

## **Appendix E**

Pre-shift questionnaire on heat stress app

**Pre-shift questionnaire:**

1. How many days in a row have you worked before this shift?
2. How many of the past 7 days have you worked? \_\_\_ days
3. In total, how many hours did you sleep last night?
4. Did you have trouble staying asleep last night? (not at all, a little somewhat, a lot)
5. How would you rate the overall quality of your sleep last night? (very poor, poor, fair, good, very good)
6. How rested or refreshed did you feel when you woke up for the day? (not at all rested, slightly rested, somewhat rested, well rested, very well rested)
7. How do you feel right now? (extremely alert, very alert, alert, rather alert, neither alert nor sleepy, some signs of sleepiness, sleepy but no effort to keep awake, sleepy but some effort to keep awake, very sleep with great effort to keep awake)

In general, in your WORK AREA over the past WEEK:

8. How was the air temperature? (very cold, cold, slightly cool, neutral, slightly warm, hot, very hot)
9. How was the humidity? (very dry, dry, neutral, humid, very humid)
10. How much did you sweat? (not at all, a little (armpits and face), moderately (armpits, face, chest, back) a lot (clothes soaked))
11. How hot did you get? (not at all, a little, somewhat, moderately, extremely)
12. How many of the past 7 days have you worked in an area that you felt was warm or hot? \_\_\_ days

Please answer these questions about the past 24 hours:

13. 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).
14. Have you had any of the following in the past 24 hours: (nausea and vomiting; fever; diarrhea; cough, runny nose, or congestion).
15. Did you take any medications for these symptoms? (List \_\_\_\_\_)
16. Women only: Date of your last menstrual cycle: \_\_\_\_\_

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to - CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333 ATTN: PRA (0920-1331).

**Post-shift questionnaire:**

1. Did you notice any of the following 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)
2. During your shift, did you slow down or take a short break because you felt too hot? Yes/No (if yes: How many breaks?, What was the average length of your breaks? \_\_\_)
3. Which of the following did you drink during this shift (water, soda, diet soda, energy drinks, sports drinks, coffee, other)
4. What tasks or activities were you doing in the last 15 minutes before beginning this assessment? (Note, tasks are entered starting with most recent) Describe \_\_\_\_\_  
About what time did you start this task? \_\_\_\_\_  
Where were you in the mine? \_\_\_\_\_  
How much physical effort did that activity take?