

Characteristics of Agricultural Production Techniques In the Mekong Delta: Medical Survey

CODE **QUESTIONS**

ID Survey ID number : _____

NAME Name of Interviewer: _____

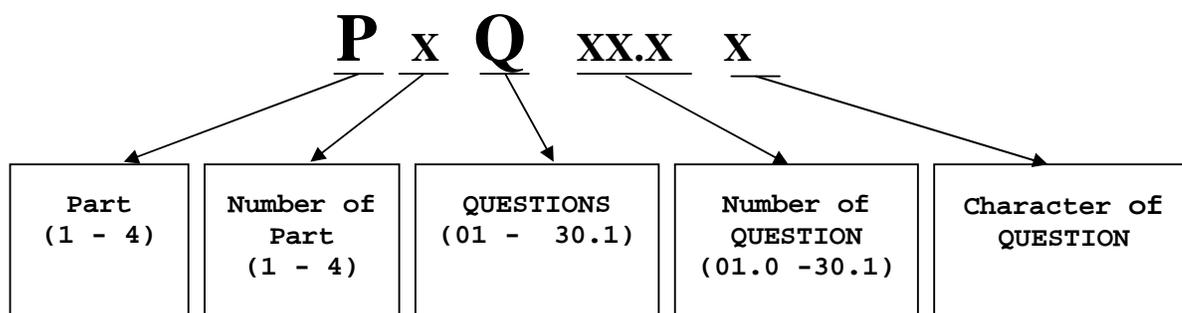
DATE Date of interview: _____ Time started: _____ Time finished: _____

PROVINCE Province: _____

DISTRICT District: _____

COMMUNE Commune: _____

ADDRESS Complete house address of contact: _____



PART I - General information and medical history

I.1 General Information

- P1Q010** 1 Gender: 1. Male 2. Female
- P1Q020** 2 Age: _____
- P1Q030** 3 Height _____ cm
- P1Q040** 4 Weight _____ kg
- P1Q050** 5 What is the highest education level you have completed?
- No schooling
 - Primary
 - Secondary
 - High school
 - Other, (please specify) _____

CODE**QUESTIONS****I.2 Smoking habits****P1Q051**

5.1 Do you smoke?

1. Yes (Please go to question 5.2)
2. No, never smoked (Please go to question 5.6)
3. No, but ex-smoker (Please go to question 5.5)

P1Q052

5.2 What do you smoke?

1. Cigarettes without filter (Please go to question 5.3)
2. Cigarettes with filter (Please go to question 5.3)
3. Pipe (Please go to question 5.4)
4. Other (please specify) _____ (Please go to question 5.4)

P1Q053

5.3 How many cigarettes do you smoke per day?

1. 1-5
2. 6-10
3. 1-2 boxes
4. 2-4 boxes
5. 4-6 boxes

P1Q054

5.4 How old were you when you started smoking?

1. 11-15
 2. 16-20
 3. 21-25
 4. 26-30
 5. more than 30
- Please go to question 5.6

P1Q055

5.5 For how many years have you stopped smoking regularly?

1. Less than 1 year
2. 1- 3 years
3. 3-5 years
4. 5-10 years
5. more than 10 years

P1Q056

5.6 Does anyone else in your household smoke?

1. Yes
2. No

CODE**QUESTIONS****I.3 Drinking habits****P1Q061**

6.1 Do you drink alcohol more than 2 times per week?

1. Yes (Please go to question 6.2)
2. No, never did (Please go to question 7.1)
3. No, but did in the past (Please go to question 6.6)

6.2 What do you drink?

P1Q062a1. Beer (If no, please go to question 6.4)**P1Q062b**2. Medicinal wine and other spirits (Please go to question 6.4)**P1Q062c**3. White wine and other liquors (Please go to question 6.4)**P1Q062d**4. Other (please specify) _____ (Please go to question 6.4)**P1Q063**

6.3 How many bottles (or equivalent of bottles) of beer do you drink on average per week?

1. 1-5
2. 6-10
3. More than 10

P1Q064

6.4 How many milliliters of spirits and liquors do you drink on average per week?

1. 100-300
2. 300-600
3. 600-1000
4. More than 1000

P1Q065

6.5 How old were you when you started drinking regularly?

1. 11-15
2. 16-20
3. 21-25
4. 26-30
5. more than 30

Please go to question 7.1.

