

FATIGUE SELF-ASSESSMENT CHECKLIST

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 from 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"/>
Does your work schedule include any of the following conditions?	<input type="checkbox"/>	<input type="checkbox"/>
Workload and Physical Work Demands	Yes	No
Do you consistently work hours that are physically demanding? <i>(e.g. tasks that are especially tiring and/or repetitive, such as heavy lifting and/or long periods of manual handling)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Do you consistently work hours that are mentally demanding? <i>(e.g. tasks that require long periods of concentration and attention)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Working Time	Yes	No
Do you regularly work in excess of 40 hours a day, including overtime?	<input type="checkbox"/>	<input type="checkbox"/>
Is the break between your work shifts less than 10 hours?	<input type="checkbox"/>	<input type="checkbox"/>
Does any of the work you undertake occur between the hours of 00:00 and 05:00?	<input type="checkbox"/>	<input type="checkbox"/>
Work Environment Conditions	Yes	No
Do you perform work in heat or an uncomfortable condition (e.g. hot, humid or cold)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you work with poor or inadequate lighting?	<input type="checkbox"/>	<input type="checkbox"/>
Are you exposed to hazardous chemicals or hazardous substances?	<input type="checkbox"/>	<input type="checkbox"/>
Are you consistently exposed to loud noise?	<input type="checkbox"/>	<input type="checkbox"/>
If you have any suggestions to minimise fatigue, please let them below:		



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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 often do you get a good night's sleep (7-9 hours)?	Always	Sometimes	Never
If you are on shift with 48 hours, how often do you have a day's sleep?	Always	Sometimes	Never
Are you taking any medications or other substances that will affect your ability to work?	Never	Sometimes	Always
How much food have you consumed today and over the last 24 hours?	Enough	Not enough	Not enough
Are there any personal or health factors that will affect your ability to work today?	None	Minor	Major



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The fatigue assessment consists of seven items that evaluate a user's ability to be vigilant. The average scores are shown in the table below. Some people will show signs or symptoms of fatigue even when they are not overworked. This is due to their unique physiology. Some people will show signs of fatigue even when they are not overworked. This is due to their unique physiology. Some people will show signs of fatigue even when they are not overworked. This is due to their unique physiology.

Red answers are where a person's physiology is impaired and there is a high risk of a fatigue-related incident occurring.