

**EMBASSY OF THE UNITED STATES OF AMERICA**

<p align="center"><b>URIBE CUALLA TOXICOLOGY CLINIC</b></p>	<p align="center"><b>RETROSPECTIVE STUDY ON REPORTED HUMAN HEALTH EFFECTS FROM GLYPHOSATE EXPOSURE</b></p> <p align="center">JUNE 2001</p>	<p align="center"><b>CONFIDENTIAL</b></p> <p align="center"><i>AS PART OF THIS HEALTH BRIGADE, WHICH IS SPONSORED BY THE PUTUMAYO DEPARTMENT OF HEALTH, I AM GOING TO ASK SEVERAL QUESTIONS CONCERNING ASPECTS THAT MIGHT HAVE AFFECTED YOUR HEALTH IN THE LAST SIX MONTHS. WE ALSO WILL CONDUCT A MEDICAL EXAMINATION AND COLLECT SAMPLES FOR LABORATORY ANALYSIS . YOU WILL NOT BE CHARGED FOR ANY OF THESE PROCEDURES.</i></p> <p align="center"><i>THE INFORMATION YOU PROVIDE WILL BE TREATED AS HIGHLY CONFIDENTIAL AND WILL BE USED ONLY FOR MEDICAL AND SCIENTIFIC PURPOSES.</i></p>
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**1.0. IDENTIFICATION AND CONTROL**

100	Instrument No:	_ _ _ _ _ _ _ _ _
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*Supervisor: Assign a code from 1 to 100 and use the same code for the case- control pairs.*

101	Status of the 200 research subjects:	Case 1 <input type="checkbox"/> Code  _ _ _ _ _	Control 0 <input type="checkbox"/> Code  _ _ _ _ _	Excluded from Toxicological Analysis 0 <input type="checkbox"/>
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102	Interview date:	Day  _ _ _ _  Month  _ _ _ _  Year  _ _ _ _
103	Municipality:	Code  _ _ _ _
104	District:	Code  _ _ _ _
105	Village:	Code  _ _ _ _

106	Interviewer:		Code  __ __
107	Sample collection assistant:		Code  __ __
108	Supervisor:		Code  __ __

<b>REMARKS:</b>

**2.0. PERSONAL DATA**

<b>201</b>	First name:	
<b>202</b>	Family names:	
<b>203</b>	Age:	__ __  (Years to date)
<b>204</b>	Sex:	Male 1 <input type="checkbox"/> Female 0 <input type="checkbox"/>
<b>205</b>	Marital status:	Married (a) 1 <input type="checkbox"/> Common law marriage 2 <input type="checkbox"/> Single 3 <input type="checkbox"/> Separated (a) 4 <input type="checkbox"/> Widow (er)(a) 5 <input type="checkbox"/>
<b>206</b>	SGSSS Affiliate:	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> NK/NR 9 <input type="checkbox"/>
<b>207</b>	SGSSS Affiliate:	RC 1 <input type="checkbox"/> RS 2 <input type="checkbox"/> RV 3 <input type="checkbox"/> Other 4 <input type="checkbox"/> NK/NR 9 <input type="checkbox"/>

**REMARKS:**


**3.0. EDUCATION**

**WE WILL BEGIN WITH SEVERAL QUESTIONS ABOUT YOUR EDUCATION.**

<b>301</b>	
What is the last grade you completed in school, at the highest level? (Interviewer: Read the following options and mark the most appropriate answer with an X.)	NO
a. None	1 <input type="checkbox"/> → Go to 302
b. Pre-school	2 <input type="checkbox"/> → Go to 302
c. Incomplete primary	3 <input type="checkbox"/>
d. Full primary	4 <input type="checkbox"/>
e. Incomplete secondary	5 <input type="checkbox"/>
f. Full secondary	6 <input type="checkbox"/>
g. University	7 <input type="checkbox"/>
h. Postgraduate	8 <input type="checkbox"/>

**Interviewer: Ask this question only in the event of an affirmative answer to questions 301.a and 301.b.**

<b>302</b>	Do you know how to read?	Yes 1 <input type="checkbox"/> No 0 <input type="checkbox"/> NR 9 <input type="checkbox"/>
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**Interviewer: Asks this question only in the event of an affirmative answer to questions 301.a and 301.b.**

