**USS SHIP Questionnaire**

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

|  |
| --- |
| 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 morethan 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 morethan 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 morethan 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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