



General anonymous questionnaire:- workers' risk perception of heat stress in the workplace

ID

Gender

Male

Female

Date of birth:/...../.....

Birth place:

Country where you work.....

Height (cm).....**Weight (Kg)**.....

Educational level

Apprenticeship

Professional school

Secondary school

High school

Bachelor's/master's degree

Phd

Other

Is your income below, above or in the average of the country where you are working?

Below average Average Above average

What effort does your work require?

- Low (predominantly sitting and engaged in office work)
- Moderate (work supported with hands and arms: driving tractors or other machines, hammering, filing)
- High (intense work with arms and trunk: digging with shovel, sawing, planing, shearing grass by hand)
- Very high (very intense activity; manual handling of heavy loads)

Are you a seasonal worker?

Yes No

In which sector do you work?

- Agricultural
- Construction
- Transportation
- Manufacturing
- Tourism
- Other.....

How many years have you been working in this sector?

.....

How many hours a day do you work outdoors during the summer?

.....

How many hours a day do you work indoors during the summer?

.....

When you work in an indoor environment, is there a conditioning system?

Yes

No

I don't know

Do you usually have work shift?

Yes

No

Do you suffer from chronic illnesses (a multiple answer is possible)?

No

Diabetes

Hypertension

Diseases of the respiratory system

Allergies that are accentuated during particularly hot periods

Kidney diseases

Other

During which work activities do you feel the greater impact of heat wave?

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What thermal sensation do you feel while working during a heat wave?

Neither hot nor cold

Slightly hot

Moderately hot

Hot

Very hot

What impact does a heat wave have on your work (a multiple answer possible)?

No impact

Impact on well-being

Impact on concentration

Impact on productivity

Health impact

Other.....

Do you experience a drop in productivity during a heat wave?

- No
- Yes, about 10%
- Yes, from 10 to 30%
- Yes, more than 30%

Have you ever been informed, by your employer or your manager, on how to behave in your work activities in the event of a heat wave (a multiple answer is possible)?

- No
- Yes, leaflet
- Yes, orally
- Si, posters
- Si, safety courses
- Other.....

Receive warnings from your employer or manager about the possibility of a heat wave occurring (a multiple answer is possible)?

- No
- Yes, leaflet
- Yes, orally
- Yes, posters
- Other.....

Are you satisfied / dissatisfied with the measures taken at the workplace to reduce the effects of heat?

- Very dissatisfied
- Dissatisfied
- I don't know
- Satisfied
- Very satisfied

What symptoms do you usually experience during the summer (a multiple answer is possible)?

- None
- Excessive sweating

- Tiredness / weakness
- Thirst
- Dizziness
- Disorder
- Stress increasing
- Discomfort
- Other.....

Have you ever been affected by the following diseases or symptoms during a heat wave (a multiple answer is possible)?

- Headache
- Weakness
- Rash
- Muscle cramps
- Fainting (heat syncope)
- Nausea or vomiting
- Heat cramps
- Heart attack
- None of the previous ones
- Other.....

Have you ever been hospitalized for one of the problems listed above?

- Yes No

If you answered YES to the previous question, specify which one.

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Does your work require a special clothing (for example, for reasons of protection or safety)?

- No
- Yes but does not accentuate the heat discomfort during a heat wave
- Yes, It is determined an accentuation of the heat discomfort during a heatwave

How do you try to reduce exposure to heat (a multiple answer is possible)?

- The exposure can not be reduced
- Increasing the number of breaks
- Using a cooler place for breaks (eg place in shade)
- Wearing more suitable clothes (light and breathable clothing)
- Drinking more water
- Moving work activities early in the morning or in the evening
- Other.....