

C.2 MAIN PESTICIDE EXPOSURE QUESTIONNAIRE

INSTRUCTIONS

This is a sample questionnaire for use by an acute pesticide-related illness and injury surveillance program. It includes questions that satisfy the data requirements for all of the core variables needed by the National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC). Additional questions for administrative report management at the State level, as well as optional suggested questions, are included. Optional questions are indicated on the form by framing with a dashed border. The order of the questions is designed to provide ease of data collection as well as data entry using the SENSOR Pesticide Incident Data Entry and Reporting (SPIDER) data management software. Shading on pages 1-17 indicates data to be completed by the interviewer and not asked during the actual interview. Pages 18-21 are to be completed following the initial interview as additional medical information is collected and case closure is completed. States will need to customize this questionnaire for their specific needs. Some States may choose to develop separate questionnaires for agricultural, occupational, nonoccupational, physician, or non-English speaker interviews. The design presented here is not appropriate for interviewing non-English speaking farmworkers. An example of a Spanish language questionnaire specific to agriculture situations can be obtained from the California DHS SENSOR Pesticide Poisoning California (SPPC) Program (510-620-5757 or <http://www.dhs.ca.gov/ohb/AgInjury/>).

Pesticide Illness and Injury Surveillance Questionnaire

Case ID _____

Event ID _____

Interviewer Name _____

Interviewer ID _____

Today's date ____/____/____
(mm/dd/yy)

MAIN PESTICIDE EXPOSURE QUESTIONNAIRE

Hello. May I speak to Mr./Ms. _____ This is _____ with the _____ Department of Health. We recently received notification by _____ who you may have experienced a pesticide exposure. We try to keep track of persons in our State that have been exposed to pesticides, and what has happened to them. If you have a few moments, I would like to ask you some questions. The information you provide may help us prevent similar pesticide exposures in the future. Your participation is voluntary, and you may skip any questions you do not want to answer. Shall we begin? *(If the subject agrees, begin the interview. If the subject says he/she does not have time right now, try to schedule a time when you may call back. If the subject is unwilling to answer any questions, thank him/her for his/her time, hang up, and complete as much information as possible based on the original report.)*

Case Information Screen

First, I would just like to ask you a few questions about yourself.
(It is not necessary to ask these questions if you already have this information, although it is helpful to make sure the information is correct by reading the spelling of names and checking the address and phone number.)

1. What is your last name? _____

2. What is your first name? _____

3. What is your middle name? _____

3a. What is your Social Security Number? _____ - _____ - _____

4. What is your home address? _____

City _____ State ____ Zip _____

5. What is your home telephone number? (____) _____ - _____

6. What county do you live in? _____

7. Were you living in a different residence at time of exposure? Yes No

If the person answers yes, go to Number 8; if the person answers no, skip Number 8.

8. What was your home address at the time you were exposed? *(Enter in exposure incident screen if this was location where exposure occurred.)*

Address line 1 _____

Address line 2 _____

City _____

State ____ ZIP _____ County Name _____

FIPS code _____

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9. Gender 1 Male 2 Female 8 Other 9 Unknown

10. What is your race? 1 Am Indian 2 Asian/Pacific Is. 3 Black 5 White
 6 Mixed 8 Other 9 Unknown

11. Are you of Hispanic origin? 1 Yes 2 No 9 Unknown

12. Are you comfortable speaking in English for this interview? 1 Yes 2 No

If the person answers no, go to 12a.

12.a What is your preferred language? _____
(Interviewer, stop and arrange to call back with an interviewer in the preferred language if necessary.)

13. What is your birth date? ____ / ____ / ____ Estimated? Y N Basis _____
(mm/dd/yy)

Now I would like to ask you some questions about when you were exposed to pesticides.

Event Information Screen, Application/Release Event Narrative

14. Can you briefly describe the events leading up to your pesticide exposure?

Event Information Screen, Event Summary—Application Information

15. Where did the application (*or event such as a spill, transport accident, or fire*) that was associated with your exposure take place? (Interviewer, enter the code from the list below. Do not read options.)