<b>303</b>	Do you know how to write?	Yes 1 <input type="checkbox"/> No 0 <input type="checkbox"/> NR 9 <input type="checkbox"/>
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REMARKS:


**4.0. INFORMATION ON EXPOSURE TO GLYPHOSATE**

**THANK YOU. NOW, I WANT YOU TO REMEMBER CAREFULLY AND TELL ME IF YOU HAVE SEEN AIRCRAFT FLYING OVERHEAD SPRAYING NEAR THE PLACE WHERE YOU LIVE OR USUALLY WORK. IF YOU HAVE SEEN SEVERAL SPRAYINGS, I WANT YOU TO CONCENTRATE ON THE LAST ONE.**

**4.1 LAST SPRAYING**

<b>400</b>	As of December 2000, do you know of any aircraft that flew overhead spraying near the place where you live or usually work?	Yes 1 <input type="checkbox"/> No 0 <input type="checkbox"/> NR 9 <input type="checkbox"/>
<b>401</b>	How often?	No. of times  __ __  NR 9 <input type="checkbox"/>
<b>402</b>	Do you remember the exact date of the last aerial spraying near the place where you live or usually work?	Yes 1 <input type="checkbox"/> No 0 <input type="checkbox"/> NR 9 <input type="checkbox"/>
<b>403</b>	What was the date?	Day  __ __  Month  __ __  Year  __ __
<b>404</b>	How long did the spraying last?	Hours and minutes  __ __ .  __ __

**4.1 SUBJECT'S LOCATION DURING THE LAST SPRAYING**

<b>405</b>	Do you remember where you were at the time of the last aerial spraying?	Yes 1 <input type="checkbox"/> No 0 <input type="checkbox"/> NR 9 <input type="checkbox"/>
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406			
What was your exact location when the aircraft flew overhead spraying? <i>(Interviewer: Read the following options and mark the most appropriate answer with an X.)</i>	YES	NO	NK/NR
a. Outdoors, in the field that was sprayed?	1	2	9
b. Outdoors, but not in the field that was sprayed.	1	2	9
c. Inside a home in the rural area.	1	2	9
d. Inside a home in the urban area.	1	2	9
d. At another location. Specify:	1	2	9

<b>407</b>	Do you believe you came in contact with the substances sprayed by the aircraft?	Yes 1 <input type="checkbox"/> No 0 <input type="checkbox"/> NR 9 <input type="checkbox"/>
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408			
Do you believe the substances sprayed by the aircraft fell on or came in contact with any of the following? <i>(Interviewer: Read the following options and mark the most appropriate answer with an X.)</i>	YES	NO	NK/NR
a. Skin.	1	2	9
b. Eyes.	1	2	9
c. Foods you consumed later.	1	2	9
c. Respiratory tract.	1	2	9
d. Other. Specify:			

409			
What did you do afterwards? <i>(Interviewer: Read the following options and mark the most appropriate answer with an X.)</i>	YES	NO	NK/NR
Nothing.	1	2	9
Immediately washed your entire body with water.	1	2	9
Immediately washed a portion of your body with water.	1	2	9
Applied local treatment. Specify:	1	2	9
Forced yourself to vomit.	1	2	9
Other. Specify:	1	2	9

<b>41°</b>	Approximately how many minutes away by foot were you from the field during spraying? <i>(Interviewer: Read the following options and mark the most appropriate answer with an X.) Note: Fifteen minutes are equivalent to one kilometer.</i>	Minutes  __   __   __
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#### 4.3 PLACE OF RESIDENCE DURING THE LAST SPRAYING

411			
Where were you living at the time of the last spraying? <i>(Interviewer: Read the following options and mark the most appropriate answer with an X.)</i>	YES	NO	NK/NR
a. In the urban area.	1 <b>→Go to 412</b>	2	9
b. In the district	1 <b>→Go to 413</b>	2	9



c. In the village	1 →Go to 414	2	9
d. In the hamlet	1 →Go to 415	2	9
e. In the rural area	1 →Go to 416	2	9

**Interviewer: Ask this question only in the event of an affirmative response to questions 411.a.-e. Write the name in the blank and NK, if the individual does not know.**

412	What is the name of the municipality?	
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**Interviewer: Ask this question only in the event of an affirmative response to questions 411.b.-e., Write the name in the blank and NK, if the individual does not know.**

413	What is the name of the district?	
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**Interviewer: Ask this question only in the event of an affirmative response to questions 411.b.-e., Write the name in the blank and NK, if the individual does not know.**

