37. In what industry, if any, were you employed prior to becoming an EMT? (PLEASE MARK ONE)
   ○ Agriculture/Farming
   ○ Business Service
   ○ Education
   ○ Finance/Insurance/Real Estate
   ○ Health Care
   ○ Manufacturing
   ○ Military
   ○ Other Government
   ○ Restaurant/Food/Beverage
   ○ Retail Distribution
   ○ Transportation/Utilities
   ○ None -- was a student
   ○ None -- was unemployed
   ○ Other (SPECIFY)

38. In the last 12 months, have you ever done any of the following as part of your job as an EMT? (PLEASE MARK ONE CIRCLE PER LINE)
   ○ Perform patient care duties in an emergency department
   ○ Perform patient care duties in a health care setting other than an emergency department (such as a doctor's office, nursing home, hospital unit, etc.)
   ○ Perform inter-facility transfer of critical care patients
   ○ Transport emergency patients to a health care facility other than an emergency department
   ○ Treat and release emergency patients without transport
   ○ Participate in health monitoring programs

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Sleep Survey

The following questions ask about sleep and different ways that sleepiness might affect your life and the lives of other EMTs.

1. On average, how long does it take you to fall asleep at night, after you turn out the bedroom lights?
   ○ 0-5 minutes
   ○ 6-30 minutes
   ○ 31-60 minutes
   ○ More than 60 minutes

2. If you wake up during the night, how long does it take you to get back to sleep?
   ○ 0-5 minutes
   ○ 6-30 minutes
   ○ 31-60 minutes
   ○ More than 60 minutes
   ○ I never wake up during the night

3. How likely are you to doze off or fall asleep in the following situations?

<table>
<thead>
<tr>
<th>SITUATIONS</th>
<th>CHANCE OF DOZING</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Sitting and reading</td>
<td>No chance</td>
</tr>
<tr>
<td>b. Watching TV</td>
<td>Slight chance</td>
</tr>
<tr>
<td>c. Sitting, inactive in a public place (for example, a theater or a meeting)</td>
<td>Moderate chance</td>
</tr>
<tr>
<td>d. As a passenger in a car for an hour without a break</td>
<td>High chance</td>
</tr>
<tr>
<td>e. Lying down to rest in the afternoon when circumstances permit</td>
<td></td>
</tr>
<tr>
<td>f. Sitting and talking to someone</td>
<td></td>
</tr>
<tr>
<td>g. Sitting quietly after a lunch without alcohol</td>
<td></td>
</tr>
<tr>
<td>h. In a car, while stopped for a few minutes in traffic</td>
<td></td>
</tr>
</tbody>
</table>
4. Have you ever been told that you stop breathing while you are asleep?
   ○ Yes ○ No

5. In the last 4 weeks, how often did you wake up (once or more) during the night?
   ○ Never ○ Rarely ○ Sometimes ○ Usually ○ Almost always ○ Always

6. In the last 4 weeks, how often did you have trouble falling asleep at night?
   ○ Never ○ Rarely ○ Sometimes ○ Usually ○ Almost always ○ Always

7. In the last 4 weeks, how often did you use prescription medication to help you go to sleep or stay asleep?
   ○ Never ○ Rarely ○ Sometimes ○ Usually ○ Almost always ○ Always

8. In the last 4 weeks, how often did you use non-prescription medicines to help you go to sleep or stay asleep?
   ○ Never ○ Rarely ○ Sometimes ○ Usually ○ Almost always ○ Always

9. In the last 4 weeks, how often did you use alcohol to help you go to sleep or stay asleep?
   ○ Never ○ Rarely ○ Sometimes ○ Usually ○ Almost always ○ Always

10. In the last 4 weeks, how often did you have difficulty driving your personal vehicle short distances (less than 15 minutes) because you became sleepy or tired?
    ○ Never ○ Rarely ○ Sometimes ○ Usually ○ Almost always ○ Always

11. In the last 4 weeks, how often did you have difficulty driving your personal vehicle long distances (greater than 30 minutes) because you became sleepy or tired?
    ○ Never ○ Rarely ○ Sometimes ○ Usually ○ Almost always ○ Always

12. How often have you driven an emergency vehicle in the last 4 weeks?
    ○ Never ○ Once ○ Twice ○ Three or more times
    → If never, go to question 15

13. In the last 4 weeks, how often have you had difficulty operating an emergency vehicle for short distances (less than 15 minutes) because you became sleepy or tired?
    ○ Never ○ Rarely ○ Sometimes ○ Usually ○ Almost always ○ Always

14. In the last 4 weeks, how often have you had difficulty operating an emergency vehicle for long distances (greater than 30 minutes) because you became sleepy or tired?
    ○ Never ○ Rarely ○ Sometimes ○ Usually ○ Almost always ○ Always

15. What is the typical length of your shift at your main EMS job?
    ○ 8 hours ○ 10 hours ○ 12 hours ○ 24 hours ○ Other ○ I do not work shifts
    → If you do not work shifts, go to question 21.

16. In the last 4 weeks how many shifts did you work at your main EMS job?
    ○ None ○ 1-2 ○ 3-4 ○ 5-8 ○ 9-12 ○ 13-15 ○ 16-18 ○ 19-24 ○ 25 or more
17. Typically, between what time does your shift at your main EMS job start?
   ○ 6:00am - 10:59am  ○ 11:00am - 4:59pm  ○ 5:00pm - 9:59pm  ○ 10:00pm - 5:59am

18. During the last 6 months, how often has the start time for your EMS shift changed?
   ○ 0  ○ 1  ○ 2 or more

19. Does work policy permit you to sleep during your EMS shift?
   ○ Yes  ○ Sometimes  ○ No ➔ If no, go to question 21

20. How often is your sleep at work disturbed?
   ○ Never  ○ Rarely  ○ Sometimes  ○ Usually  ○ Almost always  ○ Always

The remaining items ask about your experiences over the last 12 months.

21. In the last 12 months, have you seen a physician for a sleep related concern?
   ○ Yes  ○ No

22. In the last 12 months, have you ever been told that you snore while you are asleep?
   ○ Yes  ○ No ➔ If no, go to question 24

23. How often have you been told that your snoring disturbs others?
   ○ Never  ○ Rarely  ○ Sometimes  ○ Usually  ○ Almost always  ○ Always

24. In the last 12 months, how often did you have difficulty finishing a meal because you become sleepy or tired?
   ○ Never  ○ Rarely  ○ Sometimes  ○ Usually  ○ Almost always  ○ Always

25. In the last 12 months, how often did you have difficulty being as active as you wanted to be during waking hours because you were sleepy or tired?
   ○ Never  ○ Rarely  ○ Sometimes  ○ Usually  ○ Almost always  ○ Always

26. In the last 12 months, how often have you had difficulty remembering EMS protocols because you were sleepy or tired?
   ○ Never  ○ Rarely  ○ Sometimes  ○ Usually  ○ Almost always  ○ Always

27. In the last 12 months, has your relationship with family, friends, or work colleagues been affected because you were sleepy or tired?
   ○ Definitely yes  ○ Mostly yes  ○ Mostly no  ○ Definitely no

28. In the last 12 months, have you had difficulty visiting with your family or friends because you became sleepy or tired?
   ○ Definitely yes  ○ Mostly yes  ○ Mostly no  ○ Definitely no