01 Farm (excluding, nursery, livestock, forest)	32 Farm product warehousing and storage
02 Nursery	33 Food manufacturing
03 Forest	39 Other manufacturing facility/industrial facility/warehouse facility
04 Livestock and other animal specialty production facility	40 Office/business (nonretail, nonindustrial)
05 Greenhouse	41 Retail establishment
09 Other agricultural processing facility	42 Service establishment
10 Single family home	43 Pet care services and veterinary facilities
11 Mobile home	50 Road/rail
12 Multiunit housing (apartments, multiplexes)	51 Road, rail, or utility right-of-way
13 Labor housing	52 Park
20 Residential institution (dorms, shelters)	54 Private vehicle
21 School	55 Public transportation vehicle
22 Day care facility (including in private residence)	59 Other
23 Prison	60 Emergency response vehicle
24 Hospital	70 More than one site
29 Other institution	98 Not applicable
30 Pesticide manufacturing/formulation facility	99 Unknown

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16a. What was the intended target for the pesticide?

(Interviewer, mark only one from the list. Do not read options.)

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> (060) Aquatic (pond, stream, lake, irrigation canal) <input type="checkbox"/> (800) Bait for rodent, bird, or predator <input type="checkbox"/> (200) Beverage crops <input type="checkbox"/> (041) Building structure (including crack and crevice treatment.) <input type="checkbox"/> (042) Building surface <input type="checkbox"/> (043) Building space treatment <input type="checkbox"/> (530) Cereal grain crops (e.g., barley, corn, wheat, rice) <input type="checkbox"/> (650) Crops that cross categories 90–600 (general farming) <input type="checkbox"/> (801) Community-wide application target (go to 16b below) <input type="checkbox"/> (501) Fiber crops (e.g., cotton) <input type="checkbox"/> (300) Flavoring and spice crops <input type="checkbox"/> (510) Forage, fodder hay, silage grasses, silage legumes, and related crops <input type="checkbox"/> (020) Forest trees and forest lands <input type="checkbox"/> (100) Fruit crops <ul style="list-style-type: none"> <input type="checkbox"/> (110) Tree fruits <ul style="list-style-type: none"> <input type="checkbox"/> (111) Citrus fruits (e.g., grapefruit, kumquat, lemon, oranges) <input type="checkbox"/> (113) Pome fruits (e.g., apples, pears, quince, Japanese plum) <input type="checkbox"/> (101) Small fruits (e.g., berries, currants, grapes) <input type="checkbox"/> (114) Stone fruits (e.g., apricots, cherries, dates, mangoes, olives) <input type="checkbox"/> (120) Subtropical/other fruits (e.g., avocado, banana, coconuts) <input type="checkbox"/> (112) Tree nuts (e.g., almonds, hazelnuts, pecans) <input type="checkbox"/> (500) Grains, grasses, and fiber crops <input type="checkbox"/> (700) Human <ul style="list-style-type: none"> <input type="checkbox"/> (701) Human—skin/hair <input type="checkbox"/> (702) Human—clothing <input type="checkbox"/> (703) Human—skin/hair and clothing | <ul style="list-style-type: none"> <input type="checkbox"/> (010) Landscape/ornamental <input type="checkbox"/> (550) Miscellaneous field crops <input type="checkbox"/> (600) Oil crops <input type="checkbox"/> (850) Other (e.g., mixed crop and noncrop, mammal feeding and nesting areas, boats and docks) <input type="checkbox"/> (601) Seed treatment (application to seeds) <input type="checkbox"/> (070) Soil <input type="checkbox"/> (540) Sugar crops (e.g., sugar cane, sorghum) <input type="checkbox"/> (050) Undesired plant (the plant is the target pest) <input type="checkbox"/> (400) Vegetable crops <ul style="list-style-type: none"> <input type="checkbox"/> (410) Cucurbit vegetables (e.g., cucumbers) <input type="checkbox"/> (420) Fruiting vegetables (e.g., cantaloupe, melon, squash) <input type="checkbox"/> (430) Leafy vegetables (e.g., cabbage, celery, endive, lettuce) <input type="checkbox"/> (460) Other vegetables (e.g., broccoli, cauliflower, eggplant) <input type="checkbox"/> (440) Root and tuber vegetables (e.g., beets, carrots, onions) <input type="checkbox"/> (450) Seed and pod vegetables (e.g., beans, chick-peas, lentils, peanuts, peas, soybeans, sweet corn) <input type="checkbox"/> (032) Veterinary/domestic animal <input type="checkbox"/> (031) Veterinary/livestock <input type="checkbox"/> (080) Wood product (e.g., utility poles, decking, fencing, boardwalk, railroad ties, bulwarks, pilings) <input type="checkbox"/> (998) Not applicable, application not involved <input type="checkbox"/> (999) Unknown |
|--|--|

If 16a is coded as community-wide application target 801, complete items 16b and 16c.

16b. What was the purpose of the community-wide application?

