

## Cyber Operations Stress Survey

**PRE-OP: Complete this part before you start the operation**

Name or Participant ID:	Date:
What time did you arrive at the office today?	When was your last operation?

Operation type or goal:

*Study-specific questions can be added as needed...*

**Fatigue:** How awake or tired are you before the operation?

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Fully alert, wide awake.	Very responsive, but not at peak.	Okay, somewhat fresh.	A little tired, less than fresh.	Moderately tired, let down.	Extremely tired, very difficult to concentrate.	Exhausted, unable to function effectively.													

**Frustration Level:** How insecure, discouraged, irritated, stressed, and annoyed are you right now?

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Very Low										Very High									

★ Complete this section only if you have never completed a version of this survey before:

Job Role

How long have you worked in this job?

What are your other work duties or responsibilities?

**Operation start time:**

**Complete the back page after the operation is complete →**

## Cyber Operations Stress Survey

**POST-OP: Complete this part after you complete the operation**

<b>Operation end time:</b>
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**Fatigue:** How awake or tired are you after the operation?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fully alert, wide awake.	Very responsive, but not at peak.	Okay, somewhat fresh.	A little tired, less than fresh.	Moderately tired, let down.	Extremely tired, very difficult to concentrate.	Exhausted, unable to function effectively.											

**Mental Demand:** How mentally demanding was the operation?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Low																Very High	

**Physical Demand:** How physically demanding was the operation?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Low																Very High	

**Time Demand:** How hurried or rushed was the pace of the operation?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Low																Very High	

**Overall Performance:** How successful were you in accomplishing what you were asked to do?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Low																Very High	

**Frustration Level:** How insecure, discouraged, irritated, stressed, and annoyed were you?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Low																Very High	

**Effort:** How hard did you have to work to accomplish your level of performance?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Low																Very High	

**Team Synergy:** How well did your team work together?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Low																Very High	

<b>Did you complete your objective?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Is there anything else you would like to tell us?**