

Heat Stress Symptoms Questionnaire

This questionnaire can be utilised to assess worker heat stress symptoms during high heat stress risk periods. Use of this form is at the discretion of the Next Level Manager. For additional information regarding this form refer to **Heat Stress Procedure HS-PRO-0011**.

Name		Date	
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Symptoms	Not At All 0	A Little 1	Somewhat 2	Moderate 3	A Lot 4	Extreme 5
Lightheaded						
Headache						
Dizzy						
Thirsty						
Weakness						
Grumpy						
Hard to breathe						
Muscle cramp						
Tiredness						
Nauseous						
Felt Hot						
Trouble concentrating						
'Goose bumps' or chills						

Symptom	Extreme 0	A Lot 1	Somewhat 2	Moderate 3	A Little 4	Not at All 5
How was my work impacted						

Workload	Less Than Normal	Normal	Higher Than Normal

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