- | | |
|--|--|
| <input type="checkbox"/> 1 Agricultural pest eradication | <input type="checkbox"/> 2 Public health pest control or eradication |
| <input type="checkbox"/> 8 Not Applicable | <input type="checkbox"/> 9 Unknown |

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16c. What was the specific target of the community-wide application?

001	Mosquito (no disease specified)	103	Japanese beetle
002	West Nile virus	104	Imported fire ant (red or black)
003	St. Louis encephalitis	105	Asian longhorn beetle
004	Eastern equine encephalitis	106	Emerald ash borer
005	Western equine encephalitis	107	Grain fungal diseases (e.g., black stem rust)
006	La Crosse encephalitis	108	Grasshopper/Mormon cricket
007	Dengue fever	888	Default if State chooses not to code this variable
100	Boll weevil	996	Multiple pests
101	Gypsy moth (Asian or European)	998	Not applicable (APPTARGET not = 801)
102	Fruit fly (Mediterranean, Mexican, Oriental, olive, etc.)	999	Unknown

17. What type of equipment was used in this application? (*Interviewer, mark only one from the list below. Do not read options.*)

01	Aerial application equipment	10	Trigger pump/compressed air
02	Chemigation	11	Ground sprayer
03	Pressurized can	12	Manual placement
04	Aerosol generator/fogger	13	Dip tank or tray
05	Soil injector	14	More than one type of equipment
06	High-pressure fumigator	15	Other
07	Hand-held granular/dust application	98	Not applicable
08	Spray line, hand-held	99	Unknown
09	Sprayer, backpack		

Event Information Screen, Location

18. What is the address where the **event** occurred that is associated with this exposure? This address is the site of the pesticide application, spill, or release (that is, field, orchard, business, institution, residence, or roadway). (*For locations without specific addresses, include closest crossroad and distances. This may differ from a person's location at the time of exposure. For example, the exposed person might be located at a school and the actual event is a fire at a nearby pesticide storage facility. The event location is the pesticide storage facility.*)

Address line 1 _____

Address line 2 _____

City _____

State _____	ZIP _____	Latitude _____
County name _____ FIPS _____		Longitude _____

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Event ID _____

Next, I am going to ask you some questions about the pesticide products you were exposed to and how you were exposed.

Event Information Screen, Pesticide Products

Interviewer, complete the information below (complete as much of the information as possible for each chemical) by asking the following questions:

19. What is the name of the chemical that you were exposed to? If you were exposed to more than one chemical, please tell me the name of each one. *(Interviewer, record all information available including manufacturer and any modifiers on label, e.g., spray, dust, 4E.)*

EPA registration number/distributor number	Name	Form*	Poisoning attribution†
a. _____-_____/_____	_____ _____	_____	<input type="checkbox"/>
b. _____-_____/_____	_____ _____	_____	<input type="checkbox"/>
c. _____-_____/_____	_____ _____	_____	<input type="checkbox"/>
d. _____-_____/_____	_____ _____	_____	<input type="checkbox"/>
e. _____-_____/_____	_____ _____	_____	<input type="checkbox"/>

*See form codes on next page.

†Check box if product is thought to have contributed to illness. Complete this column at time of case closure.

*Interviewer, if the EPA Registration Number is unknown, but the identity of active ingredient(s) is known, enter the most detailed product name available above and the active ingredients below. Information about products where only form and functional class are known, and information about carriers and inerts can be section labeled **Other Pesticide Information** (Item 21, page 7). If the EPA Registration Number is entered in the known, complete the EPA Registration Number and Product name, then skip to Item 22 **Chemical Agent Comments, page 7.***

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Event ID _____

Event Information Screen, Pesticide Product—Active Ingredients and Other Sources

20. **Active Ingredient.** *If product name is unknown but active ingredient is known, enter active ingredient here. (Code is auto entered in SPIDER; record only if using lookup file for entry into a nonautomated system.)*

Active ingredient code	Name	Per - centage	Form*	Chemical class*	Functional class*	Poisoning attribution†
a.	_____	_____	_____	_____	_____	<input type="checkbox"/>
b.	_____	_____	_____	_____	_____	<input type="checkbox"/>
c.	_____	_____	_____	_____	_____	<input type="checkbox"/>
d.	_____	_____	_____	_____	_____	<input type="checkbox"/>

*Indicate the product form, chemical, and functional class from the tables below.

† Check box if product is thought to have contributed to illness. Complete this column at time of case closure.

