**USS SHIP Questionnaire**

**Instructions:** *Please answer ALL questions as accurately as possible. ALL information is confidential and will be used only for research purposes.*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. What is your age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ years | | | | | | | | | | | | | | |
| 1. What is your gender (Check one 🗹) | | | | | | | ⬜ Male | | | | ⬜ Female | | | |
| 1. What is your rate: (for example, FC, HT, OS, IT, GSE) | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| 1. What is your rank: (for example, E4, O2) | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| 1. What is your Department: (for example, Engineering, Operations, etc.) | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| 1. Years on active duty: | | | \_\_\_\_\_\_\_\_\_ | |  | | | |  | | | | | |
| 1. What things affect your sleep? (Check ALL that apply 🗹) | | | | | | | | | | | | | | |
| ⬜ | Not enough time to sleep | | | | | | | | | | | | |  |
| ⬜ | Noise: | \_\_\_\_\_Other people | | \_\_\_\_\_\_ Noise inside berthing area | | | | \_\_\_\_\_ Noise outside berthing | | | | | \_\_\_\_\_\_ 1MC | |
| ⬜ | Temperature: \_\_\_\_\_Too cold \_\_\_\_Too hot | | | | | | | | | | | | |  |
| ⬜ | Light | | | | | | | | | | | | |  |
| ⬜ | Motion | | | | | | | | | | | | |  |
| ⬜ | Bedding Conditions: \_\_\_\_Bed size \_\_\_\_Mattress \_\_\_\_Pillow \_\_\_\_\_\_ Curtain | | | | | | | | | | | | |  |
| ⬜ | Odors | | | | | | | | | | | | |  |
| ⬜ | Other things that affect your sleep: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |  |
| 1. How many of the following caffeinated beverages do you drink **on average** each day?   (Check ALL that apply 🗹) and indicate daily amount) | | | | | | | | | | | | | | |
| ⬜ | Tea | | | | | Servings/Cups per day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| ⬜ | Coffee | | | | | Servings/Cups per day: \_\_\_\_\_\_\_ | | | | | | | | |
| ⬜ | Soda/pop/soft drinks | | | | | Servings/Cups per day: \_\_\_\_\_\_\_ | | | | | | | | |
| ⬜ | Energy drinks (Monster/RedBull, etc.) | | | | | Servings/Cups per day: \_\_\_\_\_\_\_ | | | | | | | | |
| ⬜ | Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How often: \_\_\_\_\_\_\_ (Example: 4 times per day) | | | | | | | | | | | | | |
| 1. Do you use tobacco or tobacco products? (Check one 🗹) | | | | | | | ⬜ Yes | | | | | ⬜ No | | |
| 1. Do you take any prescribed or over-the-counter medications? (Check one 🗹) | | | | | | | ⬜ Yes | | | | ⬜ No | | | |
| If **YES**, please list all medications you take:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| 1. Do you have an exercise routine? (Check one 🗹) | | | | | | | ⬜ Yes | | | | ⬜ No | | | |
| If **YES,** frequency:\_\_\_\_Daily \_\_\_\_Times per week (for example, 3 Times per week)  What kind of exercise routine do you do? (for example, cardio, weight lifting)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  How long does this routine take? (for example, 45 minutes) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| 1. Did you stand watch since your last port visit? **(**Check one 🗹) ⬜ Yes ⬜ No | | | | | | |
| **If you stood watch**, which watchstanding schedule were you on? (hours on/ hours off) Check ALL that apply 🗹 | | | | | | |
|  | ⬜ NEW 3-3-3-15 schedule  ⬜ 3/9 | | | ⬜ 6/12  ⬜ 6/18 | | |
|  | ⬜ 5/10 | | | ⬜ 6/12 | | |
|  | ⬜ 5/15 | | | ⬜ 12/12 | | |
|  | ⬜ 6/6 | | | ⬜ Other, describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 1. When did you stand watch? (For example, 0000-0300 and 0600-0900)   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| 1. The sleep I received since the last port visit was: **(**Check one 🗹) | | | | | | |
| Much less  than I needed | | Less  than I needed | About right | | More  than I needed | Much more  than I needed |
| ⬜ | | ⬜ | ⬜ | | ⬜ | ⬜ |
| 1. The sleep received **by other Sailors** since the last port visit was: **(**Check one 🗹) | | | | | | |
| Much less  than needed | | Less  than needed | About right | | More  than needed | Much more  than needed |
| ⬜ | | ⬜ | ⬜ | | ⬜ | ⬜ |
| 1. How did your workload for the past 2.5 weeks compare to your normal workload while underway? **(**Check one 🗹) | | | | | | |
| Much less  than usual | | Less  than usual | About the same | | More  than usual | Much more  than usual |
| ⬜ | | ⬜ | ⬜ | | ⬜ | ⬜ |
| 1. What did you like most about your current watch schedule?   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| 1. What did you like least about your current watch schedule?   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
|  | | | | | | |
| 1. What advice would you give to others who would like to improve their watchstanding schedules?   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |

