0	0	0
41c. Rough riding truck	0	0	0
41d. Having to load/unload	0	0	0
41e. Resting away from home	0	0	0
41f. Amount of sleep during trips	0	0	0
41g. Amount of sleep before trip	0	0	0
41h. Amount of night time sleep	0	0	0
41i. Driving at night	0	0	0
41j. Driving at dawn	0	0	0
41k. Driving at dusk	0	0	0
41l. Physical fatigue	0	0	0
41m. Anxiety / Worry	0	0	0
41n. Temperature (too hot / cold)	0	0	0
41p. Driving during early afternoon	0	0	0
41q. Road conditions	0	0	0
41r. Scenery along route	0	0	0

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41s. Highway traffic	0	0	0
41t. Weather conditions (e.g. fog)	0	0	0
41u. Truck ventilation	0	0	0
41v. Truck vibration	0	0	0
41w. Family	0	0	0
41x. Diet /Eating patterns	0	0	0
41y. After effects of stay awake drugs	0	0	0
41z1. Use of alcohol	0	0	0
41z2. Truck speed too slow	0	0	0
41z3. Noise	0	0	0
41z4. Steering in cross winds	0	0	0

42. **Off the job**, do you regularly do any of the following things to lessen fatigue or sleepiness on the job? *Please FILL IN one option next to each strategy*

	No, I don't regularly do this at all	Yes, I do this regularly; but not to manage fatigue	Yes, I do this regularly to manage fatigue
42a. Physical exercise	0	0	0
42b. Diet to keep weight down	0	0	0
42c. Play recreational sports	0	0	0
42d. Eat healthily	0	0	0
42e. Relax by gardening or farming	0	0	0
42f. Engage in crafts or hobbies	0	0	0
42g. Relax by hunting or fishing	0	0	0
42h. Relax by attending sporting events	0	0	0
42i. Relax by watching TV or reading	0	0	0
42j. Relax by going out socially	0	0	0
42k. Relax by drinking alcohol	0	0	0
42l. Relax by smoking	0	0	0
42m. Visit friends, relatives or neighbors	0	0	0
42n. Sleep regular hours	0	0	0
42o. Sleep longer hours than during work week	0	0	0
42p. Take daytime nap(s) in addition to main sleep	0	0	0

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42q. Get a good night's sleep before departure	0	0	0
42r. Complete family duties before resting	0	0	0
42s. Strive to maintain a good family life	0	0	0

43. How often have these things happened to you while driving on your job during the last year?

<i>FILL IN one option next to each incident</i>	Often	Sometimes	Rarely	Never
43a. Eyelids heavy	0	0	0	0
43b. Struggling to be alert	0	0	0	0
43c. Yawning	0	0	0	0
43d. Feeling drowsy	0	0	0	0
43e. Finding it difficult to stay awake	0	0	0	0
43f. Feeling sleepy	0	0	0	0
43g. Feeling fatigued	0	0	0	0
43h. Nodding Off/Falling Asleep	0	0	0	0
43i. Having a near miss	0	0	0	0
43j. Running off the road	0	0	0	0
43k. Colliding with something	0	0	0	0

44. Please indicate how often you use the strategies listed below in an attempt to deal with YOUR own fatigue during driving trips. *Please FILL IN one option next to each strategy.* 1-Often 2-Sometimes 3-Rarely 4-Never

	1	2	3	4
44a. Stop driving to eat a meal	0	0	0	0
44b. Stop driving to eat a snack	0	0	0	0
44c. Eat chocolate or candy	0	0	0	0
44d. Eating while driving	0	0	0	0
44e. Chewing gum	0	0	0	0
44f. Chewing ice	0	0	0	0
44g. Stopping to rest (no sleep)	0	0	0	0
44h. Stopping to sleep (4 or more hours)	0	0	0	0
44i. Stopping to sleep (1 - 4 hours)	0	0	0	0
44j. Stopping to nap (less than 1 hour)	0	0	0	0
44k. Having a caffeinated drink (coffee, tea, Coca-Cola)	0	0	0	0
44l. Having a non-caffeine drink	0	0	0	0
44m. Smoking / chewing nicotine gum	0	0	0	0
44n. Taking stay-awake drugs	0	0	0	0
44o. Ignoring driving hour regulations to finish trip	0	0	0	0
44p. Kicking the tires or walking around	0	0	0	0
44q. Taking a shower	0	0	0	0
44r. Play mind games (e.g., counting license plates)	0	0	0	0
44s. Listening to music/radio	0	0	0	0
44t. Talking on the cell phone/ CB radio	0	0	0	0
44u. Turn on dome light	0	0	0	0
44v. Singing	0	0	0	0

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44w. Adjusting the ventilation (windows, heat, AC)	0	0	0	0
44x. Stretching / changing position	0	0	0	0

MAP

45. The following questions refer to your behavior while sleeping, trying to sleep, or while feeling sleepy. *Fill in one response for each behavior.* During the last month have you had, or have been told about the following?

CODE:	0	1	2	3	4	(.8)
	Never	Rarely, less than once a week	1-2 times per week	3-4 times per week	5-7 times	Don't know
45a. Loud snoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45b. Your legs feel jumpy or jerk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45c. Difficulty falling asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45d. Frequent awakenings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45e. Snorting or gasping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45f. Falling asleep when at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45g. Frequent tossing, turning, or thrashing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45h. Your breathing stops or you struggle for breath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45i. Any snoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45j. Excessive sleepiness during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45k. Morning headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45l. Falling asleep while driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45m. Awaken feeling paralyzed, unable to move for short periods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45n. Find yourself in a vivid dreamlike state when falling asleep or awakening even though you know you're awake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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46. Are there any things you'd like to do but CANNOT do to reduce fatigue or tiredness.
Please select only one answer for each item.

	Would like to do but cannot	Can already do and find useful to reduce fatigue	Can already do but do not think useful to reduce fatigue	Not Applicable
46a. Have control over my schedule	0	0	0	0
46b. Drive in a team	0	0	0	0
46c. Drive alone	0	0	0	0
46d. Get a good night's sleep before departure	0	0	0	0
46e. Sleep regular hours	0	0	0	0
46f. Do less loading/unloading	0	0	0	0
46g. Work fewer hours per week	0	0	0	0
46h. Avoid night-time driving	0	0	0	0
46i. Allowed to take stay awake medication	0	0	0	0
46j. Receive training on fatigue management	0	0	0	0
46k. Have fatigue monitoring technology available	0	0	0	0
46l. Have CB radio available	0	0	0	0
46m. More frequent truck stops / rest areas	0	0	0	0

47. What is the one thing that you consider to be most important for you to effectively manage work-related fatigue? PLEASE PRINT YOUR RESPONSE.

48. By completing this survey, you are under no obligation to participate in any further study. However, we would like to know if you might be willing to be contacted for a planned future study in which you would be asked to wear a wrist-watch type (and size) device to record your work-rest pattern during a typical workweek, while you also complete a daily sleep-wake diary. By indicating your willingness to be contacted, you are not giving consent to participate in the study. You are only agreeing to let us send you information about the study.

- No, I prefer not to be contacted about a future study of my work-rest patterns.
- Yes, you may contact me about a future study of my work-rest patterns. I will decide if I wish to participate in it after I have been fully informed about the study.

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