NIOSH form codes			
01	Dust/powder (not pressurized)	10	Flowable concentrate
02	Granular/ flake	11	Pressurized liquid/spray/fogger
03	Pellet/tablet/cake/briquette	12	Ready-to-use liquid/solution
04	Wettable powder/dust	13	Other liquid formulation
05	Impregnated material (ant/plant stakes, animal collars, water filters)	14	Pressurized gas/fumigant
06	Other dry formulation	15	Paint/liquid coating
07	Microencapsulated	16	Other
08	Emulsifiable concentrate	17	Soluble powder
09	Soluble concentrate	18	Liquid concentrate
		99	Unknown

Chemical class codes	Functional class codes
01 Organochlorine compound	01 Insecticide (excluding solely IGR and fumigants)
02 Organophosphorous compound	02 Insect growth regulator (IGR)
03 N-methyl carbamates	03 Herbicide/algicide
04 Pyrethrin	04 Fungicide
05 Pyrethroid	05 Fumigant
06 Dipyridyl compound	06 Rodenticide
07 Chlorophenoxy compound	07 Disinfectant/broad spectrum for water sanitation
08 Triazines	08 Insect repellent
09 Carbamates (non-AChE inhibitors)	09 Antifouling agent (marine paints)
10 Organo-metallic compound	10 Insecticide and herbicide (01 & 03)
11 Inorganic compounds	11 Insecticide and fungicide (01 & 04)
12 Coumarins	12 Insecticide and herbicide and fungicide (01, 03, & 04)
13 Indandiones	13 Insecticide and other (01 & 96)
14 Convulsants	14 Herbicide and fungicide (03 & 04)
15 Microbial	96 Other (includes biological controls, plant growth regulators, antibiotics, etc.)
16 Dithiocarbamates	97 Multiple (product is classified as multiple classes which do not fit in any of the codes specified in codes 10–14)
95 Unidentified cholinesterase inhibitor	99 Unknown
97 Multiple (PC Code indicates a code for a combination of active ingredients that cross chemical classes)	
99 Unknown	

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21. Other Pesticide Information. If neither product nor active ingredient is known. Enter a description of the other pesticide, e.g., “Some kind of spray from a highway truck”; “unspecified Black Flag wasp spray”; “unlabeled spray can.” This area can also be used to record information about carriers and inerts at the State level.

Other ID	Description of other source	Chemical class*	Form*	Functional class*	Poisoning attribution†
a.	_____	_____	_____	_____	<input type="checkbox"/>
b.	_____	_____	_____	_____	<input type="checkbox"/>
c.	_____	_____	_____	_____	<input type="checkbox"/>

* Indicate the product form, chemical, and functional class from the tables above.

† Check box if product is thought to have contributed to illness. Complete this column at time of case closure.

22. Event Information, Comments—Chemical Agent Comments

(Note additional information about pesticide products and adjuvants.)

Interviewer, complete this section after completing interview. All ID numbers are assigned by SPIDER upon data entry. Data entry clerk should enter ID numbers onto form.

Event ID _____	Event descriptor _____ <small>(Maximum 30 character name for event)</small>
<p>23. Was the pesticide applied by a licensed applicator? (Indicate the level of applicator supervision. This may require interviewing affected person, employer, or contract applicator to determine response.)</p> <p><input type="checkbox"/> (1)Licensed applicator</p> <p><input type="checkbox"/> (2)Licensed trainee, direct supervision</p> <p><input type="checkbox"/> (3)Unlicensed, intermittent supervision</p> <p><input type="checkbox"/> (4)Unlicensed</p> <p><input type="checkbox"/> (8)Not applicable</p> <p><input type="checkbox"/> (9)Unknown</p>	<p>24. Is there evidence indicating that the label directions were <u>not</u> followed?</p> <p><input type="checkbox"/> (1)Yes, there is evidence that label directions were not followed.</p> <p><input type="checkbox"/> (2)No, no evidence of label directions not being followed.</p> <p><input type="checkbox"/> (8)Not applicable.</p> <p><input type="checkbox"/> (9)Unknown.</p>

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Exposure Information Screen, Incident Information

Incident report information. Interviewer, complete Items 25–28 prior to interview. All ID numbers assigned by SPIDER on data entry. Data entry clerk, enter onto form here.

Exposure ID _____ 25. Report date ____ / ____ / _____
Case ID _____ Event ID _____

26. Report source 1 27. Report source 2 28. Report source 3

Use codes for sources below. Note that an additional character can be added for State-specific codes under each category, (e.g., listing specific poison control centers in the State by using codes 020-029 or 02A – 02Z).

