

**APPENDIX II**

**BASELINE MEDICAL  
QUESTIONNAIRE**

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

**HEAT STUDY**  
**Baseline Medical Background Questionnaire**

1. SEX: Male \_\_\_ Female \_\_\_

2. DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_  
 Mo. Day Yr.

3. RACE:           White       \_\_\_  
                     Black       \_\_\_  
                     Hispanic   \_\_\_  
                     Asian       \_\_\_  
                     Other       \_\_\_\_\_

4. Have you smoked cigarettes? \_\_\_ Yes \_\_\_ No  
 (yes means more than 20 packs of cigarettes or 12 oz. of tobacco in your life)  
 If "no," go on to question 5. If "yes," answer questions 4a-4e

- 4a. Do you smoke now?       \_\_\_ Yes   \_\_\_ No
- 4b. How old were you when you started smoking regularly?       \_\_\_\_\_
- 4c. If you stopped, how old were you when you stopped?       \_\_\_\_\_
- 4d. How many packs per day do you smoke now?       \_\_\_\_\_
- 4e. On the average, how many pack per day have you smoked?       \_\_\_\_\_

5. Have you ever had to have medical treatment for heat exhaustion or heat stroke? Yes: \_\_\_ a. If "yes" how many times? \_\_\_  
 b. What was the last year this happened? 19\_\_\_

No: \_\_\_

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6. Do you experience any of the following when you work in the heat?
- a. A period of feeling faint or dizzy? Never: \_\_\_ Sometimes: \_\_\_ Regularly: \_\_\_ All the time: \_\_\_
- b. Loss of consciousness? Never: \_\_\_ Sometimes: \_\_\_ Regularly: \_\_\_ All the time: \_\_\_
- c. Blurred vision? Never: \_\_\_ Sometimes: \_\_\_ Regularly: \_\_\_ All the time: \_\_\_
- d. Nausea or vomiting? Never: \_\_\_ Sometimes: \_\_\_ Regularly: \_\_\_ All the time: \_\_\_
- e. A growing feeling of panic? Never: \_\_\_ Sometimes: \_\_\_ Regularly: \_\_\_ All the time: \_\_\_
7. How well do you tolerate working when it is hot? (Check the best answer)
- a. I tolerate the heat better than most other people. \_\_\_
- b. I do about as well as most others in the heat. \_\_\_
- c. I get more uncomfortable than most others in the heat. \_\_\_
- d. I easily and quickly get sick in the heat. \_\_\_
8. How well informed are you about the effects of heat? (check the one best answer)
- a. I am an expert \_\_\_
- b. I know more than most other people. \_\_\_
- c. I know about as much as anyone else. \_\_\_
- d. I don't know very much about the effects of heat. \_\_\_
9. Have you been told by a doctor you have:
- a. Emphysema? Yes: \_\_\_ No: \_\_\_ If yes, what year? 19\_\_
- b. Asthma? Yes: \_\_\_ No: \_\_\_ If yes, what year? 19\_\_
- c. Chest operations? Yes: \_\_\_ No: \_\_\_ If yes, what year? 19\_\_  
If yes, describe: \_\_\_\_\_
- d. Chest injuries? Yes: \_\_\_ No: \_\_\_ If yes, what year? 19\_\_
- e. Angina? Yes: \_\_\_ No: \_\_\_ If yes, what year? 19\_\_
- f. Hepatitis? Yes: \_\_\_ No: \_\_\_ If yes, what year? 19\_\_
- g. Cirrhosis? Yes: \_\_\_ No: \_\_\_ If yes, what year? 19\_\_
- h. Cancer? Yes: \_\_\_ No: \_\_\_ If yes, what year? 19\_\_  
If yes, describe: \_\_\_\_\_
- i. Diabetes? Yes: \_\_\_ No: \_\_\_ If yes, what year? 19\_\_  
If yes, how are you treated: Diet \_\_\_ Pills \_\_\_ Insulin \_\_\_
- j. Kidney disease? Yes: \_\_\_ No: \_\_\_ If yes, what year? 19\_\_  
If yes, describe: \_\_\_\_\_

HEAT STUDY Base Line Questionnaire Page 3 Participant ID#: \_\_\_\_\_

10. Has a doctor ever told you that you had a heart attack? Yes: \_\_\_ No: \_\_\_

11. Has a doctor ever told you that you had any other kind of heart trouble? Yes: \_\_\_ No: \_\_\_  
If "yes," specify \_\_\_\_\_

12. Do you have irregular or skipped heart beats? Yes: \_\_\_ No: \_\_\_

13. Has a doctor ever told you that you had high blood pressure?  
Yes: \_\_\_ No: \_\_\_

14. Have you had any treatment for high blood pressure (hypertension) in the past 10 years? Yes: \_\_\_ No: \_\_\_  
If "yes," please list what medication you take for this condition \_\_\_\_\_

15. List all medications you take on a regular basis (include those you can buy without a prescription). If you don't know the name, list what the pill is for (i.e., "heart pill" or "water pill," etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*List others on back of page*

16. Do you drink alcohol? Yes: \_\_\_ No: \_\_\_

- a. If "yes," on the average how many days a week? \_\_\_\_\_
- b. If "yes," on the average when you drink how many drinks? \_\_\_\_\_
- c. Do you usually drink (circle all that apply) Beer, Liquor, Wine.

17. Do you get any physical exercise other than that required to do your job?  
Yes: \_\_\_ No: \_\_\_

- a. If "yes," what activities \_\_\_\_\_
- b. If "yes," on the average how many days a week? \_\_\_\_\_
- c. If "yes," on the average, when you exercise, how many minutes do you exercise? \_\_\_\_\_

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18. How many years have you been working at your current job or similar type of work? \_\_\_\_\_

19. How many years have you been using a respirator? \_\_\_\_\_

20. How many years have you been wearing impermeable protective clothing? \_\_\_\_\_

21. Do you consider yourself to be in good health? Yes: \_\_\_ No: \_\_\_

If "no," state reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_