

## C.3 PESTICIDE ILLNESS AND INJURY SURVEILLANCE DATA COLLECTION FORM

### INSTRUCTIONS

This is a sample data collection form for use by an acute pesticide-related illness and injury surveillance program. This form is for States that choose not to use a standard questionnaire but collect data via an open-ended interview. The form includes fields that satisfy 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). Fields needed for administrative report management at the State level, as well as optional suggested variables are also included. Optional items are indicated on the form by framing with a dotted-line border. The order of the fields 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 indicates items that are to be completed by the interviewer and not asked during the actual exposed individual or attending health care professional (HCP) interview. The form contains fields for information that may be collected from the exposed individual, and additional medical and pesticide product information collected from record reviews or additional interviews. States will need to customize this data collection form for their specific needs.

**PESTICIDE ILLNESS AND INJURY SURVEILLANCE DATA COLLECTION FORM**

Case ID \_\_\_\_\_ Event ID \_\_\_\_\_

**Case Information**

<b>Social Security Number</b> _____ - _____ - _____	
<b>Name</b>	
Last _____	First _____ Initial _____
<b>DOB</b> ____ / ____ / ____ Estimated? <input type="checkbox"/> Y <input type="checkbox"/> N Basis _____	
<small>MM DD YYYY</small>	
<b>DOD</b> ____ / ____ / ____	
<small>MM DD YYYY</small>	
<b>Current residence information</b>	
Address Line 1 _____	
Address Line 2 _____	
City _____	
State ____	Zip _____ County _____
Phone (____) _____ - _____	
<b>Residence at time of exposure if different from above.</b> <i>(Enter in exposure incident screen if this was location where exposure occurred.)</i>	
Address Line 1 _____	
Address Line 2 _____	
City _____	
State ____	Zip _____
County _____	FIPS _____

<b>Sex</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Unknown
<b>Race</b>	<input type="checkbox"/> 1 Am Indian <input type="checkbox"/> 2 Asian/Pacific Is. <input type="checkbox"/> 3 Black <input type="checkbox"/> 5 White <input type="checkbox"/> 6 Mixed <input type="checkbox"/> 8 Other <input type="checkbox"/> 9 Unknown
<b>Hispanic</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	<b>Speaks English?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

Rev. 7/1/2004

**Event Information Screen—Event Summary—Application Information**

(Complete after interview.)

Event ID _____	Event date ____/____/____	County _____
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<b>Event descriptor</b> _____ <small>(Maximum 30-character name for event.)</small>
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<b>Licensed applicator</b> <input type="checkbox"/> <i>(Use code to indicate level of applicator supervision.)</i> 1=Licensed applicator 2=Licensed trainee, direct supervision 3=Unlicensed, intermittent supervision 4=Unlicensed 8=Not applicable 9=Unknown	<b>Label/use</b> <input type="checkbox"/> <i>(Use code to indicate if evidence indicates that the label directions were <u>not</u> followed.)</i> 1=Yes, there was evidence that label directions were not followed. 2=No, no evidence of label directions not being followed. 8=Not applicable 9=Unknown
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<b>Application site</b> <input type="checkbox"/> <input type="checkbox"/> (Enter code)			
<b>01</b>	Farm (excluding, nursery, livestock, forest)	<b>32</b>	Farm product warehousing and storage
<b>02</b>	Nursery	<b>33</b>	Food manufacturing
<b>03</b>	Forest	<b>39</b>	Other manufacturing facility/industrial facility/warehouse facility
<b>04</b>	Livestock and other animal specialty production facility	<b>40</b>	Office/business (non-retail, non-industrial)
<b>05</b>	Greenhouse	<b>41</b>	Retail establishment
<b>09</b>	Other nonproduction agricultural facility	<b>42</b>	Service establishment
<b>10</b>	Single family home	<b>43</b>	Pet care services and veterinary facilities
<b>11</b>	Mobile home	<b>50</b>	Road/rail
<b>12</b>	Multi-unit housing (apartments, multiplexes)	<b>51</b>	Road, rail, or utility right-of-way
<b>13</b>	Labor housing	<b>52</b>	Park
<b>20</b>	Residential institution (dorms, shelters)	<b>54</b>	Private vehicle
<b>21</b>	School	<b>55</b>	Public transportation vehicle
<b>22</b>	Day care facility (incl. in private residence)	<b>59</b>	Other
<b>23</b>	Prison	<b>60</b>	Emergency response vehicle
<b>24</b>	Hospital	<b>70</b>	More than one site
<b>29</b>	Other institution	<b>98</b>	Not applicable
<b>30</b>	Pesticide manufacturing/formulation facility	<b>99</b>	Unknown

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

**Application Target (mark one)**

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

<b>Application purpose</b>	<input type="checkbox"/> 1 Agricultural pest eradication	<input type="checkbox"/> 8 NA
	<input type="checkbox"/> 2 Public health pest control or eradication	<input type="checkbox"/> 9 Unknown

<b>Specific pest target of community-wide application</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Enter code)	
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

**Event Information Screen—Location**

Location where the exposure **event** occurred. 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.)