Source Code	Description
01	Physician report
02	Poison control center
03	Other health care provider report (including emergency room or hospital report)
04	Laboratory report
05	Death certificate or medical examiner's report
06	Report or referral from governmental agency
07	Obituary/news report
08	Ascertainment through Worker's Compensation
09	Self-report
10	Co-worker report
11	Friend or relative report
12	Identified during site visit
13	Worker representative (e.g., union, lawyer/legal services/other advocate)
14	Medical record review (clinic or hospital record review performed by surveillance staff)
97	State Department of Health
98	Other (not captured in any code category listed)
99	Unknown

29. Where were you when the exposure took place? (Interviewer, enter from the list below. Do not read options, but base entry upon verbal response.)

01	Farm (excluding, nursery, livestock, forest)	32	Farm product warehousing and storage
02	Nursery	33	Food manufacturing
03	Forest	39	Other manufacturing facility/industrial facility/warehouse facility
04	Livestock and other animal specialty production facility	40	Office/business (nonretail, nonindustrial)
05	Greenhouse	41	Retail establishment
09	Other agricultural processing facility	42	Service establishment
10	Single family home	43	Pet care services and veterinary facilities
11	Mobile home	50	Road/rail
12	Multiunit housing (apartments, multiplexes)	51	Road, rail, or utility right-of-way
13	Labor housing	52	Park
20	Residential institution (dorms, shelters)	54	Private vehicle
21	School	55	Public transportation vehicle
22	Day care facility (including in private residence)	59	Other
23	Prison	60	Emergency response vehicle
24	Hospital	70	More than one site
29	Other institution	98	Not applicable
30	Pesticide manufacturing/formulation facility	99	Unknown

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30. What is the address for the location where you were exposed? (*This may be the same as the case address or the event address.*)

Address 1	_____		
Address 2	_____		
City	_____		
State	____	ZIP	_____
Latitude	_____	Longitude	_____
County name	_____		FIPS ____

31. What were you doing when you were exposed? (*Interviewer, determine appropriate code for the response; do not read from the list of coded options. Check one only.*)

<input type="checkbox"/> (01) Applying pesticide
<input type="checkbox"/> (02) Mixing/loading pesticide
<input type="checkbox"/> (03) Transport or disposal of pesticide
<input type="checkbox"/> (04) Repair or maintenance of pesticide application equipment
<input type="checkbox"/> (05) Any combination of activities 01–04
<input type="checkbox"/> (06) Involved in manufacture or formulation of pesticide
<input type="checkbox"/> (07) Emergency response
<input type="checkbox"/> (08) Routine work activities not involved with pesticide application (includes exposure to field residue)
<input type="checkbox"/> (09) Routine indoor living activities not involved with pesticide application
<input type="checkbox"/> (10) Routine outdoor living activities not involved with pesticide application
<input type="checkbox"/> (98) Not applicable
<input type="checkbox"/> (99) Unknown

32. Were other people possibly exposed? (1) Yes (2) No (9) Unknown

If yes, continue with 32a and 32b.	
32a. How many _____	
32b. Did any seek medical care?	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (9) Unknown

Use a separate sheet of paper to record names and contact information, if appropriate.

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33. Please describe the exposure to me, especially anything we haven't yet discussed. I may ask you some more detailed questions about what you describe as we proceed with the interview.

34. When you were exposed to the pesticide, did you seek any type of medical care?

(2) No
 (9) Unknown

(1) Yes

Go to item 44a on page 11.

Complete items 35–43.

35. Where did you receive your initial medical care after the exposure?

- | | |
|--|---|
| <input type="checkbox"/> (1) Physician office/clinic visit | <input type="checkbox"/> (5) No medical care sought |
| <input type="checkbox"/> (2) Emergency room | <input type="checkbox"/> (6) Other |
| <input type="checkbox"/> (3) Hospital admission | <input type="checkbox"/> (9) Unknown |
| <input type="checkbox"/> (4) Advice from the poison control center | |

36. When did you first receive medical care? ____ / ____ / ____
(mm/dd/yy)

37. What is the name of the health care professional (HCP) you saw?

Last name _____

First name _____

38. What is their address?

	<u>Chart location</u>	<u>Work location</u>
Address 1	_____	_____
Address 2	_____	_____
City	_____	_____
State	_____	_____
Zip	_____	_____
Phone	(____) _____ - _____	(____) _____ - _____

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39. Did you have a test for pesticides in your blood or urine?

