## **APPENDIX 1**

## Collective Training Group Establishment

## **Heat Illness Questionnaire**

## YOUR RANK

...... Daily

...... Daily

..... Daily

Other substances (e.g performance/recreational)

I OUR KANK								
Junior ranks (Pte-Cpl) Col)	Senior ranks (Sgt-WO1)	Commissioned Officer (2Lt-Lt						
YOUR ROLE ON THIS EXERCISE								
Directing Staff (DS)  Battlegroup (BG)								
ABOUT YOU		Vas No						
Yes No Have you ever been diagnosed with Heat illness (HI)?								
If YES -was this in the UK?								
-did you require hospital treatment?								
-were you referred for investigation (e.g. Institute of Naval Medicine clinic)								
Are you medically downgraded?								
Do you regularly take any of the following? (if 'YES' provide name and how often taken):								
Prescription medications		Yes	No					
Daily	Twice a week	Weekly	Monthly					
Daily	Twice a week	Weekly	Monthly					
Over-the-counter medications (e.g.	Yes	No						
Daily	Twice a week	Weekly	Monthly					
Daily	Twice a week	Weekly	Monthly					
Sports/exercise supplements		Yes	No					
Daily	Twice a week	Weekly	Monthly					

Twice a week

Twice a week

Twice a week

Weekly

Weekly

Weekly

Yes

Monthly

Monthly

Monthly

No

Are you a curre	nt smoker?				Yes	No			
If 'YES' how many cigarettes do you smoke per day?									
How do you judge your fitness at the moment?									
Inactive	Unfit	Moderat	tely Fit	Trained		Well Trained			
How many times a week do you undertake physical exercise lasting at least 45 minutes? (include unit PT and off-duty fitness training)									
Never (0)	Infrequently (1-2)	Often (3-4)	Freq	uently (5-6)	Daily (7)				
Personal Fitness	s test								
What was your	1.5 mile run-time	in your last Pers	onal Fitness	s Assessment	(PFA)?				
			r	nins:	.seconds:				
Have you passed	d a Personal Fitne	ss Test in the las	t 3 months?	•	YES	NO			
If YES, specify the	he date of the test (	(best estimate)			20	014			
What is your Bo	ody Composition I	Measurement (B	CM) catego	ry, if known:					
No increased risk	Increase	d risk	High risk		Very high	risk			
Extreme risk									
What information has been provided to you concerning prevention of heat illness? (tick all boxes that apply)									
None Injury'	Read JSP 539		Issued with	'A Command	er's Guide t	to Climatic			
Watched a DVD on climatic injury  Issued with 'An Individual's Guide to Climatic Injury'									
Received a brief	by med staff/CoC								
Would you reco	gnise possible hea	t illness in yours	elf and in of	thers?					
Yes	No	Don't know							
Are you familiar with immediate first aid measures for heat illness?									
Yes	No	Don't know							
ABOUT THIS TRAINING EXERCISE									
How long is it since you arrived in this country? Days									
Did you follow a	n programme of h	eat acclimatisatio	on?	YES	1	NO			

...... Days

If YES how long did the programme last?

WHILE TRAINING:							
Have you felt dehydrated?	Not at all	Some of the time	Most of the time	Always			
Have you felt hungry?	Not at all	Some of the time	Most of the time	Always			
Have you felt deprived of sleep/rest?	Not at all	Some of the time	Most of the time	Always			
Have you continued training while feeling (e.g cold/diarrhoea) during this exercise?	; unwell		YES	NO			
Are you currently feeling unwell?							
Have you had an alcoholic drink in the past 48 hours?							
Have you been briefed on the CASEVAC procedure for this exercise?							

**Space for general comments:**