414	What is the name of the village?	
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**Interviewer: Ask this question only in the event of an affirmative response to questions 411.d.-e. Write the name in the blank and NK, if the individual does not know.**

415	What is the name of the hamlet?	
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**Interviewer: Ask this question only in the event of an affirmative response to question 411.e. Write the name in the blank and NK, if the individual does not know.**

416	What is the name of the place?	
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417	Approximately how many minutes away by foot was your home from the edge of the field sprayed last ?	Minutes  __   __   __
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REMARKS:


**5.0. ILLNESS OR HEALTH PROBLEMS**

***NOW, I WANT YOU TO REMEMBER CAREFULLY AND TELL ME IF YOU EXPERIENCED ANY ILLNESS OR HEALTH PROBLEMS AFTER THE AIRCRAFT FEW OVER SPRAYING NEAR THE PLACE WHERE YOU LIVE OR USUALLY WORK.***

**5.1 EPISODES OF ILLNESS**

501				502		
Did you experience any of the following sensations during the four weeks after the last time the aircraft flew over spraying near the place where you live or usually work? <i>(Interviewer: Read the following options and mark the most appropriate answer with an X.)</i>	YES	NO	NK/ NR	When did they begin?		
				Day	Month	Year
a. Strange smell in the air	1	2	9			
b. Strange smell or taste in the water	1	2	9			
c. Strange smell or taste in food.	1	2	9			

<b>503</b>	Did you experience any illness or health problem during the four weeks after the last time the aircraft flew over spraying near the place where you usually live or work?	Yes 1 <input type="checkbox"/> No 0 <input type="checkbox"/> → <b>Go to 523</b> NR 9 <input type="checkbox"/>
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<b>504</b>	Did the illness or health problem affect the skin?	Yes 1 <input type="checkbox"/> No 0 <input type="checkbox"/> NR 9 <input type="checkbox"/>
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505				506		
Which of the following skin diseases or problems did you experience? <i>(Interviewer: Read the following options and mark the most appropriate answer with an X.)</i>	YES	NO	NK/NR	When did they begin?		
				Day	Month	Year
a. Reddening and a rash	1	2	9			
b. Itching	1	2	9			
c. Blisters.	1	2	9			
d. Burning sensation	1	2	9			
e. Other signs. Specify:	1	2	9			

<b>507</b>	Did the illness or health problem affect the eyes?	Yes 1 <input type="checkbox"/> No 0 <input type="checkbox"/> NR 9 <input type="checkbox"/>
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<b>508</b>				<b>509</b>		
Which of the following eye disorders or problems did you experience? <i>(Interviewer: Read the following options and mark the most appropriate answer with an X.)</i>	YES	NO	NK/NR	When did they begin?		
				Day	Month	Year
a. Reddening	1	2	9			
b. Burning sensation	1	2	9			
c. Pain	1	2	9			
e. Other signs. Specify:	1	2	9			

<b>510</b>	Did the illness or health problem affect the digestive tract?	Yes 1 <input type="checkbox"/> No 0 <input type="checkbox"/> NR 9 <input type="checkbox"/>
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511				512		
Which of the following digestive illnesses or problems did you experience? <i>(Interviewer: Read the following options and mark the most appropriate answer with an X.)</i>	YES	NO	NK/NR	When did they begin?		
				Day	Month	Year
a. Nausea.	1	2	9			
b. Vomiting.	1	2	9			
c. Diarrhea	1	2	9			
d. Other signs. Specify:	1	2	9			

513	Did the illness or health problem affect other organs or parts of the body? Specify:	Yes <input type="checkbox"/> No <input type="checkbox"/> NR <input type="checkbox"/> 9 <input type="checkbox"/>

514				515		
Which of the following illnesses or health problems did you experience in other organs or parts of the body  <i>(Interviewer: Read the following options and mark the most appropriate answer with an X.)</i>	YES	NO	NK/NR	When did they begin?		
				Day	Month	Year
a. Headache	1	2	9			
b. Tiredness or difficulty breathing	1	2	9			
c. Other signs. Specify:	1	2	9			

**REMARKS:**

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**5.2 DEMAND FOR AND USE OF HEALTH SERVICES**