- (2) No
- (9) Unknown

- (1) Yes
Interviewer, obtain medical record to complete tables on pages 18-19.

Go to item 41.

40. Did you have a cholinesterase test, which requires that blood be drawn?

- (2) No
 - (1) Yes
 - (9) Unknown
- If yes, complete tables on pages 18-19 from the medical record.*

41. Were you admitted to the hospital due to the pesticide exposure? (2) No (1) Yes (9) Unknown

If No or Unknown, go to item 44a.

42. Facility where hospitalized _____

Address _____

Treating physician _____

43. How many days did you stay in the hospital? _____

(Enter code number of days: 997 if ≥ 996 days, 998=NA, not hospitalized 999=Unknown or 999 if unknown.)

44a. Did you spend one or more days away from work due to the pesticide exposure?

- (1) Yes

44b. How many days were you away from work? _____

- (2) No
- (9) Unknown

Go to item 44c

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47. What is your employer's name? _____

48. What is your employer's address (or your work address if self-employed)?

Street Address _____

City _____ State ____ Zip code ____

49. What was your occupation/job title when you were injured/exposed? _____

50. What type of work was being done at your place of employment at time of injury/exposure?

Is this individual an agricultural worker or pesticide handler?
YES—Complete item 51a.
NO—Proceed to item 54.

51a. Did this incident involve entering a treated area (including field or greenhouse)?

(2) No (1) Yes (9) Unknown

If yes, ask 51b. Did your employer/crew leader tell you how soon you could go into the area after it was treated?

(2) No (1) Yes (9) Unknown

To be completed by the interviewer after interview.

52. Bureau of Census code for occupation of exposed worker _____
Occ code

53. Bureau of Census code for industry or North American Industry Classification System (NAICS)
_____ or _____ (Note that Census codes are preferred.)
Indsic Indsic

54. Were you wearing any personal protective equipment?

(2) No (1) Yes
 (9) Unknown

Go to item 63



Go to items 55-61

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55. Were you wearing
a. a supplied air respirator?
 (1) Yes (2) No (9) Unknown
b. half/full face, PAPR?
 (1) Yes (2) No (9) Unknown

56. rubber/chemically resistant boots?
 (1) Yes (2) No (9) Unknown

57. cloth or leather gloves?
 (1) Yes (2) No (9) Unknown

58. rubber or synthetic gloves?
 (1) Yes (2) No (9) Unknown

59. chemical goggles/face shield?
 (1) Yes (2) No (9) Unknown

60. chemically resistant clothing? (rubber apron,
tyvek, rain gear)
 (1) Yes (2) No (9) Unknown

61. Were you using engineering controls?
(e.g., closed mixing/loading system)
 (1) Yes (2) No (9) Unknown

62. Interviewer, complete after interview. Indicate the level of PPE used and required for this individual according to the product label.

<input type="checkbox"/> (1) Used (all or some of PPE required)	<input type="checkbox"/> (5) Not used (unknown requirements)
<input type="checkbox"/> (2) Used (not required)	<input type="checkbox"/> (6) Not used (not required)
<input type="checkbox"/> (3) Used (unknown requirements)	<input type="checkbox"/> (8) Not applicable
<input type="checkbox"/> (4) Not used (some PPE required)	<input type="checkbox"/> (9) Unknown

63. What was the date and approximate time that your exposure to the pesticide(s) first started?
Date* ___/___/___ Time ___:___ Use 24-hour clock
(mm/dd/yy)

* At least one of the following dates must be entered: first exposure, symptom onset, or laboratory test (see pages 18-19).

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64. What was the date and approximate time that you first started to experience symptoms?

Date ____/____/____ Time ____: ____ Use 24-hour clock
(mm/dd/yy)

65. What was the date and approximate time that your exposure to the pesticide(s) ended?

Date ____/____/____ Time ____: ____ Use 24-hour clock
(mm/dd/yy)

Signs/Symptoms

66. Next I'd like you to describe your symptoms. (*Interviewer, fill in "Doctor reported" column based on medical records or HCP interview. Final code column should be completed prior to data entry. Codes are listed following the table on page 17.*)

Check all signs or symptoms described or stated as absent (items in italics should be taken from HCP interview or medical record only).