**Pittsburgh Sleep Quality Index Instructions:** *The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days/nights since the last port visit. Please answer all questions.*

|  |  |
| --- | --- |
| 1. In the past month, what time have you usually gone to bed at night? | Bed Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. During the past month, how long (in minutes) has it usually taken you to fall asleep each night | Number of Minutes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. In the past month, what time have you usually gotten up in the morning? | Getting up time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. During the past month, how many hours of actual sleep did you get at night? (this may be different than the number of hours you spent in bed.) | Hours of Sleep per Night:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Instructions:** *For each of the questions, check the one best response.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. During the past month, how often have you had trouble sleeping because you… | Not during the past month | Less than once a week | Once or twice a week | 3 or more times a week |
| 1. Cannot get to sleep within 30 mins | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. Wake up in the middle of the night or early morning | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. Have to get up to use the bathroom | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. Cannot breathe comfortably | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. Cough or snore loudly | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. Feel too cold | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. Feel too hot | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. Had bad dreams | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. Have pain | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. Other reason(s), please describe:   ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ­­How often during the past month have you had trouble sleeping because of this other reason? | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. During the past month, how would you rate your sleep quality overall? | Very Good | Fairly Good | Fairly Bad | Very Bad |
| ⭘ | ⭘ | ⭘ | ⭘ |
| 1. During the past month, how often have you taken medicine to help you sleep (prescribed or “over the counter”? | Not during the past month | Less than once a week | Once or twice a week | Three or more times a week |
| ⭘ | ⭘ | ⭘ | ⭘ |
| 1. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity? | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done? | Not a problem at all | Only a very slight problem | Somewhat of a problem | A very big problem |
| ⭘ | ⭘ | ⭘ | ⭘ |

**Instructions:** *This list includes items that Sailors have indicated as important issues for watchstanding acceptability. Please rate the following items for the* ***NEW*** *(3-3-3-15) watchstanding schedule as compared to the one you used prior to this underway. For each of the items, check the one best response. Base your decision on* ***your experience since the last port visit.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Issues | Compared to my **former** schedule, the **NEW** watchstanding schedule is… | | | |
| Worse | The same | Better | N/A |
| 1. Predictability of the daily schedule | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. Ease of coordinating Shipboard or Departmental evolutions | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. Alertness and ability to focus | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. Sleep quality | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. Time to sleep | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. Time for off-watch duties and Shipboard or Departmental qualifications | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. Ability to plan my day | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. Time to complete my watch duties | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. Time for chow | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. Mood | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. Drinking caffeine products | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. Stress | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. Drinking caffeine products | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. Time to work out | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. Personal time | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. Enough time for Shipboard or Departmental training | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. Noise in the berthing compartment | ⭘ | ⭘ | ⭘ | ⭘ |

Other comments (either positive or negative) about the new (3-3-3-15) watch standing schedule:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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