

APPENDIX II

PRE-SHIFT QUESTIONNAIRE

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

PRE-SHIFT QUESTIONNAIRE

1. Did you drink alcohol yesterday? Yes: ___ No: ___

If yes, what type? Beer (glasses, cans, or bottles)? Yes: ___ No: ___

If "yes," how many? _____

Liquor (shots)? Yes: ___ No: ___

If "yes," how many? _____

Wine (glasses)? Yes: ___ No: ___

If "yes," how many? _____
2. List any medicines you took yesterday or today (include those you can buy without a prescription). If you don't know the name, list what the pill is for (e.g., "heart pill," water pill," etc.) _____

3. Do you have a cold today? Yes: ___ No: ___

If "yes," do you have a fever? Yes: ___ No: ___

If "yes," took temperature with a thermometer? Yes: ___ No: ___

Results: _____

If "no," last cold ended:

This week: ___ This month: ___ More than a month ago: ___
4. Have you been having diarrhea more than a month? Yes: ___ No: ___

If "yes," how many times a day are you moving your bowels? _____

If "yes," how many days have you had diarrhea? _____
5. How do you feel now?

Great: ___ Good: ___ OK: ___ Rundown: ___ Awful: ___
6. Do you have a skin rash now? Yes: ___ No: ___

If "yes," where is the rash on your body? _____

PRE-SHIFT QUESTIONNAIRE

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- 7. 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: ____

- 8. How much sleep did you get last night?
Less than usual Usual More than usual (circle one)