

Appendix E Post-shift questionnaire on heat stress app

Post-shift questionnaire:

1. Which shift are you currently working? (daytime, evening, night, other)
2. How many days in a row have you worked so far during your current shift cycle? (Please include the shift that you are about to start today).
3. During the past 24 hours, about how many alcoholic drinks did you drink? (one drink is equivalent to a 12-ounce beer, 5-ounce glass of wine, or a drink with one shot of liquor).
4. Please check any illnesses you have had in the past 24 hours: (nausea and vomiting; fever; diarrhea; upper respiratory infection (cough, runny nose, congestion), none).
5. Please list any medications (including over the counter) that you are taking for this illness. _____
6. About what time do you think you fell asleep last night or earlier today?
7. About what time did you wake up today?
8. If you woke up in the middle of the night, how long were you awake?
9. How would you rate your sleep quality overall last night? (very good, fairly good, fairly bad, very bad)
10. Please mark any symptoms you noticed during your shift (nausea, vomiting, chills, dizziness/lightheadedness, headache, irritability, confusion, excessive fatigue, excessive thirst that was not easily quenched, muscle cramps or spasms, muscle weakness, decreased urine output or dark colored urine, profuse sweating)
11. Since the beginning of your shift, have you slowed your work rate or taken a short break because you were starting to feel hot or tired? Yes/No (if yes: ___ times, ___ minutes per break)
12. Please indicate what you have been drinking during this shift (water, soda, diet soda, energy drinks, sports drinks, coffee, other)
13. Please indicate which work tasks you just completed, starting with the most recent:
Task _____
What time did you start this work task? _____
What time did you end this work task? _____
Describe your exertion level during this task
14. In the past week at work, how would you describe the air temperature in your work area? (very cold, cold, slightly cool, neutral, slightly warm, warm, hot, very hot)
15. In the past week at work, how would you describe the humidity in your work area? (dry, neutral, humid)
16. In the past week at work, how much did you sweat in general? (did not sweat, a little in armpits and face, a moderate amount in armpits, face, chest, back, a lot with clothes getting wet)
17. In the past week at work, how hot did you get in your work area? (not hot at all, a little warm, warm, hot, very hot)
18. In the past week, how many days have you worked in an area that you felt was warm or hot? ___ days
19. In the past week, how many days have you worked? ___ days
20. Women only: Last menstrual period _____

Heat stress app screen shots

