

APPENDIX II

POST-SHIFT QUESTIONNAIRE

<i>Filled in by Study Team</i>	
Date:	___/___/___
Participant ID#:	_____
Time Completed:	_____

POST-SHIFT QUESTIONNAIRE

1. How do you feel?
Great: ___ Good: ___ OK: ___ Rundown: ___ Awful: ___

2. Do you have a skin rash now? Yes: ___ No: ___
If "yes," where is the rash on your body? _____

3. a. Are you having problems remembering things now? Yes: ___ No: ___
b. Are you having problems concentrating now? Yes: ___ No: ___
c. Are you having problems thinking now? Yes: ___ No: ___

4. Would you consider your work since the last questionnaire?
No physical work: ___ Light: ___ Moderate: ___ Heavy: ___

5. How much fluids have you drank since the last questionnaire? ___ glasses

6. HOW YOU HAVE BEEN FEELING DURING YOUR WORK SINCE THE LAST QUESTIONNAIRE. PLEASE ANSWER EVERY ITEM. If you did not have the symptom, check not at all.
 - a. I felt lightheaded.
Not at all: ___ Slight: ___ Somewhat: ___ Moderate: ___ Quite a bit: ___ Severe: ___

 - b. I had a headache.
Not at all: ___ Slight: ___ Somewhat: ___ Moderate: ___ Quite a bit: ___ Severe: ___

 - c. I felt dizzy.
Not at all: ___ Slight: ___ Somewhat: ___ Moderate: ___ Quite a bit: ___ Severe: ___

 - d. I felt faint.
Not at all: ___ Slight: ___ Somewhat: ___ Moderate: ___ Quite a bit: ___ Severe: ___

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e. My coordination was off.

Not at all: ___ Slight: ___ Somewhat: ___ Moderate: ___ Quite a bit: ___ Severe: ___

f. I was short of breathe.

Not at all: ___ Slight: ___ Somewhat: ___ Moderate: ___ Quite a bit: ___ Severe: ___

g. It was hard to breath.

Not at all: ___ Slight: ___ Somewhat: ___ Moderate: ___ Quite a bit: ___ Severe: ___

h. My heart was beating fast.

Not at all: ___ Slight: ___ Somewhat: ___ Moderate: ___ Quite a bit: ___ Severe: ___

i. I had a muscle cramp.

Not at all: ___ Slight: ___ Somewhat: ___ Moderate: ___ Quite a bit: ___ Severe: ___

j. I had stomach cramps.

Not at all: ___ Slight: ___ Somewhat: ___ Moderate: ___ Quite a bit: ___ Severe: ___

k. I felt weak.

Not at all: ___ Slight: ___ Somewhat: ___ Moderate: ___ Quite a bit: ___ Severe: ___

l. I felt constipated.

Not at all: ___ Slight: ___ Somewhat: ___ Moderate: ___ Quite a bit: ___ Severe: ___

m. I felt warm.

Not at all: ___ Slight: ___ Somewhat: ___ Moderate: ___ Quite a bit: ___ Severe: ___

n. I was sweating all over.

Not at all: ___ Slight: ___ Somewhat: ___ Moderate: ___ Quite a bit: ___ Severe: ___

o. Parts of my body felt numb.

Not at all: ___ Slight: ___ Somewhat: ___ Moderate: ___ Quite a bit: ___ Severe: ___

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p. My vision was blurry.

Not at all: ___ Slight: ___ Somewhat: ___ Moderate: ___ Quite a bit: ___ Severe: ___

q. I lost my appetite.

Not at all: ___ Slight: ___ Somewhat: ___ Moderate: ___ Quite a bit: ___ Severe: ___

r. I felt sick.

Not at all: ___ Slight: ___ Somewhat: ___ Moderate: ___ Quite a bit: ___ Severe: ___

s. I was thirsty.

Not at all: ___ Slight: ___ Somewhat: ___ Moderate: ___ Quite a bit: ___ Severe: ___

t. I felt tired.

Not at all: ___ Slight: ___ Somewhat: ___ Moderate: ___ Quite a bit: ___ Severe: ___

u. I felt irritable.

Not at all: ___ Slight: ___ Somewhat: ___ Moderate: ___ Quite a bit: ___ Severe: ___

v. I felt restless.

Not at all: ___ Slight: ___ Somewhat: ___ Moderate: ___ Quite a bit: ___ Severe: ___

During the work period you just completed (since you filled out the last questionnaire in this test room), please rate:

“How hard did you work?”

ON AVERAGE:

AT YOUR PEAK:

Very, Very Light _____

Very, Very Light _____

Very Light _____

Very Light _____

Light _____

Light _____

Moderate _____

Moderate _____

Heavy _____

Heavy _____

Very Heavy _____

Very Heavy _____

Very, Very Heavy _____

Very, Very ~~Heavy~~ _____

Heavy

Check one row in each column _____