<b>Address</b> _____	
<b>Address</b> _____	
<b>City</b> _____	
<b>State</b> ____	<b>ZIP</b> _____
<b>Latitude</b>	<b>Longitude</b>
<b>County name</b> _____	<b>FIPS</b> ____

**Event Information Screen—Comments—Application/Release Event Narrative**

*Do not describe exposure. Describe the use/event that involved the release of pesticide. Include details of spill, application, accidental release, etc., that will help clarify how exposures came about.*

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**Event Information Screen—Pesticide Products**

If the EPA registration number is known, complete the EPA registration number and product name below then skip to **Chemical Agent Comments** on page 8. (Active ingredient code [PC Code, percentage, form, chemical class, and functional class are auto-entered in SPIDER; record only if using lookup file for entry into nonautomated system.) If the EPA registration number is unknown, but the identity of active ingredient(s) is known, enter the most detailed product name available below and all other available information regarding the ingredients on the table labeled **Active Ingredient** on page 7. Information about products where only form and functional class are known, or carriers and inerts can be entered in the section labeled **Other Source** on page 8.

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 <sup>†</sup>
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.

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

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

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 that follow.

†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)
02	Granular/flake
03	Pellet/tablet/cake/briquette
04	Wettable Powder/Dust
05	Impregnated material (ant/plant stakes, animal collars, water filters)
06	Other dry formulation
07	Microencapsulated
08	Emulsifiable concentrate
09	Soluble concentrate
10	Flowable concentrate
11	Pressurized liquid/spray/fogger
12	Ready-to-use liquid/solution
13	Other liquid formulation
14	Pressurized gas/fumigant
15	Paint/liquid coating
16	Other
17	Soluble powder
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 Dipyriddy 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	





**Exposure Information Screen—Incident Information**  
**Incident Report Information**

<b>Exposure ID</b>	<b>Report date</b> ___ / ___ / _____
<b>Case ID</b> _____	<b>Event ID</b> _____
<b>Report source 1</b> ___ (___)	<b>Report source 2</b> ___ (___) <b>Report source 3</b> ___ (___)
<i>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 02A-02Z or 020-029).</i>	
<b>Source codes</b>	
<b>Code</b>	<b>Description</b>
01	Physician report
02	Poison control center
03	Other health care provider report (including ER 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

<b>Site of exposure</b> <input type="checkbox"/> <input type="checkbox"/> (Enter code)	
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 nonproduction agricultural 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

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

**Others exposed**

Were other persons possibly exposed?  Yes  No  Unknown

If Yes, How many? \_\_\_\_\_

Did any seek medical care?  Yes  No  Unknown

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

**Exposure address** (*That is, subject's location at time of exposure. This may be the same as the case address or the event address.*)

**Address 1** \_\_\_\_\_

**Address 2** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_ **ZIP** \_\_\_\_\_

**FIPS** \_\_\_\_ **County** \_\_\_\_\_

**County name** \_\_\_\_\_

*Note: For cases reported multiple times, you can use the shortcut buttons in SPIDER to either copy the existing address from the case table, or if this is a new address, move this address to the case table.*

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**Initial treatment /HCP information**

<b>First care</b>	Where was medical care first sought? <input type="checkbox"/> (Enter code)	
	1=Physician's office 2=Emergency room 3=Hospital admissions 4=Advice of poison control center	5=No medical care sought 6=Other 7=Employee health center 9=Unknown
<b>HCP name</b>	Last _____ First _____	
<b>Type</b>	Who provided care? <input type="checkbox"/> (Enter code)	
	1=Family physician 2=Employer's physician 3=Worker's Comp physician	4=Consulting specialist 5=Outpatient clinic 9=Unknown
	<b>Chart location</b>	<b>Work location</b>
<b>Address 1</b>	_____	_____
<b>Address 2</b>	_____	_____
<b>City</b>	_____	_____
<b>State</b>	____	____
<b>ZIP</b>	_____	_____
<b>Phone</b>	(____) _____	(____) _____

**Exposure Information Screen—Medical Information**

<input type="checkbox"/> <b>Diagnosis made by HCP</b> (Checked=Yes)	
<b>Diagnosis</b>	_____
<b>ICD9</b>	_____ . _____
<b>Summary</b>	_____
<input type="checkbox"/> <b>Hospitalized</b> (Checked=Yes)	
<b>Admit date</b>	____ / ____ / ____
<b>Discharge date</b>	____ / ____ / ____
<b>Length of stay</b>	_____ (days)
<b>Coding</b>	997 if > 996 days 998=NA, not hospitalized 999=Unknown

