

## Fatigue Risk Assessment and Management in high-risk Environments (FRAME) Survey

The FRAME survey has been developed to monitor fatigue in offshore oil and gas workers. The following questions concern the most recent shift you completed. Rate the following items for how you felt DURING THE MOST RECENT WORK SHIFT THAT YOU COMPLETED, with 0 being “Not at all” and 10 being “Extremely”.

1. You experience stiff muscles? 0 1 2 3 4 5 6 7 8 9 10 Not at all Extremely
2. You feel exhausted? 0 1 2 3 4 5 6 7 8 9 10 Not at all Extremely
3. Your legs feel tired or heavy? 0 1 2 3 4 5 6 7 8 9 10 Not at all Extremely
4. Your joints (e.g., knee or elbow) feel achy or stiff? 0 1 2 3 4 5 6 7 8 9 10 Not at all Extremely
5. You have trouble concentrating? 0 1 2 3 4 5 6 7 8 9 10 Not at all Extremely
6. You have trouble paying attention (e.g., during meetings or brief)? 0 1 2 3 4 5 6 7 8 9 10 Not at all Extremely
7. Your sleepiness interfere with your work? 0 1 2 3 4 5 6 7 8 9 10 Not at all Extremely
8. You experience rapid heartbeats? 0 1 2 3 4 5 6 7 8 9 10 Not at all Extremely
9. Your legs feel numb? 0 1 2 3 4 5 6 7 8 9 10 Not at all Extremely
10. Your arms, hands, and/or fingers feel numb? 0 1 2 3 4 5 6 7 8 9 10 Not at all Extremely
11. You experience blurred or distorted vision? 0 1 2 3 4 5 6 7 8 9 10 Not at all Extremely
12. You have trouble remembering work-related things (i.e., instructions or procedures)? 0 1 2 3 4 5 6 7 8 9 10 Not at all Extremely
13. You find it difficult to pay attention to someone, even when you were being spoken to directly? 0 1 2 3 4 5 6 7 8 9 10 Not at all Extremely
14. You experience difficulty staying awake during work? 0 1 2 3 4 5 6 7 8 9 10 Not at all Extremely
15. You feel drowsy during your shift? 0 1 2 3 4 5 6 7 8 9 10 Not at all Extremely