

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

CODE QUESTIONS

ID Survey ID number : _____

NAME Name of Interviewer: _____

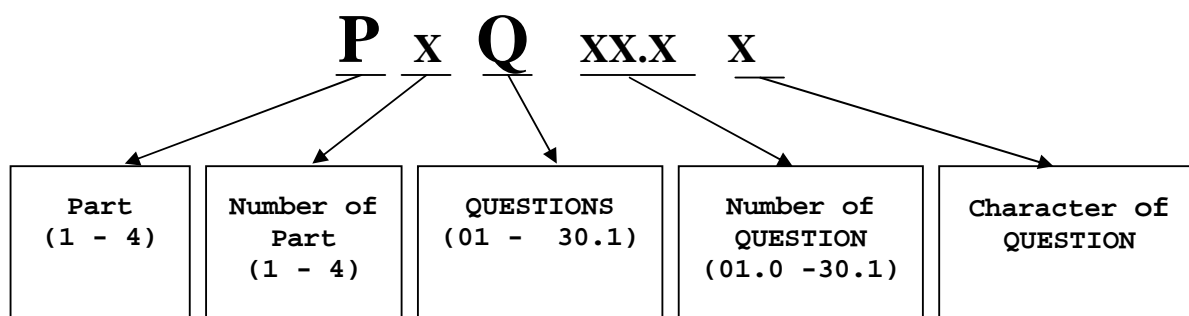
DATE Date of interview: _____ Time started: _____ Time finished: _____

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

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

P1Q054

5.4 How old were you when you started smoking?

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

<u>CODE</u>	<u>QUESTIONS</u>
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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?

P1Q062a

1. ☐ 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 4. ☐ More than 1000

2. \square 300-600

3. \square 600-1000

P1Q065

6.5 How old were you when you started drinking regularly?

1. ☐ 11-15

4. \square 26-30

2. ☐ 16-20

5. ☐ more than 30

3. \square 21-25

Please go to question 7.1.

CODE	QUESTIONS
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P1Q066	6.6 For how many years have you stopped drinking regularly?
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- | | |
|--|--|
| 1. <input type="checkbox"/> Less than 1 year | 4. <input type="checkbox"/> 5 - 10 years |
| 2. <input type="checkbox"/> 1 - 3 years | 5. <input type="checkbox"/> more than 10 years |
| 3. <input type="checkbox"/> 3 - 5 years | |

1.4	<u>General medical information</u>
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P1Q071	7.1 Have you seen a medical doctor in the last 2 years?
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1. <input type="checkbox"/> Yes	(Please go to question 7.2)
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2. <input type="checkbox"/> No	(Please go to question 7.5)
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P1Q072	7.2 What were the reasons why you went to medical doctor? Please specify below.
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P1Q073	7.3 What was the diagnosis of the doctor? Please specify below.
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P1Q074	7.4 Did the doctor prescribe some medicines or treatment? Please specify below.
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	7.5 Do you sometimes experience the following symptoms?
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P1Q075a	1. Eye irritation	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
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P1Q075b	2. Fever	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
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P1Q075c	3. Headache	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
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P1Q075d	4. Convulsion	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
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P1Q075e	5. Dizziness	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
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P1Q075f	6. Shortness of breath	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
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P1Q075g	7. Vomiting	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
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P1Q075h	8. Skin irritation	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
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P1Q075i	9. Diarrhea	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
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<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.

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| P2Q090 | 9. In the course of the last year, how many times have you experienced the above symptom (illness) that you have experienced?

1. <input type="checkbox"/> Only one time 4. <input type="checkbox"/> 5 to 10 times
2. <input type="checkbox"/> 2 times 5. <input type="checkbox"/> More than 10 times.
3. <input type="checkbox"/> 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. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No |
| P2Q110 | 11. How severe would you describe the above symptom (illness) that you have experienced?

1. <input type="checkbox"/> Not so severe 2. <input type="checkbox"/> Severe 3. <input type="checkbox"/> Very severe |
| P2Q120 | 12. Did the symptom (illness) prevent you from going out to work?

