

Shift Worker Questionnaire

Click Here to Insert
Company Logo

**Thank you for taking
the time to answer the
following questions. We
really appreciate your
thoughts and ideas.
Your answers to these
questions can be totally
anonymous.**

**If you would like to talk in
more detail about your
ideas and/or be a part of
a focus group, please put
your name and phone
number or email below.**

NAME

PHONE NUMBER

EMAIL

Does shift work interfere with getting good sleep? **YES** **NO**

Does shift work interfere with having a balanced diet? **YES** **NO**

Does shift work interfere with getting 30 minutes of
exercise per day (not including on shift)? **YES** **NO**

Does shift work interfere with your family life? **YES** **NO**

Does shift work interfere with your social life? **YES** **NO**

What do you like about shift work?

What don't you like about shift work?

If we could do anything to improve shift work, what would you suggest?

SUPPORTED BY:

