

SURVEY

1. Please choose your age group:¹

- ☐ 18-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75-84
- ☐ 85+

2. Please choose your sex:¹

- ☐ Female
- ☐ Male
- ☐ Intersex
- ☐ Prefer not to say

3. Please choose your race¹

- ☐ African American
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Caucasian
- ☐ Hispanic
- ☐ Native Hawaiian/Pacific Islander
- ☐ Other: _____
- ☐ Prefer not to say

4. What is your total annual household income?¹

- ☐ less than \$20,000
- ☐ \$20,000 to 34,999
- ☐ \$35,000 to 49,999
- ☐ \$50,000 to 74,999
- ☐ \$75,000 to 100,000
- ☐ More than \$100,000
- ☐ Prefer not to say

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5. What is the highest degree or level of school you have completed?¹
- ☐ Less than a high school diploma
 - ☐ High school degree or equivalent (e.g. GED)
 - ☐ Some college, no degree
 - ☐ Associate degree (e.g. AA, AS)
 - ☐ Bachelor's degree (e.g. BA, BS)
 - ☐ Master's degree (e.g. MA, MS, MEd)
 - ☐ Professional degree (e.g. MD, DDS, DVM)
 - ☐ Doctorate (e.g. PhD, EdD)
6. Which best describes the area where you live?¹
- ☐ Rural (countryside)
 - ☐ Urban (city)
 - ☐ Neither
7. Do you live alone?²
- ☐ No (if no, go to question 8)
 - ☐ Yes. If yes, does someone check on your well-being or safety at least a few times a week?
 - ☐ No
 - ☐ Yes
8. Do you have a neighbor that you would feel comfortable asking for help if you were not feeling well?²
- ☐ Yes
 - ☐ No
9. Does your home have air conditioning?²
- ☐ No (if no, go to question 10)
 - ☐ Yes. If yes, does the cost of electricity prevent you from cooling your home to a comfortable temperature?
 - ☐ Yes
 - ☐ No

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10. Do you have a vehicle with working air conditioning?²
☐ Yes
☐ No
11. Do you rely on public transportation?²
☐ Yes
☐ No
12. Does your job require you to work in hot conditions for long periods of time (such as outside or a hot indoor room)?²
☐ Yes
☐ No
☐ I am retired or unemployed
13. Being outside on a very hot (over 90° F) or humid day, puts my health at risk.³
☐ Yes
☐ No
14. What are symptoms of **heat stroke** or **heat exhaustion**?³
Check all that apply:
- | | |
|---------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> I'm not sure | <input type="checkbox"/> Heavy sweating |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Cold, pale, clammy skin |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Muscle cramps |
| <input type="checkbox"/> Nausea or vomiting | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Decreased urination |

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15. Do you take any medications for heart failure?²
- ☐ No (if no, go to question 16)
 - ☐ Yes. If yes, do these medications increase your risk of **heat stroke** or **heat exhaustion**?
 - ☐ Yes
 - ☐ No
 - ☐ I don't know
16. Do you follow a fluid restriction (a limited amount of daily fluids as directed by a physician or medical provider)?²
- ☐ Yes
 - ☐ No
17. During very hot or humid weather, what steps do you take to protect yourself from the heat? **Check all that apply.**⁴
- ☐ Stay indoors
 - ☐ Check the forecasted temperature
 - ☐ Increase the amount of water I drink
 - ☐ Turn on the air conditioner
 - ☐ Plan outdoor activities for the coolest times of the day, such as the early morning or late evening
 - ☐ None
 - ☐ Other steps not listed here
18. In the last couple of years, I believe I had symptoms related to very hot or humid weather, such as: fainting, rapid heart rate, confusion, dizziness, or muscle cramps.²
- ☐ No (if no, go to question 19)
 - ☐ Yes. If yes, did you seek medical care or professional medical advice for these symptoms?
 - ☐ Yes
 - ☐ No, my symptoms were not bad enough
 - ☐ No, I was worried about the cost
 - ☐ No, for another reason

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19. I am aware of Wisconsin's Focus On Energy program to help with energy cost savings.⁴
☐ Yes
☐ No
20. This past summer at any point did you worry about being able to pay your electric bill?²
☐ Yes
☐ No
21. I am aware that there are cooling and charging centers in the case of a power outage.⁴
☐ Yes
☐ No
22. I am aware that I can request an in-person medical visit to be changed to a telephone or video visit.⁴
☐ Yes
☐ No
25. I would benefit from discussing my risk of **heat stroke or heat exhaustion** with my physician or care team. How much do you agree or disagree?⁵
☐ Strongly disagree
☐ Disagree
☐ Neutral
☐ Agree
☐ Strongly agree

END OF SURVEY. THANK YOU!

Table 1. Superscripts indicate the results section within the manuscript that each survey question informed.

1	Demographics
2	Prevalence of heat-illness-related risk factors
3	Awareness of heat-illness-related risk factors
4	Awareness of strategies, programs, and resources for adaptive capacity
5	Receptiveness to heat-illness risk education

Note: Superscripts were not included in the study provided to participants. They are included here to help with clarity of data interpretation.