1. <input type="checkbox"/> Yes (Please go to question 12.1)
2. <input type="checkbox"/> 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. <input type="checkbox"/> Less than 1 day 2. <input type="checkbox"/> 1 - 3 days
3. <input type="checkbox"/> 3 - 5 days 4. <input type="checkbox"/> 5 - 10 days
5. <input type="checkbox"/> 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. <input type="checkbox"/> Yes (Please go to question 10.3)
2. <input type="checkbox"/> No (Please go to question 11) |

<u>CODE</u>	<u>QUESTIONS</u>
P2Q123	<p>12.3 How much income you believe you have lost?</p> <p>1. <input type="checkbox"/> Less than 100 000 VND 4. 1 to 2 million VND</p> <p>2. <input type="checkbox"/> 100 000 to 500 000 VND 5. More than 2 million VND</p> <p>3. <input type="checkbox"/> 500 000 to 1 million VND</p>
P2Q130	<p>13. Did you feel tired or less productive as usual?</p> <p>1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p>
P2Q140	<p>14. Did the symptom (illness) cause you spend some days in bed?</p> <p>1. <input type="checkbox"/> Yes (Please go to question 14.1)</p> <p>2. <input type="checkbox"/> No (Please go to question 15)</p>
P2Q141	<p>14.1 How many days did you spend in bed as a result of this symptom (illness)?</p> <p>1. <input type="checkbox"/> Less than 1 day 2. <input type="checkbox"/> 1 - 3 days</p> <p>3. <input type="checkbox"/> 3 - 5 days 4. <input type="checkbox"/> 5 - 10 days</p> <p>5. <input type="checkbox"/> more than 10 days.</p>
P2Q141a	Please specify: _____
P2Q150	<p>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.)?</p> <p>1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p>
P2Q150a	<p>If yes, please specify:</p> <p>_____</p>
P2Q160	<p>16. Did you buy any vitamins or medicines or take anything else to try to relieve the symptoms?</p> <p>1. <input type="checkbox"/> Yes (Please go to question 16.1)</p> <p>2. <input type="checkbox"/> No (Please go to question 17)</p>
P2Q161	<p>16.1 How much did you spend on these vitamins or medicines?</p> <p>1. <input type="checkbox"/> Less than 50 000 VND 2. <input type="checkbox"/> 50 000 to 100 000 VND</p> <p>3. <input type="checkbox"/> 100 000 to 200 000 VND 4. 200 000 to 400 000 VND</p> <p>5. More than 400 000 VND.</p>
P2Q161a	Specify: _____

<u>CODE</u>	<u>QUESTIONS</u>
P2Q170	<p>17. Did you go to the doctor (or health care persons) to identify the nature of your symptom or illness?</p> <p>1. <input type="checkbox"/> Yes (Please go to question 17.1) 2. <input type="checkbox"/> No (Please go to question 18)</p>
P2Q171	<p>17.1 What was doctor's diagnosis? Please specify.</p> <hr/>
P2Q172	<p>17.2 How much did you visit to the doctor cost you?</p> <p>1. <input type="checkbox"/> Less than 50 000 VND 2. <input type="checkbox"/> 50 000 to 100 000 VND 3. <input type="checkbox"/> 100 000 to 200 000 VND 4. 200 000 to 400 000 VND 5. More than 400 000 VND.</p>
P2Q172a	Specify: _____
P2Q180	<p>18. Did you have to spend days at the hospital or health care station?</p> <p>1. <input type="checkbox"/> Yes (Please go to question 18.1) 2. <input type="checkbox"/> No (Please go to question 19)</p>
P2Q181	<p>18.1 How many nights did you spend at hospital?</p> <p>1. <input type="checkbox"/> One night 2. <input type="checkbox"/> 2-3 nights 3. <input type="checkbox"/> 4-5 nights 4. <input type="checkbox"/> 5-8 nights 5. <input type="checkbox"/> more than 8 nights.</p>
P2Q181a	Please specify: _____
P2Q182	<p>18.2 How much did your stay at hospital cost you?</p> <p>1. <input type="checkbox"/> Less than 50 000 VND 2. <input type="checkbox"/> 50 000 to 100 000 VND 3. <input type="checkbox"/> 100 000 to 200 000 VND 4. 200 000 to 400 000 VND 5. More than 400 000 VND.</p>
P2Q182a	Specify: _____
P2Q190	<p>19. Is there any other impact that the symptom had on you or any other cost that you had to incur because of this symptom or illness?</p> <p>1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p>

<u>CODE</u>	<u>QUESTIONS</u>
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P2Q190a	If yes, please specify:
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P2Q200	20. How sure do you believe that symptoms you experienced are caused by exposure to pesticides?
	1. <input type="checkbox"/> Not sure
	2. <input type="checkbox"/> Sure
	3. <input type="checkbox"/> Very sure
	4. <input type="checkbox"/> 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. <input type="checkbox"/> Yes
	2. <input type="checkbox"/> No

P2Q210a	If yes, please specify:
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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. <input type="checkbox"/> Yes
	2. <input type="checkbox"/> 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