CODE **QUESTIONS**

- P1Q066** 6.6 For how many years have you stopped drinking regularly?
1. Less than 1 year 4. 5 - 10 years
2. 1 - 3 years 5. more than 10 years
3. 3 - 5 years

1.4 General medical information

- P1Q071** 7.1 Have you seen a medical doctor in the last 2 years?
1. Yes (Please go to question 7.2)
2. No (Please go to question 7.5)

- P1Q072** 7.2 What were the reasons why you went to medical doctor? Please specify below.

- P1Q073** 7.3 What was the diagnosis of the doctor? Please specify below.

- P1Q074** 7.4 Did the doctor prescribe some medicines or treatment? Please specify below.

- 7.5 Do you sometimes experience the following symptoms?

- P1Q075a** 1. Eye irritation 1. Yes 2. No

- P1Q075b** 2. Fever 1. Yes 2. No

- P1Q075c** 3. Headache 1. Yes 2. No

- P1Q075d** 4. Convulsion 1. Yes 2. No

- P1Q075e** 5. Dizziness 1. Yes 2. No

- P1Q075f** 6. Shortness of breath 1. Yes 2. No

- P1Q075g** 7. Vomiting 1. Yes 2. No

- P1Q075h** 8. Skin irritation 1. Yes 2. No

- P1Q075i** 9. Diarrhea 1. Yes 2. No

<u>CODE</u>	<u>QUESTIONS</u>		
P1Q075j	10. Other	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
P1Q075ja	(Please specify) _____		
P1Q076	7.6 At this point in time, I would like to examine your skin. Would you please allow me to examine your skin? Does the respondent allow skin examination?		
	1. <input type="checkbox"/> Yes (Please go to question 7.7)		
	2. <input type="checkbox"/> No (Please go to question 8)		
P1Q077	7.7 Does the respondent show signs of skin irritation, which may be caused by exposure to pesticides?		
	1. <input type="checkbox"/> Yes		
	2. <input type="checkbox"/> No		

PART II -Health and pesticides

At this point in time, we would like to ask you questions more precisely about the possibility that your health may be affected by the use of pesticides that you do. Again, please answer the questions to the best of your knowledge.

8. After you have manipulated, used, sprayed or in any other way been in close contact with pesticides, have you experienced the following symptoms either during or after the time you have been in close contact with the pesticides?

P2Q081	1. Eye irritation	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
P2Q082	2. Fever	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
P2Q083	3. Headache	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
P2Q084	4. Convulsion	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
P2Q085	5. Dizziness	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
P2Q086	6. Shortness of breath	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
P2Q087	7. Vomiting	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
P2Q088	8. Skin irritation	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
P2Q089	9. Diarrhea	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
P2Q0810	10. Other	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
P2Q0810a	(Please specify) _____		

CODE**QUESTIONS**

If the respondent has replied “No” to all the above symptoms, and if no other symptom has been identified, please go to question 21.

If the respondent has replied “Yes” to at least one of the above symptoms, or if the respondent has identified at least one other symptom, please go to question 9.

- P2Q090** 9. In the course of the last year, how many times have you experienced the above symptom (illness) that you have experienced?
1. Only one time 4. 5 to 10 times
2. 2 times 5. More than 10 times.
3. 3 to 5 times
- P2Q100** 10. Have you experienced the above symptom (illness) almost every time you have manipulated, used, or been in close contact with the pesticides?
1. Yes 2. No
- P2Q110** 11. How severe would you describe the above symptom (illness) that you have experienced?
1. Not so severe 2. Severe 3. Very severe
- P2Q120** 12. Did the symptom (illness) prevent you from going out to work?
1. Yes (Please go to question 12.1)
2. No (Please go to question 13)
- P2Q121** 12.1 How many days did this illness prevent you from going out to work (please write the number of days by adding together all the number of days you have been sick in the year after using the pesticides)
1. Less than 1 day 2. 1 - 3 days
3. 3 - 5 days 4. 5 - 10 days
5. more than 10 days.
- P2Q121a** Please specify: _____
- P2Q122** 12.2 Do you believe you have lost any income because of the days of work that you have missed?
1. Yes (Please go to question 10.3)
2. No (Please go to question 11)

