Study: \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_

Subject #: \_\_\_\_\_\_\_ SpO2: \_\_\_\_\_\_\_\_\_ Heart rate: \_\_\_\_\_\_

**Environmental Symptoms Questionnaire**

Please circle the score next to each question below according to how you feel right now

0 1 2 3 4 5

not at all very slightly a little moderately quite a bit extremely

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I feel sick to my stomach (nauseous) | 0 | 1 | 2 | 3 | 4 | 5 |
| I feel weak | 0 | 1 | 2 | 3 | 4 | 5 |
| I feel lightheaded | 0 | 1 | 2 | 3 | 4 | 5 |
| I have a headache | 0 | 1 | 2 | 3 | 4 | 5 |
| I feel dizzy | 0 | 1 | 2 | 3 | 4 | 5 |
| I feel faint | 0 | 1 | 2 | 3 | 4 | 5 |
| I feel hungover | 0 | 1 | 2 | 3 | 4 | 5 |
| I feel short of breath | 0 | 1 | 2 | 3 | 4 | 5 |
| I have a chest pain | 0 | 1 | 2 | 3 | 4 | 5 |
| My coordination is off | 0 | 1 | 2 | 3 | 4 | 5 |
| My vision is dim | 0 | 1 | 2 | 3 | 4 | 5 |
| I feel thirsty | 0 | 1 | 2 | 3 | 4 | 5 |
| I feel sleepy | 0 | 1 | 2 | 3 | 4 | 5 |
| I feel alert | 0 | 1 | 2 | 3 | 4 | 5 |
| I feel hungry | 0 | 1 | 2 | 3 | 4 | 5 |
| I feel sick | 0 | 1 | 2 | 3 | 4 | 5 |