516				517		
Primarily, what did you do to treat the illness or health problem you experienced during the four weeks after the last time the aircraft flew over spraying near the place where you live or usually work?				When?		
<i>(Interviewer: Read the following options and mark the most appropriate answer with an X.)</i>						
	NK/NR	NO	YES	Day	Month	Year
A. Consulted a medical professional or health institution (hospital, clinic, health center or post).	9	2	1 → → Go to 518			
B. Consulted a health worker or nurse.	9	2	1 →			
C. Consulted at druggist or pharmacist.	9	2	1 →			
D. Consulted a traditional healer, herbalist or midwife.	9	2	1 →			
E. Applied home remedies.	9	2	1 →			
F. Used self-prescribed medication.	9	2	1 →			
G. Adopted other measures. Specify:	9	2	1 →			

**Interviewer: Ask this question only in the event of an affirmative answer to question no. 516.b.**

<b>518</b>	How were you diagnosed by the medical professional or the health care institution?	DX: _____	NK/NR <input type="checkbox"/>
<b>519</b>	Was medicine or treatment prescribed?	Yes 1 <input type="checkbox"/>	No 0 <input type="checkbox"/> NR 9 <input type="checkbox"/>

520

What type of medicine or treatment was prescribed? Specify:

a.

b.

c.

d.

e.

f.

521	How did the treated disease or health problem evolve?	Well <input type="checkbox"/> Average <input type="checkbox"/> Poorly <input type="checkbox"/>
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1

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522	Did you go for a check-up afterwards?	Yes <input type="checkbox"/> No. <input type="checkbox"/> NK/NR <input type="checkbox"/> When: Day  __ __  Month  __ __  Year  __ __
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9



<b>REMARKS:</b>	

**5.3 COMPLAINTS**

<b>523</b>	Did other types of problems occur during the four weeks after the last time the aircraft flew over spraying near the place where you live or usually work?	Yes 1 <input type="checkbox"/> No 0 <input type="checkbox"/> NR 9 <input type="checkbox"/>
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524			
Which of the following types of problems occurred? <i>(Interviewer: Read the following options and mark the most appropriate answer with an X.)</i>	YES	NO	NK/NR
Destruction of legal crops.	1	2	9
Illness or death of domestic animals or pets.	1	2	9
Other. Specify:	1	2	9

525				526		
Have you complained about aerial spraying to anyone or filed a complaint with any of the following authorities? <i>(Interviewer: Read the following options and mark the most appropriate answer with an X.)</i>	YES	NO	NK/NR	When ?		
				Day	Month	Year
a. Ombudsman	1	2	9			
b. Attorney General	1	2	9			
c. Another authority. Specify:	1	2	9			

REMARKS:


**6.0. OCCUPATIONAL HAZARDS AND EXPOSURE TO PESTICIDES AND OTHER CHEMICALS**

**VERY GOOD. LET US NOW MOVE ON TO ANOTHER TOPIC. FOR A BETTER ANALYSIS OF THE CAUSES OF YOUR ILLNESSES OR HEALTH PROBLEMS, I NEED TO KNOW MORE ABOUT YOUR JOB OR OCCUPATION DURING THE LAST SIX MONTHS. IN PARTICULAR, I NEED TO KNOW IF YOU HAVE BEEN IN CONTACT WITH PESTICIDES OR OTHER CHEMICAL SUBSTANCES.**

What was your primary occupation during the last six months? (Interviewer: Choose one of the following options and mark the answer with an X.)	
Farmer	1 <input type="checkbox"/>
Farm laborer	2 <input type="checkbox"/>
Foreman	4 <input type="checkbox"/>
Security guard, caretaker or watchman	5 <input type="checkbox"/>
Mechanic	6 <input type="checkbox"/>
Shopkeeper	7 <input type="checkbox"/>
Domestic servant	8 <input type="checkbox"/>
Teacher	9 <input type="checkbox"/>
Other Specify:	10 <input type="checkbox"/>
Other. Specify::	11 <input type="checkbox"/>
Other. Specify::	12 <input type="checkbox"/>

602				603		
As part of your regular job, have you handled or used any of the following pesticides or other chemicals during the last six months?  <i>(Interviewer: Choose one of the following options and mark the answer with an X.)</i>	NK/NR	NO	YES	How often ?		
				Only once	At least once a month	At least once a week
a. Glyphosate sold commercially	9	2	1→	1	2	3
b. Gramaxone (Paraquat)	9	2	1→	1	2	3
c. Furadan.	9	2	1→	1	2	3
d. Other. Which?	9	2	1→	1	2	3
a. Other. Which?	9	2	1→	1	2	3
e. Other. Which?	9	2	1→	1	2	3
b. Other. Which?	9	2	1→	1	2	3

