APPENDIX II

POST-SHIFT QUESTIONNAIRE
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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: ___
POST-SHIFT QUESTIONNAIRE

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Participant ID#: __________

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: ___
POST-SHIFT QUESTIONNAIRE

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?"

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<th>ON AVERAGE:</th>
<th>AT YOUR PEAK:</th>
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<tbody>
<tr>
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Check one row in each column