

FACTS Data Gathering Form

FACTS is a software program which estimates the probability of whether a person was or was not impaired by fatigue at the time of an accident or incident. If there were several people involved, separately entering the data for each person will help you determine which individual(s), if any, were, or were not, fatigued impaired at the time of the accident.

Because fatigue impairment is a complex interaction of multiple causal factors, FACTS combines the available data related to each factor to provide an overall fatigue impairment probability. The more answers you provide, and the more accurate these answers are will determine the degree of reliability of the calculated overall probability of fatigue impairment.

FACTS is available for free on the web under:

<http://facts.circadian.com>

This document can be used to gather the information needed to enter a case on the FACTS website ahead of your visit to the site.

Your Incident/Accident ID (optional)

Timing of the Incident

1. What time of the day did the incident occur?
 - _____ hours
2. How many hours prior to the time of the incident, did his/her last sleep episode end?
 - _____ hours
3. At the time of the incident, what kind of activity was the individual performing?
 - Unknown
 - Operating a Vehicle(as part of job)
 - Operating a Vehicle(as part of commute)
 - Sedentary work indoors (like control room)
 - Physical work indoors
 - Physical work outdoors
4. At the time of the incident, how many hours had the individual been on duty?
 - _____ hours

Sleep during the nights/days prior to the incident

5. How many hours of sleep did the individual get in the 24 hours prior to the incident? (include main sleep and naps)
 - _____ hours
6. How well did the individual sleep during the 24 hours prior to the incident?
 - Unknown
 - Poor/no sleep
 - Fair
 - Good
 - Excellent
7. How many hours of sleep did the individual get in between 24 and 48 hours prior to the incident? (include main sleep and naps)
 - _____ hours
8. How well did the individual sleep two days prior to the incident?
 - Unknown
 - Poor/no sleep
 - Fair
 - Good
 - Excellent
9. How many hours of sleep did the individual get in between 48 and 72 hours prior to the incident? (include main sleep and naps)
 - _____ hours

10. How well did the individual sleep three days prior to the incident?
- Unknown
 - Poor/no sleep
 - Fair
 - Good
 - Excellent
11. How would you characterize the individual's work and sleep pattern (incl. overtime) in the week(s) prior to the incident?
- Work Schedule:
- Unknown
 - On-Call with less than 3 hours notice
 - On-Call with at least 4 hours notice
 - Irregular
 - Split Shifts
 - Regular/Set Pattern
- Sleep Schedule:
- Unknown
 - On-Call
 - Unpredictable
 - Irregular
 - Regular/Set Pattern
12. What was the individual's activity at the same time of day as the incident:
- 24 hours prior the incident?
- Unknown
 - Work
 - Non Work Awake
 - Sleep
- 48 hours prior the incident?
- Unknown
 - Work
 - Non Work Awake
 - Sleep
- 72 hours prior the incident?
- Unknown
 - Work
 - Non Work Awake
 - Sleep
13. On a day off the individual usually slept _____ hours longer than on days worked.

Evidence of Sleepiness and/or Inattention

14. How mentally stimulating was the work task immediately prior to the incident?

- Unknown
- Monotonous/Boring
- Somewhat Monotonous
- Uncertain
- Somewhat Stimulating
- Very Stimulating

15. How mentally stimulating was the work environment immediately prior to the incident?

- Unknown
- Monotonous/Boring
- Somewhat Monotonous
- Uncertain
- Somewhat Stimulating
- Very Stimulating

Were there any signs of sleepiness observed before the incident?

16. Had the individual frequently complained about fatigue or sleepiness over the prior week?

- Unknown
- Yes
- No

17. Were any signs of sleepiness (e.g. yawning, eye closure, head nodding, fixed "zombie" gaze) observed before the incident?

- Unknown
- Yes
- No

18. Was there any evidence of a lapse of attention (e.g. failure to stop, brake, steer or respond to machinery or warning signal) at the time of the incident?

- Unknown
- Yes
- No

19. Did the individual admit to falling asleep or nodding off?

- Unknown
- Yes
- No

20. Was there any evidence of use of prescription or illicit pharmaceuticals within the last 48 hours?

- Unknown
- Yes
- No

General Health

21. How tall is the individual? ____ ft, ____ inch or ____ m, ____ cm
22. How much does he/she weigh? ____ lbs or ____ kg
23. Did any health problems affect the individual's sleep in the week(s) leading up to the incident?
 - Unknown
 - Yes
 - Yes but treated
 - No

Cost (optional)

What was the approximate cost of the accident/incident/operational deviation. Please enter in USD.

Comment