604				605		
Which of the following procedures have you used to prepare pesticides or other chemicals?  <i>(Interviewer: Read the following options and mark the most appropriate answer with an X.)</i>	NK/NR	NO	YES	How often?		
				Occasionally	Sometimes	Always
Pipetting by mouth	9	2	1→	1	2	3
Mechanical pipetting	9	2	1→	1	2	3
Mixing by hand, without gloves	9	2	1→	1	2	3
Mixing by hand, with gloves	9	2	1→	1	2	3
Other. Which?	9	2	1→	1	2	3
c. Other. Which?	9	2	1→	1	2	3
Other. Which?	9	2	1→	1	2	3
d. Other. Which?	9	2	1→	1	2	3

606				607		
How do you apply pesticides or other chemical substances? <i>(Interviewer: Read the following options and mark the most appropriate answer with an X.)</i>	NK/NR	NO	YES	How often ?		
				Never or occasionally	Sometimes	Always
a. Back pump ( <i>cacorro</i> ).	9	2	1→	1	2	3
b. Other. Which?	9	2	1→	1	2	3
e. Other. Which?	9	2	1→	1	2	3

608	During the last six months, has your skin, respiratory tract, digestive tract or some other part of your body come in accidental contact with pesticides or other chemical substances?	Yes <input type="checkbox"/> No <input type="checkbox"/> → <b>Go to 701</b> NR <input type="checkbox"/>
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609				610		
During the last six months, which of the following pesticides or other chemical substances have come in contact with your skin, respiratory tract, digestive tract or some other part of your body? <i>(Interviewer: Read the following options and mark the most appropriate answer with an X.)</i>	NK/NR	NO	YES	How often ?		
				Only once	At least once a month	At least once a week
Glyphosate sold commercially	9	2	1→	1	2	3
Gramaxone (Paraquat)	9	2	1→	1	2	3
Furadan.	9	2	1→	1	2	3
Other. Which?	9	2	1→	1	2	3
f. Other. Which?	9	2	1→	1	2	3
Other. Which?	9	2	1→	1	2	3
g. Other. Which?	9	2	1→	1	2	3

611				612		
Which of the following procedures have you used when your skin, respiratory tract, digestive tract or another part of your body has come in contact with pesticides or other chemical substances?  <i>(Interviewer: Read the following options and mark the most appropriate answer with an X.)</i>	NK/NR	NO	YES	How often ?		
				Occasionally	Sometimes	Always
a. Remove and change clothes immediately	9	2	1→	1	2	3
b. Immediately wash the affected area with water	9	2	1→	1	2	3
c. Immediately wash the entire body with water	9	2	1→	1	2	3
d. Induce vomiting	9	2	1→	1	2	3
e. Apply atropine	9	2	1→	1	2	3
f. Other. Which?	9	2	1→	1	2	3
h. Other. Which?	9	2	1→	1	2	3
g. Other. Which?	9	2	1→	1	2	3
i. Other. Which?	9	2	1→	1	2	3

613				614		
Which of the following elements have you used to protect yourself against contact with pesticides or other chemical substances?  <i>(Interviewer: Read the following options and mark the most appropriate answer with an X.)</i>	NK/NR	NO	YES	How often ?		
				Never	Sometimes	Always
Hard hat	9	2	1→	1	2	3
Plastic gloves	9	2	1→	1	2	3
Cloth overall	9	2	1→	1	2	3
Surgical mask	9	2	1→	1	2	3
j. Face mask	9	2	1→	1	2	3
Other. Which?	9	2	1→	1	2	3
k. Other. Which?	9	2	1→	1	2	3

615			
In which of the following places are pesticides or chemical substances stored?  <i>(Interviewer: Read the following options and mark the most appropriate answer with an X.)</i>	NS/NR	NO	YES
b. Somewhere other than the home	9	2	1
c. Outdoors	9	2	1
d. Other. Specify:	9	2	1



616

After using pesticides or chemical substances, what do you do with the empty containers or packages? <i>(Interviewer: Read the following options and mark the most appropriate answer with an X.)</i>	NS/NR	NO	YES
Bury them	9	2	1
Burn or destroy them in another way			
Throw them in the garbage	9	2	1
Reuse them for other purposes	9	2	1
Other. Specify::	9	2	1
Other. Specify::	9	2	1

