

FATIGUE SELF-ASSESSMENT

This fatigue self-assessment checklist consists of two parts. Please answer the following questions to determine if you are at risk from fatigue.

Each 'Yes' answer indicates a risk of fatigue. The more 'Yes' responses, the higher the risk of fatigue.

Name:		Date:	
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PART 1

Identifying Fatigue Risk Factors

Work Scheduling and Planning	Yes	No
Do you consistently work or travel between midnight and 5:00am?	<input type="checkbox"/>	<input type="checkbox"/>
Does your work schedule prevent you having at least one day off per week?	<input type="checkbox"/>	<input type="checkbox"/>
Does your work schedule make it difficult to consistently have at least one consecutive night's sleep per week?	<input type="checkbox"/>	<input type="checkbox"/>
Do you frequently work on consecutive days off/coverovers?	<input type="checkbox"/>	<input type="checkbox"/>
Do your work schedules vary from those actually worked?	<input type="checkbox"/>	<input type="checkbox"/>



SAMPLE

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Work Scheduling and Planning	Yes	No
Do you consistently work between 11pm and 5am?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consistently work between 5am and 11pm?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consistently work between 11am and 7pm?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consistently work between 7pm and 11pm?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consistently work between 11pm and 5am?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consistently work between 5am and 11pm?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consistently work between 11am and 7pm?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consistently work between 7pm and 11pm?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consistently work between 11pm and 5am?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consistently work between 5am and 11pm?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consistently work between 11am and 7pm?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consistently work between 7pm and 11pm?	<input type="checkbox"/>	<input type="checkbox"/>

PART 2

Identifying Current Fatigue Risk Factors

The fatigue self-assessment below was developed to assist you to determine whether your working physiology and lifestyle is optimal and to identify any opportunities for improvement.

Fatigue Assessment			
	LOW RISK	MEDIUM RISK	HIGH RISK
How do you feel?	Active, alert, no fatigue issues. <input type="checkbox"/>	OK. Not fully active or alert, yawning, wandering thoughts, irritable. <input type="checkbox"/>	Sleepy, hard to concentrate, yawning, micro-sleeps. <input type="checkbox"/>



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[The background of this section is a blurred image of the full fatigue assessment form, showing various questions and their corresponding risk level columns.]