APPENDIX II

PRE-SHIFT QUESTIONNAIRE
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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? ______________________________
   ______________________________
   ______________________________
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)