

INDIVIDUAL AND LIFESTYLE FATIGUE RISK ASSESSMENT

STEP 1: ASSESS INDIVIDUAL AND LIFESTYLE FATIGUE RISK FACTORS	Low	Med	High
1. How many hours' sleep do you average per day?	>7	5-7	<5hrs
2. How would you rate your demands outside of work (e.g. second job, studying, family, social, community commitments)?	Manageable	Challenging	Overwhelming
3. During the past week, have you experienced anything that may distract you from concentrating on your work or other home based tasks (such as personal issues, stressed, anxious or indifferent, cold, flu, headache, hangover, pain)?	None to A little of the time	Some of the time	Most of the time
4. During the past month have you often been bothered by feeling down, depressed, or hopeless?	No		Yes
5. During the past month have you often been bothered by little interest or pleasure in doing things?	No		Yes
6. What is your body mass index? (see chart on the following page)	<28	28-32	>32
7. Do you take any medication (prescribed or over the counter)?	No		Yes
8. How many standard alcoholic drinks (10g) do you average per day?	0 to 2	3 to 4	>4
9. How many caffeinated drinks do you average per day (coke, coffee, energy drinks, tea)?	≤3	4 to 5	≥6
10. Do you smoke?	No	Occasionally	Daily
11. How often would you sit down continuously for greater than a 2 hour time-frame?	Rarely	Daily	Several times daily
12. How many days per week do you exercise continuously for at least 20 minutes?	>4	1-3	0
13. How many meals and/or snack do you eat each day?	3 to 6		≤3 or ≥6

RISK CONTROLS

(Tick any of the "Risk Controls" in the guide you feel would control the risk that has been identified.)

- Schedule and stop for rest break (See "How to use break effectively on following page)
- Reschedule, handover or rotate tasks to limit a build-up of mental and physical fatigue
- Referral to seek advice from health profession (i.e. GP, EAP and/or Health & Wellness Program)
- Provide increased supervision
- Increase communication (Half hourly progress reports)
- Return home for rest/recovery
- Check Sleep Hygiene (cool, dark, quiet room; pre-bed routines)
- Reduce body weight through energy balance (see Alert Guide to Nutrition & Alert Guide to Exercise)
- Plan to eat breakfast, pack a healthy lunch, portion size your dinner
- Commit to reduce alcohol intake to include 2 alcohol free days
- Commit to reduce alcohol intake to 2 standard drinks a day
- Get a Quit pack and identify strategies to give up smoking
- Schedule 3 key sessions of exercise a week
- Cut down caffeinated beverages drink water instead of caffeinated beverages

STEP 2: Establish WHY you would like to improve your health

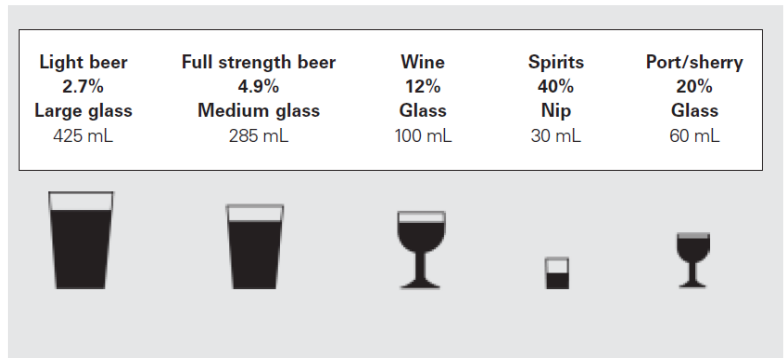
STEP 3: Develop your action plan

For any risks identified (amber or red answers) in Step 1, identify actions you can take to control against the risk.

Risk Area	Actions
Nutrition	1. Include ½ plate of vegetables or salad at dinner 5 days/week 2. Limit caffeine drinks to 4 per day

The following charts are required to complete the questionnaire on page 1

Standard Alcoholic Drinks



Body Mass Index Chart

