Shiftwork & Fatigue Survey

Use this survey at your workplace as a way of starting the discussions about the health and safety effects of fatigue, working shifts and long hours.

Remember: Shiftwork affects health & safety, so consultation with H&S Reps & workers is required under H&S laws.

1. Why do you work shift work?
   - [] Job must be done at those hours
   - [] Better pay
   - [] Prefer working those hours
   - [] More time off
   - [] Other (please specify) __________________________

2. Do you have any input into your roster?
   - [] Yes
   - [] No

3. What shift do you normally work?
   - [] day shift
   - [] afternoon shift
   - [] night shift
   - [] rotating shifts

4. What is the normal length of your shift?
   - [] 8 hr
   - [] 10 hr
   - [] 12 hr
   - [] more than 14 hrs

5. How many total hours do you usually work each week? (averaged over 4 weeks)
   - [] Less than 35
   - [] 35 - 39
   - [] 40 - 49
   - [] 50 +

6. How many hours per week of paid overtime do you usually work?
   - [] None - I don’t usually work paid overtime
   - [] Less 5 hours
   - [] Between 5 and 10 hours
   - [] More than 10 hours

7. How many hours per week of unpaid overtime do you usually?
   - [] None - I don’t usually work unpaid overtime
   - [] Less than 5 hours
   - [] Between 5 and 10 hours
   - [] More than 10 hours
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8. **Do you often have less than 12 hours break between shifts?**
   - ☐ Yes
   - ☐ No

9. **Do you usually work more than 5 days in a row?**
   - ☐ No – I usually work less than 5 days in a row
   - ☐ Between 5-7 days in a row
   - ☐ Between 7-15 days in a row
   - ☐ More than 15 days in a row

10. **Has your health suffered because of your roster?**
    - ☐ Yes
    - ☐ No

11. **If yes, indicate if you have had any of the following symptoms:**
    - ☐ sleep difficulties
    - ☐ continual tiredness
    - ☐ feeling depressed
    - ☐ indigestion
    - ☐ high blood pressure
    - ☐ panic/anxiety attacks
    - ☐ menstrual problems
    - ☐ frequent colds or respiratory illnesses

12. **Does your family complain about your roster?**
    - ☐ Never
    - ☐ Sometimes
    - ☐ Frequently

13. **Do you have sufficient access to the following facilities on your roster?**
    - Canteen and/or eating facilities
      - ☐ Yes
      - ☐ No
    - First aid
      - ☐ Yes
      - ☐ No
    - Training and information
      - ☐ Yes
      - ☐ No

14. **Does training include information on the effects of shift work?**
    - ☐ Yes
    - ☐ No