

6. **Number of alcoholic drinks consumed**
Please fill in number;
0=None

7. **Number of caffeinated drinks consumed**
Please fill in number;
0=None

8. **Number of 4oz. servings of fish or shellfish eaten**
Please fill in number;
0=None

9. **Took a hot bath, whirlpool, or sauna**
0=No
1=Yes

10. **Excessive heat exposure at work**
0=No
1=Yes

11. **Fever of >100°F (38°C)**
0=No
1=Yes

This week, did you START taking any prescription medication?

0-No 1-Yes

If yes, please list medication(s) STARTED:

This week, did you STOP taking any prescription medication?

0-No 1-Yes

If yes, please list medication(s) STOPPED:

Comments:

