Department of Public Health

Heat Safety Patient Questionnaire

CDC

If you answered "no" to any of these questions, please discuss them with your doctor today.

Cooling

- Do you have working air conditioning where you live or work? **yes / no**
- Can you check and control the temperature where you live? **yes / no**
- Do you have an electric fan? **yes / no**
- Do you know where to go if you need to cool down, like a cooling center? **yes / no**

Housing

- Do you have a stable and reliable place to live? **yes / no**
- If you live in a multi-floor building, is most of your time spent on the lower level? **yes / no**
- Do you have clean, healthy indoor air most of the time (free from secondhand smoke, mold, or anything else affecting air quality)? **yes / no**
- Do you have access to a portable air purifier or have an air filter in your HVAC unit? **yes / no**

Isolation

- Do you live with other people? **yes / no**
- Can you easily get to a cooler place if needed (ex. without difficulty from stairs, mobility issues, or health concerns)? **yes / no**
- Name one person who can check on you when it's hot outside: _____

eLectricity

- If the power goes out, do you have a plan for keeping refrigerated medications safe and/or using electric medical devices? **yes / no**
- Can you afford to run your AC as needed during hot days? **yes / no**

Learn

- Do you check the weather daily to know when it will be hottest? **yes / no**
- Do you know how to check the Air Quality Index (AQI)? **yes / no**
- Where do you usually get information on staying safe from heat or poor air quality? _____
- What do you usually do to keep yourself cool on very hot days? _____

Drugs

- Have you talked to your doctor about whether any of your medications increase your risk during extreme heat? **yes / no**

Outside

- How much time do you usually spend outdoors on very hot days (for work, hobbies, errands, etc.)? _____
- Do you live away from busy roads, construction sites, factories, or large warehouses? **yes / no**
- Can you get through most days without seasonal allergy symptoms (from pollen, grass, trees, etc.) and without using allergy medication? **yes / no**