

Grand Canyon University Athletic Training

HEAT ACCLIMATION QUESTIONNAIRE

Name _____ Sport _____ Date _____

Please answer all questions at least with yes or no answers.

1. Have you ever had any type of heat related problem (heat exhaustion, stroke, cramps, dizziness, fainting, collapse) before? If yes, circle which one it was.
2. If you answered yes to the above question, how many times did that particular problem occur, when did it happen, and did you seek treatment?
3. Were you on any form of conditioning program during the summer? If the answer is yes, briefly explain your program.
4. Did you work or work-out in an air-conditioned building during the summer?
5. Are you presently on a diet or a vegetarian? If yes, what kind of diet? Who designed it?
6. How often do you intake fluids during exercise? Do you consume sports drinks during exercise?
7. Have you recently (last 2 weeks) had a cold, problem with vomiting, or diarrhea? If yes, please explain.
8. Are you currently on any medication? If yes, list the name and/or purpose of the medication.

NOTICE : If you notice any of the following signs of heat illness, during or after activity, seek attention of athletic trainer immediately:

Nausea

Fatigue

Unsteadiness

Weakness

Cramping

Disturbed vision

Decreased sweating

Rapid & weak pulse