Attachment D: Surveys (Baseline, Immediate Post-training, Post-training @ 1, 3, and 6-months)

Content:

D.1 BASELINE SURVEY

Thank you for agreeing to participate in this evaluation study of the NIOSH online program "Training for Nurses on Shift Work and Long Work Hours." We hope to understand if the training improves Registered Nurse (RN) sleep health and wellbeing. Specifically, we are looking at whether the online NIOSH program encourages you to change behaviors which influence sleep health and wellbeing. We hope this evaluation will help us better understand the support and barriers to successful sleep health training for nurses. If usefulness is lacking, we will improve the training to meet the needs of RNs.

This survey is expected to take 23 minutes to complete. Your responses to the survey questions are voluntary. All personal information will be kept secure. We will only report on the group results of the study, not individual results. You will have an opportunity to obtain a personalized report of your sleep and wellbeing information collected during the study.

First, we would like to ask you questions about your professional experience as a registered nurse.

1. What is your highest degree or year of school you completed?

   ___Diploma

   ___Associate degree in nursing

   ___Completed Baccalaureate degree in another discipline

   ___Baccalaureate degree in Nursing

   ___Completed graduate degree (Master's or Doctorate)

2. How long have you been working as a registered nurse?

   ___Less than 1 year

   ___1 to 5 years

   ___6 to 10 years

   ___11 or more years

3. Do you have any jobs besides your main job or do any other work for pay?

   ___Yes

   ___No

4. How many hours did you work LAST WEEK at ALL jobs or businesses?

5. What type of patient care facility do you work?

   ___Acute care hospital

___Urgent Care

___Post-acute facility (e.g., skilled nursing facility, long-term care, rehabilitation)

___Other

6. What is your primary unit or work area? Think of your "unit" as the work area, department, or clinical area where you spend most of your work time.

___Multiple Units/No specific unit

___Medical/Surgical (including cardiology, gastroenterology, oncology/hematology, pulmonology, telemetry units)

___Emergency Department/Observation/Short Stay

___ICU (all adult types)

___Labor & Delivery,

___Obstetrics & Gynecology

___Pediatrics (including NICU, PICU)

___Psychiatry, Behavioral Health

___Surgical services (endoscopy, colonoscopy, pre-op, operating room, PACU/post-op, peri-op)

___Skilled Nursing, Long-term care, Rehabilitation

___Hospice

___Other

7. Which of the following best describes the shift length you usually work at your main job?

___8 hours

___10 hours

___12 hours

___16 hours

___other

Next, we would like to ask you questions about your sleep and wellbeing.

8. One hears about "morning" and "evening" types of people. Which one of these types do you consider yourself to be?

___Definitely a morning type

___Rather more a morning than an evening type

___Rather more an evening than a morning type

___Definitely an evening type

9. 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

10. 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

11. 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

12. 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

Finally, we would like to ask some standard questions about you, such as your age and marriage status.

13. What is your age?

    _____

14. Which of the following best represents how you think of yourself?

    ___ Gay (lesbian or gay)

    ___ Straight, this is not gay (or lesbian or gay)

    ___ Bisexual

    ___ Something else

    ___ I don't know the answer

15. What sex were you assigned at birth, on your original birth certificate?

    ___ Male

    ___ Female

    ___ Refused

    ___ I don't know

16. Do you currently describe yourself as male, female, or transgender?

    ___ Male

    ___ Female

    ___ Transgender

    ___ None of these

17. Which one of the following would you say is your ethnicity?

    ___Hispanic or Latino

    ___Not Hispanic or Latino

18. Which one or more of the following would you say is your race? (Select all that apply)

    ___American Indian or Alaska Native

    ___Asian

___Black or African American

___Native Hawaiian or Other Pacific Islander

___White

19. Are you…

___Married

___Divorced

___Widowed

___Separated

___Never Married

___A member of an unmarried couple

20. How many children less than 18 years of age live in your household?

_____

D.2 SURVEY FOR IMMEDIATE POST-TRAINING

Thank you for taking the time to complete the NIOSH online "Training for Nurses on Shift Work and Long Work Hours." Now that you have completed the training, we would like to ask you four questions which should take approximately 7 minutes to answer. The first two questions are about your plans to change behaviors that might help improve your sleep. The last two questions are about the training itself and are not multiple choice, allowing you to write-in your opinion on what you liked and disliked about the training. This will help us better understand whether the training is meeting your needs.

1. How strongly do you agree or disagree with the following statements:

I intend to use behaviors to promote sleep by improving sleep hygiene (e.g. improved sleep environment, taking naps, adjusting caffeine intake)	1 Disagree	2 Somewhat disagree	3 Neither agree nor disagree	4 Somewhat agree	5 Agree
I intend to use behaviors to promote sleep by changing my work environment (e.g., schedule adjustments, less overtime, etc.)	1 Disagree	2 Somewhat disagree	3 Neither agree nor disagree	4 Somewhat agree	5 Agree

2. What did you like about the training program?

3. What could improve in the training program?

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?