**Facility where hospitalized**  
 Facility name \_\_\_\_\_  
 Facility address \_\_\_\_\_  
 Treating physician \_\_\_\_\_

Condition present at time of exposure? (Circle one for each condition.)	Coding for conditions						
<b>Pregnant</b>	1	2	3	4	5	9	1=Doctor reported
<b>Allergies</b>	1	2	3	4	5	9	2=Exposed person reported
<b>Asthma</b>	1	2	3	4	5	9	3=Both doctor and person reported
<b>Acquired chemical intolerance</b>	1	2	3	4	5	9	4=Condition was absent
<b>Other (Enter condition and code.)</b> _____							5=Not reported
							9=Unknown

**Outcome**  1=Fatal, pesticide-related 8=Not applicable (not fatal)  
 2=Fatal, not pesticide-related 9=Unknown  
 3=Fatal, relation unknown

**Lost time**  1=Yes, one or more days lost from work  
 2=No, no time lost  
 3=Unemployed, lost 1 or more days from school or regular activities  
 9=Unknown

**Total time lost** \_\_\_\_\_ days

**Followup needed?**  Check if yes. **When?** \_\_\_/\_\_\_/\_\_\_

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

<b>Other biological tests?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	<b>Test 1</b>		<b>Test 2</b>
<b>Test type</b>			
<b>Draw date</b>	___/___/___		___/___/___
<b>Numeric result</b>			
<b>Analysis result</b>	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal
	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown

Notes \_\_\_\_\_

**Exposure Information Screen—Cholinesterase Results**

**Coding guidance for completing table of results**

**Option 1 Detailed version.**

**Option 2 Required minimum.** Enter single test response for **Test type** and **Result type**, the only required fields.

<b>PFI</b> Lab code from lab pick list or enter lab name							
<b>Test type codes</b>		1=RBC 5=Either RBC or Plasma	2=Plasma	3=Both RBC and Plasma 8=Not applicable	4=Not done 9=Unknown		
<b>Result type codes</b>		1=Abnormal compared to lab 3=Normal compared to lab 7=Bad specimen		2=Abnormal compared to baseline 4=Normal compared to baseline 8=Not applicable		9=Unknown	
PFI	Lab Name	Test Type	Test Date	Numeric Result	Result Type	Lab Low	Lab High
			___/___/___				
			___/___/___				
			___/___/___				
			___/___/___				

**Exposure Information Screen—Narrative**

**Brief exposure description (120 characters)**

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**Exposure narrative** Include details of person's activity or situation that resulted in the exposure. Include notes on medical, exposure, and follow-up activity information. Continue on a separate sheet if necessary.

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**Exposure Information Screen—Nature of Exposure**

Type of exposure			Route of exposure		
<input type="checkbox"/> Drift	<input type="checkbox"/> Indoor Air	<input type="checkbox"/> Contact	<input type="checkbox"/> Dermal	<input type="checkbox"/> Ingestion	<input type="checkbox"/> Ocular
<input type="checkbox"/> Spray	<input type="checkbox"/> Surface	<input type="checkbox"/> Unknown	<input type="checkbox"/> Inhalation	<input type="checkbox"/> Injection	<input type="checkbox"/> Unknown
<input type="checkbox"/> Other					
<b>Intentional?</b> ___    Coding :    1=Yes, suspected intentional    2=No, unintentional    9=Unknown					

Date first exposed*    ___/___/___	Time ___:___ (24 Hour Clock)
Date symptom onset*    ___/___/___	Time ___:___ (24 Hour Clock)
Other date    ___/___/___	Other Date Description _____

\* At least one of the following dates must be entered: first exposure, symptom onset, or laboratory test (page 12).

**Exposure Information Screen—Narrative**

**Date comments.** Indicate any notes on date of exposure onset, report, or lab test pertinent to understanding case chronology.

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**Exposure Information Screen—Occupational Information**

<b>Work related?</b> <input type="checkbox"/> 1=Yes    2=Possibly    3=No    4=Unknown    5=Not Applicable <i>If answer is 3 or 5, skip to PPE Use below.</i>	
<b>Job title</b> 60 characters _____ _____	<b>COC title</b> _____ _____
<b>Occupation narrative</b> 125 Characters _____ _____	<b>CIC title</b> _____ _____
<b>Industry at time of exposure</b> 100 Characters _____	

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**Employer Information—Employer Screen**

Employer ID \_\_\_\_\_ Name \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact \_\_\_\_\_

NAICS Code \_\_\_\_\_

**Exposure Information Screen—Occupational Information, PPE Use**

**PPE Use** (Complete this section after interview using codes below.)

1=Used (all or some of PPE required)	5=Not used (unknown requirements)
2=Used (not required)	6=Not used (not required)
3=Used (unknown requirements)	8=Not applicable
4=Not used (some PPE required)	9=Unknown

Specific PPE Used

Codes: 1=Yes, used    2=No, not used    8=Not applicable    9=Unknown

Check one box for each form of PPE.