**REMARKS:**


**7.0. CLINICAL EVALUATION**

**7.1 BACKGROUND ON THE LAST SIX MONTHS**

<b>701</b>			
Pathologies (Last six months): <i>(Physician: Inquire and mark the most appropriate answer with an X.)</i>	NS/NR	NO	YES
a. Scabies.	9	2	1
b. Pyodermitis.	9	2	1
c. Fever symptoms	9	2	1
d. Eruptive diseases	9	2	1
e. Other. Specify:	9	2	1

<b>702</b>			
Allergies (Last six months): <i>(Physician: Inquire and mark the most appropriate answer with an X.)</i>	NK/NR	NO	YES
Rhinitis or hay fever	9	2	1
Asthma	9	2	1
Allergic dermatitis	9	2	1
Medicine allergies.	9	2	1
Food allergies	9	2	1
f. Other. Specify	9	2	1

703

Background information on toxic substances (Last six months): <i>(Physician: Inquire and mark the most appropriate answer with an X.)</i>	NK/NR	NO	YES
Glyphosate	9	2	1
Gramoxone (Paraquat)	9	2	1
Furadan.	9	2	1
Other. Which?	9	2	1
I. Other. Which?	9	2	1

<b>REMARKS:</b>

## Gynecological-Obstetric Background (Last six months)

(Physician: Inquire and mark the most appropriate answer with an X.)

	NK/NR/NA	NO	YES
a. Spontaneous abortion.	9	2	1
b. Induced abortion.	9	2	1
c. Malformations.	9	2	1
d. Fetal death.	9	2	1
e. Other. Which?	9	2	1
m. Other. Which?	9	2	1

**REMARKS:**

705				706	Physician: Enter the appropriate code in column 706, based on the following list.  <b>1= Father.</b>  <b>2= Mother</b>  <b>3=Brother/Sister.</b>  <b>4=Spouse</b>  <b>5=Son/Daughter.</b>
Background on family members (Last six months):  <i>(Physician: Inquire, mark the most appropriate answer with an X and, in the event of an affirmative answer,ask about family relationship and enter the corresponding code in column 706.)</i>	NK/NR/NA	NO	YES	Family relationship	
Intoxication from pesticides or other chemical substances.	9	2	1→		
Abortions.	9	2	1→		
Malformations.	9	2	1→		
Stillbirth.	9	2	1→		
Death. Specify cause:	9	2	1→		
Hospitalization?	9	2	1→		
n. Others. Which?	9	2	1→		
o. Others. Which?	9	2	1→		
p. Others. Which?	9	2	1→		

**REMARKS:**

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<b>707</b>			
STD background (Last six months) <i>(Physician: Inquire and mark the most appropriate answer with an X.)</i>	NK/NR/NA	NO	YES
HIV/AIDS.	9	2	1
Gonorrhea	9	2	1
Syphilis.	9	2	1
Others. Which?	9	2	1
Others. Which?	9	2	1

<b>708</b>	Transfusions (Last six months)	Yes 1 <input type="checkbox"/> No 0 <input type="checkbox"/> NR 9 <input type="checkbox"/>
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<b>REMARKS:</b>

**7.2. ACTUAL ILLNESS**

ACTUAL SIGNS AND SYMPTOMS								
709	SPECIFY:	NK/NR	NO	YES	Day	Month	Year	Time
		9	2	1→				
		9	2	1→				
		9	2	1→				
		9	2	1→				
		9	2	1→				

<b>710</b>	Have you experienced any of these signs or symptoms previously?	Yes 1 <input type="checkbox"/> No 0 <input type="checkbox"/> NR 9 <input type="checkbox"/>
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<b>711</b>	Have you been treated for any of these signs or symptoms?	Yes 1 <input type="checkbox"/> No 0 <input type="checkbox"/> NR 9 <input type="checkbox"/>
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**7.3 PHYSICAL EXAMINATION**

712	
Vital Signs:	<i>(Physician: Assess and enter the corresponding value.)</i>
BP:	
FC:	
FR:	
T°:	

713	Head and neck	Normal 1 <input type="checkbox"/> Abnormal 0 <input type="checkbox"/> NE 9 <input type="checkbox"/>
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<b>REMARKS:</b>		

