CHILL'D OUT

Use this questionnaire with your patients to assess risk factors for health harms from heat or poor air quality. Then, create a Heat Action Plan with your patient. If there is limited time, cover the bolded questions.

Cooling

- **Does your patient have working air conditioning?**
- Can they check and control indoor temperatures where they live?
- Do they have an electric fan?
- Do they know how to locate a cooling center if needed?

Housing

- **Does your patient have stable housing?**
- Do they live on a higher floor of a multi-story building where they may be exposed to more heat?
- Are they regularly exposed to indoor air pollutants such as secondhand smoke or mold?
- Do they have a portable air purifier or a filter in their HVAC system?

Isolation

- **Does your patient have a neighbor, friend, or family member who can check on them during hot days?**
- Does their mobility limit their ability to seek cooling in their home or elsewhere?

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e**L**ectricity

- If **heat leads to a power outage,** does your patient have a plan for refrigerated medications and/or electric medical devices?

Learning

- **Does your patient check the daily and hourly weather forecast to know the hottest time of the day? Can they access the HeatRisk tool?**
- Where does your patient get information about how to protect their health from heat? What measures do they take to do so?

Drugs

- **Does your patient take medications that increase risk from heat exposure?**

Outside

- **How much time does your patient spend outdoors on hot days for work, sports, or recreation?**
- Are they exposed to outdoor air pollution at home, work, or elsewhere, such as a major roadway, construction site, industrial facility, or frequent wildfire smoke?
- Do they have allergies to grass, weeds, and tree pollens?

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