System	Sign/symptom	Patient reported	Doctor reported	Absent	Final code
General	<i>Acidosis</i>				
	<i>Alkalosis</i>				
	Fatigue/malaise				
	Fever				
	<i>Increased anion gap</i>				
	Other _____ _____				
Cardiovascular	<i>Bradycardia</i>				
	<i>Cardiac arrest</i>				
	Chest pain				
	<i>Conduction disturbance</i>				
	<i>Hypertension</i>				
	<i>Hypotension</i>				
	<i>Palpitations</i>				
	<i>Tachycardia</i>				
	Other _____ _____				
Renal	Frequent urination				
	Hematuria				
	<i>Oliguria/anuria</i>				
	<i>Proteinuria</i>				
	Other _____ _____				
Neurological	Altered taste				
	Anxiety/hyperactivity/irritability				
	Ataxia/trouble walking				
	Blurred vision				

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Case ID _____
 Event ID _____

System	Sign/symptom	Patient reported	Doctor reported	Absent	Final code
Neurological (continued)	Coma				
	Confusion				
	Diaphoresis (profuse sweating)				
	Dizziness				
	Fainting				
	Fasciculations				
	Headache				
	Memory loss				
	Muscle pain				
	<i>Muscle rigidity</i>				
	Muscle weakness				
	Paralysis				
	Paresthesias/tingling or numbness				
	Peripheral neuropathy				
	Salivation				
	Seizure				
	Slurred speech				
	Other _____ _____				
Gastrointestinal	Anorexia (loss of appetite)				
	Constipation				
	Diarrhea				
	GI bleeding (blood in stool or vomit)				
	Nausea				
	Pain				
	Vomiting				
	Other _____ _____				
Eye	<i>Burns</i>				
	<i>Conjunctivitis (diagnosis)</i>				
	<i>Corneal abrasion</i>				
	<i>Miosis</i>				
	<i>Mydriasis</i>				
	Pain/irritation/inflammation				
	Tearing/lacrimation				
	Other _____ _____				

Pesticide Illness and Injury Surveillance Questionnaire

Case ID _____

Event ID _____

System	Sign/symptom	Patient reported	Doctor reported	Absent	Final code
Dermal	Blisters/bullae				
	Burns				
	Edema/swelling				
	Hives				
	Pain				
	Pruritis (itching)				
	Pattern* of rash or lesions				
	Rash				
	Redness				
	Other _____ _____				
Respiratory	Asthma (diagnosis of)				
	Cough				
	Cyanosis				
	Depression				
	Dyspnea				
	LR Irritation				
	Pleural pain				
	Pulmonary edema				
	Tachypnea				
	UR irritation				
	Wheezing				
	Other _____ _____				

*Coding for pattern of dermal lesions

1=Corresponds well with physical pattern of exposure

2=Discrete patches of lesions do not correspond with the pattern of exposure

3=Generalized distribution of lesions on the body

4=Absent

9=Unknown

Complete final code column prior to data entry.

Final Code for 1=Doctor reported

2=Exposed person reported 3=Both Dr. and person reported

All Fields 9=Unknown

Pesticide Illness and Injury Surveillance Questionnaire

Case ID _____

Event ID _____

Exposure Information Screen, Narrative

Health Comments _____

Ending Statement

This concludes the interview. The information you have given us is very important. We appreciate your willingness to take time to answer all of our questions. Do you have any questions at this time? (Interviewer, provide the caller with your name and phone number and information about any additional contacts or actions that will result from the interview.)

The following section should be completed after reviewing medical records or interviewing the attending HCP. Also, go to pages 15-17 to update signs and symptoms based on the medical records/HCP interview, if this section is not pertinent. Make sure diagnosis, outcome, and any notes are entered on page 19.

Exposure Information Screen, Medical Staff

Medical ID _____

Enter one Medical ID for each medical person involved in the case. In SPIDER, use F2 to select from pick list. If not on pick list, see Item 37 on Page 10 and enter on Medical Staff screen the full medical staff information.

Interviewer, complete this section and shaded columns on the table for Item 45 on page 12, based on interview with HCP or review of medical records.

Non-Cholinesterase Chemical-Specific Biological Test for Pesticides or Metabolites

Were any non-cholinesterase biological tests done for pesticides in blood, urine, or hair?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>If yes, complete table if part of State protocol</i>	
	Test 1	Test 2	
Test type			
Sample date	___/___/___	___/___/___	
Numeric result			
Analysis result	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	

Pesticide Illness and Injury Surveillance Questionnaire

Case ID _____
Event ID _____

Was a cholinesterase test(s) performed? (Ask only if exposure involved an organophosphate or N-methyl carbamate pesticide.) (1) Yes (2) No (9) Unknown

(If yes, complete table of results below.)

Coding Guidance for Completing Table of Results Below

Option 1: Detailed version—complete all.