714	Eyes:	Normal 1 <input type="checkbox"/> Abnormal 0 <input type="checkbox"/> NE 9 <input type="checkbox"/>
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<b>REMARKS:</b>		

719	Cardiac:	Normal 1 <input type="checkbox"/> Abnormal 0 <input type="checkbox"/> NE 9 <input type="checkbox"/>
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<b>REMARKS:</b>		

Pulmonary:	<p style="text-align: center;">Normal 1 <input type="checkbox"/> Abnormal 0 <input type="checkbox"/> NE 9 <input type="checkbox"/></p>	<p style="text-align: right;"><b>REMARKS:</b></p> <p style="text-align: right;"><b>721</b> Abdomen: Normal 1 <input type="checkbox"/> Abnormal 0 <input type="checkbox"/> NE 9 <input type="checkbox"/></p>
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<b>REMARKS:</b>

<b>722</b>	Extremities:	Normal 1 <input type="checkbox"/> Abnormal 0 <input type="checkbox"/> NE 9 <input type="checkbox"/>
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<b>REMARKS:</b>

<b>723</b>	Neurological:	Normal 1 <input type="checkbox"/> Abnormal 0 <input type="checkbox"/> NE 9 <input type="checkbox"/>
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<b>REMARKS:</b>

724	Skin:	Normal 1 <input type="checkbox"/> Abnormal 0 <input type="checkbox"/> NE 9 <input type="checkbox"/>
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<b>REMARKS:</b>	

725	Other information:	Normal 1 <input type="checkbox"/> Abnormal 0 <input type="checkbox"/> NE 9 <input type="checkbox"/>
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<b>REMARKS:</b>	

**8.0. TOXICOLOGY LABORATORY**

*Supervisor: This section of the form is reserved for the cases and controls, once they have been selected pursuant to the procedure described in the panel.*

**PROCEDURE FOR SELECTING SUBJECTS TO PROVIDE SAMPLES FOR LABORATORY ANALYSIS**

*The objective is to select 33 cases and 33 controls from each of the three municipalities, for a total of 200 subjects. The procedure is the following:*

**CASE SELECTION.**

*1. Identify and select all subjects who respond affirmatively to the questions noted below.*

*P101*

*P503*

*P516.a.*

*P523.a.-b.*

*2. Select those subjects whose names are on the complaint list compiled by the Putumayo Health Department.*

*3. Select subjects whose names are on the complaint list at the Ombudsman’s Office and the Office of the Attorney General, in order of attention, until 33 have been chosen.*

*4. Assign a code from 1 to 100, register it in the two code spaces in box no. 205 and mark the case box with an X.*

**CONTROL SELECTION.**

*1. Select potential controls from the group of subjects who responded negatively to all the foregoing questions.*

*2. For each selected case, identify a partner who complies with the three requirements listed below.*

- Same place of residence as the case.*
- Same sex as the case.*
- About the same age as the case: + or – two years.*

*3. Mark the control box in space no. 205 with an X. If the subject was not included in the study group, mark the “Excluded” box with an X.*

<b>803</b>	
Test:	Levels found:
a. Glyphosate in the urine	
b. Paraquat in the blood	
c. Cholinesterase levels in the blood	

**8.2. TOXICOLOGY LABORATORY WITH INTERNATIONAL PROCESSING**

<b>804</b>	Identification code: Urine sample	
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<b>805</b>	Identification code: Blood sample	
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<b>806</b>	
Test:	Levels found:
Glyphosate in urine	
Paraquat in urine	
Cholinesterase levels in the blood	

**9.0. DIAGNOSIS**

<b>901</b>	
Presumed diagnosis:	CIE Code

<b>902</b>	
Other diagnoses:	CIE Code
a. Dx.	
b. Dx.	
c. Dx.	
d. Dx.	

<b>903</b>			
Clinical manifestations compatible with intoxication from:	YES	NO	NK
Phosphonomethylglycine	1	2	3
Bipyridyls	1	2	3
Organophosphates	1	2	3

904	
Definitive diagnosis:	CIE Code

**REMARKS:**


***THANK YOU FOR THE INFORMATION YOU HAVE PROVIDED. AS I MENTIONED EARLIER, IT WILL BE TREATED AS CONFIDENTIAL AND USED ONLY FOR MEDICAL AND SCIENTIFIC PURPOSES.***