Supplied Air	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	Natural Gloves	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
Respirator	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	Synthetic Gloves	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
Dust Mask	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	Goggles	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
Boots	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	Engineering	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
Clothing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>					

**Worker Protection Standard**

*If agricultural worker or pesticide handler (farm, nursery, or forestry), for each question indicate if response is (Y)Yes (N) No (U) Unknown/Not asked by circling the letter for the response.*

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

b. If yes, did your employer/crew leader tell you how soon you could go into the area after it was treated?    Y   N   U

**Exposure Information Screen—Signs and Symptoms**

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 18. 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
<b>General</b>	<i>Acidosis</i>				
	<i>Alkalosis</i>				
	Fatigue/malaise				
	Fever				
	<i>Increased anion gap</i>				
	Other _____ _____				
<b>Cardiovascular</b>	<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 _____ _____				
<b>Renal</b>	Frequent urination				
	<i>Oliguria/anuria</i>				
	Blood in urine				
	<i>Proteinuria</i>				
	Other _____ _____				
<b>Neurological</b>	Altered taste				
	Anxiety/hyperactivity/irritability				
	Ataxia /trouble walking				
	Blurred vision				
	Coma				
	Confusion				
	Diaphoresis (profuse sweating)				
	Dizziness				
	Fainting				
	Headache				
	Memory loss				
	Muscle pain				
	<i>Muscle rigidity</i>				
Muscle twitching/fasciculations					



System	Sign/symptom	Patient reported	Doctor reported	Absent	Final code
<b>Neurological (continued)</b>	Muscle weakness				
	Paralysis				
	Paresthesias/tingling or numbness				
	Peripheral neuropathy				
	Salivation				
	Seizure				
	Slurred speech				
	Other _____ _____				
<b>Gastrointestinal</b>	Anorexia (loss of appetite)				
	Constipation				
	Diarrhea				
	GI bleeding (blood in stool or vomit)				
	Nausea				
	Pain				
	Vomiting				
	Other _____ _____				
<b>Eye</b>	<i>Burns</i>				
	<i>Conjunctivitis (diagnosis)</i>				
	<i>Corneal abrasion</i>				
	<i>Miosis</i>				
	<i>Mydriasis</i>				
	Pain/irritation/inflammation				
	Tearing/lacrimation				
	Other _____ _____				
<b>Dermal</b>	Blisters/ <i>bullae</i>				
	Burns				
	Edema/swelling				
	Hives				
	Pain				

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System	Sign/symptom	Patient reported	Doctor reported	Absent	Final code
<b>Dermal (continued)</b>	Pattern* of rash or lesions				
	Pruritis (itching)				
	Rash				
	Redness				
	Other _____ _____				
<b>Respiratory</b>	<i>Asthma (diagnosis of)</i>				
	Cough				
	<i>Cyanosis</i>				
	<i>Depression</i>				
	Difficulty breathing/ shortness of breath				
	LR irritation				
	Pleural pain (pain on deep breathing)				
	<i>Pulmonary edema</i>				
	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

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*Final Codes for All Fields*    1=Doctor reported    2=Exposed person reported    3=Both Dr. and person reported  
 9=Unknown

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**Exposure Information Screen—Narrative**

Health comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**Exposure Information Screen—Exposure and Classification**

Severity <input type="checkbox"/>	
1 = Fatal    2 = High    3 = Moderate    4 = Low    8 = Evaluated, not applicable	
A. Documentation of exposure <input type="checkbox"/> <input type="checkbox"/>	
(Put a number in the first box and letter in the second box if appropriate.)	
1 - Confirmed by	a-envir/bio testing d-eye/derm signs
	b-professional observation e. 2+ findings by medical staff
	c-biological evidence
2 - Reported by	a-case d-nonprofessional observation
	b-witness
	c-application records
	e-other
3 - Strong evidence of no exposure	
4 - Insufficient data	
B. Documentation of health effect <input type="checkbox"/>	
1 - 2+ Findings by medical staff	
2 - 2+abnormal symptoms	
3 - No post exposure findings	
4 - Insufficient Data	
C. Evaluation of causal relationship <input type="checkbox"/> <input type="checkbox"/>	
(Put a number in first box and letter in second box if first box is 1.)	
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"/> Alternate Classification <input type="checkbox"/>	
Classification categories	1=Definite 2=Probable 3=Possible 4=Suspicious
	5=Unlikely 6=Insufficient Information 7=Exposed/Asymptomatic 8=Unrelated

**Exposure Information Screen—Poisoning Attribution**

Return to pages 6 - 8 to determine if illness is attributable to products, active ingredients, or substances listed there.

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