Option 2: Required minimum—enter a single response for Test Type and Result Type, the only required fields.

PFI Lab code from lab pick list or enter lab name							
Test type codes		1=RBC	2=Plasma	3=Both RBC and Plasma	4=Not done		
		5=Either RBC or Plasma		8=Not applicable	9=Unknown		
Result type codes		1=Abnormal compared to lab	2=Abnormal compared to baseline				
		3=Normal compared to lab	4=Normal compared to baseline				
		7=Bad specimen	8=Not applicable	9=Unknown			
PFI	Lab name	Test type	Test date	Numeric result	Result type	Lab low	Lab high
			___/___/___				
			___/___/___				
			___/___/___				
			___/___/___				
			___/___/___				

<input type="checkbox"/> Diagnosis made by HCP		Outcome
Diagnosis	_____	<input type="checkbox"/> (1) Fatal, pesticide-related
	_____	<input type="checkbox"/> (2) Fatal, not pesticide-related
ICD-9	_____ . _____	<input type="checkbox"/> (3) Fatal, relation unknown
Summary	_____	<input type="checkbox"/> (8) Not applicable (not fatal)

Notes _____

Pesticide Illness and Injury Surveillance Questionnaire

Case ID _____
 Event ID _____

Interviewer, review the form for completeness and complete the following sections:

- Pages 4 – 7 Check to determine if other interviews are needed to complete questions 18–22.
- Pages 5 – 7 Any necessary chemical product coding.
- Page 7 Event descriptor, items 23 and 24.
- Page 12 Item 45 enter shaded columns: pre-existing conditions from medical professional interview or medical record review and complete final code for medical conditions.
- Page 13 Items 52 and 53.
- Page 14 Item 62.
- Pages 15 –17 Make sure all signs and symptoms are entered from medical professional interview or medical record review and complete final code column.

Indicate your assessment of how the individual came into contact with the pesticide. *(Check all that apply; bolding indicates variable label in SPIDER.)*

- Drift**
- Direct **spray**
- Indoor air** contamination
- Contact with treated **surface** (plant material, carpets, treated animal)
- Direct **contact** (spill, leaking container or equipment, floodwaters, emergency response)
- Other**
- Unknown**

Indicate the route(s) of exposure. *(Check all that apply.)*

- | | |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Dermal | <input type="checkbox"/> Injection |
| <input type="checkbox"/> Inhalation | <input type="checkbox"/> Ocular |
| <input type="checkbox"/> Ingestion | <input type="checkbox"/> Unknown |

Indicate if the exposure was intentional.

- 1=Yes, suspected intentional 2=No, unintentional 9=Unknown

Pesticide Illness and Injury Surveillance Questionnaire

Case ID _____
Event ID _____

The remaining sections are to be completed by the interviewer following standard case classification procedures

Severity <input type="checkbox"/> <p style="text-align: center;">1 = Fatal 2 = High 3 = Moderate 4 = Low 8 = Evaluated, Not applicable</p>	
A. Documentation of Exposure <input type="checkbox"/> <input type="checkbox"/> <i>(Put a number in the first box and letter in the second box if appropriate.)</i>	
1 - Confirmed by	a-envir/bio testing b-professional observation c-biological evidence d-eye/derm signs e. 2+ findings by medical staff
2 - Reported by	a-case b-witness c-application records d-nonprofessional observation e-other
3 - Strong evidence of no exposure	
4 - Insufficient data	
B. Documentation of Health Effect <input type="checkbox"/> <p>1 - 2+ findings by medical staff 2 - 2+ abnormal symptoms 3 - No post exposure findings 4 - Insufficient Data</p>	
C. Evaluation of Causal Relationship <input type="checkbox"/> <input type="checkbox"/> <i>(Put a number in first box and letter in second box if first box is 1.)</i>	
1 - Fits known toxicology a-characteristic (Appendix 2 of case classification) and temporal relationship is plausible b-consistent with literature and known toxicology	
2 - Inconsistent with known toxicology	
3 - Definitely ruled out (evidence of non-pesticide causal agent)	
4 - Insufficient toxicologic information available	
NIOSH Classification <input type="checkbox"/> Classification categories	Alternate Classification <input type="checkbox"/> 1=Definite 5=Unlikely 2=Probable 6=Insufficient Information 3=Possible 7=Exposed/Asymptomatic 4=Suspicious 8=Unrelated

Exposure Information Screen—Poisoning Attribution

Return to pages 5 through 7 to determine if illness is attributable to products, active ingredients, or substances listed there.