

Individual Fatigue/Sleepiness Scales

<p>1) How much sleep do you need per day (24-hour period)?</p>	<p>_____ hours _____ minutes</p>
<p>2) To what extent do you consider yourself a morning-type or evening-type of person?</p>	<p><input type="checkbox"/> pronounced morning type (alert in the morning, tired in the evening)</p> <p><input type="checkbox"/> to some extent morning type</p> <p><input type="checkbox"/> to some extent evening type</p> <p><input type="checkbox"/> pronounced evening type (tired in the morning, alert in the evening)</p>
<p>3) When do you usually wake up and when do you go to bed?</p>	<p>Work days:</p> <ul style="list-style-type: none"> · Go to bed (put the lights out) at _____ and wake up at _____ . · Time before falling asleep (after putting the lights out)? _____ minutes. · Regular nap from _____ o'clock until _____ o'clock. <p>Off days:</p> <ul style="list-style-type: none"> · Go to bed (put the lights out) at _____ and wake up at _____ . · Time before falling asleep (after putting the lights out)? _____ minutes. · Regular nap from _____ o'clock until _____ o'clock.
<p>4 a) Do you get enough sleep?</p> <p>4 b) If your sleep is insufficient, why do you think that is?</p>	<p><input type="checkbox"/> yes, definitely enough <input type="checkbox"/> no, clearly too little</p> <p><input type="checkbox"/> yes, almost enough <input type="checkbox"/> no, far from enough</p> <p><input type="checkbox"/> no, slightly too little</p> <p>_____</p> <p>_____</p>
<p>5) Generally speaking, how is your sleep?</p>	<p><input type="checkbox"/> very good <input type="checkbox"/> neither good nor poor <input type="checkbox"/> very poor</p> <p><input type="checkbox"/> fairly good <input type="checkbox"/> fairly poor</p>
<p>6) Apart from your sleep, do you get enough rest?</p>	<p><input type="checkbox"/> yes, definitely enough <input type="checkbox"/> no, clearly too little</p> <p><input type="checkbox"/> yes, almost enough <input type="checkbox"/> no, far from enough</p> <p><input type="checkbox"/> no, slightly too little</p>
<p>7) How often do you get enough rest between your work shifts?</p>	<p><input type="checkbox"/> generally between all work shifts <input type="checkbox"/> between a few work shifts per year</p> <p><input type="checkbox"/> between a few work shifts per week <input type="checkbox"/> never</p> <p><input type="checkbox"/> between a few work shifts per month</p>
<p>8) How often do you get enough rest during periods off work?</p>	<p><input type="checkbox"/> generally during all periods off work <input type="checkbox"/> a few periods off work per year</p> <p><input type="checkbox"/> most of the periods off work <input type="checkbox"/> never</p> <p><input type="checkbox"/> a few periods off work per month</p>

Individual Fatigue/Sleepiness Scales (cont'd)

10) How often do you sleep 5 hours or less per day?						
Never	Rarely A few times (per year)	Sometimes Several times (per month)	Often 1-2 times per week	Mostly 3-4 times per week	Always 5 times or more per week	Do not know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

11) How often do you sleep 9 hours or more per day?						
Never	Rarely A few times (per year)	Sometimes Several times (per month)	Often 1-2 times per week	Mostly 3-4 times per week	Always 5 times or more per week	Do not know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>12) To what extent is disturbed sleep a health problem to you?</p>	<input type="checkbox"/> large problem <input type="checkbox"/> rather small problem <input type="checkbox"/> rather large problem <input type="checkbox"/> very small problem <input type="checkbox"/> neither large nor small problem
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