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- P2Q123** 12.3 How much income you believe you have lost?
1. Less than 100 000 VND 4. 1 to 2 million VND
2. 100 000 to 500 000 VND 5. More than 2 million VND
3. 500 000 to 1 million VND
- P2Q130** 13. Did you feel tired or less productive as usual?
1. Yes 2. No
- P2Q140** 14. Did the symptom (illness) cause you spend some days in bed?
1. Yes (Please go to question 14.1)
2. No (Please go to question 15)
- P2Q141** 14.1 How many days did you spend in bed as a result of this symptom (illness)?
1. Less than 1 day 2. 1 - 3 days
3. 3 - 5 days 4. 5 - 10 days
5. more than 10 days.
- P2Q141a** Please specify: _____
- P2Q150** 15. Apart from working, did the symptom (illness) prevent you from undertaking any other activity (such as going out with friends, playing football or other sports, etc.)?
1. Yes 2. No
- P2Q150a** If yes, please specify:
-
- P2Q160** 16. Did you buy any vitamins or medicines or take anything else to try to relieve the symptoms?
1. Yes (Please go to question 16.1)
2. No (Please go to question 17)
- P2Q161** 16.1 How much did you spend on these vitamins or medicines?
1. Less than 50 000 VND 2. 50 000 to 100 000 VND
3. 100 000 to 200 000 VND 4. 200 000 to 400 000 VND
5. More than 400 000 VND.
- P2Q161a** Specify: _____

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P2Q190a If yes, please specify:

P2Q200 20. How sure do you believe that symptoms you experienced are caused by exposure to pesticides?

1. Not sure
2. Sure
3. Very sure
4. Completely sure

P2Q210 21. Among your neighbors who practice agriculture and use pesticides, do you know anyone that has been suffering from the symptoms mentioned above after manipulating, using or being in close contact with pesticides?

1. Yes 2. No

P2Q210a If yes, please specify:

Thank you very much for your participation in this survey. Your answers will be extremely useful for our research. Again, I assure you that all the answers you have provided in this survey will be kept strictly confidential and will never be revealed to any other person outside our research group.

P2Q220 22. Given your answers to this survey, we would now like to conduct a blood test (or a skin test). Would you allow us to conduct this test?

1. Yes 2. No

If yes, conduct test.

PART III - Medical Examination

P3Q250 25. Respiratory diseases :

1. Normal 2. Pneumonia 3. Bronchitis

26. Cardio - vascular

P3Q261 261. Blood pressure

1. Normal 2. Low 3. High

P3Q262 26.2. Heart diseases

1. Normal 2. (+)

<u>CODE</u>	<u>QUESTIONS</u>
P3Q270	27. Skin diseases 1. Normal 2. Irritant 3. Allergic 4. Other dermatose
P3Q280	Other diseases 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No If yes, please specify:
P3Q281	1. Digestive diseases (1. Yes 2. No)
P3Q282	2. Urinary diseases (1. Yes 2. No)
P3Q283	3. Nervous diseases (1. Yes 2. No)
P3Q284	4. Gynaecological diseases (1. Yes 2. No)
P3Q285	5. Eye diseases (1. Yes 2. No)
P3Q286	6. Other diseases (1. Yes 2. No)

PART IV - Medical Tests

P4Q290	29. Skin test : 1. Negative reaction 2. Positive reaction
P4Q291a	K (Karate 2,5 EC : Pyrethroide) 1. Weak reaction 2. Strong reaction 3. Extreme reaction
P4Q291b	B (Basudin 50 EC : Organo-phosphate) 1. Weak reaction 2. Strong reaction 3. Extreme reaction
P4Q291b	P (Padan 50 SP : Carbamate) 1. Weak reaction 2. Strong reaction 3. Extreme reaction
P4Q300	30. Blood test 1. Normal 2. Poisoning
P4Q301	30.1. Poisoning : 1. Acute poisoning 2. Chronic poisoning
P4Q301a	30.1a. Acute 1. Low acute poisoning 2. High acute poisoning

END