Perception questionnaire

ID _____ **Name:** _____ **Surname:** _____

Date (day/month/year) : ____/…./……. **Place:** ____ _____

Time (Hour) (1-24): ____ **minutes (0-60):** ____

Activity: Running ☐ **Walking** ☐

1) Tell me your perception of:

Palpitations	not perceptible	mild	moderate	severe
Sweating	not perceptible	mild	moderate	severe
Chills	not perceptible	mild	moderate	severe

2) What level of general thermal sensation do you feel right now?
(Indicate with a X the chosen answer class)

1 ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐

Scale of the answer

From **1** COLD → to **7** HOT

Cold Discomfort 1 Intense 2 Moderate 3 Mild

No discomfort 4

Hot Discomfort 5 Mild 6 Moderate 7 Intense

3) What level of local thermal sensation are you feeling right now?

Face	1	2	3	4	5	6	7
Back	1	2	3	4	5	6	7
Anterior chest	1	2	3	4	5	6	7
Abdomen	1	2	3	4	5	6	7
Arms	1	2	3	4	5	6	7
Hands	1	2	3	4	5	6	7
Legs	1	2	3	4	5	6	7
Feet	1	2	3	4	5	6	7

3) What perception of effort level did you have during physical activity?
(Indicate with a X the chosen answer class)

6	Fatigue or null intensity	Similar to sitting or relaxing
7	Extremely light	A very easy movement
8		
9	Very light	Similar to a normal walk.
10		
11	Light	Comparable to the intensity of a light heating
12		
13	Hard enough	An intensity perceived as slightly challenging
14		
15	Hard	Intensity perceived as demanding
16		
17	Very hard	An intensity perceived as very demanding
18		
19	Extremely hard	A very high intensity that cannot be maintained
20	Maximum effort	A maximum intensity that is not very sustainable